** PUBLIC DISCLOSURE COPY **

Form 990 Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2025

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2025 calendar year, or tax year beginning JUL 1, 2025 and ending JUN 30, 2026

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

C Name of organization
UNITED WAY QUAD CITIES

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) 852 MIDDLE ROAD, SUITE 401 Room/suite

City or town, state or province, country, and ZIP or foreign postal code
BETTENDORF, IA 52722

F Name and address of principal officer: WENDY HILTON-MORROW
SAME AS C ABOVE

D Employer identification number
36-2725960

E Telephone number
(563)355-4310

G Gross receipts $ 6,128,476.

H(a) Is this a group return for subordinates? Yes [X] No

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

H(c) Group exemption number

I Tax-exempt status: [X] 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or 527

J Website: WWW.UNITEDWAYQC.ORG

K Form of organization: [X] Corporation Trust Association Other

L Year of formation: 1972 **M** State of legal domicile: IA

Part I Summary

1 Briefly describe the organization's mission or most significant activities: UNITED WAY QUAD CITIES MISSION IS TO UNITE THE COMMUNITY TO CREATE ACCESS AND OPPORTUNITY FOR ALL

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	24
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	24
5	Total number of individuals employed in calendar year 2025 (Part V, line 2a)	5	32
6	Total number of volunteers (estimate if necessary)	6	1500
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	4,867,731.	4,425,525.
9	Program service revenue (Part VIII, line 2g)	1,218,357.	1,311,814.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	395,703.	431,395.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	107,928.	-40,258.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,589,719.	6,128,476.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	3,208,639.	3,155,782.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,079,856.	2,141,177.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b	Total fundraising expenses (Part IX, column (D), line 25) 618,489.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	803,044.	826,725.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	6,091,539.	6,123,684.
19	Revenue less expenses. Subtract line 18 from line 12	498,180.	4,792.

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	13,099,337.	13,417,689.
21	Total liabilities (Part X, line 26)	2,464,461.	2,273,272.
22	Net assets or fund balances. Subtract line 21 from line 20	10,634,876.	11,144,417.

Part II Signature Block

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

Sign Here

Signature of officer Date

WENDY HILTON-MORROW, PRESIDENT/CEO
Type or print name and title

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
DANTE ODONI				P00386225

Firm's name ODONI PARTNERS, LLC Firm's EIN 46-3579543

Firm's address 71 S. WACKER DRIVE, SUITE 2125
CHICAGO, IL 60606 Phone no. 312-440-0960

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

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Public Disclosure Copy

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? ..... Yes X No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ..... 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 $ including grants of $) (Revenue $)
RESOURCE DEVELOPMENT - EFFICIENTLY AND EFFECTIVELY RAISE THE MAXIMUM AMOUNT OF FUNDS FROM EMPLOYEES, BUSINESSES, INDIVIDUALS, GRANTS, LABOR MEMBERS, AND FOUNDATIONS TO IMPROVE THE QUALITY OF LIFE FOR INDIVIDUALS AND FAMILIES IN THE QUAD CITIES AREA. IN ADDITION, UNITED WAY QC IS BUILDING AN ENDOWMENT TO HELP GUARANTEE QUALITY OF LIFE IN OUR COMMUNITY INTO THE FUTURE.

4b (Code:) (Expenses $ 2,905,367. including grants of $) (Revenue $)
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 GET TO THE ROOT CAUSES BY FOCUSING ON CRITICAL ISSUES IN OUR COMMUNITY IN EDUCATION, INCOME, AND HEALTHTHE FOUNDATION OF STABILITY FOR US ALL. BY CHANNELING OUR TIME

4c (Code:) (Expenses $ 1,475,956. including grants of $) (Revenue $)
UNITED WAY INITIATIVES AND DONOR NETWORKS-UNITED WAY QC WORKS CLOSELY WITH LOCAL CHANGE MAKERS TO TRANSFORM THE LIVES OF QUAD CITIANS 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 EARLY CHILDHOOD EDUCATION, THIRD GRADE READING PROFICIENCY AND FOSTERING THE NEXT GENERATION OF BLACK LEADERS, RESPECTFULLY. INITIATIVES INCLUDE VOLUNTEER INCOME TAX ASSISTANCE (VITA), VISION TO LEARN, UNITED FOR SCHOOLS, READ UNITED

4d Other program services (Describe on Schedule O.)
(Expenses $ 239,250. including grants of $) (Revenue $)

4e Total program service expenses 4,620,573.

Public Disclosure Copy

SEE SCHEDULE O FOR CONTINUATION(S)

Part IV Checklist of Required Schedules

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

Public Disclosure Copy

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	35		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		X	

Public Disclosure Copy

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

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 32			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation on Schedule O*	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	**Organizations that may receive deductible contributions under section 170(c).**			
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	**Sponsoring organizations maintaining donor advised funds.**			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	**Section 501(c)(7) organizations.** Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	**Section 501(c)(12) organizations.** Enter:			
a	Gross income from members or shareholders 11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**			
a	Is the organization licensed to issue qualified health plans in more than one state? **Note:** See the instructions for additional information the organization must report on Schedule O.	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b			
c	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation on Schedule O*	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		X
17	**Section 501(c)(21) organizations.** Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17		

Public Disclosure Copy

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

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	24		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent	1b	24		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6	Did the organization have members or stockholders?	6			X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses on Schedule O*	9			X

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed 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

Public Disclosure Copy

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	40.00									
PRESIDENT/CEO				X				183,210.	0.	19,543.
(2) ANGELA SNYDER	40.00									
CHIEF STRATEGY OFFICER				X				110,846.	0.	20,194.
(3) KARRIE ABBOTT	40.00									
CHIEF OPERATING OFFICER				X				96,597.	0.	11,095.
(4) JOHN FRIEDERICH	1.00									
DIRECTOR		X						0.	0.	0.
(5) DEBBIE ANSELM	1.00									
DIRECTOR		X						0.	0.	0.
(6) W.KENT BARNDS	1.00									
DIRECTOR		X						0.	0.	0.
(7) ROBERT BERN	1.00									
DIRECTOR		X						0.	0.	0.
(8) ED DECKER	1.00									
DIRECTOR		X						0.	0.	0.
(9) ROBERT WATERMAN	1.00									
BOARD CHAIR		X						0.	0.	0.
(10) DR. YOLANDA GRANDBERRY-PUGH	1.00									
DIRECTOR		X						0.	0.	0.
(11) KRISTIN HUMPHRIES	1.00									
DIRECTOR		X						0.	0.	0.
(12) CHAD EVERITT	1.00									
DIRECTOR		X						0.	0.	0.
(13) REV. DWIGHT FORD	1.00									
DIRECTOR		X						0.	0.	0.
(14) JABARI WOODS	1.00									
DIRECTOR		X						0.	0.	0.
(15) COLLIN NELSON	1.00									
DIRECTOR		X						0.	0.	0.
(16) MEYER LEHMAN	1.00									
DIRECTOR		X						0.	0.	0.
(17) MICHAEL OLIVERA	1.00									
DIRECTOR		X						0.	0.	0.

Public Disclosure Copy

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) ALFRED RAMIREZ DIRECTOR	1.00	X						0.	0.	0.
(20) DECKER PLOEHN DIRECTOR	1.00	X						0.	0.	0.
(21) MARGUERITE TOMLIN DIRECTOR	1.00	X						0.	0.	0.
(22) MARY PAT TUBB DIRECTOR	1.00	X						0.	0.	0.
(23) KERRY SMITH TREASURER/SECRETARY	1.00			X				0.	0.	0.
(24) OCTAVIUS O'LARGE SR. DIRECTOR	1.00	X						0.	0.	0.
(25) BRIAN REYNOLDS DIRECTOR	1.00	X						0.	0.	0.
(26) CAITLIN RUSSELL DIRECTOR	1.00	X						0.	0.	0.
1b Subtotal								390,653.	0.	50,832.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								390,653.	0.	50,832.

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
3 Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	4	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	5		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
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

Public Disclosure Copy

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns 1a				
	b Membership dues 1b				
	c Fundraising events 1c				
	d Related organizations 1d				
	e Government grants (contributions) 1e				
	f All other contributions, gifts, grants, and similar amounts not included above 1f 4,425,525.				
	g Noncash contributions included in lines 1a-1f 1g $ 41,682.				
	h **Total.** Add lines 1a-1f	4,425,525.			
Program Service Revenue		Business Code			
	2a UNITED FOR SCHOOL	900099	1,044,801.	1,044,801.	
	b UW OPERATIONS CAPACITY	900099	133,359.	133,359.	
	c WOMEN'S LEADERSHIP INI	900099	63,185.	63,185.	
	d TAX PREPARATION ASSIST	900099	26,385.	26,385.	
	e VISION TO LEARN	900099	23,625.	23,625.	
	f All other program service revenue	900099	20,459.	20,459.	
	g **Total.** Add lines 2a-2f		1,311,814.		
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		321,589.		321,589.
	4 Income from investment of tax-exempt bond proceeds				
	5 Royalties				
		(i) Real	(ii) Personal		
	6a Gross rents 6a				
	b Less: rental expenses 6b				
	c Rental income or (loss) 6c				
	d Net rental income or (loss)				
		(i) Securities	(ii) Other		
	7a Gross amount from sales of assets other than inventory 7a 109,806.				
	b Less: cost or other basis and sales expenses 7b 0.				
	c Gain or (loss) 7c 109,806.				
	d Net gain or (loss)	109,806.			109,806.
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18 8a				
	b Less: direct expenses 8b				
	c Net income or (loss) from fundraising events				
	9a Gross income from gaming activities. See Part IV, line 19 9a				
	b Less: direct expenses 9b				
	c Net income or (loss) from gaming activities				
	10a Gross sales of inventory, less returns and allowances 10a				
	b Less: cost of goods sold 10b				
	c Net income or (loss) from sales of inventory				
Miscellaneous Revenue		Business Code			
	11a MISCELLANEOUS	900099	-40,258.	-40,258.	
	b				
	c				
	d All other revenue				
	e **Total.** Add lines 11a-11d	-40,258.			
	12 **Total revenue.** See instructions	6,128,476.	1,271,556.	0.	431,395.

Public Disclosure Copy

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	3,155,782.	3,155,782.		
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	390,653.	208,232.	111,154.	71,267.
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	1,360,694.	725,298.	387,163.	248,233.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	72,276.	16,005.	36,139.	20,132.
9 Other employee benefits	185,509.	112,371.	38,291.	34,847.
10 Payroll taxes	132,045.	71,119.	37,430.	23,496.
11 Fees for services (nonemployees):				
a Management				
b Legal	1,671.		1,671.	
c Accounting	23,462.		23,462.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	38,828.		38,828.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	27,808.	12,358.	8,717.	6,733.
12 Advertising and promotion				
13 Office expenses	134,964.	44,927.	53,008.	37,029.
14 Information technology	143,289.	67,918.	43,607.	31,764.
15 Royalties				
16 Occupancy	59,073.	26,639.	17,946.	14,488.
17 Travel	20,351.	10,004.	4,406.	5,941.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	13,792.	7,692.	2,747.	3,353.
20 Interest	1,100.	503.	325.	272.
21 Payments to affiliates	81,815.	36,935.	24,822.	20,058.
22 Depreciation, depletion, and amortization	66,573.	21,635.	32,546.	12,392.
23 Insurance	26,671.	12,359.	7,671.	6,641.
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 SPONSORSHIP EXPENSE	82,569.	24,999.		57,570.
b IN KINDS GOODS	41,682.	21,314.	0.	20,368.
c WISH LIST EXPENSE	27,735.	27,735.		
d CREDIT CARD FEES	10,238.		10,238.	
e All other expenses	25,104.	16,748.	4,451.	3,905.
25 **Total functional expenses.** Add lines 1 through 24e	6,123,684.	4,620,573.	884,622.	618,489.
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)				

Public Disclosure Copy

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing			1	
	2	Savings and temporary cash investments		5,420,624.	2	4,187,167.
	3	Pledges and grants receivable, net		2,879,386.	3	2,428,547.
	4	Accounts receivable, net		5,000.	4	1,000.
	5	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			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		32,415.	9	28,286.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,294,284.			
	b	Less: accumulated depreciation	10b 629,977.	724,987.	10c	664,307.
	11	Investments - publicly traded securities		4,025,576.	11	4,582,188.
	12	Investments - other securities. See Part IV, line 11			12	
	13	Investments - program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		11,349.	15	1,526,194.
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)		13,099,337.	16	13,417,689.
Liabilities	17	Accounts payable and accrued expenses		137,286.	17	140,069.
	18	Grants payable		2,261,631.	18	2,125,620.
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Loans and other payables to 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			22	
	23	Secured mortgages and notes payable to unrelated third parties		54,195.	23	0.
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		11,349.	25	7,583.
	26	**Total liabilities.** Add lines 17 through 25		2,464,461.	26	2,273,272.
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here** ☒ **and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		6,280,653.	27	7,439,743.
	28	Net assets with donor restrictions		4,354,223.	28	3,704,674.
		Organizations that do not follow FASB ASC 958, check here ☐ **and complete lines 29 through 33.**				
	29	Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building, or equipment fund			30	
	31	Retained earnings, endowment, accumulated income, or other funds			31	
	32	Total net assets or fund balances		10,634,876.	32	11,144,417.
	33	Total liabilities and net assets/fund balances		13,099,337.	33	13,417,689.

Public Disclosure Copy

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	6,128,476.
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,123,684.
3	Revenue less expenses. Subtract line 2 from line 1	3	4,792.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	10,634,876.
5	Net unrealized gains (losses) on investments	5	504,749.
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	11,144,417.

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: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the 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		

Public Disclosure Copy

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

OMB No. 1545-0047

2025

Open to Public Inspection

Name of the organization

UNITED WAY QUAD CITIES

Employer identification number

36-2725960

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

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

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
10 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
f Enter the number of supported organizations .....
g Provide the following information about the supported organization(s).

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

Public Disclosure Copy

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) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	5547145.	5613106.	5314532.	4852245.	4383843.	25710871.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	5547145.	5613106.	5314532.	4852245.	4383843.	25710871.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						1027813.
6 **Public support.** Subtract line 5 from line 4.						24683058.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
7 Amounts from line 4	5547145.	5613106.	5314532.	4852245.	4383843.	25710871.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	104,322.	175,648.	305,926.	341,052.	282,761.	1209709.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 **Total support.** Add lines 7 through 10						26920580.

12 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

14 Public support percentage for 2025 (line 6, column (f), divided by line 11, column (f))	14	91.69 %
15 Public support percentage from 2024 Schedule A, Part II, line 14	15	90.59 %

16a **33 1/3% support test - 2025.** 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 - 2024.** 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 - 2025.** 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 - 2024.** 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 ☐

Public Disclosure

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) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2025 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2024 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2025** (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from **2024** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2025.** 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 - 2024.** 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 ☐

Public Disclosure Copy

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

Public Disclosure Copy

Part IV Supporting Organizations *(continued)*

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

Section B. Type I Supporting Organizations

			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one 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* **Part VI** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove 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.*	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* **Part VI** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.*	2		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

			Yes	No
2	Activities Test. **Answer lines 2a and 2b below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of its supported organization(s)? *If "Yes," then in* **Part VI identify those supported organizations and explain** *how these activities directly furthered their exempt purposes, how the organization was responsive to each of its supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* **Part VI** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	2b		
3	Parent of Supported Organizations. **Answer lines 3a, 3b, and 3c below.**			
a	Are the organization and its supported organization(s) part of an integrated system (for example, a hospital system)? *If "Yes," provide details in* **Part VI.**	3a		
b	Did the organization direct the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*	3b		
c	Did the organization have the power to regularly appoint or elect (and remove) a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No," provide details in* **Part VI.**	3c		

Public Disclosure Copy

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

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

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

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

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 **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		

7 ☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Public Disclosure Copy

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

Section D - Distributions		**Current Year**
1 Amounts paid to supported organizations to accomplish exempt purposes	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
5 Qualified set-aside amounts (prior IRS approval required - *provide details in* **Part VI**)	5	
6 **Total annual distributions.** Add lines 1 through 5.	6	
7 Distributions to attentive supported organizations to which the organization is responsive (*provide details in* **Part VI**). See instructions.	7	
8 Distributable amount for 2025 from Section C, line 6	8	
9 Line 7 amount divided by line 8 amount	9	

Section E - Distribution Allocations (see instructions)	**(i) Excess Distributions**	**(ii) Underdistributions Pre-2025**	**(iii) Distributable Amount for 2025**
1 Distributable amount for 2025 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2025 (reasonable cause required - *explain in* **Part VI**). See instructions.			
3 Excess distributions carryover, if any, to 2025			
a From 2020			
b From 2021			
c From 2022			
d From 2023			
e From 2024			
f **Total** of lines 3a through 3e			
g Applied to under distributions of prior years			
h Applied to 2025 distributable amount			
i Carryover from 2020 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2025 from Section D, line 6: $			
a Applied to underdistributions of prior years			
b Applied to 2025 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2025, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, *explain in* **Part VI.** See instructions.			
6 Remaining underdistributions for 2025. Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in* **Part VI**. See instructions.			
7 **Excess distributions carryover to 2026.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2021			
b Excess from 2022			
c Excess from 2023			
d Excess from 2024			
e Excess from 2025			

Public Disclosure Copy

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, 3b, and 3c; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5 and 7; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Public Disclosure Copy

** PUBLIC DISCLOSURE COPY **

Schedule B (Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

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	[X] 501(c)(3) (enter number) organization
	[ ] 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	[ ] 527 political organization
Form 990-PF	[ ] 501(c)(3) exempt private foundation
	[ ] 4947(a)(1) nonexempt charitable trust treated as a private foundation
	[ ] 501(c)(3) taxable private foundation

Public Disclosure Copy

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

General Rule

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

Special Rules

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

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

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

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

Name of organization

UNITED WAY QUAD CITIES

Employer identification number

36-2725960

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		$ 530,310.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
2		$ 785,551.	Person [ ] Payroll [X] Noncash [ ] (Complete Part II for noncash contributions.)
3		$ 125,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Public Disclosure Copy

Name of organization

UNITED WAY QUAD CITIES

Employer identification number

36-2725960

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

Public Disclosure Copy

Name of organization

UNITED WAY QUAD CITIES

Employer identification number

36-2725960

Part III **Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than $1,000 for the year from any one contributor.** Complete columns **(a)** through **(e) and** the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **$1,000 or less** for the year. (Enter this info. once.) $

Use duplicate copies of Part III if additional space is needed.

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

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

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

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

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

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

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

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

Public Disclosure Copy

SCHEDULE D (Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

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? ☐ Yes ☐ No

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

Part II Conservation Easements.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

b Assets included in Form 990, Part X $ _____

Public Disclosure Copy

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	4,025,577.	3,737,561.	3,465,859.	3,160,915.	3,573,083.
b Contributions	41,886.	15,138.	49,711.	96,774.	170,371.
c Net investment earnings, gains, and losses	714,024.	455,562.	491,589.	354,156.	-452,707.
d Grants or scholarships	160,470.	143,950.	127,800.	113,200.	95,600.
e Other expenditures for facilities and programs			106,813.		
f Administrative expenses	38,828.	38,734.	34,986.	32,786.	34,232.
g End of year balance	4,582,188.	4,025,577.	3,737,560.	3,465,859.	3,160,915.

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

a Board designated or quasi-endowment _____ %
b Permanent endowment _____ %
c Term endowment _____ %

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

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

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

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

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		1,010,842.	360,349.	650,493.
c Leasehold improvements				
d Equipment		283,442.	269,628.	13,814.
e Other				
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, line 10c, column (B))*				664,307.

Public Disclosure Copy

Part VII Investments - Other Securities

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

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

Part VIII Investments - Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, 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) RIGHT-OF-USE ASSET FOR OPERATING LEASE, NET	7,582.
(2) CERTIFICATES OF DEPOSIT	1,518,612.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, line 15, col. (B))*	1,526,194.

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 PORTION PORTION	3,895.
(3) OPERATING LEASE LIABILITY - LESS CURRENT PORTION	3,688.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, line 25, col. (B))*	7,583.

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 ... X

Public Disclosure Copy

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

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

1	Total revenue, gains, and other support per audited financial statements			1	6,204,408.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	504,749.		
b	Donated services and use of facilities	2b	48,581.		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines 2a through 2d			2e	553,330.
3	Subtract line 2e from line 1			3	5,651,078.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	38,828.		
b	Other (Describe in Part XIII.)	4b	438,570.		
c	Add lines 4a and 4b			4c	477,398.
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	6,128,476.

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

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

1	Total expenses and losses per audited financial statements			1	5,694,867.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a	48,581.		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines 2a through 2d			2e	48,581.
3	Subtract line 2e from line 1			3	5,646,286.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	38,828.		
b	Other (Describe in Part XIII.)	4b	438,570.		
c	Add lines 4a and 4b			4c	477,398.
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	6,123,684.

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, 2026, 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 TO 2021 IS SUBJECT TO EXAMINATION BY TAX AUTHORITIES.

PART XI, LINE 4B - OTHER ADJUSTMENTS:
DESIGNATIONS TO OTHER AGENCIES 438,570.

PART XII, LINE 4B - OTHER ADJUSTMENTS:
DESIGNATIONS TO OTHER AGENCIES 438,570.

Public Disclosure Copy

Part XIII Supplemental Information *(continued)*

Public Disclosure Copy

SCHEDULE I (Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

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? ..... [X] Yes [ ] No

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ALTERNATIVES FOR THE OLDER ADULT 1803 SEVENTH STREET MOLINE, IL 61265	42-1231219	501(C)3	14,821.	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	58,986.	0.			UW INVESTMENT IN INCOME & HEALTH STRATEGIES & DONOR DESIGNATED FUNDS
BETHANY 1830 SIXTH AVENUE MOLINE, IL 61266	36-2166973	501(C)3	27,080.	0.			UW INVESTMENT IN INCOME & HEALTH STRATEGIES & DONOR DESIGNATED FUNDS
BIG BROTHERS/BIG SISTERS QC 130 WEST FIFTH STREET DAVENPORT, IA 52801	42-1320908	501(C)3	51,580.	0.			UW INVESTMENT IN EDUCATION & HEALTH STRATEGIES & DONOR DESIGNATED FUNDS
BLACK HAWK COLLEGE 6600 34TH AVENUE MOLINE, IL 61265	36-2452309	501(C)3	20,500.	0.			UW INVESTMENT IN EDUCATION & INCOME STRATEGIES & DONOR DESIGNATED FUNDS
BOYS & GIRLS CLUBS OF MISS. VALLEY 338 SIXTH STREET MOLINE, IL 61265	36-3838421	501(C)3	13,396.	0.			UW INVESTMENT IN EDUCATION 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 .....

Public Disclosure Copy

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
CAF ON VINE 780 WEST CENTRAL PARK DAVENPORT, IA 52804	43-2072739	501(C)3	18,093.	0.			UW INVESTMENT IN HEALTH STRATEGIES & DONOR DESIGNATED FUNDS
CENTER FOR ACTIVE SENIORS 1035 WEST KIMBERLY ROAD DAVENPORT, IA 52806	42-1011267	501(C)3	21,421.	0.			UW INVESTMENT IN HEALTH STRATEGIES & DONOR DESIGNATED FUNDS
THE CENTER FOR YOUTH AND FAMILY SERVICES - 4703 44TH STREET, SUITE 4 - ROCK ISLAND, IL 61201	37-0662513	501(C)3	51,216.	0.			UW INVESTMENT IN HEALTH STRATEGIES & DONOR DESIGNATED FUNDS
CHRISTIAN CARE 2209 THIRD AVENUE ROCK ISLAND, IL 61201	36-3146523	501(C)3	25,915.	0.			UW INVESTMENT IN INCOME STRATEGIES & DONOR DESIGNATED FUNDS
COMMUNITY ACTION OF EASTERN IOWA 500 EAST 59TH STREET DAVENPORT, IA 52807	42-0921929	501(C)3	15,000.	0.			UW INVESTMENT IN EDUCATION STRATEGIES & DONOR DESIGNATED FUNDS, WOMEN UNITED CONTINUING
COMMUNITY HEALTH CARE 500 WEST RIVER DRIVE DAVENPORT, IA 52801	42-1060724	501(C)3	7,047.	0.			DONOR DESIGNATED FUNDS
DAVENPORT COMMUNITY SCHOOL DISTRICT - 1606 BRADY STREET - DAVENPORT, IA 52801	42-6001350	170	101,829.	0.			UW INVESTMENT IN EDUCATION STRATEGIES & DONOR DESIGNATED FUNDS, MENTAL HEALTH SERVICES
DRESS FOR SUCCESS 423 EAST 32ND STREET DAVENPORT, IA 52803	45-1825338	501(C)3	10,815.	0.			UW INVESTMENT IN EDUCATION & HEALTH STRATEGIES & DONOR DESIGNATED FUNDS
EAST MOLINE SCHOOLS 3451 MORTON DRIVE EAST MOLINE, IL 61244	36-6005354	170	18,691.	0.			UW INVESTMENT IN EDUCATION STRATEGIES & DONOR DESIGNATED FUNDS

Public Disclosure Copy

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
EVERYCHILD 524 15TH STREET MOLINE, IL 61265	36-2937848	501(C)3	121,165.	0.			UW INVESTMENT IN EDUCATION &HEALTH STRATEGIES & DONOR DESIGNATED FUND
FAMILY RESOURCES 2800 EASTERN AVENUE DAVENPORT, IA 52804	42-0698225	501(C)3	145,559.	0.			UW INVESTMENT IN EDUCATION, INCOME & HEALTH STRATEGIES & DONOR DESIGNATED FUNDS
FRESHFILMS 639 38 STREET ROCK ISLAND, IL 61201	32-0246706	501(C)3	12,500.	0.			UW INVESTMENT IN EDUCATION STRATEGIES & DONOR DESIGNATED FUNDS
FRIENDLY HOUSE 1221 MYRTLE STREET DAVENPORT, IA 52804	42-0733466	501(C)3	43,737.	0.			UW INVESTMENT IN EDUCATION & HEALTH STRATEGIES, WOMEN UNITED STRONG START INVESTMENT &
HAND IN HAND 3860 MIDDLE ROAD BETTENDORF, IA 52722	42-1508508	501(C)3	70,435.	0.			UW INVESTMENT IN EDUCATION, INCOME & HEALTH STRATEGIES & DONOR DESIGNATED FUNDS , WOMEN
HEART OF HOPE MINISTRIES 1740 NINTH AVENUE ROCK ISLAND, IL 61201	27-0650299	501(C)3	30,000.	0.			UW INVESTMENT IN EDUCTION & HEALTH STRATEGIES & DONOR DESIGNATED FUNDS
HUMILTY HOMES & SERVICES 3805 MISSISSIPPI AVENUE DAVENPORT, IA 52807	42-1349437	501(C)3	56,707.	0.			UW INVESTMENT IN INCOME STRATEGIES & DONOR DESIGNATED FUNDS, SHELTER ASSISTANCE, EMERGENCY
IJAG GRIMES STATE OFFICE BUILDING, 3RD F DES MOINES, IA 50319	42-1492988	501(C)3	60,595.	0.			UW INVESTMENT IN EDUCATION & INCOME STRATEGIES & DONOR DESIGNATED FUNDS
IOWA LEGAL AID 401 HARBORVIEW BUILDING DAVENPORT, IA 52803	42-0957957	501(C)3	65,165.	0.			UW INVESTMENT IN INCOME & HEALTH STRATEGIES & DONOR DESIGNATED FUNDS, ID CLINIC

Public Disclosure Copy

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
JUNIOR ACHIEVEMENT OF THE HEARTLAND - 800 12 AVENUE - MOLINE, IL 61265	36-2684253	501(C)3	28,928.	0.			UW INVESTMENT IN EDUCATION & INCOME STRATEGIES & DONOR DESIGNATED FUNDS
MARRIAGE & FAMILY COUNSELING SERVICES - 512 SAFETY BUILDING - ROCK ISLAND, IL 61201	36-2606683	501(C)3	55,795.	0.			UW INVESTMENT IN HEALTH STRATEGIES & DONOR DESIGNATED FUNDS & SPANISH SPEAKING
ONE EIGHTY 601 NORTH MARQUETTE STREET DAVENPORT, IA 52802	32-0100540	501(C)3	84,691.	0.			UW INVESTMENT IN INCOME & HEALTH STRATEGIES & DONOR DESIGNATED FUNDS & EMERGENCY GRANT (SNAP)
PRAIRIE STATE LEGAL SERVICES 975 NORTH MAIN STREET ROCKFORD, IL 61103	37-1030764	501(C)3	15,200.	0.			UW INVESTMENT IN INCOME STRATEGIES & DONOR DESIGNATED FUNDS
PREGNANCY RESOURCES 3825 16TH STREET MOLINE, IL 61265	36-3699951	501(C)3	5,578.	0.			UW INVESTMENT IN EDUCATION , INCOME & HEALTH STRATEGIES & DONOR DESIGNATED FUNDS
THE PROJECT OF THE QUAD CITIES 4101 JOHN DEERE ROAD MOLINE, IL 61265	42-1358032	501(C)3	30,867.	0.			UW INVESTMENT IN EDUCATION , INCOME & HEALTH STRATEGIES & DONOR DESIGNATED FUNDS
PROJECT NOW 418 - 19 STREET ROCK ISLAND, IL 61204	36-2654175	501(C)3	105,203.	0.			UW INVESTMENT IN EDUCATION & INCOME STRATEGIES & DONOR DESIGNATED FUNDS
PROJECT RENEWAL 906 WEST FIFTH STREET DAVENPORT, IA 52806	13-4292017	501(C)3	22,727.	0.			UW INVESTMENT IN EDUCATION STRATEGIES & DONOR DESIGNATED FUNDS
SAFER FOUNDATION QC 571 WEST JACKSON BOULEVARD CHICAGO, IL 60661	36-2762168	501(C)3	23,453.	0.			UW INVESTMENT IN EDUCATION & INCOME STRATEGIES & DONOR DESIGNATED FUNDS

Public Disclosure Copy

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
SALVATION ARMY QC 2200 FIFTH AVENUE MOLINE, IL 61265	36-2167910	501(C)3	76,573.	0.			UW INVESTMENT IN INCOME STRATEGIES & DONOR DESIGNATED FUNDS
SAL FAMILY & COMMUNITY SERVICES 4800 - 60 STREET MOLINE, IL 61265	36-2728411	501(C)3	53,925.	0.			UW INVESTMENT IN EDUCATION & INCOME STRATEGIES & DONOR DESIGNATED FUNDS, WOMEN
SPRING FORWARD 2101 SIXTH AVENUE ROCK ISLAND, IL 61201	45-0561173	501(C)3	77,118.	0.			UW INVESTMENT IN EDUCATION STRATEGIES & DONOR DESIGNATED FUNDS
ST. ANTHONY CATHOLIC CHURCH 417 NORTH MAIN STREET DAVENPORT, IA 52801	53-0196617	501(C)3	20,122.	0.			UW INVESTMENT IN HEALTH STRATEGIES & DONOR DESIGNATED FUNDS
STEAM ON WHEELS 2900 LEARNING CAMPUS DRIVE BETTENDORF, IA 52722	83-2758163	501(C)3	23,632.	0.			UW INVESTMENT IN EDUCATION STRATEGIES & DONOR DESIGNATED FUNDS
TMBC @ THE LINCOLN CENTER 318 EAST SEVENTH STREET DAVENPORT, IA 52804	81-2252531	501(C)3	12,805.	0.			UW INVESTMENT IN EDUCATION STRATEGIES & DONOR DESIGNATED FUNDS
TWO RIVERS YMCA 2040 - 53 STREET MOLINE, IL 61265	36-2169199	501(C)3	50,427.	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	25,668.	0.			UW INVESTMENT IN INCOME STRATEGIES & DONOR DESIGNATED FUNDS
YMCA OF THE IOWA MISSISSIPPI VALLEY - 630 EAST FOURTH STREET - DAVENPORT, IA 52801	42-0703278	501(C)3	69,147.	0.			UW INVESTMENT IN EDUCATION STRATEGIES & DONOR DESIGNATED FUNDS , WOMEN UNITED STRONG START

Public Disclosure Copy

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
YOUTHHOPE 3928 12 AVENUE MOLINE, IL 61265	36-2193602	501(C)3	100,127.	0.			UW INVESTMENT IN EDUCATION, INCOME & HEALTH STRATEGIES & DONOR DESIGNATED FUNDS
YWCA OF QC 229 - 16 STREET ROCK ISLAND, IL 61201	36-2171176	501(C)3	205,981.	0.			UW INVESTMENT IN EDUCATION , INCOME & HEALTH STRATEGIES & DONOR DESIGNATED FUNDS
AGUDAS ACHIM CONGREGATION 401 EAST OAKDALE BLVD. CORALVILLE, IA 52241	42-1306761	501(C)3	6,404.	0.			DONOR DESIGNATED FUNDS
AMERICAN RED CROSS QC P O BOX 888 MOLINE, IL 61266	36-6000114	501(C)3	14,085.	0.			DONOR DESIGNATED FUNDS
EMPOWERING ABILITIES 3402 HICKORY GROVE ROAD DAVENPORT, IA 52806	42-0947868	501(C)3	8,712.	0.			DONOR DESIGNATED FUNDS
NATIONAL FFA FOUNDATION P.O. BOX 68960 INDIANAPOLIS, IN 46268	54-6044662	501(C)3	10,000.	0.			DONOR DESIGNATED FUNDS
PUTNAM MUSEUM 1717 WEST 12TH STREET DAVENPORT, IA 52804	42-0680474	501(C)3	6,505.	0.			DONOR DESIGNATED FUNDS
TRANSITIONS 805 - 19 STREET ROCK ISLAND, IL 61204	36-3153563	501(C)3	7,141.	0.			DONOR DESIGNATED FUNDS
UNITED WAY OF BLOUNT COUNTY 1615 EAST BROADWAY AVENUE MARYVILLE, TN 37804	23-7122193	501(C)3	39,969.	0.			DONOR DESIGNATED FUNDS

Public Disclosure Copy

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 CENTRAL IOWA 1111 NINTH STREET #100 DES MOINES, IA 50314	42-0680425	501(C)3	6,023.	0.			DONOR DESIGNATED FUNDS
UNITED WAY OF METRO CHICAGO 330 SOUTH WABASH AVE, 30TH FLOOR CHICAGO, IL 60604	30-0200478	501(C)3	8,737.	0.			DONOR DESIGNATED FUNDS
UNITED WAY OF MUSCATINE 615 CEDAR STREET #200 MUSCATINE, IA 52761	42-0761080	501(C)3	5,153.	0.			DONOR DESIGNATED FUNDS
UNITED WAY OF SOUTHERN MAINE 550 FOREST AVENUE #100 PORTLAND, ME 04101	01-0241767	501(C)3	13,378.	0.			DONOR DESIGNATED FUNDS
ZION LUTHERAN CHURCH FOOD PANTRY 1216 WEST 8TH STREET DAVENPORT, IA 52802	41-1568278	501(C)3	10,000.	0.			DONOR DESIGNATED FUNDS
UNITED WAY OF THE CENTRAL SAVANNAH RIVER AREA - THE KROC CENTER, 1765 BROAD STREET - AUGUSTA, GA 30904	58-0566155	501(C)3	10,000.	0.			DONOR DESIGNATED FUNDS
UNITED WAY OF GREATER LAFAYETTE 1114 EAST STATE STREET #200 LAFAYETT, IN 47905	35-0891621	501(C)3	11,119.	0.			DONOR DESIGNATED FUNDS
UNITED WAY OF GREATER AUSTIN 5930 MIDDLE FISKVILLE ROAD, FIFTH F AUSTIN, TX 78752	74-1193439	501(C)3	10,099.	0.			DONOR DESIGNATED FUNDS
THRESHOLDS 4101 NORTH RAVENSWOOD AVENUE CHICAGO, IL 60613	36-2518901	501(C)3	6,000.	0.			DONOR DESIGNATED FUNDS

Public Disclosure Copy

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
EARLY CHILDHOOD COALITION 3705 NINTH STREET EAST MOLINE, IL 61244	20-4876606	501(C)3	6,315.	0.			UW INVESTMENT INEDUCATION, INCOME & HEALTH STRATEGIES & DONOR DESIGNATED FUNDS
EMPOWER HOUSE 131 WEST SECOND STREET #305 DAVENPORT, IA 52801	83-1425435	501(C)3	25,035.	0.			UW INVESTMENT IN INCOME STRATEGIES & DONOR DESIGNATED FUNDS
CANCER SUPPORT COMMUNITY OF IA & IL AT GILDA'S CLUB - 1351 WEST CENTRAL PARK #200 - DAVENPORT, IA 52804	42-1446989	501(C)3	8,104.	0.			UW INVESTMENT IN HEALTH STRATEGIES & DONOR DESIGNATED FUNDS
MERCYONE GENESIS HEALTH SERVICES FOUNDATION - 1227 EAST RUSHOLME STREET - DAVENPORT, IA 52803	42-1421670	501(C)3	10,146.	0.			UW INVESTMENT IN HEALTH STRATEGIES & DONOR DESIGNATED FUNDS
NEST 830 43RD STREET ROCK ISLAND, IL 61201	84-4424697	501(C)3	12,022.	0.			UW INVESTMENT IN HEALTH STRATEGIES & DONOR DESIGNATED FUNDS
NEW KINGDOM TRAILRIDERS 18929 81ST STREET SHERRARD, IL 61281	36-3344113	501(C)3	7,947.	0.			UW INVESTMENT IN HEALTH STRATEGIES & DONOR DESIGNATED FUNDS
QUAD CITIES COMMUNITY BROADCASTING CORP - 1800 THIRD AVENUE #200 - ROCK ISLAND, IL 61201	32-0066891	501(C)3	7,500.	0.			UW INVESTMENT IN EDUCATION STRATEGIES & DONOR DESIGNATED FUNDS
SAFE FAMILIES FOR CHILDREN ALLIANCE - 1826 16TH STREET - MOLINE, IL 61201	45-3194102	501(C)3	20,000.	0.			UW INVESTMENT IN HEALTH STRATEGIES & DONOR DESIGNATED FUNDS

Public Disclosure Copy

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

Public Disclosure Copy

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: COMMUNITY ACTION OF EASTERN IOWA
(H) PURPOSE OF GRANT OR ASSISTANCE: UW INVESTMENT IN EDUCATION STRATEGIES & DONOR DESIGNATED FUNDS, WOMEN UNITED CONTINUING EDUCATION TRAINING

NAME OF ORGANIZATION OR GOVERNMENT: DAVENPORT COMMUNITY SCHOOL DISTRICT
(H) PURPOSE OF GRANT OR ASSISTANCE: UW INVESTMENT IN EDUCATION STRATEGIES & DONOR DESIGNATED FUNDS, MENTAL HEALTH SERVICES AND AFTER-SCHOOL WRAP AROUND

NAME OF ORGANIZATION OR GOVERNMENT: FRIENDLY HOUSE

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: UW INVESTMENT IN EDUCATION & HEALTH STRATEGIES, WOMEN UNITED STRONG START INVESTMENT & DONOR DESIGNATED FUNDS

NAME OF ORGANIZATION OR GOVERNMENT: HAND IN HAND
(H) PURPOSE OF GRANT OR ASSISTANCE: UW INVESTMENT IN EDUCATION, INCOME & HEALTH STRATEGIES & DONOR DESIGNATED FUNDS , WOMEN UNITED STRONG START INVESTMENT

NAME OF ORGANIZATION OR GOVERNMENT: HUMILTY HOMES & SERVICES
(H) PURPOSE OF GRANT OR ASSISTANCE: UW INVESTMENT IN INCOME STRATEGIES & DONOR DESIGNATED FUNDS, SHELTER ASSISTANCE, EMERGENCY GRANT

NAME OF ORGANIZATION OR GOVERNMENT: MARRIAGE & FAMILY COUNSELING SERVICES
(H) PURPOSE OF GRANT OR ASSISTANCE: UW INVESTMENT IN HEALTH STRATEGIES & DONOR DESIGNATED FUNDS & SPANISH SPEAKING ASSISTANCE

NAME OF ORGANIZATION OR GOVERNMENT: SAL FAMILY & COMMUNITY SERVICES
(H) PURPOSE OF GRANT OR ASSISTANCE: UW INVESTMENT IN EDUCATION & INCOME STRATEGIES & DONOR DESIGNATED FUNDS, WOMEN UNITED STRONG START INVESTMENT

NAME OF ORGANIZATION OR GOVERNMENT: YMCA OF THE IOWA MISSISSIPPI VALLEY
(H) PURPOSE OF GRANT OR ASSISTANCE: UW INVESTMENT IN EDUCATION STRATEGIES & DONOR DESIGNATED FUNDS , WOMEN UNITED STRONG START INVESTMENT

Public Disclosure Copy

SCHEDULE J (Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

UNITED WAY QUAD CITIES

Employer identification number

36-2725960

Part I Questions Regarding Compensation

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

Public Disclosure Copy

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	(i)	183,210.	0.	0.	19,543.	0.	202,753.	0.
PRESIDENT/CEO	(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)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Public Disclosure Copy

Part III **Supplemental Information**

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

Public Disclosure Copy

SCHEDULE L
(Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

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

OMB No. 1545-0047

Open to Public Inspection

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? To	From	**(e)** Original principal amount	**(f)** Balance due	**(g)** In default? Yes	No	**(h)** Approved by board or committee? Yes	No	**(i)** Written agreement? Yes	No
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
Total						$						

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)				

Public Disclosure Copy

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) REV. DWIGHT FORD	DIRECTOR OF AGENCY	105,000.	GRANTS	X	
(2) KERRY SMITH	BOARD MEMBER OF JUN	28,000.	GRANTS	X	
(3) KERRY SMITH	BOARD MEMBER OF YMC	20,000.	GRANTS	X	
(4) CAITLIN RUSSELL	RUSSELL CONSTRUCTIO	22,162.	GRANTS	X	
(5) W.KENT BARNDS	DAVENPORT SCHOOLS B	40,000.	GRANTS		X
(6) BOB WATERMAN	BOARD MEMBER AT HUB	125,000.	GRANTS	X	
(7) MARGUERITE TOMLIN	BOARD MEMBER OF JUN	28,000.	GRANTS	X	
(8) BOB WATERMAN	BOARD MEMBER AT FRI	43,250.	GRANTS	X	
(9) BOB WATERMAN	BOARD MEMBER AT IOW	65,000.	GRANTS	X	
(10) DR. KRISTIN HUMPHRIES	DIRECTOR OF AGENCY	18,600.	GRANTS	X	

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: REV. DWIGHT FORD
(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:
DIRECTOR OF AGENCY RECEIVING FUNDING FROM UW ALLOCATIONS PROCESS

(A) NAME OF PERSON: KERRY SMITH
(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:
BOARD MEMBER OF JUNIOR ACHIEVEMENT OF THE HEARTLAND

(A) NAME OF PERSON: KERRY SMITH
(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:
BOARD MEMBER OF YMCA OF THE MISSISSIPPI VALLEY

(A) NAME OF PERSON: CAITLIN RUSSELL
(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:
RUSSELL CONSTRUCTION OWNS THE BUILDING WE ARE IN--WHILE WE OWN OUR FLOOR WE

(A) NAME OF PERSON: W.KENT BARNDS
(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:
DAVENPORT SCHOOLS BOARD MEMBER

(A) NAME OF PERSON: BOB WATERMAN
(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:
BOARD MEMBER AT HUBBELL WATERMAN FOUNDATION

(A) NAME OF PERSON: MARGUERITE TOMLIN
(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:
BOARD MEMBER OF JUNIOR ACHIEVEMENT OF THE HEARTLAND

(A) NAME OF PERSON: BOB WATERMAN
(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:
BOARD MEMBER AT FRIENDLY HOUSE

(A) NAME OF PERSON: BOB WATERMAN
(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:
BOARD MEMBER AT IOWA LEGAL AID

(A) NAME OF PERSON: DR. KRISTIN HUMPHRIES
(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:
DIRECTOR OF AGENCY RECEIVING FUNDING FROM UW ALLOCATIONS PROCESS

Public Disclosure Copy

Part V **Supplemental Information**

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

(A) NAME OF PERSON: JABARI WOODS
(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:
WORKS FOR AGENCY RECEIVING FUNDING FROM UW ALLOCATIONS PROCESS
(C) AMOUNT OF TRANSACTION $ 40,000.
(D) DESCRIPTION OF TRANSACTION: GRANTS
(E) SHARING OF ORGANIZATION REVENUES? = YES

Public Disclosure Copy

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, line 29 or 30.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2025

Open to Public Inspection

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	X	18	6,923.	
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other (GOODS)	X	36	34,759.	FMV
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 Acknowledgment 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?	30a		X
b	If "Yes," describe the arrangement in Part II.			
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	31		X
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		X
b	If "Yes," describe in Part II.			
33	If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.			

Public Disclosure Copy

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.

Public Disclosure Copy

SCHEDULE O (Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

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:
TO THRIVE. UNITED WAY QUAD CITIES BRINGS PEOPLE TOGETHER TO SOLVE PROBLEMS AND CREATE OPPORTUNITIES SO EVERYONE HAS THE CHANCE TO LEARN, EARN, AND THRIVE. WE WORK WITH SCHOOLS, NONPROFITS, BUSINESSES, DONORS, AND VOLUNTEERS TO HELP MORE CHILDREN SUCCEED IN SCHOOL, MORE FAMILIES BECOME FINANCIALLY STABLE, AND MORE PEOPLE STAY HEALTHY. BECAUSE WHEN MORE PEOPLE HAVE THE OPPORTUNITY TO SUCCEED, OUR COMMUNITY IS STRONGER.

FORM 990, PAGE 1, LINE F AND SIGNATURE:
RENE GELLERMAN SERVED AS PRESIDENT/CEO THROUGHOUT THE FISCAL YEAR ENDED JUNE 30, 2026 AND THROUGH AUGUST 31, 2026, AND IS REPORTED IN PART VII. WENDY HILTON-MORROW WAS APPOINTED PRESIDENT/CEO EFFECTIVE SEPTEMBER 14, 2026 AND SIGNS AS THE CURRENT AUTHORIZED OFFICER.

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 3, CHANGES IN PROGRAM SERVICES:
UNITED FOR SCHOOLS ALREADY STARTED IN FY24 WITH TWO ELEMENTARY SCHOOLS, BUT WE EXPANDED THE PROGRAM IN FY25 BY EXPANDING TO FIVE ELEMENTARY SCHOOLS IN TOTAL AND HIRING A SITE COORDINATOR TO WORK AT EACH OF THE LOCATIONS. IN FY26, WE STARTED ANOTHER SITE TAKING OUR TOTAL UFS SITES TO 6

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:
AND RESOURCES, WE CREATE MEASURABLE CHANGE WHERE IT'S NEEDED MOST. OUR EDUCATION COUNCIL AND OTHER KEY STAKEHOLDERS HELP LEAD THE DEVELOPMENT OF INITIATIVES TO ACHIEVE COMMUNITY IMPACT.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
LABOR - THE MISSION OF THE COMMUNITY SERVICES LIAISON IS TO DEVELOP AND SUPPORT AN ACTIVE PARTICIPATION OF LABOR IN UNITED WAY QC ACTIVITIES SUCH AS RESOURCE DEVELOPMENT, COMMUNITY INVESTMENT, AND COMMUNITY IMPACT.
EXPENSES $ 126,261. INCLUDING GRANTS OF $ 0. REVENUE $ 0.

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, MENTORING, ASSISTING IN FOOD DELIVERY, AND MORE
EXPENSES $ 112,989. INCLUDING GRANTS OF $ 0. REVENUE $ 0.

Public Disclosure Copy

Name of the organization: UNITED WAY QUAD CITIES

Employer identification number: 36-2725960

UNITED FOR SCHOOLS UNITED FOR SCHOOLS BRINGS UNITED WAY TO THE CENTER OF TITLE 1 SCHOOLS. THE UNITED FOR SCHOOLS INITIATIVE ADDRESSES OPPORTUNITY AND RESOURCE GAPS WITH RESEARCH-DRIVEN, SCHOOL-ALIGNED PROGRAMMING AT PARTNER SCHOOLS. WE FOCUS ON ACCELERATING STUDENT ACHIEVEMENT AND EMPOWER STUDENTS AND THEIR FAMILIES THROUGH PARTNERSHIPS WITH SERVICE PROVIDERS, BUSINESSES, AND ENGAGED INDIVIDUALS AND GROUPS. IN ADDITION, THROUGH PROGRAMMING, VOLUNTEERING, AND CONSULTING, WE CONNECT SCHOOLS WITH THE SPECIFIC RESOURCES THEY NEED TO CREATE THE CONDITIONS FOR ALL FAMILIES TO LEARN, EARN, AND LIVE. THESE SERVICES RANGE 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 INSIDE AND OUTSIDE THE CLASSROOM TO ENSURE ALL STUDENTS SUCCEED.

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 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:
FINANCIAL STATEMENTS AND FORM 990 ARE AVAILABLE ON OUR WEBSITE.

Public Disclosure Copy

Name of the organization
UNITED WAY QUAD CITIES

Employer identification number
36-2725960

FORM 990, PART XII, LINE 2C
PROCESS HAS NOT CHANGED FROM PRIOR YEAR

Public Disclosure Copy

Name of the organization
UNITED WAY QUAD CITIES

Employer identification number
36-2725960

Public Disclosure Copy

For Office Use Only

PMT #

AMT

INIT

ILLINOIS CHARITABLE ORGANIZATION ANNUAL REPORT

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

Form AG990-IL
Revised 10/24

CO # 01-006456

Report for the Fiscal Period:

Beginning 07/01/2025

& Ending 06/30/2026

MO DAY YR

Make Checks Payable to Illinois Charity Bureau Fund

Check all items attached:

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

Federal ID # 36-2725960

Date organization was created: 01/02/1972 (MO DAY YR)

Are contributions to the organization tax deductible? [X] Yes [ ] No

Legal Name: UNITED WAY QUAD CITIES

Mail Address: 852 MIDDLE ROAD, SUITE 401

City, State: BETTENDORF, IA

Zip Code: 52722

Email Address:

	YEAR-END AMOUNTS	
A) ASSETS		A) $ 13,417,689.
B) LIABILITIES		B) $ 2,273,272.
C) NET ASSETS		C) $ 11,144,417.

I. SUMMARY OF ALL REVENUE ITEMS DURING THE YEAR:	PERCENTAGE	AMOUNT
D) PUBLIC SUPPORT, CONTRIBUTIONS AND PROGRAM SERVICE REV. **(GROSS AMTS.)**	93.618 %	D) $ 5,737,339.
E) GOVERNMENT GRANTS AND MEMBERSHIP DUES	%	E) $
F) OTHER REVENUES	6.382 %	F) $ 391,137.
G) TOTAL REVENUES, INCOME AND CONTRIBUTIONS RECEIVED (ADD D, E & F)	100 %	G) $ 6,128,476.
II. SUMMARY OF ALL EXPENDITURES DURING THE YEAR:		
H) OPERATING CHARITABLE PROGRAM EXPENSE	23.920 %	H) $ 1,464,791.
I) EDUCATION PROGRAM SERVICE EXPENSE	%	I) $
J) TOTAL CHARITABLE PROGRAM SERVICE EXPENSE (ADD H & I)	23.920 %	J) $ 1,464,791.
J1) JOINT COSTS ALLOCATED TO PROGRAM SERVICES (INCLUDED IN J)	$ 26,556.	
K) GRANTS TO OTHER CHARITABLE ORGANIZATIONS	51.534 %	K) $ 3,155,782.
L) TOTAL CHARITABLE PROGRAM SERVICE EXPENDITURE (ADD J & K)	75.454 %	L) $ 4,620,573.
M) MANAGEMENT AND GENERAL EXPENSE	14.446 %	M) $ 884,622.
N) FUNDRAISING EXPENSE	10.100 %	N) $ 618,489.
O) TOTAL EXPENDITURES THIS PERIOD (ADD L, M & N)	100 %	O) $ 6,123,684.

III. SUMMARY OF ALL PAID FUNDRAISER & CONSULTANT ACTIVITIES:

(Attach Attorney General Report of Individual Fundraising Campaign (Form IFC). One for each PFR.)

PROFESSIONAL FUNDRAISERS:

P) TOTAL AMOUNT RAISED BY PAID PROFESSIONAL FUNDRAISERS	100 %	P) $ 0.
Q) TOTAL FUNDRAISERS FEES AND EXPENSES	%	Q) $
R) NET RECEIVED BY THE CHARITY (P MINUS Q = R)	%	R) $

• PROFESSIONAL FUNDRAISING CONSULTANTS:

S) TOTAL AMOUNT PAID TO PROFESSIONAL FUNDRAISING CONSULTANTS — S) $ 0.

IV. COMPENSATION TO THE (3) HIGHEST PAID PERSONS DURING THE YEAR:

T) NAME, TITLE: RENE GELLERMAN, PRESIDENT/CEO	T) $ 183,210.
U) NAME, TITLE: KARRIE ABBOTT, COO	U) $ 96,597.
V) NAME, TITLE: ANGELA SNYDER, CHIEF STRATEGY OFFICER	V) $ 110,846.

V. CHARITABLE PROGRAM DESCRIPTION: CHARITABLE PROGRAM (3 HIGHEST BY $ EXPENDED) CODE CATEGORIES

List on back side of instructions

		CODE
W) DESCRIPTION: GRANTS TO OTHER CHARITABLE ORGANIZATIONS	W) #	150
X) DESCRIPTION:	X) #	
Y) DESCRIPTION:	Y) #	

598091 04-01-25

Public Disclosure Copy

THE QUESTIONS BELOW ARE APPLICABLE TO THE CURRENT REPORTING PERIOD. IF THE ANSWER TO ANY OF THE FOLLOWING QUESTIONS IS YES, ATTACH A DETAILED EXPLANATION:		YES	NO
1. WAS THE ORGANIZATION THE SUBJECT OF ANY COURT ACTION, FINE, PENALTY OR JUDGEMENT? STATEMENT 1	1.		X
2. DID THE ORGANIZATION MAKE A GRANT AWARD OR CONTRIBUTION TO ANY ORGANIZATION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES OWNS AN INTEREST; OR WAS IT A PART TO ANY TRANSACTION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES HAS A MATERIAL FINANCIAL INTEREST; OR DID ANY OFFICER, DIRECTOR OR TRUSTEE RECEIVE ANYTHING OF VALUE NOT REPORTED AS COMPENSATION?	2.		X
3. HAS THE ORGANIZATION INVESTED IN ANY CORPORATE STOCK IN WHICH ANY OFFICER, DIRECTOR OR TRUSTEE OWNS MORE THAN 10% OF THE OUTSTANDING SHARES?	3.		X
4. IS ANY PROPERTY OF THE ORGANIZATION HELD IN THE NAME OF OR COMMINGLED WITH THE PROPERTY OF ANY OTHER PERSON OR ORGANIZATION?	4.		X
5. DID THE ORGANIZATION USE THE SERVICES OF A PROFESSIONAL FUNDRAISER? (ATTACH FORM IFC)	5.		X
6a. DID THE ORGANIZATION ALLOCATE THE COST OF ANY SOLICITATION, MAILING, ADVERTISEMENT OR LITERATURE COSTS BETWEEN PROGRAM SERVICE AND FUNDRAISING EXPENSES?	6.	X	
6b. IF "YES", ENTER (I) THE AGGREGATE AMOUNT OF THESE JOINT COSTS $ 92,612. ; (II) THE AMOUNT ALLOCATED TO PROGRAM SERVICES $ 26,556. ; (III) THE AMOUNT ALLOCATED TO MANAGEMENT AND GENERAL $ 41,719. ; AND (IV) THE AMOUNT ALLOCATED TO FUNDRAISING $ 24,337. .			
7. DID THE ORGANIZATION EXPEND ITS RESTRICTED FUNDS FOR PURPOSES OTHER THAN RESTRICTED PURPOSES?	7.		X
8. HAS THE ORGANIZATION EVER BEEN REFUSED REGISTRATION OR HAD ITS REGISTRATION OR TAX EXEMPTION SUSPENDED OR REVOKED BY ANY GOVERNMENTAL AGENCY?	8.		X
9. DID THE ORGANIZATION LEARN OR BECOME AWARE OF ANY KICKBACK, BRIBE OR ANY THEFT, DEFALCATION, MISAPPROPRIATION, COMMINGLING OR MISUSE OF ORGANIZATIONAL FUNDS IN THE CURRENT OR PREVIOUS FISCAL YEARS?	9.		X

10. LIST THE NAME AND ADDRESS OF THE FINANCIAL INSTITUTIONS WHERE THE ORGANIZATION MAINTAINS ITS THREE LARGEST ACCOUNTS:

TBK BANK, 1521 GRANT STREET, BETTENDORF, IA 52722

QUAD CITY BANK & TRUST 4500 BRADY STREET, #100 DAVENPORT, IA 52806

IH MISSISSIPPI VALLEY CREDIT UNION, 2121 47 STREET, MOLINE, IL 61265

11. NAME AND TELEPHONE NUMBER OF CONTACT PERSON: KELLY WEINBRANDT - 563-355-4310

Public Disclosure Copy

• ALL ATTACHMENTS MUST ACCOMPANY THIS REPORT - SEE INSTRUCTIONS •

UNDER PENALTY OF PERJURY, I (WE) THE UNDERSIGNED DECLARE AND CERTIFY THAT I (WE) HAVE EXAMINED THIS ANNUAL REPORT AND THE ATTACHED DOCUMENTS, INCLUDING ALL THE SCHEDULES AND STATEMENTS, AND THE FACTS THEREIN STATED ARE TRUE AND COMPLETE AND FILED WITH THE ILLINOIS ATTORNEY GENERAL FOR THE PURPOSE OF HAVING THE PEOPLE OF THE STATE OF ILLINOIS RELY THEREUPON. I HEREBY FURTHER AUTHORIZE AND AGREE TO SUBMIT MYSELF AND THE REGISTRANT HEREBY TO THE JURISDICTION OF THE STATE OF ILLINOIS.

BE SURE TO INCLUDE ALL FEES DUE:

1.) REPORTS ARE DUE WITHIN SIX MONTHS OF YOUR FISCAL YEAR END.
2.) FOR FEES DUE, SEE INSTRUCTIONS.
3.) REPORTS THAT ARE LATE OR INCOMPLETE ARE SUBJECT TO A $100.00 PENALTY.

WENDY HILTON-MORROW, CEO

PRESIDENT OR OTHER AUTHORIZED OFFICER OR TRUSTEE (PRINT NAME) — SIGNATURE — DATE

KERRY SMITH, TREASURER

CHIEF FISCAL OFFICER OR TRUSTEE (PRINT NAME) — SIGNATURE — DATE

DANTE ODONI

PREPARER (PRINT NAME) — SIGNATURE — DATE

FORM AG990-IL EXPLANATION FOR ACTIVITIES DESCRIBED ON PAGE 2 STATEMENT 1

INFORMATION REGARDING THE FIRST SIGNER OF AG990 RENE GELLERMAN SERVED AS CEO THROUGH 8/31/26. WENDY HILTON-MORROW WAS APPOINTED CEO EFFECTIVE 9/14/26 AND SIGNS AS THE CURRENT AUTHORIZED OFFICER.

Public Disclosure Copy