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CLIENT'S COPY

NOVEMBER 18, 2024

UNITED WAY QUAD CITIES  
852 MIDDLE ROAD, SUITE 401  
BETTENDORF, IA 52722

UNITED WAY QUAD CITIES:

ENCLOSED IS THE ORGANIZATION'S 2023 EXEMPT ORGANIZATION  
RETURN.

SPECIFIC FILING INSTRUCTIONS ARE AS FOLLOWS.

FORM 990 RETURN:

THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. AFTER YOU  
HAVE REVIEWED THE RETURN FOR COMPLETENESS AND ACCURACY,  
PLEASE SIGN, DATE AND RETURN FORM 8879-TE TO OUR OFFICE. WE  
WILL TRANSMIT THE RETURN ELECTRONICALLY TO THE IRS AND NO  
FURTHER ACTION IS REQUIRED.

A COPY OF THE RETURN IS ENCLOSED FOR YOUR FILES. WE SUGGEST  
THAT YOU RETAIN THIS COPY INDEFINITELY.

VERY TRULY YOURS,

ODONI PARTNERS LLC

IRS E-file Signature Authorization for a Tax Exempt Entity

Form 8879-TE

For calendar year 2023, or fiscal year beginning JUL 1, 2023, and ending JUN 30, 2024

2023

Department of the Treasury Internal Revenue Service

Do not send to the IRS. Keep for your records.

Go to www.irs.gov/Form8879TE for the latest information.

Name of filer

UNITED WAY QUAD CITIES

EIN or SSN

36-2725960

Name and title of officer or person subject to tax RENE GELLERMAN PRESIDENT/CEO

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only.

Table with 10 rows (1a-10a) and 3 columns: Form type, checkbox, and amount. Row 1b shows amount 6,674,120.

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) ... and that I have examined a copy of the 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete.

PIN: check one box only

[X] I authorize ODONI PARTNERS LLC to enter my PIN 12345. Enter five numbers, but do not enter all zeros.

as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

[ ] As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Date

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

36863554321

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature

Date

ERO Must Retain This Form - See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8879-TE (2023)

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

**2023**

Department of the Treasury  
Internal Revenue Service

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

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

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

Open to Public Inspection

**A** For the **2023** calendar year, or tax year beginning **JUL 1, 2023** and ending **JUN 30, 2024**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>UNITED WAY QUAD CITIES</b>		<b>D</b> Employer identification number <b>36-2725960</b>
	Doing business as		<b>E</b> Telephone number <b>(563) 355-4310</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	<b>852 MIDDLE ROAD, SUITE 401</b>		<b>G</b> Gross receipts \$ <b>6,674,120.</b>
City or town, state or province, country, and ZIP or foreign postal code <b>BETTENDORF, IA 52722</b>		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>F</b> Name and address of principal officer: <b>RENE GELLERMAN</b> <b>SAME AS C ABOVE</b>		<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		If "No," attach a list. See instructions	
<b>J</b> Website: <b>WWW.UNITEDWAYQC.ORG</b>		<b>H(c)</b> Group exemption number	
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		<b>L</b> Year of formation: <b>1972</b>	<b>M</b> State of legal domicile: <b>IA</b>

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>UNITED WAY QC MISSION IS MOBILIZING PEOPLE AND RESOURCES TO IMPROVE LIVES IN OUR COMMUNITY.</b>
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) <b>3</b> <b>22</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) <b>4</b> <b>22</b>
	<b>5</b> Total number of individuals employed in calendar year 2023 (Part V, line 2a) <b>5</b> <b>26</b>
	<b>6</b> Total number of volunteers (estimate if necessary) <b>6</b> <b>3109</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 <b>7a</b> <b>0.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11 <b>7b</b> <b>0.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h) <b>5,613,106.</b> <b>5,314,532.</b>
	<b>9</b> Program service revenue (Part VIII, line 2g) <b>615,656.</b> <b>927,327.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) <b>246,268.</b> <b>359,907.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) <b>49,626.</b> <b>72,354.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) <b>6,524,656.</b> <b>6,674,120.</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) <b>3,573,900.</b> <b>4,066,973.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) <b>0.</b> <b>0.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) <b>1,651,341.</b> <b>1,859,968.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) <b>0.</b> <b>0.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <b>768,420.</b>
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) <b>825,653.</b> <b>925,473.</b>
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) <b>6,050,894.</b> <b>6,852,414.</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12 <b>473,762.</b> <b>-178,294.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16) <b>13,589,030.</b> <b>13,575,444.</b>
	<b>21</b> Total liabilities (Part X, line 26) <b>3,943,150.</b> <b>3,752,030.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20 <b>9,645,880.</b> <b>9,823,414.</b>

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer		Date		
	<b>RENE GELLERMAN, PRESIDENT/CEO</b>				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	<b>JAMES E. TAYLOR</b>				<b>P00002697</b>
<b>Preparer Use Only</b>	Firm's name	Firm's EIN		Phone no.	
	<b>ODONI PARTNERS LLC</b>	<b>46-3579543</b>		<b>309-524-7100</b>	
Firm's address					
<b>2200 52ND AVE SUITE 2</b>					
<b>MOLINE, IL 61265</b>					

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: UNITED WAY QC MISSION IS MOBILIZING PEOPLE AND RESOURCES TO IMPROVE LIVES IN OUR COMMUNITY. UNITED WAY QC DEVELOPS, SUPPORTS AND INVESTS IN THE MOST IMPACTFUL STRATEGIES AND PARTNERS TO STRENGTHEN EDUCATION, INCOME AND HEALTH--THE BUILDING BLOCKS OF OPPORTUNITY. UNITED WAY QC

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [X] Yes [ ] 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? [X] Yes [ ] 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 \$ 169,569. including grants of \$ 18,452. ) (Revenue \$ ) VOLUNTEER ENGAGEMENT - VOLUNTEER ENGAGEMENT IS A STRATEGY TO INSPIRE EMPLOYEES IN THE WORKPLACE TO FURTHER UNITED WAY'S MISSION BY COMMITTING TO LONG-TERM, ONGOING PROJECTS THAT MOVE THE NEEDLE IN EDUCATION, INCOME, AND HEALTH. DAY OF CARING, WHERE THOUSANDS OF INDIVIDUALS VOLUNTEER FOR HUNDREDS OF PROJECTS THROUGHOUT THE COMMUNITY, IS ONE OF OUR LARGEST VOLUNTEER EVENTS. CORPORATE VOLUNTEER OPPORTUNITIES CAN INCLUDE: CONDUCTING BOOK DRIVES OR SCHOOL SUPPLY DRIVES; READING AND MENTORING; ASSISTING IN FOOD DELIVERY AND MORE.

4b (Code: ) (Expenses \$ 3,872,569. including grants of \$ 3,304,461. ) (Revenue \$ 999,681. ) COMMUNITY INVESTMENT AND IMPACT - UNITED WAY QC WORKS HARD TO ENSURE COMMUNITY IMPACT CONTRIBUTIONS ARE INVESTED IN SEVERAL TARGETED PRIORITIES TO MAKE THE MAXIMUM IMPACT POSSIBLE IN THE QUAD CITIES AREA. ALLOCABLE COMMUNITY IMPACT GRANTS ARE DISTRIBUTED THROUGH A VOLUNTEER REVIEW PROCESS, WHEREBY LOCAL VOLUNTEERS ASSESS PROGRAMS AND RECOMMEND FUND ALLOCATIONS TO THE UNITED WAY QC BOARD OF DIRECTORS. IN THE QUAD CITIES, APPROXIMATELY 120 VOLUNTEERS ARE INVOLVED IN THIS IMPORTANT, MULTI-YEAR PROCESS. THE BOARD OF DIRECTORS ALSO INVESTS COMMUNITY IMPACT FUNDS IN UNITED WAY QC OPERATIONS AND UNITED WAY QC INITIATIVES AS NEEDED.CREATE LONG-LASTING CHANGES THAT GETS TO THE ROOT CAUSE BY FOCUSING ON CRITICAL ISSUES IN OUR COMMUNITY IN EDUCATION, INCOME AND HEALTH. WE STAND TO MAKE THE GREATEST IMPACT POSSIBLE BY CREATING

4c (Code: ) (Expenses \$ 1,027,907. including grants of \$ 744,060. ) (Revenue \$ ) UNITED WAY INITIATIVES AND DONOR NETWORKS-UNITED WAY QC WORKS CLOSELY WITH LOCAL CHANGE MAKERS TO TRANSFORM THE LIVES OF QUAD CITIZENS THROUGH OUR DONOR NETWORKS. STAFF PROVIDE SUPPORT TO VOLUNTEERS AND WORKPLACE CAMPAIGNS CENTERED ON ONE OR MORE OF THE DONOR NETWORKS. DONOR NETWORKS INCLUDE WOMEN UNITED, EMERGING LEADERS AND AFRICAN AMERICAN LEADERSHIP SOCIETY FOCUSING ON MAKING THE QUAD CITIES THE BEST PLACE FOR KIDS TO GROW UP; AIMING TO BUILD BRIDGES AND BREAK DOWN BARRIERS IN EDUCATION, INCOME AND HEALTH FOR A MORE EQUITABLE AND RESILIENT QUAD CITIES; AND FOSTERING THE NEXT GENERATION OF BLACK LEADERS AND GIVING EVERY AFRICAN CHILD IN EVERY QUAD CITIES NEIGHBORHOOD AN EQUAL OPPORTUNITY TO SUCCEED, RESPECTFULLY. INITIATIVES INCLUDE IMAGINATION LIBRARY, VOLUNTEER INCOME TAX

4d Other program services (Describe on Schedule O.) (Expenses \$ 127,851. including grants of \$ ) (Revenue \$ )

4e Total program service expenses 5,197,896.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, excess benefits, and other IRS filings.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

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



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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (22); 1b Enter the number of voting members included on line 1a, above, who are independent (22); 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? (X); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? (X); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Did the organization have members or stockholders? (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? (X); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (X); b Each committee with authority to act on behalf of the governing body? (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 on Schedule O (X).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (X); 10b 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (X); 11b Describe on 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 (X); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done (X); 13 Did the organization have a written whistleblower policy? (X); 14 Did the organization have a written document retention and destruction policy? (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 (X); b Other officers or key employees of the organization (X); If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.; 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? (X); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed IL
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [X] Another's website [X] Upon request [ ] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
KELLY WEINBRANDT - 563-355-4310
852 MIDDLE ROAD, SUITE 401, BETTENDORF, IA 52722

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) RENE GELLERMAN PRESIDENT/CEO	40.00			X			167,934.	0.	16,793.	
(2) KARRIE ABBOTT COO	40.00			X			114,069.	0.	12,809.	
(3) ANGELA SNYDER CHIEF STRATEGY OFFICER	40.00			X			96,495.	0.	24,740.	
(4) JOHN ANDERSON DIRECTOR	1.00	X					0.	0.	0.	
(5) DEBBIE ANSELM DIRECTOR	1.00	X					0.	0.	0.	
(6) THOMAS BOWMAN DIRECTOR	1.00	X					0.	0.	0.	
(7) ROBERT BERN DIRECTOR	1.00	X					0.	0.	0.	
(8) JERRY LACK DIRECTOR	1.00	X					0.	0.	0.	
(9) ROBERT WATERMAN DIRECTOR	1.00	X					0.	0.	0.	
(10) DR. YOLANDA GRANDBERRY-PUGH DIRECTOR	1.00	X					0.	0.	0.	
(11) MARA DOWNING DIRECTOR	1.00	X					0.	0.	0.	
(12) CHAD EVERITT DIRECTOR	1.00	X					0.	0.	0.	
(13) REV. DWIGHT FORD DIRECTOR	1.00	X					0.	0.	0.	
(14) JABARI WOODS DIRECTOR	1.00	X					0.	0.	0.	
(15) DENISE GARRETT DIRECTOR	1.00	X					0.	0.	0.	
(16) DANIEL GOSA DIRECTOR	1.00	X					0.	0.	0.	
(17) ROY HUTT DIRECTOR	1.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) KYLE DAY DIRECTOR	1.00	X						0.	0.	0.
(19) MICHAEL PAREJKO DIRECTOR	1.00	X						0.	0.	0.
(20) DECKER PLOEHN DIRECTOR	1.00	X						0.	0.	0.
(21) ALFRED RAMIREZ DIRECTOR	1.00	X						0.	0.	0.
(22) CAITLIN RUSSELL BOARD CHAIR	1.00			X				0.	0.	0.
(23) MARY PAT TUBB DIRECTOR	1.00	X						0.	0.	0.
(24) KERRY SMITH TREASURER/SECRETARY	1.00			X				0.	0.	0.
(25) W.KENT BARND DIRECTOR	1.00	X						0.	0.	0.
<b>1b Subtotal</b>								378,498.	0.	54,342.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								378,498.	0.	54,342.

**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 2

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

**Section B. Independent Contractors**

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

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

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

**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>					
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b> 5,314,532.					
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b> \$ 39,180.					
	<b>h Total.</b> Add lines 1a-1f .....		5,314,532.				
<b>Program Service Revenue</b>	<b>2 a</b> UNITED FOR SCHOOL	Business Code 900099	325,646.	325,646.			
	<b>b</b> EMPLOYEE RETENTION CRE	900099	138,228.	138,228.			
	<b>c</b> WOMEN'S LEADERSHIP INI	900099	135,422.	135,422.			
	<b>d</b> YOUNG LEADERS	900099	130,304.	130,304.			
	<b>e</b> VISION TO LEARN	900099	79,000.	79,000.			
	<b>f</b> All other program service revenue .....	900099	118,727.	118,727.			
	<b>g Total.</b> Add lines 2a-2f .....		927,327.				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		305,926.			305,926.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	<b>6a</b>	(i) Real				
			(ii) Personal				
	<b>b</b> Less: rental expenses ...	<b>6b</b>					
	<b>c</b> Rental income or (loss)	<b>6c</b>					
	<b>d</b> Net rental income or (loss) .....						
	<b>7 a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities	53,981.			
			(ii) Other				
<b>b</b> Less: cost or other basis and sales expenses .....	<b>7b</b>	0.					
<b>c</b> Gain or (loss) .....	<b>7c</b>	53,981.					
<b>d</b> Net gain or (loss) .....		53,981.			53,981.		
<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>						
<b>b</b> Less: direct expenses .....	<b>8b</b>						
<b>c</b> Net income or (loss) from fundraising events .....							
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>						
<b>b</b> Less: direct expenses .....	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>						
<b>b</b> Less: cost of goods sold .....	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory .....							
<b>Miscellaneous Revenue</b>	<b>11 a</b> MISCELLANEOUS	Business Code 900099	72,354.	72,354.			
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> All other revenue .....						
	<b>e Total.</b> Add lines 11a-11d .....		72,354.				
<b>12 Total revenue.</b> See instructions .....		6,674,120.	999,681.	0.	359,907.		

**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	4,066,973.	4,066,973.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
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	456,784.	205,464.	149,202.	102,118.
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	1,095,194.	492,623.	357,730.	244,841.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	88,352.	39,741.	28,859.	19,752.
9 Other employee benefits	92,339.	45,975.	25,065.	21,299.
10 Payroll taxes	127,299.	57,875.	41,003.	28,421.
11 Fees for services (nonemployees):				
a Management				
b Legal	205.		205.	
c Accounting	20,877.		20,877.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	34,986.		34,986.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	83,296.	9,029.	428.	73,839.
12 Advertising and promotion	203,213.	52,494.	79,413.	71,306.
13 Office expenses	85,712.	34,307.	23,935.	27,470.
14 Information technology	64,085.	30,876.	20,567.	12,642.
15 Royalties				
16 Occupancy	31,186.	13,936.	9,578.	7,672.
17 Travel	19,992.	10,386.	4,201.	5,405.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	13,669.	7,035.	2,497.	4,137.
20 Interest	6,585.	2,930.	2,034.	1,621.
21 Payments to affiliates	65,737.	29,631.	19,957.	16,149.
22 Depreciation, depletion, and amortization	73,806.	23,109.	37,756.	12,941.
23 Insurance	22,830.	9,810.	7,370.	5,650.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a <b>SPONSORSHIP EXPENSE</b>	92,325.	22,081.		70,244.
b <b>IN KIND GOODS EXPENSES</b>	39,180.			39,180.
c <b>WISH LIST EXPENSE</b>	29,985.	29,985.		
d <b>CREDIT CARD FEES</b>	16,158.		16,158.	
e All other expenses	21,646.	13,636.	4,277.	3,733.
25 <b>Total functional expenses.</b> Add lines 1 through 24e	6,852,414.	5,197,896.	886,098.	768,420.
26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....		<b>1</b>	
	<b>2</b> Savings and temporary cash investments .....	6,443,635.	<b>2</b>	6,117,608.
	<b>3</b> Pledges and grants receivable, net .....	2,788,481.	<b>3</b>	2,729,228.
	<b>4</b> Accounts receivable, net .....		<b>4</b>	143,228.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	26,477.	<b>9</b>	29,840.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 1,309,387.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 506,397.	846,356.	<b>10c</b> 802,990.
	<b>11</b> Investments - publicly traded securities .....	3,465,859.	<b>11</b>	3,737,560.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	18,222.	<b>15</b>	14,990.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	13,589,030.	<b>16</b>	13,575,444.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	123,266.	<b>17</b>	272,457.
	<b>18</b> Grants payable .....	3,625,227.	<b>18</b>	3,347,918.
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	176,435.	<b>23</b>	116,665.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	18,222.	<b>25</b>	14,990.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	3,943,150.	<b>26</b>	3,752,030.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	4,892,662.	<b>27</b>	5,485,103.
	<b>28</b> Net assets with donor restrictions .....	4,753,218.	<b>28</b>	4,338,311.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	9,645,880.	<b>32</b>	9,823,414.
<b>33</b> Total liabilities and net assets/fund balances .....	13,589,030.	<b>33</b>	13,575,444.	

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	6,674,120.
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,852,414.
3	Revenue less expenses. Subtract line 2 from line 1	3	-178,294.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	9,645,880.
5	Net unrealized gains (losses) on investments	5	355,828.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	9,823,414.

**Part XII Financial Statements and Reporting**

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	X
b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	X
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	2c	X
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____	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 on Schedule O and describe any steps taken to undergo such audits _____	3b	

Form 990 (2023)





**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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	5659170.	6805895.	5547145.	5613106.	5314532.	28939848.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	5659170.	6805895.	5547145.	5613106.	5314532.	28939848.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						2688006.
<b>6 Public support.</b> Subtract line 5 from line 4.						26251842.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>7</b> Amounts from line 4 .....	5659170.	6805895.	5547145.	5613106.	5314532.	28939848.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	117,716.	119,008.	104,322.	175,648.	305,926.	822,620.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						29762468.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	

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

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

<b>14</b> Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	88.20 %
<b>15</b> Public support percentage from 2022 Schedule A, Part II, line 14 .....	<b>15</b>	87.32 %

**16a 33 1/3% support test - 2023.** 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 - 2022.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

**17a 10% -facts-and-circumstances test - 2023.** 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 - 2022.** 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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

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

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

<b>15</b> Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2022 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2022 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2023.** 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 - 2022.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

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

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

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

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

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

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

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

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

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

Section D - Distributions		Current Year
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2023 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
<b>1</b> Distributable amount for 2023 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2023 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2023			
<b>a</b> From 2018			
<b>b</b> From 2019			
<b>c</b> From 2020			
<b>d</b> From 2021			
<b>e</b> From 2022			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2023 distributable amount			
<b>i</b> Carryover from 2018 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2023 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2023 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2024.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2019			
<b>b</b> Excess from 2020			
<b>c</b> Excess from 2021			
<b>d</b> Excess from 2022			
<b>e</b> Excess from 2023			

**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.)

Multiple horizontal lines for supplemental information.





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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

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

OMB No. 1545-0047

**2023**

Name of the organization

UNITED WAY QUAD CITIES

Employer identification number

36-2725960

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

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

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

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

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

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

Schedule B (Form 990) (2023)

Name of organization  <b>UNITED WAY QUAD CITIES</b>	Employer identification number  <b>36-2725960</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ <u>530,310.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ <u>1,094,848.</u>	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>UNITED WAY QUAD CITIES</b>	Employer identification number  <b>36-2725960</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization  <b>UNITED WAY QUAD CITIES</b>	Employer identification number  <b>36-2725960</b>
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

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

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

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2023**

Department of the Treasury  
Internal Revenue Service

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

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 <b>UNITED WAY QUAD CITIES</b>	Employer identification number <b>36-2725960</b>
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

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

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

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

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

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

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990) 2023

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

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

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grassroots lobbying) .....														
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....														
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....														
<b>d</b> Other exempt purpose expenditures .....														
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....														
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 70%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>not over \$500,000,</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>over \$500,000 but not over \$1,000,000,</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>over \$1,000,000 but not over \$1,500,000,</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>over \$1,500,000 but not over \$17,000,000,</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>over \$17,000,000,</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	not over \$500,000,	20% of the amount on line 1e.	over \$500,000 but not over \$1,000,000,	\$100,000 plus 15% of the excess over \$500,000.	over \$1,000,000 but not over \$1,500,000,	\$175,000 plus 10% of the excess over \$1,000,000.	over \$1,500,000 but not over \$17,000,000,	\$225,000 plus 5% of the excess over \$1,500,000.	over \$17,000,000,	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
not over \$500,000,	20% of the amount on line 1e.													
over \$500,000 but not over \$1,000,000,	\$100,000 plus 15% of the excess over \$500,000.													
over \$1,000,000 but not over \$1,500,000,	\$175,000 plus 10% of the excess over \$1,000,000.													
over \$1,500,000 but not over \$17,000,000,	\$225,000 plus 5% of the excess over \$1,500,000.													
over \$17,000,000,	\$1,000,000.													
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....														
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....														
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....														
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No												

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

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers?	X		
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
<b>c</b> Media advertisements?		X	
<b>d</b> Mailings to members, legislators, or the public?		X	
<b>e</b> Publications, or published or broadcast statements?		X	
<b>f</b> Grants to other organizations for lobbying purposes?		X	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?	X		
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
<b>i</b> Other activities?		X	
<b>j</b> Total. Add lines 1c through 1i			0.
<b>2a</b> Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?		X	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

	Yes	No
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?	1	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
<b>3</b> 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."**

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

**PART II-B, LINE 1, LOBBYING ACTIVITIES:**

VOLUNTEERS AND STAFF MEET WITH LOCAL LEGISLATORS IN AN EFFORT TO INFLUENCE STATE POLICY AROUND EARLY CHILDHOOD ISSUES WHICH ARE CONSISTENT WITH UNITED WAY'S LONG RANGE GOALS.

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

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization **UNITED WAY QUAD CITIES** Employer identification number **36-2725960**

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate value of contributions to (during year) .....		
3 Aggregate value of grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).  
 Preservation of land for public use (for example, recreation or education)  Preservation of a historically important land area  
 Protection of natural habitat  Preservation of a certified historic structure  
 Preservation of open space

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

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

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

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

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

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

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

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

(i) Revenue included on Form 990, Part VIII, line 1 ..... \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X ..... \$ \_\_\_\_\_

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

a Revenue included on Form 990, Part VIII, line 1 ..... \$ \_\_\_\_\_

b Assets included in Form 990, Part X ..... \$ \_\_\_\_\_

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2023



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

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

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

- 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in 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	3,465,859.	3,160,915.	3,573,083.	2,864,052.	2,314,597.
b Contributions	49,711.	96,774.	170,371.	432,681.	632,779.
c Net investment earnings, gains, and losses	491,589.	354,156.	-452,707.	640,937.	19,646.
d Grants or scholarships	127,800.	113,200.	95,600.	71,000.	73,600.
e Other expenditures for facilities and programs	106,813.			263,805.	
f Administrative expenses	34,986.	32,786.	34,232.	29,782.	29,370.
g End of year balance	3,737,560.	3,465,859.	3,160,915.	3,573,083.	2,864,052.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 90.5360 %
  - b Permanent endowment \_\_\_\_\_ %
  - c Term endowment 9.4640 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes | No |
|--|-----|----|
| (i) Unrelated organizations?   |     | X  |
| (ii) Related organizations?  |     | X  |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? |     |    |
- 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				
b Buildings		1,010,842.	294,675.	716,167.
c Leasehold improvements				
d Equipment		298,545.	211,722.	86,823.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				802,990.

**Part VII Investments - Other Securities**

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

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

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets**

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

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

**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) OPERATING LEASE LIABILITY-CURRENT	
(3) PORTION	3,641.
(4) OPERATING LEASE LIABILITY-LESS	
(5) CURRENT PORTION	11,349.
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B))	14,990.

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

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>	6,602,313.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b> 355,828.		
<b>b</b>	Donated services and use of facilities	<b>2b</b> 62,586.		
<b>c</b>	Recoveries of prior year grants	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	418,414.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	6,183,899.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b> 34,986.		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b> 455,235.		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	490,221.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)		<b>5</b>	6,674,120.

**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.

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>	6,424,779.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities	<b>2a</b> 62,586.		
<b>b</b>	Prior year adjustments	<b>2b</b>		
<b>c</b>	Other losses	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	62,586.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	6,362,193.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b> 34,986.		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b> 455,235.		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	490,221.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)		<b>5</b>	6,852,414.

**Part XIII Supplemental Information**

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

**PART V, LINE 4:**

THE ORGANIZATION'S UNRESTRICTED INVESTMENT FUNDS CONSIST OF SEVERAL INDIVIDUAL FUNDS ESTABLISHED FOR A VARIETY OF PURPOSES AS DETERMINED BY THE ORGANIZATION'S BOARD OF DIRECTORS. THE ORGANIZATION HAS NO PERMANENTLY RESTRICTED NET ASSETS.

**PART X, LINE 2:**

THE ORGANIZATION EVALUATES THE TAX BENEFITS OF A TAX POSITION USING THE "MORE LIKELY THAN NOT" THRESHOLD. AS OF JUNE 30, 2024, MANAGEMENT IS NOT AWARE OF ANY UNCERTAIN TAX POSITIONS AND RELATED TAX BENEFITS WHICH WOULD BE MATERIAL TO THE ORGANIZATION'S FINANCIAL STATEMENTS. THE ORGANIZATION FILES A U.S. FEDERAL INFORMATION RETURN WHICH FOR FISCAL YEARS SUBSEQUENT

**Part XIII** Supplemental Information (continued)

TO 2019 IS SUBJECT TO EXAMINATION BY TAX AUTHORITIES.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

DESIGNATIONS TO OTHER AGENCIES 455,235.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

DESIGNATIONS TO OTHER AGENCIES 455,235.

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

Name of the organization **UNITED WAY QUAD CITIES** Employer identification number **36-2725960**

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

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

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

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
ALTERNATIVES FOR THE OLDER ADULT 1803 SEVENTH STREET MOLINE, IL 61265	42-1231219	501(C)3	18,027.	0.			UW INVESTMENT IN HEALTH & INCOME STRATEGIES & DONOR DESIGNATED FUNDS
THE ARC OF THE QUAD CITIES AREA 4016 NINTH STREET ROCK ISLAND, IL 61201	36-2615996	501(C)3	61,473.	0.			UW INVESTMENT IN INCOME & HEALTH STRATEGIES & DONOR DESIGNATED FUNDS
BETHANY 1830 SIXTH AVENUE P O BOX 697 MOLINE, IL 61266-0697	36-2166973	501(C)3	62,894.	0.			UW INVESTMENT IN EDUCATION, HEALTH & ESSENTIAL NEEDS STRATEGIES & DONOR
BIG BROTHERS/BIG SISTERS QC 130 WEST FIFTH STREET DAVENPORT, IA 52801	42-1320908	501(C)3	49,449.	0.			UW INVESTMENT IN EDUCATION STRATEGIES & DONOR DESIGNATED FUNDS
BLACK HAWK COLLEGE 6600 34TH AVENUE MOLINE, IL 61265	36-2452309	170	25,000.	0.			UW INVESTMENT IN INCOME STRATEGIES
CAFE ON VINE 780 WEST CENTRAL PARK DAVENPORT, IA 52804	43-2072739	501(C)3	13,817.	0.			UW INVESTMENT IN INCOME STRATEGIES & DONOR DESIGNATED FUNDS

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

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

Schedule I (Form 990) 2023

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE CENTER FOR YOUTH AND FAMILY SERVICES - 4703 44TH STREET, SUITE 4 - ROCK ISLAND, IL 61201	37-0662513	501(C)3	75,309.	0.			JW INVESTMENT IN HEALTH STRATEGIES & DONOR DESIGNATED FUNDS
COMMUNITY ACTION OF EASTERN IOWA 500 EAST 59TH STREET DAVENPORT, IA 52807	42-0921929	501(C)3	47,231.	0.			JW INVESTMENT IN EDUCATION STRATEGIES & DONOR DESIGNATED FUNDS & WISHLIST
COMMUNITY HEALTH CARE 500 WEST RIVER DRIVE DAVENPORT, IA 52801	42-1060724	501(C)3	155,582.	0.			JW INVESTMENT IN HEALTH STRATEGIES & DONOR DESIGNATED FUNDS
DAVENPORT COMMUNITY SCHOOL DISTRICT - 1606 BRADY STREET - DAVENPORT, IA 52801	42-6001350	170	54,775.	0.			JW INVESTMENT IN EDUCATION STRATEGIES & DONOR DESIGNATED FUNDS
BOYS & GIRLS CLUBS OF MISS. VALLEY 338 SIXTH STREET MOLINE, IL 61265	36-3838421	501(C)3	21,777.	0.			JW INVESTMENT IN EDUCATION, INCOME & HEALTH STRATEGIES & DONOR DESIGNATED FUNDS USED FOR
FAMILY RESOURCES 2800 EASTERN AVENUE DAVENPORT, IA 52804	42-0698225	501(C)3	263,609.	0.			JW INVESTMENT IN HEALTH, EDUCATION & INCOME STRATEGIES & DONOR DESIGNATED FUNDS &
GIGI'S PLAYHOUSE 3906 38 AVENUE MOLINE, IL 61265	45-2777850	501(C)3	7,203.	0.			JW INVESTMENT IN EDUCATION STRATEGIES & DONOR DESIGNATED FUNDS
HAND IN HAND 3860 MIDDLE ROAD BETTENDORF, IA 52722	42-1508508	501(C)3	143,103.	0.			JW INVESTMENT IN EDUCATION & HEALTH STRATEGIES & DONOR DESIGNATED FUNDS
HELP LEGAL ASSISTANCE/IOWA LEGAL AID - 401 HARBORVIEW BUILDING 736 FEDERAL STREET - DAVENPORT, IA 52803	42-0957957	501(C)3	108,994.	0.			JW INVESTMENT IN EDUCATION & INCOME STRATEGIES & DONOR DESIGNATED FUNDS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HUMILTY HOMES & SERVICES 3805 MISSISSIPPI AVENUE DAVENPORT, IA 52807	42-1349437	501(C)3	114,885.	0.			JW INVESTMENT IN INCOME STRATEGIES & DONOR DESIGNATED FUNDS
IJAG GRIMES STATE OFFICE BUILDING, 3RD FLOOR 400 EAST 14TH STREET - DES MOINES, I	42-1492988	501(C)3	62,000.	0.			JW INVESTMENT IN EDUCATION & INCOME STRATEGIES & DONOR DESIGNATED FUNDS
MARRIAGE & FAMILY COUNSELING SERVICES - 512 SAFETY BUILDING 1800 THIRD AVENUE - ROCK ISLAND, IL 61201	36-2606683	501(C)3	83,148.	0.			JW INVESTMENT IN HEALTH STRATEGIES & DONOR DESIGNATED FUNDS
ONE EIGHTY 601 NORTH MARQUETTE STREET DAVENPORT, IA 52802	32-0100540	501(C)3	117,271.	0.			JW INVESTMENT IN INCOME & HEALTH STRATEGIES & DONOR DESIGNATED FUNDS
PRAIRIE STATE LEGAL SERVICES 975 NORTH MAIN STREET ROCKFORD, IL 61103-7064	37-1030764	501(C)3	26,500.	0.			JW INVESTMENT IN INCOME STRATEGIES & DONOR DESIGNATED FUNDS
PROJECT NOW 418 - 19 STREET P O BOX 3970 ROCK ISLAND, IL 61204-3970	36-2654175	501(C)3	89,035.	0.			JW INVESTMENT IN EDUCATION & INCOME STRATEGIES & DONOR DESIGNATED FUNDS
QUAD CITIES OPEN NETWORK (QCON) 1 MONTGOMERY DRIVE MOLINE, IL 61265	42-1231219	501(C)3	47,750.	0.			COVID REBUILDING FUNDS & EMERGENCY GRANT FOR EVICTION ASSISTANCE
SAFER FOUNDATION QC 571 WEST JACKSON BOULEVARD CHICAGO, IL 60661	36-2762168	501(C)3	55,993.	0.			JW INVESTMENT IN EDUCATION & INCOME STRATEGIES & DONOR DESIGNATED FUNDS
SALVATION ARMY QC 2200 FIFTH AVENUE MOLINE, IL 61265	36-2167910	501(C)3	53,749.	0.			JW INVESTMENT IN INCOME STRATEGIES & DONOR DESIGNATED FUNDS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAL FAMILY & COMMUNITY SERVICES 4800 - 60 STREET MOLINE, IL 61265	36-2728411	501(C)3	220,290.	0.			UW INVESTMENT IN EDUCATION STRATEGIES & DONOR DESIGNATED FUNDS
TRANSITIONS 805 - 19 STREET P O BOX 4238 ROCK ISLAND, IL 61204-4238	36-3153563	501(C)3	9,923.	0.			UW INVESTMENT IN HEALTH STRATEGIES & DONOR DESIGNATED FUNDS
TWO RIVERS YMCA 2040 - 53 STREET MOLINE, IL 61265	36-2169199	501(C)3	116,326.	0.			UW INVESTMENT IN EDUCATION, HEALTH STRATEGIES & DONOR DESIGNATED FUNDS
UNITED TOWNSHIP HIGH SCHOOL 1275 AVENUE OF THE CITIES EAST MOLINE, IL 61244	36-6005348	170	63,170.	0.			UW INVESTMENT IN EDUCATION STRATEGIES & DONOR DESIGNATED FUNDS
YOUTH SERVICE BUREAU RI COUNTY 4709 44TH STREET, SUITE 5 ROCK ISLAND, IL 61201	36-2866503	501(C)3	96,783.	0.			UW INVESTMENT IN HEALTH STRATEGIES & DONOR DESIGNATED FUNDS
YWCA OF QC 229 - 16 STREET ROCK ISLAND, IL 61201	36-2171176	501(C)3	222,405.	0.			UW INVESTMENT IN EDUCATION, INCOME, HEALTH & ESSENTIAL NEEDS STRATEGIES & DONOR
AMERICAN RED CROSS QC P O BOX 888 MOLINE, IL 61266	36-6000114	501(C)3	16,339.	0.			DONOR DESIGNATED FUNDS USED FOR GENERAL OPERATIONS
CHRISTIAN CARE 2209 THIRD AVENUE ROCK ISLAND, IL 61201	36-3146523	501(C)3	10,215.	0.			UW INVESTMENT IN INCOME STRATEGIES & DONOR DESIGNATED FUNDS
JUNIOR ACHIEVEMENT OF THE HEARTLAND - 800 12 AVENUE - MOLINE, IL 61265	36-2684253	501(C)3	9,149.	0.			UW INVESTMENT IN EDUCATION STRATEGIES & DONOR DESIGNATED FUNDS

Schedule I (Form 990)



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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATIONAL FFA FOUNDATION P.O. BOX 68960 INDIANAPOLIS, IN 46268	54-6044662	501(C)3	10,000.	0.			DONOR DESIGNATED FUNDS USED FOR GENERAL OPERATIONS
PROJECT RENEWAL 906 WEST FIFTH STREET DAVENPORT, IA 52806	13-4292017	501(C)3	27,445.	0.			JW INVESTMENT IN EDUCATION STRATEGIES & DONOR DESIGNATED FUNDS
YMCA OF THE IOWA MISSISSIPPI VALLEY - 630 EAST FOURTH STREET - DAVENPORT, IA 52801	42-0703278	501(C)3	159,890.	0.			JW INVESTMENT IN EDUCATION, HEALTH & INCOME STRATEGIES & DONOR DESIGNATED FUNDS
YOUTHHOPE 3928 12 AVENUE MOLINE, IL 61265	36-2193602	501(C)3	45,506.	0.			JW INVESTMENT IN EDUCATION & INCOME STRATEGIES & DONOR DESIGNATED FUNDS
CENTER FOR ACTIVE SENIORS 1035 WEST KIMBERLY ROAD DAVENPORT, IA 52806	42-1011267	501(C)3	37,702.	0.			JW INVESTMENT IN HEALTH STRATEGIES & DONOR DESIGNATED FUNDS
DRESS FOR SUCCESS 423 EAST 32ND STREET DAVENPORT, IA 52803	45-1825338	501(C)3	15,986.	0.			JW INVESTMENT IN INCOME STRATEGIES & DONOR DESIGNATED FUNDS
EVERYCHILD 524 15TH STREET MOLINE, IL 61265	36-2937848	501(C)3	170,163.	0.			JW INVESTMENT IN EDUCATION & HEALTH STRATEGIES & DONOR DESIGNATED FUNDS
FRIENDLY HOUSE 1221 MYRTLE STREET DAVENPORT, IA 52804	42-0733466	501(C)3	75,441.	0.			JW INVESTMENT IN EDUCATION, INCOME & HEALTH STRATEGIES & DONOR DESIGNATED FUNDS
HEART OF HOPE MINISTRIES 1740 NINTH AVENUE ROCK ISLAND, IL 61201	27-0650299	501(C)3	16,233.	0.			JW INVESTMENT IN INCOME STRATEGIES & DONOR DESIGNATED FUNDS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NAMI 1035 WEST KIMBERLY ROAD DAVENPORT, IA 52806	42-1188963	501(C)3	11,551.	0.			JW INVESTMENT IN HEALTH STRATEGIES & DONOR DESIGNATED FUNDS
NARRATIVES QC 111 PERRY STREET #300 DAVENPORT, IA 52801	35-2668391	501(C)3	16,510.	0.			JW INVESTMENT IN EDUCATION & INCOME STRATEGIES & DONOR DESIGNATED FUNDS
QUAD CITIES SYMPHONY ORCHESTRA 327 BRADY STREET DAVENPORT, IA 52801	42-6017663	501(C)3	8,000.	0.			JW INVESTMENT IN EDUCATION STRATEGIES & DONOR DESIGNATED FUNDS
SPRING FORWARD 2101 SIXTH AVENUE ROCK ISLAND, IL 61201	45-0561173	501(C)3	129,705.	0.			JW INVESTMENT IN EDUCATION STRATEGIES & DONOR DESIGNATED FUNDS
COLOR THE WATER 3512 PACIFIC AVENUE MARINA DEL, CA 90292	85-3800480	501(C)3	6,000.	0.			DONOR DESIGNATED FUNDS USED FOR GENERAL OPERATION
FIGGE ART MUSEUM 225 WEST SECOND STREET DAVENPORT, IA 52801	42-6090398	501(C)3	7,500.	0.			DONOR DESIGNATED FUNDS USED FOR GENERAL OPERATIONS
EAST MOLINE SCHOOLS 3451 MORTON DRIVE EAST MOLINE, IL 61244	36-6005354	501(C)3	26,000.	0.			DONOR DESIGNATED FUNDS USED FOR GENERAL OPERATIONS
GENESIS HEALTH SERVICES FOUNDATION 1227 EAST RUSHOLME STREET DAVENPORT, IA 52803	42-1421670	501(C)3	9,000.	0.			DONOR DESIGNATED FUNDS USED FOR GENERAL OPERATIONS
PREGNANCY RESOURCES 3825 16TH STREET MOLINE, IL 61265	36-3699951	501(C)3	7,934.	0.			DONOR DESIGNATED FUNDS USED FOR GENERAL OPERATIONS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE PROJECT OF THE QUAD CITIES 4101 JOHN DEERE ROAD MOLINE , IL 61265	42-1358032	501(C)3	30,075.	0.			DONOR DESIGNATED FUNDS USED FOR GENERAL OPERATIONS
ST.ANTHONY CATHOLIC CHURCH 417 NORTH MAIN STREET DAVENPORT, IA 52801	53-0196617	501(C)3	25,099.	0.			DONOR DESIGNATED FUNDS USED FOR GENERAL OPERATIONS
STEAM ON WHEELS 2900 LEARNING CAMPUS DRIVE BETTENDORF, IA 52722	83-2758163	501(C)3	58,867.	0.			AALS GRANTS (BIPOC STRATEGIES), STEAM AT MADISON ELEMENTARY AALS GRANTS (BIPOC
TAPESTY FARMS P.O. BOX 2332 DAVENPORT, IA 52809	82-1925820	501(C)3	7,259.	0.			DONOR DESIGNATED FUNDS USED FOR GENERAL OPERATIONS
TMBC @ THE LINCOLN CENTER 318 EAST SEVENTH STREET DAVENPORT, IA 52804	81-2252531	501(C)3	12,000.	0.			DONOR DESIGNATED FUNDS USED FOR GENERAL OPERATIONS
UNITED WAY OF MUSCATINE 615 CEDAR STREET #200 MUSCATINE, IA 52761	42-0761080	501(C)3	5,011.	0.			DONOR DESIGNATED FUNDS
EMPOWERING ABILITIES 3402 HICKORY GROVE ROAD DAVENPORT, IA 52806	42-0947868	501(C)3	17,695.	0.			DONOR DESIGNATED FUNDS
UNITED WAY OF CENTRAL IOWA 111 NINTH STREET #100 DES MOINES, IA 50314	42-0680425	501(C)3	23,524.	0.			DONOR DESIGNATED FUNDS
UNITED WAY FOR GREATER AUSTIN 5930 MIDDLE FISKVILLE ROAD, 5TH FLO AUSTIN, TX 78752	74-1193439	501(C)3	10,049.	0.			DONOR DESIGNATED FUNDS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF EAST CENTRAL IOWA 317 SEVENTH AVE SE #401 CEDAR RAPID, IA 52401	42-0861239	501(C)3	5,863.	0.			DONOR DESIGNATED FUNDS
VINE MINISTRY 1702 NORTH MAIN STREET DAVENPORT, IA 52803	86-2188047	501(C)3	8,200.	0.			AALS GRANTS: BIPOC STRATEGIES
CITY OF ROCK ISLAND--MARTIN LUTHER KING CENTER - 630 MLK DRIVE - ROCK ISLAND, IL 61201	36-3100490	501(C)3	13,234.	0.			AALS GRANTS: BIPOC STRATEGIES
ASWAS P.O.BOX 1514 DAVENPORT, IA 52809	46-4394885	501(C)3	12,500.	0.			AALS GRANTS: BIPOC STRATEGIES

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

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

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

PART I, LINE 2:

THE ORGANIZATION USES AN "OUTCOMES MEASUREMENT" PROCESS TO MONITOR THE USE OF GRANT FUNDS DISTRIBUTED BY THE UNITED WAY QUAD CITIES. EACH AGENCY HAS THE RESPONSIBILITY TO VERIFY THE USE OF THE FUNDS TO THE UNITED WAY SO THAT THE RECIPIENT'S OUTCOMES ARE ACCOMPLISHED.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: BETHANY

(H) PURPOSE OF GRANT OR ASSISTANCE: UW INVESTMENT IN EDUCATION, HEALTH &

**Part IV** Supplemental Information

ESSENTIAL NEEDS STRATEGIES & DONOR DESIGNATED FUNDS

NAME OF ORGANIZATION OR GOVERNMENT: CHILD ABUSE COUNCIL

(H) PURPOSE OF GRANT OR ASSISTANCE: UW INVESTMENT IN EDUCATION, HEALTH & ESSENTIAL NEEDS STRATEGIES & DONOR DESIGNATED FUNDS & COVID REBUILDING FUNDS & UNITED FOR EQUITY AWARD

NAME OF ORGANIZATION OR GOVERNMENT: BOYS & GIRLS CLUBS OF MISS. VALLEY

(H) PURPOSE OF GRANT OR ASSISTANCE: UW INVESTMENT IN EDUCATION, INCOME & HEALTH STRATEGIES & DONOR DESIGNATED FUNDS USED FOR GENERAL OPERATION

NAME OF ORGANIZATION OR GOVERNMENT: FAMILY RESOURCES

(H) PURPOSE OF GRANT OR ASSISTANCE: UW INVESTMENT IN HEALTH, EDUCATION & INCOME STRATEGIES & DONOR DESIGNATED FUNDS & EMERGENCY GRANT

NAME OF ORGANIZATION OR GOVERNMENT: YWCA OF QC

(H) PURPOSE OF GRANT OR ASSISTANCE: UW INVESTMENT IN EDUCATION , INCOME, HEALTH & ESSENTIAL NEEDS STRATEGIES & DONOR DESIGNATED FUNDS

NAME OF ORGANIZATION OR GOVERNMENT: MARTIN LUTHER KING CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: UW INVESTMENT IN EDUCATION, TOGETHER FOR TOMORROW AWARD & DONOR DESIGNATED FUNDS & UNITED FOR EQUITY AWARD

NAME OF ORGANIZATION OR GOVERNMENT: QC HAVEN OF HOPE

(H) PURPOSE OF GRANT OR ASSISTANCE: UW INVESTMENT IN ESSENTIAL NEEDS STRATEGIES & DONOR DESIGNATED FUNDS & COVID REBUILDING FUND & UNITED FOR EQUITY AWARD

**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: STEAM ON WHEELS

(H) PURPOSE OF GRANT OR ASSISTANCE: AALS GRANTS (BIPOC STRATEGIES),  
STEAM AT MADISON ELEMENTARY

AALS GRANTS (BIPOC STRATEGIES), STEAM AT MADISON ELEMENTARY

AALS GRANTS (BIPOC STRATEGIES), STEAM AT MADISON ELEMENTARY

AALS GRANTS (BIPOC STRATEGIES), STEAM AT MADISON ELEMENTARY

Multiple horizontal lines for supplemental information.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization

UNITED WAY QUAD CITIES

Employer identification number

36-2725960

**Part I Questions Regarding Compensation**

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

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2023



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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) RENE GELLERMAN PRESIDENT/CEO	(i)	167,934.	0.	0.	16,793.	0.	184,727.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							



**SCHEDULE L**  
**(Form 990)**

**Transactions With Interested Persons**

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c; or Form 990-EZ, Part V, line 38a or 40b.

**2023**

Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

Department of the Treasury  
Internal Revenue Service

Name of the organization **UNITED WAY QUAD CITIES** Employer identification number **36-2725960**

**Part I Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only)

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b; or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ..... \$ \_\_\_\_\_

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ..... \$ \_\_\_\_\_

**Part II Loans to and/or From Interested Persons**

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
<b>Total</b> .....						\$						

**Part III Grants or Assistance Benefiting Interested Persons**

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

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

Schedule L (Form 990) 2023

**Part IV Business Transactions Involving Interested Persons**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) TOM BOWMAN	DIRECTOR OF AGENCY	145,143.	GRANTS	X	
(2) REV. DWIGHT FORD	DIRECTOR OF AGENCY	87,500.	GRANTS	X	
(3) DAN GOSA	DAVENPORT SCHOOL BO	54,500.	GRANTS	X	
(4) KERRY SMITH	BOARD MEMBER OF REC	53,100.	GRANTS	X	
(5) W.KENT BARNDS	DAVENPORT SCHOOLS B	54,500.	GRANTS	X	
(6) BOB WATERMAN	BOARD MEMBER OF REC	204,289.	GRANTS	X	
(7)					
(8)					
(9)					
(10)					

**Part V Supplemental Information**

Provide additional information for responses to questions on Schedule L. See instructions.

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: TOM BOWMAN

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

DIRECTOR OF AGENCY RECEIVING FUNDING FROM UW ALLOCATIONS PROCESS

(A) NAME OF PERSON: REV. DWIGHT FORD

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

DIRECTOR OF AGENCY RECEIVING FUNDING FROM UW ALLOCATIONS PROCESS

(A) NAME OF PERSON: DAN GOSA

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

DAVENPORT SCHOOL BOARD CHAIR RECEIVING FUNDING FROM UW ALLOCATIONS PROCESS

(A) NAME OF PERSON: KERRY SMITH

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

BOARD MEMBER OF RECIPIENTS ORGANIZATION

(A) NAME OF PERSON: W.KENT BARNDS

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

DAVENPORT SCHOOLS BOARD MEMBER

**Part V Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

(A) NAME OF PERSON: BOB WATERMAN

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

BOARD MEMBER OF RECIPIENTS ORGANIZATIONS

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2023**

Open to Public Inspection

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

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

Department of the Treasury  
Internal Revenue Service

Name of the organization **UNITED WAY QUAD CITIES** Employer identification number **36-2725960**

**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				
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 ( <b>GOODS</b> )	<b>X</b>	<b>40</b>	<b>39,180.</b>	
26 Other ( )				
27 Other ( )				
28 Other ( )				

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

	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 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		<b>X</b>
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?		<b>X</b>
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		<b>X</b>
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.		

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

Schedule M (Form 990) 2023

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

Multiple horizontal lines for supplemental information.

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
Attach to Form 990 or Form 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization

UNITED WAY QUAD CITIES

Employer identification number

36-2725960

**FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:**

UNITED WAY QC DEVELOPS, SUPPORTS AND INVESTS IN THE MOST IMPACTFUL STRATEGIES AND PARTNERS TO STRENGTHEN EDUCATION, INCOME AND HEALTH--THE BUILDING BLOCKS OF OPPORTUNITY. UNITED WAY QC BELIEVES EVERY QUAD CITIZEN DESERVES THE OPPORTUNITY TO LIVE THEIR BEST POSSIBLE LIFE. UNITED WAY QC INVOLVES PARTNERS AND SUPPORTERS FROM ALL WALKS OF LIFE IN VOLUNTEERISM, ADVOCACY AND INVESTMENT AND USES RESOURCES AND NETWORKS TO BRING THE BEST PEOPLE, IDEAS AND PROJECTS TOGETHER TO CREATE OPPORTUNITIES FOR ALL QUAD CITIZENS. IF WE WORK TOGETHER, WE BELIEVE THAT EVERY QUAD CITIZEN, REGARDLESS OF RACE OR ZIP CODE, WILL HAVE ACCESS AND OPPORTUNITY TO DEVELOP THEIR FULL POTENTIAL.

**FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:**

BELIEVES EVERY QUAD CITIZEN DESERVES THE OPPORTUNITY TO LIVE THEIR BEST POSSIBLE LIFE. UNITED WAY QC INVOLVES PARTNERS AND SUPPORTERS FROM ALL WALKS OF LIFE IN VOLUNTEERISM, ADVOCACY AND INVESTMENT AND USES RESOURCES AND NETWORKS TO BRING THE BEST PEOPLE, IDEAS AND PROJECTS TOGETHER TO CREATE OPPORTUNITIES FOR ALL QUAD CITIZENS. IF WE WORK TOGETHER, WE BELIEVE THAT EVERY QUAD CITIZEN, REGARDLESS OF RACE OR ZIP CODE, WILL HAVE ACCESS AND OPPORTUNITY TO DEVELOP THEIR FULL POTENTIAL.

**FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:**

UNITED FOR SCHOOLS ACTIVATES THE COMMUNITY TO SUPPORT OUR SCHOOLS IN POWERFUL, LIFE-CHANGING WAYS. WE ARE FOCUSED ON ACCELERATING STUDENT ACHIEVEMENT AT ELEMENTARY SCHOOLS IN MARGINALIZED NEIGHBORHOODS AND EMPOWERING STUDENTS THROUGH PARTNERSHIPS WITH SERVICE PROVIDERS,

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

Schedule O (Form 990) 2023

LHA 332211 11-14-23



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BUSINESSES, FAITH-BASED ORGANIZATIONS, AND ENGAGED INDIVIDUALS AND GROUPS. THE UNITED FOR SCHOOLS PROGRAM ADDRESSES OPPORTUNITY AND RESOURCE GAPS WITH RESEARCH-DRIVEN, SCHOOL-ALIGNED PROGRAMMING AT PARTNER SCHOOLS. THROUGH PROGRAMMING, VOLUNTEERING, AND CONSULTING, WE CONNECT SCHOOLS WITH THE SPECIFIC RESOURCES THEY NEED IN ORDER TO CREATE THE CONDITIONS FOR ALL STUDENTS TO THRIVE, RANGING FROM MEDICAL CARE TO EDUCATIONAL NEEDS TO FAMILY AND COMMUNITY ENGAGEMENT. UNITED WAY QC IS HERE TO LISTEN, UNDERSTAND, AND WORK TOGETHER WITH SCHOOLS TO PROVIDE SOLUTIONS TO ENSURE ALL STUDENTS, REGARDLESS OF RACE OR ZIP CODE, SUCCEED.

FORM 990, PART III, LINE 3, CHANGES IN PROGRAM SERVICES:  
VISION TO LEARN IN-SCHOOL PROGRAM HELPS PUT KIDS' FUTURES IN FOCUS, BY IDENTIFYING VISION ISSUES AND PROVIDING STUDENTS WITH TWO NEW PAIRS OF EYE GLASSES.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:  
EFFICIENT AND EFFECTIVE STRATEGIES AND DEVELOPING MEASURABLE RESULTS OF OUR WORK. EDUCATION COUNCIL AND OTHER KEY STAKEHOLDERS HELP LEAD THE DEVELOPMENT OF INITIATIVES TO ACHIEVE COMMUNITY IMPACT.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:  
ASSISTANCE (VITA), AND UNITED FOR EQUITY.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:  
LABOR - DEVELOPS AND SUPPORTS AN ACTIVE PARTICIPATION OF LABOR IN UNITED WAY QC ACTIVITIES SUCH AS RESOURCE DEVELOPMENT, COMMUNITY INVESTMENT AND COMMUNITY IMPACT.

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INFORMATION TECHNOLOGY FOR MANAGEMENT AND PROGRAMS - RESPONSIBLE FOR MAINTAINING, MAXIMIZING USAGE, AND ENHANCING THE USE OF TECHNOLOGY AT UNITED WAY QC, AMONG OUR PARTNERS AND WITH OUR CONSTITUENTS AS VOLUNTEERS AND CONTRIBUTORS.

EXPENSES \$ 127,851. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

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

THE ORGANIZATION'S AUDIT COMMITTEE REVIEWS A COPY OF THE FORM 990 BEFORE PRESENTING IT TO THE BOARD OF DIRECTORS WHO THEN REVIEWS AND APPROVES IT BEFORE FILING THE RETURN.

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

EVERY BOARD MEMBER ANNUALLY SIGNS THE CONFLICT OF INTEREST STATEMENT AS PART OF THE OVERALL CODE OF ETHICS. AT THAT TIME, THEY ARE TO DISCLOSE ANY POTENTIAL CONFLICTS THAT THE ORGANIZATION NEEDS TO BE AWARE OF. UNITED WAY QUAD CITIES STAFF SIGN THE SAME DOCUMENT AS PART OF THEIR INITIAL ORIENTATION. IN ADDITION TO THE BOARD AND STAFF, SELECT VOLUNTEERS ARE REQUIRED TO SIGN THE CODE OF ETHICS AND CONFLICT OF INTEREST POLICY DEPENDING ON THE SENSITIVITY OF INFORMATION THEY WILL BE WORKING WITH (AGENCY DATA, DONOR DATA). THE POLICY INCLUDES A QUESTIONNAIRE THAT HAS BEEN UPDATED TO PROPERLY COMPLETE THE FORM 990 GOVERNANCE, MANAGEMENT, AND DISCLOSURE QUESTIONS. AT BOARD MEMBER MEETINGS, MEMBERS ARE REQUIRED TO VOTE "IN ABSENTIA" IF A POTENTIAL CONFLICT OF INTEREST ISSUE ARISES.

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

EXECUTIVE STAFF (PRESIDENT AND CFO) COMPENSATION RANGES ARE DEVELOPED USING UNITED WAY WORLDWIDE DATA FOR EACH POSITION. THE PRESIDENT DETERMINES THE

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SALARY FOR THE CFO. THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS DETERMINES THE SALARY FOR THE PRESIDENT.

IN DETERMINING EMPLOYEE COMPENSATION, EACH STAFF POSITION IS FIRST CATEGORIZED AS ADMINISTRATIVE, MANAGERIAL, VICE PRESIDENT OR EXECUTIVE STAFF. WITH THE EXCEPTION OF THE EXECUTIVE STAFF, ALL CATEGORIES ARE ASSIGNED A SALARY RANGE THAT INCLUDES A MIDPOINT AND HIGH/LOW POINTS THAT ARE 15% EITHER SIDE OF THE MIDPOINT. THESE RANGES ARE DEVELOPED USING LOCAL WAGE INFORMATION AS WELL AS INFORMATION OBTAINED THROUGH UNITED WAY WORLDWIDE. THE PHILOSOPHY FOR COMPENSATION IS THAT WHEN AN EMPLOYEE IS PERFORMING ALL ASPECTS OF THEIR JOB IN A SATISFACTORY MANNER, THEY WILL BE COMPENSATED AT THEIR RESPECTIVE MIDPOINT. THE RANGES AND THEIR MIDPOINT ARE ADJUSTED ANNUALLY BASED ON COST OF LIVING ADJUSTMENTS.

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

THE ORGANIZATION MAKES THE FINANCIAL STATEMENTS AND FORM 990 AVAILABLE ON THEIR WEBSITE.

FORM 990, PART XII, LINE 2C

PROCESS HAS NOT CHANGED FROM PRIOR YEAR

NOVEMBER 18, 2024

UNITED WAY QUAD CITIES  
852 MIDDLE ROAD, SUITE 401  
BETTENDORF, IA 52722

UNITED WAY QUAD CITIES:

WE HAVE PREPARED AND ENCLOSED YOUR 2023 ILLINOIS CHARITABLE ORGANIZATION ANNUAL REPORT. THE REPORT SHOULD BE SIGNED, DATED, AND MAILED AS INDICATED.

ILLINOIS FORM AG990-IL:

THE ILLINOIS FORM AG990-IL SHOULD BE MAILED ON OR BEFORE DECEMBER 31, 2024 TO:

OFFICE OF THE ATTORNEY GENERAL  
CHARITABLE TRUST BUREAU  
115 S. LASALLE ST  
CHICAGO, IL 60603

ENCLOSE A CHECK OR MONEY ORDER FOR \$15.00, PAYABLE TO ILLINOIS CHARITY BUREAU FUND.

THE REPORT SHOULD BE SIGNED AND DATED BY THE AUTHORIZED INDIVIDUAL(S).

WE RECOMMEND THAT YOU USE CERTIFIED MAIL WITH POST MARKED RECEIPT FOR PROOF OF TIMELY FILING.

A COPY OF THE RETURN IS ENCLOSED FOR YOUR FILES. WE SUGGEST THAT YOU RETAIN THIS COPY INDEFINITELY.

VERY TRULY YOURS,

ODONI PARTNERS LLC

**ILLINOIS CHARITABLE ORGANIZATION ANNUAL REPORT**

PMT #	_____
AMT	_____
INIT	_____

**Illinois Attorney General Kwame Raoul**  
**Charitable Trust Bureau, 115 S. LaSalle St**  
**Chicago, IL 60603**

**CO # 01-006456**

**Report for the Fiscal Period:**

**Beginning** 07/01/2023

**& Ending** 06/30/2024

**Make Checks Payable to Illinois Charity Bureau Fund**

**Check all items attached:**

- Copy of IRS Return
- Audited Financial Statements
- Reviewed Financial Statements
- Copy of Form IFC
- \$15 Annual Report Filing Fee
- \$100 Late Report Filing Fee

Federal ID # 36-2725960

MO DAY YR

Date organization was created: 01/02/1972

Are contributions to the organization tax deductible?  Yes  No

MO DAY YR

Legal Name: <b>UNITED WAY QUAD CITIES</b>	YEAR-END AMOUNTS	
Mail Address: <b>852 MIDDLE ROAD, SUITE 401</b>	A) ASSETS	A) \$ <b>13,575,444.</b>
City, State: <b>BETTENDORF, IA</b>	B) LIABILITIES	B) \$ <b>3,752,030.</b>
Zip Code: <b>52722</b>	C) NET ASSETS	C) \$ <b>9,823,414.</b>
<b>I. SUMMARY OF ALL REVENUE ITEMS DURING THE YEAR:</b>	PERCENTAGE	AMOUNT
D) PUBLIC SUPPORT, CONTRIBUTIONS AND PROGRAM SERVICE REV. (GROSS AMTS.)	<b>93.523%</b>	D) \$ <b>6,241,859.</b>
E) GOVERNMENT GRANTS AND MEMBERSHIP DUES	%	E) \$
F) OTHER REVENUES	<b>6.477%</b>	F) \$ <b>432,261.</b>
G) TOTAL REVENUES, INCOME AND CONTRIBUTIONS RECEIVED (ADD D, E, & F)	100 %	G) \$ <b>6,674,120.</b>
<b>II. SUMMARY OF ALL EXPENDITURES DURING THE YEAR:</b>		
H) OPERATING CHARITABLE PROGRAM EXPENSE	<b>16.504%</b>	H) \$ <b>1,130,923.</b>
I) EDUCATION PROGRAM SERVICE EXPENSE	%	I) \$
J) TOTAL CHARITABLE PROGRAM SERVICE EXPENSE (ADD H & I)	<b>16.504%</b>	J) \$ <b>1,130,923.</b>
J1) JOINT COSTS ALLOCATED TO PROGRAM SERVICES (INCLUDED IN J)		\$ <b>52,494.</b>
K) GRANTS TO OTHER CHARITABLE ORGANIZATIONS	<b>59.351%</b>	K) \$ <b>4,066,973.</b>
L) TOTAL CHARITABLE PROGRAM SERVICE EXPENDITURE (ADD J & K)	<b>75.855%</b>	L) \$ <b>5,197,896.</b>
M) MANAGEMENT AND GENERAL EXPENSE	<b>12.931%</b>	M) \$ <b>886,098.</b>
N) FUNDRAISING EXPENSE	<b>11.214%</b>	N) \$ <b>768,420.</b>
O) TOTAL EXPENDITURES THIS PERIOD (ADD L, M & N)	100 %	O) \$ <b>6,852,414.</b>
<b>III. SUMMARY OF ALL PAID FUNDRAISER &amp; CONSULTANT ACTIVITIES:</b> (Attach Attorney General Report of Individual Fundraising Campaign (Form IFC). One for each PFR.)		
<b>PROFESSIONAL FUNDRAISERS:</b>		
P) TOTAL AMOUNT RAISED BY PAID PROFESSIONAL FUNDRAISERS	100 %	P) \$ <b>0.</b>
Q) TOTAL FUNDRAISERS FEES AND EXPENSES	%	Q) \$
R) NET RECEIVED BY THE CHARITY (P MINUS Q=R)	%	R) \$
<b>PROFESSIONAL FUNDRAISING CONSULTANTS:</b>		
S) TOTAL AMOUNT PAID TO PROFESSIONAL FUNDRAISING CONSULTANTS		S) \$ <b>0.</b>
<b>IV. COMPENSATION TO THE (3) HIGHEST PAID PERSONS DURING THE YEAR:</b>		
T) NAME, TITLE: <b>RENE GELLERMAN, PRESIDENT/CEO</b>		T) \$ <b>167,934.</b>
U) NAME, TITLE: <b>KARRIE ABBOTT, COO</b>		U) \$ <b>117,864.</b>
V) NAME, TITLE: <b>ANGELA SNYDER, CHIEF STRATEGY OFFICER</b>		V) \$ <b>117,667.</b>
<b>V. CHARITABLE PROGRAM DESCRIPTION:</b> CHARITABLE PROGRAM (3 HIGHEST BY \$ EXPENDED) CODE CATEGORIES	List on back side of instructions CODE	
W) DESCRIPTION: <b>GRANTS TO OTHER CHARITABLE ORGANIZATIONS</b>	W) #	<b>150</b>
X) DESCRIPTION:	X) #	
Y) DESCRIPTION:	Y) #	

