HENJES CONNER & WILLIAMS PC PO BOX 1937 DAKOTA DUNES, SD 57049

> UNITED WAY OF SIOUXLAND, INC. 701 STEUBEN STREET SIOUX CITY, IA 51101

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CLIENT'S COPY

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

DECEMBER 31, 2022

Prepared for	
	UNITED WAY OF SIOUXLAND, INC. 701 STEUBEN STREET SIOUX CITY, IA 51101
Prepared by	HENJES CONNER & WILLIAMS PC PO BOX 1937 DAKOTA DUNES, SD 57049
Amount due or refund	NOT APPLICABLE
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	NOT APPLICABLE
Return must be mailed on or before	NOT APPLICABLE
Special Instructions	THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-TE TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS. RETURN FORM 8879-TE TO US BY NOVEMBER 15, 2023.

Form 8879-TE		IRS e-file Signature for a Tax Exer	e Authorization npt Entity	n -	OMB No. 1545-0047
	For calendar year 2			, 20	2022
Department of the Treasury		Do not send to the IRS. Ke	ep for your records.		ZUZZ
Internal Revenue Service		Go to www.irs.gov/Form8879TE	for the latest information		
Name of filer UNITED	WAY OF S	SIOUXLAND, INC.		EIN or SSN **_**	* * * * *
Name and title of officer or pe	erson subject to tax	HEATHER HENNINGS			
		PRESIDENT/SECRETA	ARY		
		eturn Information			
Form 5330 filers may enter or 10a below, and the am	er dollars and cent ount on that line f	are using this Form 8879-TE and enter s. For all other forms, enter whole do or the return being filed with this form -0-). But, if you entered -0- on the ret	ollars only. If you check the n was blank, then leave lin	e box on line 1a, 2a, 3 ne 1b, 2b, 3b, 4b, 5b,	3a, 4a, 5a, 6a, 7a, 8a, 9a 6b, 7b, 8b, 9b, or 10b,
1a Form 990 check l	nere X	b Total revenue, if any (Form 9	90, Part VIII, column (A), li	ne 12)	нь 2,645,542.
2a Form 990-EZ che		b Total revenue, if any (Form 9	90-EZ, line 9)		2b
3a Form 1120-POL	check here	b Total tax (Form 1120-POL, lin	ie 22)		3b
4a Form 990-PF che	eck here	b Tax based on investment in			4b
5a Form 8868 check	here	b Balance due (Form 8868, line			5b
6a Form 990-T chec	k here	b Total tax (Form 990-T, Part III			
7a Form 4720 check		b Total tax (Form 4720, Part III,	, line 1)		7b
8a Form 5227 check		b FMV of assets at end of tax	• • • • •		8b
9a Form 5330 check		b Tax due (Form 5330, Part II, I			9b
10a Form 8038-CP cl		<u>b Amount of credit payment re</u> ature Authorization of Office			10b
		I am an officer of the above entity			
intermediate service provi acknowledgement of rece of any refund. If applicable entry to the financial institution to deb later than 2 business days payment of taxes to receipersonal identification nur PIN: check one box only X I authorize HE as my signature with a state age on the return's of As an officer or return. If I have	der, transmitter, c ipt or reason for r e, I authorize the I ution account ind it the entry to this s prior to the payn ve confidential inf mber (PIN) as my ENJES CONN on the tax year 2 ency(ies) regulating disclosure conser person subject to indicated within the program, I will enter	in Part I above is the amount shown or electronic return originator (ERO) to ejection of the transmission, (b) the r J.S. Treasury and its designated Fina icated in the tax preparation softwar account. To revoke a payment, I mu- nent (settlement) date. I also authoriz ormation necessary to answer inquiri signature for the electronic return an IER & WILLIAMS PC ERO firm name 022 electronically filed return. If I hav g charities as part of the IRS Fed/Sta it screen. • tax with respect to the entity, I will en his return that a copy of the return is er my PIN on the return's disclosure of	b send the return to the IR eason for any delay in pro ancial Agent to initiate an e e for payment of the feder ist contact the U.S. Treasu the financial institutions es and resolve issues rela d, if applicable, the conse we indicated within this ret the program, I also authorized the my PIN as my signate being filed with a state ag	S and to receive from cessing the return or electronic funds with all taxes owed on this ury Financial Agent al involved in the proce- ted to the payment. I nt to electronic funds to enter my Pl urn that a copy of the ze the aforementione ure on the tax year 20	n the IRS (a) an refund, and (c) the date drawal (direct debit) s return, and the t 1-888-353-4537 no essing of the electronic have selected a withdrawal. N 77070 Enter five numbers, but do not enter all zeros e return is being filed d ERO to enter my PIN 022 electronically filed
	ation and Aut	hentication		Date	
ERO's EFIN/PIN. Enter yo					
number (EFIN) followed by	-	-	4612125 Do not enter		
		PIN, which is my signature on the 20 le requirements of Pub. 4163, Moder			
ERO's signature			Date	07/18/23	
	Do Not 9	ERO Must Retain This For Submit This Form to the IRS			
LHA For Privacy Act and		luction Act Notice, see instruction			Form 8879-TE (2022)
202521 12-16-22					

Form	8868
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(Rev. January 2022)

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

-	Fila	2	con	orat	o on	nlicat	ion fr	nr og	ch r	eturn.
		a	Sen	αιαι	e au	piicat		леа		elui II.

Go to www.irs.gov/Form8868 for the latest information.

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

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

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts

music	set offit 7004 to request an extension of time to hie incom							
Туре с	r Name of exempt organization or other filer, see instru	uctions.		Taxpaye	payer identification number (TIN)			
print	UNITED WAY OF SIOUXLAND, INC.					* * * * *		
File by th due date filing you return. So	by the e date for g your 701 STEUBEN STREET							
instructio		foreign add	ress, see instructions.					
Enter t	he Return Code for the return that this application is for (f	ile a separa	te application for each return)			0 1		
Applic	ation	Return	Application			Return		
ls For		Code	Is For			Code		
Form 9	90 or Form 990-EZ	01	Form 1041-A			08		
Form 4	720 (individual)	03	Form 4720 (other than individual)			09		
Form 9	90-PF	04	Form 5227			10		
Form 9	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11		
Form 9	90-T (trust other than above)	06	Form 8870			12		
Form 9	90-T (corporation)	07						
• The	HEATHER HENNIN books are in the care of ► 701 STEUBEN ST		- SIOUX CITY, IA 51	L101				
 If th If th box ▶ 1 Ⅰ 	e organization does not have an office or place of busines is is for a Group Return, enter the organization's four digit . If it is for part of the group, check this box ▶ request an automatic 6-month extension of time until he organization named above. The extension is for the org	Group Exe	emption Number (GEN) If ich a list with the names and TINs of MBER 15, 2023 , to file	this is fo all memb	r the whole ers the exte	group, check this		
I	\mathbf{X} calendar year 2022 or							
Ì	tax year beginning	, an	d ending		·			
2	2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period							
3 a	f this application is for Forms 990-PF, 990-T, 4720, or 606	9, enter the	e tentative tax, less					
-	any nonrefundable credits. See instructions.			3a	\$	0.		
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b \$						0.		
-	Balance due. Subtract line 3b from line 3a. Include your p							
I	ising EFTPS (Electronic Federal Tax Payment System). Se	e instructio	ons.	3c	\$	0.		
Cautio instruc	n: If you are going to make an electronic funds withdrawa tions.	al (direct de	bit) with this Form 8868, see Form 84	153-TE ai	nd Form 887	9-TE for payment		
LHA	For Privacy Act and Paperwork Reduction Act Notice	, see instr	uctions.		Form	8868 (Rev. 1-2022)		

Department of the Treasury Internal Revenue Service

EXTENDED TO NOVEMBER 15, 2023 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.



A	For th	e 2022 calendar year, or tax year beginning and	ending	-	
B	Check if applicab	e: C Name of organization		D Employer identifie	cation number
	Addre	UNITED WAY OF SIOUXLAND, INC.			
	Name			**_****	* *
	Initial returr		Room/suite	E Telephone number	·
	Final returr	701 STEUBEN STREET		(712)255	
	termii ated	ⁿ⁻ City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	2,892,641.
	Amer	STOCK CITT, TA STICT		H(a) Is this a group re	eturn
	Appli tion pendi	Finance and address of principal officer.		for subordinates	? Yes X No
		SAME AS C ABOVE		H(b) Are all subordinates in	Icluded? Yes No
<u> </u>	Tax-ex	x = mpt status: X 501(c)(3) 501(c)() (insert no.) 4947(a)(1)	or 🛄 527		list. See instructions
	Websi			H(c) Group exemption	
_		f organization: X Corporation Trust Association Other	L Year	of formation: 1979	State of legal domicile: IA
Pa	art I	Summary			
Governance	1	Briefly describe the organization's mission or most significant activities: TO II CARING POWER OF OUR COMMUNITY.	MPROVE	LIVES BY U.	NITING THE
rna	2	Check this box if the organization discontinued its operations or disposed	sed of more	e than 25% of its net as	sets.
ove	3	Number of voting members of the governing body (Part VI, line 1a)		3	24
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)	24		
es é	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)			10
viti	6	Total number of volunteers (estimate if necessary)			113
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
_		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
				Prior Year	Current Year
ē	8	Contributions and grants (Part VIII, line 1h)		3,794,072.	2,518,599.
Revenue	9	Program service revenue (Part VIII, line 2g)		0.	0.
Sev	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		215,662.	101,496.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-22,490.	25,447.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,987,244.	2,645,542.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		2,523,331.	2,270,652.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25)		567,649.	508,487.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ц.	b	Total fundraising expenses (Part IX, column (D), line 25)	46.	201 0.00	200 680
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		321,068.	320,679.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,412,048.	3,099,818.
	19	Revenue less expenses. Subtract line 18 from line 12		575,196.	-454,276.
Net Assets or Fund Balances				ginning of Current Year	End of Year
Bala	20	Total assets (Part X, line 16)		7,392,627.	6,221,269.
let A	21	Total liabilities (Part X, line 26)		1,401,503. 5,991,124.	1,182,835.
		Net assets or fund balances. Subtract line 21 from line 20		J, JJI, 144.	5,038,434.

Part II Signature Block

Т

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	Signature of officer	Date				
	HEATHER HENNINGS, PRESIDENT/SECRETARY					
	Type or print name and title					
	Print/Type preparer's name Preparer's signature	Date Check PTIN				
Paid	MELISSA J WILLER	07/18/23 ^{if} self-employed P00121904				
Preparer	Firm's name HENJES CONNER & WILLIAMS PC	Firm's EIN **-******				
Use Only	Firm's address PO BOX 1937					
	DAKOTA DUNES, SD 57049	Phone no. (605)242-3900				
May the II	May the IRS discuss this return with the preparer shown above? See instructions 🛛 🚺 Yes 🛄 No					
232001 12-1	32001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2022)					

	n 990 (2022) UNITED WAY OF STOUXLAND, INC. **-**********************************
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	THE MISSION OF THE UNITED WAY OF SIOUXLAND IS TO IMPROVE LIVES BY
	UNITING THE CARING POWER OF OUR COMMUNITY.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
~	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
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	
	EDUCATION:
	EDUCATION IS A CORNERSTONE FOR SUCCESS IN SCHOOL, WORK, AND LIFE. AND
	IT BENEFITS THE WHOLE COMMUNITY: HIGH SCHOOL GRADUATES EARN MORE AND
	CONTRIBUTE MORE TO THEIR LOCAL ECONOMIES. TO ENSURE GRADUATION RATES
	FOCUS ON ROOT CAUSES LIKE MAKING SURE ALL CHILDREN ARE READY TO LEARN
	WHEN ENTERING KINDERGARTEN, MAKING SURE ALL STUDENTS ARE READING AT
	GRADE LEVEL AS THEY ENTER 4TH GRADE, AS WELL AS ENSURING ALL CHILDREN
	ARE SOCIALLY AND EMOTIONALLY PREPARED TO SUCCEED IN SCHOOL AND BEYOND
4b	(Code:) (Expenses \$ 369,162. including grants of \$ 369,162.) (Revenue \$
40	(Code:) (Expenses \$509,102. including grants of \$509,102.) (Revenue \$) (Revenue \$)
	THE WHOLE COMMUNITY BENEFITS WHEN MORE WORKING FAMILIES ARE ABLE TO
	STOP WALKING A FINANCIAL TIGHTROPE AND GET ON SOLID GROUND. WE FOCUS
	LASTING SOLUTIONS THAT GO BEYOND CHARITY BY PROVIDING RESOURCES TO
	INCREASE KNOWLEDGE TO BETTER MANAGE INCOME, SKILLS AND EDUCATION TO
	IMPROVE EARNING POTENTIAL, AND SECURING BASIC NEEDS FOR ALL.
4.0	(Code:)(Expenses \$ 454,508 • including grants of \$ 454,508 •) (Revenue \$
4c	(Code:) (Expenses \$454,506. including grants of \$454,506.) (Revenue \$ HEALTH:
	GOOD HEALTH ALLOWS CHILDREN TO LEARN BETTER AND ADULTS TO INCREASE
	THEIR INCOME THROUGH PRODUCTIVE WORK. WE FOCUS ON ENSURING CHILDREN A
	BORN HEALTHY AND DEVELOP ON TRACK; MAKE SURE QUALITY HEALTH AND
	WELLNESS SERVICES ARE AVAILABLE FOR BODY AND MIND, AS WELL AS ENSURE
	THE AVAILABILITY OF AN ENVIRONMENT SAFE FROM ABUSE.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ 819,017 · including grants of \$ 546,429 ·) (Revenue \$)
4e	Total program service expenses 2,543,240.
	Form 990
3200	2 12-13-22 3

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Form	990	(2022)

Form 990 (2022) UNITED WAY OF SIOUXLAND, INC.
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	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect		v	
_	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If</i> "Yes," <i>complete Schedule C, Part III</i>	_		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	5		- 23
6	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,	0		
'	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	-		
0	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	0		
Ū	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, VII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		37	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		v	
	Schedule D, Parts XI and XII	12a	X	<u> </u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			x
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If</i> "Yes," <i>complete Schedule E</i>	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
D	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			
.0	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	10		
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
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	Х	
232003	12-13-22	Form	990	(2022)

15220718 766058 77070001 2022.04000 UNITED WAY OF SIOUXLAND, IN 77070001

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Form	990	(2022)
	330	(2022)

			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
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	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			x
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
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	051		x
00	Schedule L, Part I	25b		<u> </u>
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%	06		x
07	controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	26		
27	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,	21		
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
u	"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
	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 non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
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		Х
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		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35 a	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?		х	
Par	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	Δ	
1 0	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1-	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 2		169	
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
•	(gambling) winnings to prize winners?	1c	х	
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	5			,

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Form	990 (2022) UNITED WAY OF SIOUXLAND, INC. **-***	* * *	P	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 10		37	
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	37
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			v
_	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).	_		х
	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		<u>~</u>
	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	0-		x
	any contributions that were not tax deductible as charitable contributions?	6a		
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 $170(c)$.	7-		x
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		<u>~</u>
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	70		x
4		7c		
		70		
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			
g b	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h		
h 8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	/11		
0		8		
9	sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds.	0		
a		9a		
b	Did the sponsoring organization make any taxable distributions under section 4966?	9b		<u> </u>
10	Section 501(c)(7) organizations. Enter:	55		
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:			
 а	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.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
с	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			
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	Form	990	(2022)
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UNITED WAY OF SIOUXLAND, INC.

X

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						
ect	tion A. Governing Body and Management					No.	
10	Enter the number of veting members of the governing body at the and of the tay year	1a	.		24	Yes	5
	Enter the number of voting members of the governing body at the end of the tax year		a				
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.						
	Enter the number of voting members included on line 1a, above, who are independent	11			24		
	Did any officer, director, trustee, or key employee have a family relationship or a business relationsl						
	officer, director, trustee, or key employee?				2	x	
	Did the organization delegate control over management duties customarily performed by or under t						+
	of officers, directors, trustees, or key employees to a management company or other person?				3		
	Did the organization make any significant changes to its governing documents since the prior Form						+
	Did the organization make any significant changes to its governing documents since the prior of the Did the organization become aware during the year of a significant diversion of the organization's a						+
	Did the organization have members or stockholders?						+
	Did the organization have members, stockholders, or other persons who had the power to elect or						+
1d					7a		
h	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members,				<u>1a</u>		+
b					7b		
0	persons other than the governing body?						+
	Did the organization contemporaneously document the meetings held or written actions undertaken during the y	-		-	0-	x	
	The governing body?					X	
	Each committee with authority to act on behalf of the governing body?				8b	<u><u></u></u>	+
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re				9		
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O				9		
	TOTI D. TOTOLES (This Section B requests information about policies not required by the internal	never		<i>.)</i>		Yes	Т
00	Did the examization have level obertary branches, or effiliated?				10a	165	\$
	Did the organization have local chapters, branches, or affiliates?				10a		+
	If "Yes," did the organization have written policies and procedures governing the activities of such				10b		
	and branches to ensure their operations are consistent with the organization's exempt purposes?					37	+
	Has the organization provided a complete copy of this Form 990 to all members of its governing bo	bay be	etore fillin	g the form.	? 11 a		+
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.				10-	x	
	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>					X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris				12b		+
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If '					x	
	on Schedule O how this was done					X	
	Did the organization have a written whistleblower policy?					X	
	Did the organization have a written document retention and destruction policy?				. 14		
15	Did the process for determining compensation of the following persons include a review and appro			ndent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision					v	
	The organization's CEO, Executive Director, or top management official					X	+
	Other officers or key employees of the organization				. 15 b		-
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.						
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrang	emen	t with a				
	taxable entity during the year?				. 16a		-
	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu			pation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the org	aniza	tion's				
	exempt status with respect to such arrangements?				. 16 b		
	tion C. Disclosure						
7	List the states with which a copy of this Form 990 is required to be filed NONE						
	Section 6104 requires an organization to make its Forms 1022 (1024 or 1024 A if applicable) 000	and 9	990-T (se	ction 501(c	:)(3)s onl	y) ava	ilal
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990,						
8	for public inspection. Indicate how you made these available. Check all that apply.						
8	for public inspection. Indicate how you made these available. Check all that apply.			,			
18 19	for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website Image: Describe on Schedule O whether (and if so, how) the organization made its governing documents,			,	and fina	incial	
18 19	for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website I Upon request Other (expla Describe on Schedule O whether (and if so, how) the organization made its governing documents, statements available to the public during the tax year.	confli	ct of inte	rest policy,	and fina	Incial	
8 9 20	for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website I Upon request Other (expla Describe on Schedule O whether (and if so, how) the organization made its governing documents, statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's to	confli	ct of inte	rest policy,	and fina	incial	
18 19 20	for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (expla Describe on Schedule O whether (and if so, how) the organization made its governing documents, statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's to HEATHER HENNINGS - 712-255-3551	confli	ct of inte	rest policy,	and fina	incial	
8 9 20	for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website I Upon request Other (expla Describe on Schedule O whether (and if so, how) the organization made its governing documents, statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's to	confli	ct of inte	rest policy,		ncial	

Part VII	Compensation of Office	ers, Directors,	Trustees,	Key Employees,	Highest	Compensated
	Employees, and Indep	endent Contra	ctors			

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

 List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	box, unless person is both an officer and a director/trustee)		compensation	compensation	amount of			
	week			uau	reciu	i/uus	lee)	from	from related	other
	(list any hours for	Individual trustee or director						the	organizations (W-2/1099-MISC/	compensation from the
	related	e or d	stee			Isated		organization (W-2/1099-MISC/	1099-NEC)	organization
	organizations	truste	al trus		yee	mper		1099-NEC)	,	and related
	below	idual	Institutional trustee	er	Key employee	est co loyee	ler	,		organizations
	line)	Indiv	Insti	Officer	Key (Highest compensated employee	Former			
(1) HEATHER HENNINGS	40.00									
PRESIDENT/SECRETARY				х				103,333.	0.	15,330.
(2) BARB URAN	40.00									
FINANCE DIRECTOR				Х				9,727.	0.	512.
(3) ERNIE COLT	1.00									
DIRECTOR		Х						0.	0.	0.
(4) WAYNE JOHNSON	1.00									
TREASURER		Х		х				0.	0.	0.
(5) KEVIN ANDERSON	1.00									
DIRECTOR		Х						0.	0.	0.
(6) CASEY MILLS	1.00									
PAST CHAIR		Х		х				0.	0.	0.
(7) LILLIAN LOPEZ	1.00									
DIRECTOR		Х						0.	0.	0.
(8) MIYUKI NELSON	1.00									
DIRECTOR		Х						0.	0.	0.
(9) TAMI PROSKOVEC	1.00									
CHAIR		х		Х				0.	0.	0.
(10) PAUL CONNOR	1.00									
DIRECTOR		X						0.	0.	0.
(11) BRYCE BOOK	1.00									
DIRECTOR	1 00	X						0.	0.	0.
(12) JEFF FLORKE	1.00									0
DIRECTOR	1 00	X						0.	0.	0.
(13) TROY JASMAN	1.00							0		0
DIRECTOR	1 00	X						0.	0.	0.
(14) JAMES OLSON	1.00							0		0
DIRECTOR	1 00	X						0.	0.	0.
(15) CHRIS BOGENRIEF	1.00							0		0
DIRECTOR	1 00	X						0.	0.	0.
(16) JOY BOGENRIEF	1.00								_	•
DIRECTOR	1 00	X						0.	0.	0.
(17) AMANDA DAVIS	1.00			37						•
VICE CHAIR		Х		Х				0.	0.	0.
232007 12-13-22						0				Form 990 (2022)

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Part	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)										
	(A) (B) (C) (D) (E)								(F)		
	Name and title	Average	(-1-		Pos				Reportable	Reportable	Estimated
		hours per	box	, unles	ss pe	rson	than is bot	h an		compensation	amount of
		week	<u> </u>	cer an	d a d	irecto	or/trus	tee)	from	from related	other
		(list any	ector						the	organizations	compensation
		hours for	or dir	e.			ated		organization	(W-2/1099-MISC/	from the
		related organizations	ustee	truste		e	bensi		(W-2/1099-MISC/	1099-NEC)	organization
		below	ual tri	ional		ploye	t com		1099-NEC)		and related organizations
		line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(18)	NICK HEGARTY	1.00	드	-	Ð	Ke	포핑	R			
DIREC		1.00	x						0.	0.	0.
		1.00							0.	0.	0.
	JAYLEE HURST	1.00	x						0.	0.	0.
DIREC		1.00	^						0.	0.	0.
	SHANNON PAULING	1.00	v						0.	0.	0
DIREC		1 00	X						0.	0.	0.
	LISA CLAEYS	1.00								0	
DIREC		1 00	X						0.	0.	0.
	BRIAN CRICHTON	1.00								0	
DIREC			х						0.	0.	0.
(23)	HEATHER CRICHTON	1.00									
DIREC	TOR		Х						0.	0.	0.
(24)	JONETTE SPURLOCK	1.00								_	
DIREC	TOR		Х						0.	0.	0.
(25)	JULIAN LEE	1.00									
DIREC	TOR		Х						0.	0.	0.
(26)	LILLYAN RODRIGUEZ	1.00									
DIREC	TOR		X						0.	0.	0.
1b \$	Subtotal	•							113,060.	0.	15,842.
c -	Total from continuation sheets to Part V								0.	0.	0.
	Fotal (add lines 1b and 1c)								113,060.	0.	15,842.
	Fotal number of individuals (including but n								eceived more than \$100	,000 of reportable	
	compensation from the organization						,			, I	1
											Yes No
3 1	Did the organization list any former officer,	director. trust	ee. ł	kev e	lame	love	e. o	⁻ hic	hest compensated emp	lovee on	
	ine 1a? If "Yes," complete Schedule J for s								······		3 X
	For any individual listed on line 1a, is the su										
	and related organizations greater than \$15										4 X
	Did any person listed on line 1a receive or a										
	rendered to the organization? If "Yes," com								•		5 X
	on B. Independent Contractors			0/ 30		00/0					<u> </u>
	Complete this table for your five highest co	mnensated in	dene	ande	nt c	onti	racto	nre t	that received more than	\$100,000 of compens	ation from
	the organization. Report compensation for										ation norm
	(A)	the calendar y	car	enui	ng v	VILII			(B)	Jean.	(C)
	(~) Name and business	address	N	ONE	2				Description of s	ervices	Compensation
				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					I.		<u>I</u>
								_			
								-			
	Total number of independent contractors (i	•	ot li	mite	d to		-	stec	a above) who received m	lore than	
	\$100,000 of compensation from the organi	zation				(0				

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Forr	n 990	(2022) UNITED WAY OF	' SIOUXLA	ND, INC.		**_***	*** Page 9
	rt VI						-
		Check if Schedule O contains a response	or note to any lin	e in this Part VIII			
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated	(D) Revenue excluded
nts	1 a	Federated campaigns	509,615.				
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues 1b					
Am C	0	Fundraising events 1c	8,984.				
Gifi	c	Related organizations 11					
ns, Simi		Government grants (contributions)					
erio 0	f	All other contributions, gifts, grants, and					
ot bt bt		similar amounts not included above 1f	41 074				
- top	-	Noncash contributions included in lines 1a-1f	41,974.	2 510 500			
<u>a</u> C	l r	Total. Add lines 1a-1f		2,518,599.			
			Business Code				
Program Service Revenue	2 6						
Ser							
E Ser							
Bas							
Pro	f	All other program service revenue					
		Total. Add lines 2a-2f					
	3	Investment income (including dividends, intere					
		other similar amounts)		71,702.			71,702.
	4	Income from investment of tax-exempt bond p					
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a					
	l t	· · · · · · · · · · · · · · · · · · ·					
	C						
		Net rental income or (loss)					
	7 8	Gross amount from sales of assets other than inventory 7a 262,774.	(ii) Other				
		assets other than inventory 7a 262 , 774 . Less: cost or other basis					
ē	'	and sales expenses					
venue		Gain or (loss)					
ίn.		Net gain or (loss)		29,794.			29,794.
Other Re		Gross income from fundraising events (not		- , -			
ŧ		including \$ 8,984. of					
		contributions reported on line 1c). See					
		Part IV, line 18 8a					
	l t	Less: direct expenses 8b	14,119.				
				25,447.			25,447.
	9 a	Gross income from gaming activities. See					
		Part IV, line 19					
		Less: direct expenses					
		Net income or (loss) from gaming activities Gross sales of inventory, less returns	I				
		and allowances					
	1	Less: cost of goods sold 10b					
		Net income or (loss) from sales of inventory					
Ś			Business Code				
Miscellaneous Revenue	11 a						
an€	l t						
cell eve	c						
Mis	0	All other revenue					
	e	Total. Add lines 11a-11d					100 040
	12	Total revenue. See instructions		2,645,542.	0.	0.	126,943.
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UNITED WAY OF SIOUXLAND, INC. 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).

	neck if Schedule O contains a response				(D)
Do not include an 7b, 8b, 9b, and 10	nounts reported on lines 6b, 0b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
	ner assistance to domestic organizations governments. See Part IV, line 21	2,270,652.	2,270,652.		
	other assistance to domestic See Part IV, line 22				
3 Grants and organization individuals.	other assistance to foreign s, foreign governments, and foreign See Part IV, lines 15 and 16				
	d to or for members				
•	on of current officers, directors,	164,507.		15,183.	149,324
	d key employees	104,507.		15,105.	147,524
•	efined under section 4958(f)(1)) and				
	ibed in section 4958(c)(3)(B)				
	es and wages	273,025.	174,955.	9,230.	88,840
	accruals and contributions (include				
) and 403(b) employer contributions)				
9 Other emplo	yee benefits	40,897.	16,969.	1,848.	22,080
10 Payroll taxes	s	30,058.	12,002.	2,842.	15,214
	vices (nonemployees):				
	t L				
	······ -				
	undraising services. See Part IV, line 17	22,889.		22,889.	
	nanagement fees 11g amount exceeds 10% of line 25,	22,009.		22,009.	
	mount, list line 11g expenses on Sch 0.)				
	and promotion				
	Ises	9,884.		7,106.	2,778
	technology	- ,			, -
	[23,599.	9,836.	1,295.	12,468
		3,968.	2,810.	3,334.	-2,176
18 Payments of	travel or entertainment expenses				
for any feder	ral, state, or local public officials				
19 Conferences	s, conventions, and meetings	2,123.	857.	1,490.	-224
20 Interest		10 100	10.000		
	affiliates	43,408.	18,093.	2,383.	22,932
-	, depletion, and amortization	23,504.	9,797.	1,290.	12,417
23 Insurance	····				
above. (List m line 24e amou	s. Itemize expenses not covered iscellaneous expenses on line 24e. If nt exceeds 10% of line 25, column (A), ne 24e expenses on Schedule 0.)				
	SIONAL FEES	134,942.	13,534.	106,720.	14,688
	& MAINTENANCE	28,112.	11,717.	1,543.	14,852
-	NG & PUBLICATIONS	17,302.		425.	16,877
d TELEPH		4,841.	2,018.	266.	2,557
e All other exp		6,107.		2,688.	3,419
	al expenses. Add lines 1 through 24e	3,099,818.	2,543,240.	180,532.	376,046
	omplete this line only if the organization				
-	lumn (B) joint costs from a combined				
educational ca	Impaign and fundraising solicitation.				
32010 12-13-22	if following SOP 98-2 (ASC 958-720)				Form 990 (2022

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UNITED WAY OF SIOUXLAND, INC. Part X Balance Sheet

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

(A) (B) Beginning of year End of year Cash - non-interest-bearing 1 1 2,001,931 2,107,262. 2 2 Savings and temporary cash investments 2,280,839. 1,513,299. Pledges and grants receivable, net 3 3 4 4 Accounts receivable, net 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 5 controlled entity or family member of any of these persons 6 Loans and other receivables from other disgualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 7 Notes and loans receivable, net Assets 7 8 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 9 **10a** Land, buildings, and equipment: cost or other 711,942. basis. Complete Part VI of Schedule D _____ 10a 474,618. 259,330. 237,324. b Less: accumulated depreciation 10b 10c Investments - publicly traded securities 11 11 2,750,527. 2,359,384. 12 Investments - other securities. See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 13 14 14 Intangible assets 100,000. 4,000. Other assets. See Part IV, line 11 15 15 6,221,269. 7,392,627. 16 16 Total assets. Add lines 1 through 15 (must equal line 33) 17 Accounts payable and accrued expenses 17 1,360,253. 1,161,425. 18 Grants payable 18 19 19 Deferred revenue Tax-exempt bond liabilities 20 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, _iabilities trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 21,410. 41,250. 25 of Schedule D 1,182,835. 1,401,503. 26 26 Total liabilities. Add lines 17 through 25 X Organizations that follow FASB ASC 958, check here Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 1,673,987. 1,656,973. Net assets without donor restrictions 27 27 4,334,151. 3,364,447. Net assets with donor restrictions 28 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 29 Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund 30 30 31 Retained earnings, endowment, accumulated income, or other funds 31 5,991,124. 5,038,434. Total net assets or fund balances 32 32 7,392,627. 6,221,269. 33 33 Total liabilities and net assets/fund balances ...

Form 990 (2022)

Form 990 (2022)

Form	UNITED WAY OF SIOUXLAND, INC.	**_**	****	Page	e 12
Pa	rt 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	2,64		
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,09		
3	Revenue less expenses. Subtract line 2 from line 1	3	-454		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5,993		
5	Net unrealized gains (losses) on investments	5	-498	8,41	L 4 .
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	5,03	8,43	34.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII			l	X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule				
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	d 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 separat	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		. 2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	nedule 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?		. 3 a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits				
			Lorm	990 (2	1000

Form **990** (2022)

232012 12-13-22

13

Department of the Treasury

Internal Revenue Service

(Form 990)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2022
Open to Public Inspection

Name of the organization

Nan	ne of t	the organization	ED WAY OF SIOUXLAND, INC.						Employer identification number					
									× _ * * * * * * * *					
	rt I	Reason for Public			-			IS.						
	organ		undation because it is: (For lines 1 through 12, check only one box.)											
1		A church, convention of ch				on 170(b)([.]	1)(A)(i).							
2		A school described in sect												
3	\square	A hospital or a cooperative												
4		A medical research organiz	ation operated in co	njunction with a hospita	described	d in sectio	on 170(b)(1)(A	.)(iii). Enter	the hospital's name,					
_		city, and state:												
5		An organization operated for		ollege or university owned	d or opera	ted by a g	overnmental	unit descrit	bed in					
		section 170(b)(1)(A)(iv). (C												
6		A federal, state, or local go												
7	X	An organization that norma		intial part of its support f	rom a gov	ernmental	unit or from	the general	public described in					
_		section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)												
8	\square													
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												
		or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:												
10		·	llu raadiyaa (1) mara	than 22 1/20/ of its own	nort from	oontributic	no momboro	hin face o	nd areas respirts from					
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). (Col				sses acqu		Iyanization						
11		An organization organized		ively to test for public sa	fety See	section 50)9(a)(4)							
12	\square	An organization organized	-		•			arry out the	e purposes of one or					
		more publicly supported or		•	-			-						
		lines 12a through 12d that												
а		Type I. A supporting orga	• •			-		-	/ giving					
		the supported organization	-	-	•	-								
		organization. You must o	complete Part IV, Se	ections A and B.										
b		Type II. A supporting org	anization supervised	d or controlled in connec	tion with it	s support	ed organizatio	on(s), by ha	aving					
		control or management o	of the supporting org	anization vested in the s	ame perso	ons that co	ontrol or mana	age the sup	ported					
		organization(s). You mus	t complete Part IV,	Sections A and C.										
С		Type III functionally inte	grated. A supportin	g organization operated	in connec	tion with,	and functiona	lly integrat	ed with,					
		_ its supported organizatio	n(s) (see instructions	s). You must complete l	Part IV, Se	ections A,	D, and E.							
Ċ		Type III non-functionally	y integrated. A supp	orting organization oper	ated in co	nnection v	with its suppo	rted organ	ization(s)					
		that is not functionally int	tegrated. The organiz	zation generally must sa	tisfy a dist	ribution re	quirement an	d an attent	iveness					
		requirement (see instruct		-										
e		Check this box if the orga					а Туре I, Туре	e II, Type III						
		functionally integrated, o		nally integrated support	ing organi	zation.								
f		er the number of supported of	•											
<u>g</u>		vide the following information i) Name of supported	n about the supporte (ii) EIN	ed organization(s).	(iv) Is the orga	nization listed	(v) Amount o	fmonotony	(vi) Amount of other					
	,	organization		(described on lines 1-10	in your governi Yes	ng document? No	support (see ii	,	support (see instructions)					
				above (see instructions))	Tes	NO		,	, , , , , , , , , , , , , , , , , , , ,					
Tota	al													

Schedule A (Form 990) 2022

UNITED WAY OF SIOUXLAND, INC.

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.)

See	ction A. Public Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")	3,923,123.	3,212,966.	2,977,737.	3,437,156.	2,276,968.	15,827,950.		
2	Tax revenues levied for the organ-								
	ization's benefit and either paid to								
	or expended on its behalf								
3	The value of services or facilities								
	furnished by a governmental unit to								
	the organization without charge								
	Total. Add lines 1 through 3	3,923,123.	3,212,966.	2,977,737.	3,437,156.	2,276,968.	15,827,950.		
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,						200 122		
	column (f)						398,132.		
	Public support. Subtract line 5 from line 4. ction B. Total Support						15,429,818.		
		(-) 0010	(1-) 0010	(-) 0000	(-1) 0001	(-) 0000	(6) T = + = 1		
	endar year (or fiscal year beginning in)	(a) 2018 3,923,123.	(b) 2019 3,212,966.	(c) 2020 2,977,737.	(d) 2021 3,437,156.	(e) 2022 2,276,968.	(f) Total 15,827,950.		
	Amounts from line 4	5,925,125.	5,212,900.	2,511,151.	5,457,150.	2,270,900.	15,027,950.		
ð	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties,	20,551.	61,163.	59,367.	154,202.	71,702.	366,985.		
0	and income from similar sources Net income from unrelated business	20,331.	01,103.	55,507.	191,202.	/1,/02.	500,505.		
9	activities, whether or not the								
10	business is regularly carried on Other income. Do not include gain								
10	or loss from the sale of capital								
	assets (Explain in Part VI.)								
11	Total support. Add lines 7 through 10						16,194,935.		
	Gross receipts from related activities,	etc. (see instruction	ons)			12			
	First 5 years. If the Form 990 is for th				vear as a section 5				
	organization, check this box and stor				-				
Sec	ction C. Computation of Publ								
	Public support percentage for 2022 (column (f))		14	95.28 %		
						15	96.19 %		
	5 Public support percentage from 2021 Schedule A, Part II, line 14								
	stop here. The organization qualifies	-							
b	33 1/3% support test - 2021. If the o								
	and stop here. The organization qual								
17a	10% -facts-and-circumstances tes								
	and if the organization meets the fact								
	meets the facts-and-circumstances te			-	-				
b	0 10% -facts-and-circumstances tes	t - 2021. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or		
	more, and if the organization meets the								
	organization meets the facts-and-circ	umstances test. Th	ne organization qua	alifies as a publicly	y supported organ	ization			
18	Private foundation. If the organization	on did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	o, check this box a	and see instruction	s		
						Schedule A	(Form 990) 2022		

Schedule A (Form 990) 2022

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Schedule A (Form 990) 2022

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UNITED	WAY	OF	SIOUXLAND,	INC.

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.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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 per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	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						
	Public support. (Subtract line 7c from line 6.)						
See	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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						
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)		rot occord the	fourth or fittle torr			
14	First 5 years. If the Form 990 is for the check this box and stop here	-			-	oricito) organizat	
Sec	ction C. Computation of Pub						·····
	Public support percentage for 2022 (column (f))		15	%
	Public support percentage for 2022					16	% %
	ction D. Computation of Inve						/0
	Investment income percentage for 2		•			17	%
	Investment income percentage for					18	%
	33 1/3% support tests - 2022. If the						
	more than 33 1/3%, check this box a						
b	33 1/3% support tests - 2021. If the						
~	line 18 is not more than 33 1/3%, ch						
20	Private foundation. If the organization						
	23 12-09-22		, · -	,			(Form 990) 2022
				16			
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1

2

3a

3b

3c

4a

Yes No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b Schedule A (Form 990) 2022

Schedule A (Form 990) 2022 UNITED WAY OF SIOUXLAND, INC. Part IV Supporting Organizations (continued)

1

2

3

2a

2b

За

No

Yes No

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

1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one 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.
2	Did the organization operate for the benefit of any supported organization other than the supported

5		,		5		
organization(s) that or	perated, supervised,	or contro	olled	the suppor	ting organization? If "Yes,	" explain in
Part VI how providing	such benefit carried	out the	purp	oses of the	supported organization(s)	that operated
supervised, or control	led the supporting o	rganizatio	on.			

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		
80	otion D. All Type III Supporting Organizations			

Sec	cion D. An Type in Supporting Organizations		
			Yes
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.

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	yea(see instructions)
---	--	-----------------------

- a ____ The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*
- c _____ The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).
- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" provide details in **Part VI.**
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard.*

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3b | Schedule A (Form 990) 2022

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2022.04000 UNITED WAY OF SIOUXLAND, IN 77070001

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3 Other gross income (see instructions) 3 4 Add lines 1 through 3. 5 5 Depreciation and depletion Portion of operating expenses paid or incurred for production or 6 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) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior 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 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, 4 see instructions). 4 5 5 Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by 0.035. 6 6 Recoveries of prior-year distributions 7 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 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). 6

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

Schedule A (Form 990) 2022

_**

(B) Current Year

(optional)

Page 6

1

2

(A) Prior Year

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.

Schedule A (Form 990) 2022

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

Section A - Adjusted Net Income

1

2

4

7

5

6

Net short-term capital gain

Recoveries of prior-year distributions

UNITED WAY OF SIOUXLAND, INC.

Par	t V Type III Non-Functionally Integrated 509	9(a)(3) Supporting Org	anizations _{(contine}	ued)	
Secti	on D - Distributions		·		Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		1	
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpos	es of supported organizatior	าร	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - prior		5		
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which t	he organization is responsive	e		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
		(i)	(ii)		(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2022	ns	Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
a	From 2017				
b	From 2018				
c	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022				

Schedule A (Form 990) 2022

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Form 990) 2022	UNITE							~ ~ _ ~ ~	****	Pa
Supplemental Part IV, Section A, I line 1; Part IV, Secti	lines 1, 2, 3b, 3c, 4 ion D, lines 2 and 3	o, 4c, 5a, 0 ; Part IV, S	6, 9a, 9 Section	b, 9c, 11a, E, lines 1c	11b, and , 2a, 2b, 3	11c; Part I a, and 3b;	V, Section B, line Part V, line 1; Pa	es 1 and 2; Par art V, Section B	t IV, Section , line 1e; Par	ı C, rt V
Section D, lines 5, 6 (See instructions.)	6, and 8; and Part \	, Section	E, lines	2, 5, and (5. Also coi	mplete this	part for any add	litional informat	ion.	
										90)

Schedule A

Identification of Excess Contributions Included on Part II, Line 5

2022

_***

** Do Not File ** *** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
MIDAMERICAN ENERGY	430,471.	106,572
TYSON FRESH MEATS	430,358.	106,459
KLINGER COMPANIES, INC.	509,000.	185,101
Total Excess Contributions to Schedule A. Part II, Line 5		398,132

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2022

Employer identification number

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	UNITED WAY OF SIOUXLAND, INC.	**_**
Organization type (cheo	ck one):	
Filers of:	Section:	
Form 990 or 990-EZ	\fbox 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	

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

General Rule

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

Special Rules

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).

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

Name of organization

Employer identification number

UNITED WAY OF SIOUXLAND, INC.

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(a) No. 1M	(b) Name, address, and ZIP + 4 AIDAMERICAN ENERGY	(c) Total contributions	(d) Type of contribution
<u> 1 1 1 </u>	MIDAMERICAN ENERGY		
-	401 DOUGLAS STREET SIOUX CITY, IA 51101	\$98,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>2</u> <u>T</u> <u>8</u>	TYSON FRESH MEATS, INC 300 STEVENS POINT DRIVE DAKOTA DUNES, SD 57049	\$ <u>70,199.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

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Name of organization

Page **3**

Employer identification number

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UNITED WAY OF SIOUXLAND, INC.

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
- _		 \$	

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2022.04000 UNITED WAY OF SIOUXLAND, IN 77070001

	B (Form 990) (2022)			Page 4			
Name of o	organization			Employer identification number			
UNITE	D WAY OF SIOUXLAND, INC	•		**_****			
	Exclusively religious, charitable, etc., contributi	ons to organizations described in s		that total more than \$1,000 for the year			
	from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, c	haritable, etc., contributions of \$1,000 or	less for the year. (Enter this info.	once.) \$			
(a) No.	Use duplicate copies of Part III if additional	space is needed.	<u> </u>				
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Dese	cription of how gift is held			
			<u> </u>				
		(e) Transfer of git	řt				
			B 1 11 11 11				
·	Transferee's name, address, a		Relationship of tra	ansferor to transferee			
(a) No.							
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held			
	(e) Transfer of gift						
	Transforce's name, address, a		Relationship of transferor to transferee				
·	Transferee's name, address, and ZIP + 4						
(a) No.			(1) D				
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held			
		(e) Transfer of git					
		t					
	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	ansferor to transferee			
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held			
Part I							
		(e) Transfer of git					
		(e) transfer of gi	L C C C C C C C C C C C C C C C C C C C				
	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	ansferor to transferee			
223454 11-1	5-22	25		Schedule B (Form 990) (2022)			

15220718 766058 77070001 2022.04000 UNITED WAY OF SIOUXLAND, IN 77070001

(Form 990) Por Organizations Exempt From Income Tax Under section 501(c) and section 527 Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. Part 900 or Form 990-EZ. Part 142 Complete if the organizations is described below. Attach to Form 990 or Form 990-EZ. Part 142 Complete if the organizations: Complete Part IA and B. Bo not complete Part IA. Section 501(c)(3) organizations: Complete Part IA and B. Bo not complete Part IA. Section 501(c)(3) organizations: Complete Part IA and B. Bo not complete Part IA. Section 501(c)(3) organizations: Complete Part IA. Section 501(c)(3) organizations: Complete Part IA. Section 501(c)(3) organizations that have Tile form 5768 (leaction under section 501(h): Complete Part IIA. Do not complete Part IIA. Section 501(c)(3) organizations that have Tile form 5768 (leaction under section 501(h): Complete Part IIA. Do not complete Part IIA. Section 501(c)(3) organizations that have Tile form 5768 (leaction under section 501(h): Complete Part IIA. The organization Section 501(c)(3) organizations that have Tile form 5768 (leaction under section 501(h): Complete Part IIA. The organization Section 501(c)(4), (6), or (6) organizations: Complete Part III. The organization Section 501(c)(4), (6), or (6) organizations: Complete Part III. Part 142 Complete If the organization II exempt under section 501(c) or is a section 527 organization. Part 142 Complete If the organization is exempt under section 501(c)(a) or is a section 502 organization. Provide a description of the organization is exempt under section 501(c)(a) There the amount of any excise tax incurred by programization inder section 501(c)(a) except section 501(c)(3). There the amount of any excise tax incurred by organization is descripted section 501(c)(a) except s	SCHEDULE C Political Campaign and Lobbying Activities				OMB No. 1545-0047						
Dependment of the Treasury Internal Revenue Service Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. G to www.irs.gov/Form890 for instructions and the latest information. Open to Public Inspection If the organization answered "Ves," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then • Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts IA and B. Do not complete Part IA. • Section 501(c) (other than section 501(t)): Complete Part IA. • Section 501(c) (other than section 501(th): Complete Part IIA. • Section 501(c)(3) organizations that have IRG Form 5768 (election under section 501(th)): Complete Part IIA. Do not complete Part IIA. • Section 501(c)(3) organizations that have IRG Form 5768 (election under section 501(th)): Complete Part IIA. Non a complete Part IIA. • Section 501(c)(3), organizations: Complete Part III. Name of organization Employer identification number ******** • Potoide a description of the organization: Scomplete Part III. Name of organization Employer identification number ******** • Porticle addition of the organization is exempt under section 501(c) (c) or is a section 527 organization. \$ • Porticle adscription of the organization is exempt under section 4955 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	(Form 990)	For Org	anizations Exempt From Income	Tax Under section f	- 01(c) and section 527	,	2022				
Description Go to www.irs.gow/Form990 for instructions and the latest information. Dispection If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then • Section 501(c)(3) organizations: Compilete Part I: A and B. Do not complete Part I: A. • Section 501(c)(3) organizations: Compilete Part I: A only. If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then • Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h): Complete Part II: A. Do not complete Part II. B. • Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h): Complete Part II: A. Do not complete Part II. B. If section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h): Complete Part II. B. Do not complete Part II. Not complete Part II. If section 501(c)(4), (5), or (6) organizations: Complete Part III. Employer identification number If section 501(c)(4), (5), or (6) organizations: Complete Part III. Employer identification number Number Organization of the organization is exempt under section 501(c)(3). Image: Complete Part II. I Provide a description of the organization is exempt under section 501(c)(3). Image: Complete Part II. I Enter the amount of any excise tax incurred by organization under section 501(c)(3). Image: Complete Part II. I Enter the amount of a		_	-								
If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then • Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-B. • Section 501(c) (other than section 501(c)(3)) organizations: Complete Part IV, line 47 (Lobbying Activities), then • Section 501(c)(3) organizations that have life Form 5768 (election under section 501(h)): Complete Part II-B. • Section 501(c)(3) organizations that have life Form 5768 (election under section 501(h)): Complete Part II-B. • Section 501(c)(3) organizations that have INOT filed Form 5768 (election under section 501(h)): Complete Part II-B. • Section 501(c)(4), 6), or (6) organizations: Complete Part IV, line 5 (Proxy Tax) (See separate instructions), then • Section 501(c)(4), 6), or (6) organizations: Complete Part III. Name of organization • UNITED WAY OF SIOUXLAND, INC. Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. 1 Provide a description of the organization is exempt under section 501(c)(3). 1 Enter the amount of any excise tax incurred by the organization managers under section 501(c)(3). 1 Enter the amount of any excise tax incurred by organization for section 527 exempt function activities. 4 Was a correction made? 1 Yes: No 4 </td <td></td> <td></td> <td>-</td> <td></td> <td></td> <td></td> <td>-</td>			-				-				
 Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C. Section 502 (c)(3) organizations: Complete Part I-A only. If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-B. Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-B. Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A. Section 501(c)(3), (5), or (6) organizations: Complete Part II. Name of organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions), then Section 501(c)(4), (5), or (6) organizations: Complete Part II. Name of organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions), then Section 501(c)(4), (5), or (6) organizations: Complete Part III. Name of organization UNITED WAY OF SIOUXLAND, INC. Employer identification number ** - ****** Part I-B Complete if the organization is exempt under section 501(c) or is a section 527 organization. I Enter the amount of any excles tax incurred by the organization under section 4955 I the organization nucured a section 4955 tax, did t file Form 4720 for this year? Yes No ta Was a corection mader? b I' Yes, ' describe in Part IV. Part I-B Complete if the organization is exempt under section 501(c)(a), except section 501(c)(3). I Enter the amount of the filing organization is exempt under section 527 exempt function activities \$ Section 170. I Enter the amount of the filing organization is exempt under se						ian Acti	•				
 Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B. Section 527 organizations: Complete Part I-A only. If the organization answered "ves," on Form 990. Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-B. Section 501(c)(4), organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A. If the organization answered "Yes," on Form 990. Part IV, line 6 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate political campalization). Part I-B Complete if the organization is exemp	-				e 40 (Fontical Campa	igil Acti	vices), cieri				
 Section 527 organizations: Complete Part IA only. If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-B. Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-B. Section 501(c)(4), (5), or (6) organizations: Complete Part II. Name of organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions), then esection 501(c)(4), (5), or (6) organizations: Complete Part II. Name of organization UNITED WAY OF SIOUXLAND, INC. Employer identification number ** - ******* Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 Erner the amount of any excise tax incurred by organization under section 4955 Erner the amount of any excise tax incurred by organization managers under section 501(c)(3). Erner the amount of any excise tax incurred by organization for section 501(c), except section 501(c)(3). Erner the amount of any excise tax incurred by organization for section 501(c), except section 501(c)(3). Erner the amount of any excise tax induced by organization for section 501(c), except section 501(c)(3). Erner the amount of the filing organization is exempt under section 501(c), except section 501(c)(3). Erner the amount of any excise tax induced by organization for section 527 exempt function activities \$ Erner the amount of any excise tax induced by organization for section 527 exempt function activitie				-	Do not complete Part I	I-B.					
 Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-Å. Do not complete Part II-Å. Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-Å. Do not complete Part II-Å. Section 501(c)(4), (5), or (6) organizations: Complete Part III. Section 501(c)(4), (5), or (6) organizations: Complete Part III. Name of organization Section 501(c)(4), (5), or (6) organizations: Complete Part III. Name of organization UNITED WAY OF SIOUXLAND, INC. Employer identification number ** - ****** Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization is exempt under section 501(c)(3). Fortical campaign activity expenditures Volunteer hours for political campaign activities Volunteer hours for political campaign activities Section 4955 Enter the amount of any excise tax incurred by organization under section 501(c)(3). I the organization incurred a section 4955 tax, did it file Form 4720 for this year? Wes No bif Yes, 'describe in Part IV. Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). I Enter the amount directly expended by the filing organization for section 501(c), except section 501(c)(3). I Enter the amount directly expended by the filing organization for section 501(c), except section 501(c)(3). I Enter the amount directly expended by the filing organization for section 501(c), except section 501(c)(3). I Enter the amount directly expended by the filing organization for section 527 exempt function activities \$ Section 501(c), except section 501(c), except se					,						
• Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A. If the organization answered 'Yes,' on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions), then • Section 501(c)(4), (5), or (6) organizations: Complete Part III. Name of organization Employer identification number UNITTED WAY OF SIOUXLAND, INC. Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. 1 1 Provide a description of the organization is exempt under section 501(c)(3). 1 1 1 Provide a description of the organization is exempt under section 501(c)(3). 1 1 1 Provide a description of the organization is exempt under section 4955 \$ 2 2 2 1 Part I-B Complete if the organization is exempt under section 4955 \$ 2 2 1 1 4 0 2 2 1 1 2 2 2 2 2 3 3 3 4 4 4 4 4 4 4 4 4 4 4 4	If the organization ans	wered "Yes," or	n Form 990, Part IV, line 4, or For	m 990-EZ, Part VI, lii	ne 47 (Lobbying Activi	ties), th	en				
If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See Section 501(c) or is a section 501(c) (S).	 Section 501(c)(3) or 	 Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B. 									
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funds. If none, enter -0 promptly and directly delivered to a separate political organization.	(a) Name	e	(b) Address	(c) EIN	(d) Amount paid from						
delivered to a separate political organization.											
					iunus. Il none, enter	d	elivered to a separate				
For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990) 2022	For Paperwork Reduct	ion Act Notice	see the Instructions for Form 90	0 or 990-F7	I	Sche	dule C (Form 990) 2022				

LHA 232041 11-08-22

15220718 766058 77070001

Sche	dule C (Form 990) 2022	UNITE	D WAY	OF SIOUXLAN	D, INC.	**_*	***** Page 2
Par	t II-A Complete if the org	anizatio	on is exe	mpt under sectio	on 501(c)(3) and fil		
	section 501(h)).						
A C	heck if the filing organizat	tion belon	gs to an affi	liated group (and list i	n Part IV each affiliated	group member's nan	ne, address, EIN,
	expenses, and shar	e of exce	ss lobbying	expenditures).			
BC	heck if the filing organizat	tion check	ked box A ar	nd "limited control" pr	ovisions apply.		
			bying Expension	nditures Ints paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
				-	-	lotais	
	Total lobbying expenditures to influ	•	• •				
	Total lobbying expenditures to influ						
С	Total lobbying expenditures (add li	nes 1a an	d 1b)				
	Other exempt purpose expenditure						
е	Total exempt purpose expenditure	s (add line	es 1c and 1c	(k			
f	Lobbying nontaxable amount. Enter	er the amo	ount from the	e following table in bo	th columns.		
	If the amount on line 1e, column (a) o	r (b) is:	The lob	bying nontaxable am	nount is:		
ſ	Not over \$500,000		20% of	the amount on line 1e			
	Over \$500,000 but not over \$1,000	0,000	\$100,00	0 plus 15% of the exc	cess over \$500,000.		
ſ	Over \$1,000,000 but not over \$1,5			0 plus 10% of the exc			
ľ	Over \$1,500,000 but not over \$17,			0 plus 5% of the exce			
ľ	Over \$17,000,000	,	\$1,000,	1	. , ,		
L			+·,,				
a	Grassroots nontaxable amount (en	ter 25% c	of line 1f)				
-	Subtract line 1g from line 1a. If zero						
	Subtract line 1f from line 1c. If zero						
	If there is an amount other than zer	-					
J	reporting section 4911 tax for this			· · ·			Yes No
		,		eraging Period Under			
	(Some organizations the	nat made				of the five columns I	below.
		Se	e the separa	ate instructions for li	nes 2a through 2f.)		
		Lob	bying Expe	nditures During 4-Ye	ar Averaging Period		
	Calendar year (or fiscal year beginning in)	(a)	2019	(b) 2020	(c) 2021	(d) 2022	(e) Total
22	Lobbying nontaxable amount						
	Lobbying ceiling amount						
d 	(150% of line 2a, column(e))						
C	Total lobbying expenditures						
d	Grassroots nontaxable amount						
е	Grassroots ceiling amount						
	(150% of line 2d, column (e))						
f	Grassroots lobbying expenditures						

Schedule C (Form 990) 2022

232042 11-08-22

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

For e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a	a)	(t)
of the	e lobbying activity.	Yes	No	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:				
а	Volunteers?		Х		
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X			
	Media advertisements?		X		
	Mailings to members, legislators, or the public?	X			
	Publications, or published or broadcast statements?	Х			
	Grants to other organizations for lobbying purposes?		Х		
	Direct contact with legislators, their staffs, government officials, or a legislative body?	Х			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Х		
i	Other activities?	Х			
j	Total. Add lines 1c through 1i				0.
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Х		
b	If "Yes," enter the amount of any tax incurred under section 4912				
с	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section	on 501(c)	(5), or se	ection	
	501(c)(6).				
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from t				
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section	• •	• • •		
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered	I "No" OF	l (b) Part	III-A, lin	e 3, is
	answered "Yes."				
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political	cal			
	expenses for which the section 527(f) tax was paid).				
а	Current year		2 a		
b	Carryover from last year		2 b		
С	Total				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and				
	expenditures next year?				
5	Taxable amount of lobbying and political expenditures. See instructions		5		
Par	••				
	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated grou	o list); Part II	-A, lines 1 a	and 2 (See	
	uctions); and Part II-B, line 1. Also, complete this part for any additional information.				

ONE DAY VISIT TO THE STATE CAPITAL TO ADVOCATE.

Schedule C (Form 990) 2022

232043 11-08-22

15220718 766058 77070001

SCHEDULE D

Department of the Treasury Internal Revenue Service

(Form 990)

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.

Open to Public Inspection Employer identification number **_*****

OMB No. 1545-0047

Name of the organization	Name	of the	organization
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UNITED WAY OF SIOUXLAND, INC.

Pa	t I Organizations Maintaining Donor Advise organization answered "Yes" on Form 990, Part IV, lin		Similar Funds o	or Accounts.Comple	ete if the
		(a) Donor advis	ed 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 h	neld in donor advised	l funds	
	are the organization's property, subject to the organization's	-			'es 🗌 N
6	Did the organization inform all grantees, donors, and donor a				
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for a	any other purpose co	onferring	
	impermissible private benefit?			Y	′es 🗌 N
Pa	t II Conservation Easements. Complete if the org				
1	Purpose(s) of conservation easements held by the organization	ion (check all that ap <u>ply</u>).		
	Preservation of land for public use (for example, recrea	ation or education)	Preservation of a I	historically important lar	nd area
	Protection of natural habitat		Preservation of a	certified historic structu	re
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a quality	fied conservation contri	bution in the form of	a conservation easeme	ent on the last
	day of the tax year.			Held at the E	nd of the Tax Ye
а	Total number of conservation easements			2a	
b	Total acreage restricted by conservation easements			2b	
С	Number of conservation easements on a certified historic str	ructure included in (a)		2c	
d	Number of conservation easements included in (c) acquired	after July 25,2006, and	not on a		
	historic structure listed in the National Register			2d	
3	Number of conservation easements modified, transferred, re	leased, extinguished, or	r terminated by the o	rganization during the t	ax
	year				
4	Number of states where property subject to conservation ea	sement is located			
5	Does the organization have a written policy regarding the per	riodic monitoring, inspe	ction, handling of		
	violations, and enforcement of the conservation easements i	t holds?		Y	′es 📖 N
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, a	and enforcing conser	rvation easements durin	ng the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and e	nforcing conservatio	on easements during the	e year
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requireme	nts of section 170(h)	(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?				/es 🗌 N
9	In Part XIII, describe how the organization reports conservati				
	balance sheet, and include, if applicable, the text of the foot		-		
	organization's accounting for conservation easements.	-			
Pa	t III Organizations Maintaining Collections o	f Art, Historical Tr	easures, or Oth	er Similar Assets.	
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.			
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its re	venue statement and	d balance sheet works	
	of art, historical treasures, or other similar assets held for pul	blic exhibition, educatio	n, or research in furth	herance of public	
	service, provide in Part XIII the text of the footnote to its final	ncial statements that de	escribes these items.		
b	If the organization elected, as permitted under FASB ASC 95	58, to report in its reven	ue statement and ba	lance sheet works of	
	art, historical treasures, or other similar assets held for public	c exhibition, education,	or research in further	rance 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 tre				
	the following amounts required to be reported under FASB A	SC 958 relating to thes	e items:		
а	Revenue included on Form 990, Part VIII, line 1	-		\$	
	Assets included in Form 990, Part X				
	For Paperwork Reduction Act Notice, see the Instruction				(Form 990) 20
	1 09-01-22				•
		29			
20	718 766058 77070001 2022.0	4000 UNITED	WAY OF SIC	OUXLAND, IN	77070003

Sche	dule D (Form 990) 2022 UNITED	WAY OF SIOU	JXLAND, I	NC.		3	**_**	* * * *	* Pa	age 2
Par	t III Organizations Maintaining C	collections of Ar	t, Historical 1	reasures, o	r Other	Simila	ar Asse	ts (contir	nued)	
3	Using the organization's acquisition, accessi	on, and other records	s, check any of th	e following that	make sigr	nificant	use of its			
	collection items (check all that apply):									
а	Public exhibition	d		change progra						
b	Scholarly research	е	Other							
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	how they further	the organization	on's exemp	ot purpo	se in Part	XIII.		
5	During the year, did the organization solicit o		•					7		-
_	to be sold to raise funds rather than to be ma							Yes		No
Par			te if the organizat	ion answered "	Yes" on Fo	orm 990	, Part IV,	line 9, or		
	reported an amount on Form 990, Pa									
1 a	Is the organization an agent, trustee, custod		•					1		٦
	on Form 990, Part X?						L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the foll	lowing table:					Amount	•	
								Amoun	L	
	Beginning balance					1c				
	Additions during the year					1d				
	Distributions during the year					1e				
f	Ending balance Did the organization include an amount on F					1f		Yes		No
	If "Yes," explain the arrangement in Part XIII.				•]
Par										
		(a) Current year	(b) Prior year	(c) Two years			ears back	(e) Four	vears	back
1a	Beginning of year balance	2,850,527.	2,493,749			-	12,745.	. ,		842.
	Contributions	0.	100,000		,000.	,	, -	1	,000,	
	Net investment earnings, gains, and losses	-398,389.	342,521		,905.	3	21,094.		,	
	Grants or scholarships	,	,		<u>,</u>		,			
	Other expenditures for facilities									
	and programs	69,865.	62,380). 86	,462.		16,155.		15,	982.
f	Administrative expenses	22,889.	23,363	3. 18	,513.		16,865.		8,	544.
	End of year balance	2,359,384.	2,850,527	7. 2,493	,749.	2,1	00,819.	1	,812,	745.
2	Provide the estimated percentage of the cur	rent year end balance	e (line 1g, column	(a)) held as:						
а	Board designated or guasi-endowment 41.0000 %									
b	Permanent endowment 55.0000 %									
с	Term endowment 4.0000	%								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.								
3a	Are there endowment funds not in the posse	ession of the organiza	tion that are held	and administer	red for the			-		
	organization by:								Yes	No
	(i) Unrelated organizations							3a(i)		Х
	(ii) Related organizations							3a(ii)		Х
b	If "Yes" on line 3a(ii), are the related organization	ations listed as require	ed on Schedule F	l?				3b		
4	Describe in Part XIII the intended uses of the		wment funds.							
Par	t VI Land, Buildings, and Equipm			~ ~ ~ ~ ~						
	Complete if the organization answere									
	Description of property	(a) Cost or ot	• •	st or other	(c) Accu		d	(d) Boo	k value	e
		basis (investm	· ·	s (other) 19,617.	depre	eciation		1	0 6	1 7
	Land				25	10 7	10		9,6	
	Buildings		4	64,505.	41	79,74	±0•	TQ	4,7	57.
	Leasehold improvements			27,820.	1.0	94,85	70	2	2,9	50
	Equipment			21,020.		/ = , 0	,	<u> </u>	4,9	50.
	Other		X column (D) line	100)				23	7,3	24
Tota	. Add lines 1a through 1e. (Column (d) must e	'yuai ruini 990, Pan 7	∧, сошти (в), II∩€	100.)						
							Schedule	חוסיז) ש	1 990)	2022

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Schedule D (Form 990) 2022	UNITED	WAY OF	SIOUXLAND,	INC.
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Complete if the organization answered "Yes" c (a) Description of security or category (including name of security)	on Form 990, Part IV, line 1 (b) Book value		12. ost or end-of-year market value
	(b) BOOK Value		Dist of end-of-year market value
1) Financial derivatives 2) Closely held equity interests			
Closely held equity interests 3) Other			
(A) SIOUXLAND FOUNDATION	1,048,520.	END-OF-YEAR MA	ARKET VALUE
(B) SECURITY NATIONAL BANK	1,310,864.	END-OF-YEAR MA	
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	2,359,384.		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line 1	11c. See Form 990, Part X, line	13.
(a) Description of investment	(b) Book value	(c) Method of valuation: Co	ost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets. Complete if the organization answered "Yes" of (a) D	on Form 990, Part IV, line 1 Description	1d. See Form 990, Part X, line	15. (b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) Fotal. (Column (b) must equal Form 990, Part X, col. (B) line	15)		
Part X Other Liabilities.	15.)		
Complete if the organization answered "Yes" of	on Form 990 Part IV line 1	1e or 11f See Form 990 Part	X line 25
(a) Description of liability			(b) Book value
(1) Federal income taxes			
(1) OTHER PAYABLES AND ACCRUEI)		
(3) LIABILITIES			21,410
(4)			,
(5)			
(5)			
(6)			
(6) (7)			
(6)			

Schedule D (Form 990) 2022

232053 09-01-22

Pa	t XI Reconciliation of Revenue per Audited Financial Stater	nents Wit	h Revenue per R	eturi	า.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.			
1	Total revenue, gains, and other support per audited financial statements			1	1,918,583.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-498,414.		
b	Donated services and use of facilities	2b			
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	-498,414.
3	Subtract line 2e from line 1			3	2,416,997.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	22,889.		
b	Other (Describe in Part XIII.)	4b	205,656.		
с	Add lines 4a and 4b			4c	228,545.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)				2,645,542.
Pa	rt XII Reconciliation of Expenses per Audited Financial State	ements Wi	th Expenses per	Retu	ırn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.			
1	Total expenses and losses per audited financial statements			1	2,871,273.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
с	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	2,871,273.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	22,889.		
b	Other (Describe in Part XIII.)	4b	205,656.		

INC.

Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1 a and 4; Part IV, lines 1 b 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 X, LINE 2:

c Add lines 4a and 4b

MANAGEMENT HAS CONCLUDED THAT ANY UNCERTAIN TAX POSITIONS WOULD BE

IMMATERIAL TO THE FINANCIAL STATEMENTS TAKEN AS A WHOLE. ACCORDINGLY, THE

ACCOMPANYING FINANCIAL STATEMENTS DO NOT INCLUDE ANY PROVISION FOR

UNCERTAIN TAX POSITIONS, AND NO RELATED INTEREST OR PENALTIES HAVE BEEN

RECORDED IN THE STATEMENTS OF ACTIVITY OR ACCRUED IN THE STATEMENTS OF

FINANCIAL POSITION.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

ALLOCATION OF DONOR CHOICE DESIGNATIONS NOT RECOGNIZED ON

AUDITED FINANCIALS

232054 09-01-22

228,545.

3,099,818.

4c

5

UNITED WAY OF SIOUXLAND, Schedule D (Form 990) 2022

Part XIII Supplemental Information (continued)

PART XII, LINE 4B - OTHER ADJUSTMENTS:

ALLOCATION OF DONOR CHOICE DESIGNATIONS NOT RECOGNIZED ON

AUDITED FINANCIALS

Schedule D (Form 990) 2022

232055 09-01-22

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SCHEDULE G	Suppleme	ntal Information Regarding	Fun	drais	ing or Gaming	Activ	vities (OMB No. 1545-0047					
(Form 990)		e organization answered "Yes" on				or 19,	or if the	2022					
	C	rganization entered more than \$1 Attach to Form 990 o						Open to Public					
Department of the Treasury Internal Revenue Service	Go t	o www.irs.gov/Form990 for instru				n.		Inspection					
Name of the organization UNITED WAY OF SIOUXLAND, INC.													
Part I Fundrais					- Farma 000, Davit IV/ J	line 1							
	complete this par	 Complete if the organization answe t. 	ered "Y	es" oi	h Form 990, Part IV, I	ine i	7. Form 990-E.	z filers are not					
 a Mail solicitat b Internet and c Phone solici d In-person so 2 a Did the organization key employees list 	tions I email solicitations itations blicitations on have a written c ted in Form 990, P	f Solicita g Special or oral agreement with any individua art VII) or entity in connection with p	tion of tion of fundra l (inclue profess	non-g gover aising ding o ional f	overnment grants nment grants events fficers, directors, trus undraising services?	stees	Yes						
b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.													
(i) Name and addres or entity (fund		(ii) Activity	fundr have c or cor	Did aiser ustody trol of utions?	(iv) Gross receipts from activity	tò (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization					
			Yes	No									
Total													
	ich the organizatio	n is registered or licensed to solicit	contrib	outions	s or has been notified	d it is	exempt from r	egistration					

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Schedule G (Form 990) 2022

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UNITED WAY OF SIOUXLAND, INC.

-**** Page 2

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

Kevenue			100 YEAR		
цечепие		EADERS GOLF	CELEBRATION	1	(add col. (a) through
нечепи		(event type)	(event type)	(total number)	col. (c))
	1 Gross receipts	9,577.	20,392.	9,597.	39,566
1	2 Less: Contributions	8,264.		719.	8,983
;	3 Gross income (line 1 minus line 2)	1,313.	20,392.	8,878.	30,583
	4 Cash prizes				
	5 Noncash prizes				
xbeilse	6 Rent/facility costs				
Ulrect Expenses	7 Food and beverages				
- 8	8 Entertainment 9 Other direct expenses	3,578.		1,558.	5,136
	10 Direct expense summary. Add lines 4 through 9	-			5,136
	11 Net income summary. Subtract line 10 from line				25,447
Par	art III Gaming. Complete if the organization an	swered "Yes" on Form	n 990, Part IV, line 19, or i	reported more than	
	\$15,000 on Form 990-EZ, line 6a.		()-> Dull tobo/instant		
bn		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (ad col. (a) through col. (
	Γ Γ				
	1 Gross revenue				
	2 Coop prizes				
0 1 1 1 1	2 Cash prizes				
ixbe	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
╈		Yes%	└── Yes %	Yes %	
1	6 Volunteer labor	No	No	Νο	
	7 Direct expense summary. Add lines 2 through 5	in column (d)			
(8 Net gaming income summary. Subtract line 7 fr	om line 1. column (d)			
	• Net gaming income summary. Subtract line / in				
9 E	Enter the state(s) in which the organization conduct	ts gaming activities:			
a l	${f a}$ Is the organization licensed to conduct gaming acti	vities in each of these	states?		
b l	b If "No," explain:				
-					
_ 0a ∖	a Were any of the organization's gaming licenses revo	oked suspended or te	erminated during the tax	vear?	Yes N
	b If "Yes," explain:				
-					
2082	082 10-27-22			Sche	dule G (Form 990) 20

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2022.04000 UNITED WAY OF SIOUXLAND, IN 77070001

Sch	edule G (Form 990) 2022 UNITED WAY OF SIOUXLAND, INC. **-*	* * * * * *	Page 3
11	Does the organization conduct gaming activities with nonmembers?	X Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	└── No
	Indicate the percentage of gaming activity conducted in:	1 120 11 0 (0.00 %
	I The organization's facility An outside facility	13a ± 0 0	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		,,,
	Name CHERYL SITZMAN; UNITED WAY OF SIOUXLAND		
	Address 701 STEUBEN STREET - SIOUX CITY, IA 51101		
1 5a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	🗌 No
b	If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount		
c	of gaming revenue retained by the third party \$ If "Yes," enter name and address of the third party:		
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	└── No
D	 Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year 		
Ра	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	rt III, lines 9	, 9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
			000) 0000
2320	83 10-27-22 36 36	ule G (Form	990) 2022

15220718 766058 77070001 2022.04000 UNITED WAY OF SIOUXLAND, IN 77070001

Schedule G	i (Form	990

Schedule G	(Form 990)	UNITED	WAY	OF	SIOUX	KLAND,	INC.	* *	*_****	* * *	Page 4
Part IV	(Form 990) Supplemental In	formation (contir	nued)								
									<u> </u>	- 0 /7	
32084 04-01-	22								Schedul	e G (Fo	rm 990)
						37					
20718	766058 7707	70001	2022	2.0	4000	UNITED	WAY OF	' SIOUXLAND	, IN 7	707(001

SCHEDULE I (Form 990)	Gov	rants and Oth vernments, ar ete if the organizatio	nd Individual	ls in the Ŭni	ted States		OMB No. 1545-0047
Department of the Treasury Internal Revenue Service		Go to www.irs	Attach to Form .gov/Form990 for		ation.		Open to Public Inspection
Name of the organization UNITED WA	Y OF SIOU	XLAND, INC.					Employer identification number * * _ * * * * * * *
Part I General Information on Grants a	nd Assistance	_					
 Does the organization maintain records criteria used to award the grants or assis Describe in Part IV the organization's pro Part II Grants and Other Assistance to 	stance?	oring the use of grant	funds in the Unite	d States.			X Yes No
recipient that received more than	-			• •		,	, , ,
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
BIG BROTHERS BIG SISTERS 600 4TH ST, STE 112 SIOUX CITY, IA 51103	**_*****		110,802.	0.			YOUTH MENTORING PROGRAM
BOY SCOUTS 12401 W MAPLE ROAD OMAHA, NE 68164	**_*****		37,910.	0.			SCOUTING FITNESS PROGRAM TO CREATE GOOD HEALTH HABITS
BOYS AND GIRLS CLUB OF SIOUXLAND 823 PEARL STREET SIOUX CITY, IA 51101	**_****		116,287.	0.			AFTER SCHOOL PROGRAM FOR CHILDREN 7-18 YEARS OF AGE
CATHOLIC CHARITIES 1601 MILITARY ROAD SIOUX CITY, IA 51103	**_*****		148,891.	0.			COUNSELING AND THERAPY FOR FAMILIES AND INDIVIDUALS/REDUCE CHILD ABUSE
CENTER FOR SIOUXLAND 715 DOUGLAS STREET SIOUX CITY, IA 51101	**_****		109,425.	0.			PROVIDES EMERGENCY ASSISTANCE; SENIOR VOLUNTEER PROGRAMS
SAFEPLACE PO BOX 1565 SIOUX CITY, IA 51102	**_****		168,148.	0.			PROVIDES SUPPORT, ADVOCACY AND A SAFE ENVIRONMENT TO EMPOWER ADULTS AND CHILDREN WHO
 2 Enter total number of section 501(c)(3) a 3 Enter total number of other organization 	•	5	· Bas d table	-	L	1	30

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Schedule I (Form 990) 2022

Schedule I (Form 990) UNITED WAY OF SIOUXLAND, INC.

Page 1

(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(g) Description of	(h) Purpose of grant
organization or government		if applicable	cash grant	noncash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
BOYS & GIRLS HOME FAMILY SERVICES							
AND SIOUXLAND FAMILY COMMUNITY							OUTPATIENT THERAPY FOR
CENTER - 2101 COURT STREET - SIOUX	**_******						VICTIMS OF ABUSE AND
CITY, IA 51104	··		90,082.	0.			VIOLENCE
GEHLEN CATHOLIC SCHOOLS							
709 PLYMOUTH NW							TRANSITIONAL KINDERGARTEN
LEMARS, IA 51031	**_******		10,000.	0.			FUNDING
GIRL SCOUTS							SCOUTING PROGRAMS TO HELP
1515 ZENITH DRIVE							GIRLS DEVELOP TO THEIR
SIOUX CITY, IA 51103	**_*****		23,779.	0.			FULL POTENTIAL
				` .			AFTER-SCHOOL AND SUMMER
GIRLS INC.							PROGRAMS/ EVIDENCE-BASED
500 MAIN STREET							EDUCATIONAL PROGRAM FOR
SIOUX CITY, IA 51103	**_*****		156,569.	0.			GIRLS 6-16.
LUTHERAN SOCIAL SERVICE							
106 16TH STREET SW							
WAVERLY, IA 50677	**_*****		20,716.	0.			TEEN PARENTING CLASSES
			20,710.	0.			
MARY ELIZABETH DAYCARE							
814 COURT STREET							PRESCHOOL AND CHILD CARE
SIOUX CITY, IA 51105	**_*****		82,449.	0.			SCHOLARSHIPS
MARY J. TREGLIA COMM HOUSE							
900 JENNINGS ST							IMMIGRATION SERVICES AND
SIOUX CITY, IA 51105	**_*****		123,468.	0.			YOUTH PROGRAMMING
			, , , , , , , , , , , , , , , , , , ,				AGE APPROPRIATE
NATIVE AMERICAN CHILD CARE CENTER							DEVELOPMENT PROGRAM/CHILI
1735 MORNINGSIDE AVE							CARE PRESCHOOL
SIOUX CITY, IA 51106	**_*****		49,413.	0.			SCHOLARSHIPS
NORM WAITT SR Y							
601 RIVERVIEW DRIVE							YOUTH PROGRAM
SOUTH SIOUX CITY, NE 68776	**_*****		75,367.	0.			SCHOLARSHIPS

Schedule I (Form 990)

UNITED WAY OF SIOUXLAND, INC. Schedule I (Form 990) ...

Page 1

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PLAINS AREA MENTAL HEALTH 180 10TH ST SE, SUITE 201 LEMARS, IA 51031	**_*****		20,000.	0.			THERAPY PROGRAMS
SALVATION ARMY 1415 VILLA AVENUE SIOUX CITY, IA 51103	**_*****		47,596.	0.			COMMUNITY SERVICES AND BASIC NEED ASSISTANCE
SANFORD CENTER 1700 GENEVA ST SIOUX CITY, IA 51103	**_*****		118,048.	0.			DELINQUENCY PREVENTION/CULTURAL EDUCATION
AMERICAN RED CROSS 4200 WAR EAGLE DRIVE SIOUX CITY, IA 51109	**_*****		113,128.	0.			HELPING SIOUXLAND PREVENT, PREPARE AND RESPOND TO EMERGENCIES
SIOUXLAND CARES ABOUT SUBSTANCE ABUSE - 101 PIERCE STREET - SIOUX CITY, IA 51101	**_****		40,312.	0.			COORDINATES ON-GOING AWARENESS AND EDUCATIONA PROGRAMS TO REDUCE SUBSTANCE ABUSE
SIOUXLAND CENTER FOR ACTIVE GENERATIONS - 313 COOK STREET - SIOUX CITY, IA 51103	**_*****		44,680.	0.			ENHANCING THE LIFESTYLES OF OLDER ADULTS
SIOUXLAND HUMAN INVESTMENT PARTNERSHIP – 1520 MORNINGSIDE AVE – SIOUX CITY, IA 51106	**_*****		20,026.	0.			CLASSROOM VOLUNTEERS/AFTER SCHOOL PROGRAM
SIOUXLAND YOUTH FOR CHRIST PO BOX 534 LEMARS, IA 51031	**_*****		19,980.	0.			YOUTH PROGRAMMING
THE CRITTENTON CENTER 303 W 24TH STREET SIOUX CITY, IA 51103	**_*****		149,197.	0.			PROVIDES PARENTING CLASSES AND SUPPORT SERVICES FOR AT-RISK FAMILIES; STELLA SANFORD

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
							PROVIDE ACCESS AND
WOMEN AWARE							INFORMATION TO RESOURCES
520 NEBRASKA, SUITE 237							TO ASSIST CLIENTS TOWARD
SIOUX CITY, IA 51101	**_*****		52,552.	0.			EMOTIONAL AND ECONOMIC
LEMARS FAMILY Y							
201 12TH STREET SE							
LEMARS, IA 51031	**_*****		28,000.	0.			CHILDCARE NEEDS
							AID UNDERPRIVILEGED
LUCKY LEPRECHAUNS							CHILDREN AND PROVIDE
911 SPRINGBROOK DRIVE							SCHOOL SUPPLIES FOR THE
HINTON, IA 51024	**_******		10,000.	0.			NEEDY
REMSEN AMBULANCE INC							
							HIGH SCHOOL EMT COURSE
115-199 FULTON ST	**_*****		6 000	0			
REMSEN, IA 51050			6,000.	0.			PROGRAM
BOYS AND GIRLS HOME OF NEBRASKA,							
INC. (SIOUXLAND FAMILY CENTER) -							
PO BOX 1197 - SIOUX CITY, IA 51102	**_*****		25,931.	0.			FAMILY SERVICES
LEMARS COMMUNITY SCHOOL DISTRICT FOUNDATION - 921 3RD AVE SW -	**_*****		0.000				
LEMARS, IA 51031			9,000.	0.			AFTER SCHOOL PROGRAM
THE ARC OF WOODBURY COUNTY							THE HUMAN RIGHTS OF
1400 INDIAN HILLS DRIVE UNIT 102							PEOPLE WITH INTELLECTUAL
SIOUX CITY, IA 51104	**_*****		18,262.	0.			AND DEVELOPMENTAL
			10,202.				TO WORK TO EDUCATE
CENTER FOR FINANCIAL EDUCATION							FAMILIES WHO ARE
PO BOX 343 313 N MAIN AVENUE							STRUGGLING WITH THEIR
SIOUX CENTER, IA 51250	**_******		6,000.	0.			FINANCES, MONEY
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Schedule I (Form 990)

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

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

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

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: SAFEPLACE

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDES SUPPORT, ADVOCACY AND A

SAFE ENVIRONMENT TO EMPOWER ADULTS AND CHILDREN WHO HAVE EXPERIENCED

DOMESTIC VIOLENCE

NAME OF ORGANIZATION OR GOVERNMENT: THE CRITTENTON CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDES PARENTING CLASSES AND

SUPPORT SERVICES FOR AT-RISK FAMILIES; STELLA SANFORD CHILD DEVELOPMENT

CENTER

NAME OF ORGANIZATION OR GOVERNMENT: WOMEN AWARE

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDE ACCESS AND INFORMATION TO

RESOURCES TO ASSIST CLIENTS TOWARD EMOTIONAL AND ECONOMIC INDEPENDENCE

NAME OF ORGANIZATION OR GOVERNMENT: THE ARC OF WOODBURY COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROMOTE AND PROTECT THE HUMAN

RIGHTS OF PEOPLE WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES.

NAME OF ORGANIZATION OR GOVERNMENT: CENTER FOR FINANCIAL EDUCATION (H) PURPOSE OF GRANT OR ASSISTANCE: TO WORK TO EDUCATE FAMILIES WHO ARE STRUGGLING WITH THEIR FINANCES, MONEY MANAGEMENT, COMMUNITY, AND ECONOMIC DEVELOPMENT.

SCHEDULE I PART II LINE 1

FUNDING PROCESS AND PROCEDURES FOR ALLOCATED FUNDS:

ANNUAL COMMUNITY IMPACT FUNDING IS DISBURSED TO THE UNITED WAY OF

SIOUXLAND'S (UWS) COMMUNITY PARTNERS THAT PROVIDE QUALITY DIRECT

SERVICE PROGRAMS THAT ARE IMPACTING LIVES ON A DAY TO DAY BASIS. UWS

INVESTS IN STRATEGIES THAT ALIGN WITH, OR CORRESPOND TO, THE AGENDA FOR

COMMUNITY IMPACT. FUNDING DECISIONS ARE MADE THROUGH UWS COMMUNITY

IMPACT TEAMS WHICH CONSIST OF COMMUNITY VOLUNTEERS AND AGENCY

COMMUNITY IMPACT VOLUNTEERS REVIEW AGENCY APPLICATIONS DIRECTORS.

SUBMITTED ONLINE UTILIZING THE ANDAR COMMUNITY BUILDING WEB-BASED

SOFTWARE.

APPLICATION PROCESS INCLUDES:

-SUBMITTING FINANCIAL RECORDS, BUDGET INFORMATION, AND PROGRAM/OUTCOME

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MEASUREMENT INFORMATION AS REQUESTED.

-EXPLANATION OF THE PROPOSED USE AND RESULTS FROM USE OF THE FUNDING.

-FINANCIAL REVIEW OF THE ORGANIZATION TO GAIN A LEVEL OF ASSURANCE THAT

THE ORGANIZATION FOLLOWS SOUND FISCAL POLICIES.

-VERIFICATION OF COMPLIANCE WITH THE PROVISIONS OF THE PATRIOT ACT.

-VERIFICATION OF CURRENT STATUS AS AN IRS CODE SECTION 501(C)(3).

-PROVIDE DEMOGRAPHIC INFORMATION ON CLIENTS SERVED THROUGH UWS FUNDING.

DONOR DESIGNATIONS TO AGENCY PARTNERS ARE DISBURSED QUARTERLY TO

ORGANIZATIONS WHO HAVE PROVIDED VERIFICATION OF BEING A 501(C)(3), AND

WHO HAVE VERIFIED COMPLIANCE WITH THE PROVISIONS OF THE PATRIOT ACT.

Schedule I (Form 990)

232291 04-01-22

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public

Inspection

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Employer identification number **_*****

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Department of the Treasury Internal Revenue Service

Devit

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

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

Name of the organization

UNITED WAY OF SIOUXLAND, INC.

Pa	TT Types of Property			-					
		(a) Check if	(b) Number of	(c) Noncash contribu	tion	(d Method of c		ina	
		applicable		amounts reported		noncash contrib		•	s
	-		items contributed	Form 990, Part VIII, I	ine 1g				
1	Art - Works of art								
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household goods								
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded								
10	Securities - Closely held stock								
11	Securities - Partnership, LLC, or								
	trust interests								
12	Securities - Miscellaneous								
13	Qualified conservation contribution -								
	Historic structures								
14	Qualified conservation contribution - Other								
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other								
18	Collectibles								
19	Food inventory								
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other (<u>MEDIA AND SUPPL</u>)	Х	126	27,3	374.	ESTIMATED (COST		
26	Other (PROFESSIONAL SE)	Х	1	14,6	500.	COST			
27	Other ()								
28	Other ()								
29	Number of Forms 8283 received by the organiz	ation during	g the tax year for o	contributions					
	for which the organization completed Form 828	33, Part V, D	Donee Acknowledg	jement 2	9				
								Yes	No
30a	During the year, did the organization receive by	/ contributio	on any property rej	ported in Part I, lines	1 throug	gh 28, that it			
	must hold for at least 3 years from the date of t	the initial co	ntribution, and wh	ich isn't required to b	e used	for			
	exempt purposes for the entire holding period?	•					30a		Х
b	If "Yes," describe the arrangement in Part II.								
31	31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?						31		Х
32a	Does the organization hire or use third parties of	or related or	ganizations to soli	cit, process, or sell no	oncash				
	contributions?						32a		X
b	If "Yes," describe in Part II.								
~~		-1				- I I			

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.

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

Schedule M (Form 990) 2022

232141 09-09-22

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

 2	 		Schedule M (Form	19

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SCHEDULE O

Department of the Treasury

Internal Revenue Service Name of the organization

(Form 990)

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 the latest information.

INC.

OMB No. 1545-0047

Employer identification number **_****

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

UNITED WAY OF SIOUXLAND,

DONOR CHOICE DESIGNATIONS TO NON-PROFIT ORGANIZATIONS

EXPENSES \$ 819,017. INCLUDING GRANTS OF \$ 546,429. REVENUE \$ 0.

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

CHRIS BOGENRIEF AND JOY BOGENRIEF ARE MARRIED.

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

BRIAN CRICHTON AND HEATHER CRICHTON ARE MARRIED.

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

THE FORM 990 IS PRESENTED TO THE BOARD BEFORE FILING AND REVIEWED FOR ANY ERRORS.

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

CONFLICTS OF INTEREST REVIEWED BY PRESIDENT ANNUALLY

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

PRESIDENT REVIEW IS DONE BY THE EXECUTIVE COMMITTEE AND IS BASED ON CORE COMPETENCIES STANDARDS DEVELOPED BY UNITED WAY OF AMERICA, COMPENSATION IS BASED ON THIS REVIEW, NATIONAL SALARY SURVEY FOR UNITED WAY PRESIDENTS AND LOCAL SALARY & COST OF LIVING ADJUSTMENT. OTHER KEY EMPLOYEES USE SAME PROCESS AT RECOMMENDATION MADE BY PRESIDENT & APPROVED BY THE EXECUTIVE

COMMITTEE AND BOARD.

FORM 990, PART VI, SECTION C, LINE 18:

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 232211 10-28-22

Schedule O (Form 990) 2022

47 2022.04000 UNITED WAY OF SIOUXLAND, IN 77070001 Name of the organization

FORM 1023 AND 990'S ARE AVAILABLE FOR PUBLIC INSPECTION UPON REQUEST AT THE

MAIN OFFICE.

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

DOCUMENTS, POLICIES, AND STATEMENTS ARE AVAILABLE FOR PUBLIC INSPECTION

UPON REQUEST AT THE MAIN OFFICE.

FORM 990, PART IX, LINE 2C EXPLANATION

PROCESS CONSISTENT WITH PRIOR YEARS

FORM 990, PART III, LINE 4D,

OTHER PROGRAM SERVICE ACCOMPLISHMENTS:

WOMEN UNITED

WOMEN UNITED HAS AWARDED OVER \$1,000,000 SINCE ITS INCEPTION IN 2006

AND IN 2022, THE PROGRAM AWARDED A TOTAL OF \$76,250 TO 7 LOCAL

PROGRAMS.

WOMEN UNITED EXISTS TO PROVIDE FINANCIAL SUPPORT TO ORGANIZATIONS OR GROUPS THAT DEMONSTRATE THE ABILITY TO ENHANCE THE QUALITY OF LIFE FOR OUR SIOUXLAND YOUTH.

WOMEN UNITED WAS STARTED BY A GROUP OF SIOUXLAND WOMEN WHO WANTED TO

MAKE POSITIVE CHANGES IN OUR COMMUNITY BY ADDRESSING THE ROOT CAUSES OF

ISSUES THEY CARE ABOUT.

THIS GROUP WORKS TO ENGAGE WOMEN AS ACTIVE PHILANTHROPISTS IN ITS FOCUS

 ON YOUTH DEVELOPMENT THROUGH LEADERSHIP, FUNDRAISING AND ADVOCACY.

 232212 10-28-22
 Schedule O (Form 990) 2022

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 15220718 766058 77070001
 2022.04000 UNITED WAY OF SIOUXLAND, IN 77070001

Name of the organization

UNITED WAY OF SIOUXLAND, INC.

EITC (EARNED INCOME TAX CREDIT) OUTREACH

EITC IS A PARTNERSHIP TO PROVIDE IMPROVED EDUCATION & ACCESS TO FREE TAX PREPARATION SITES. UNITED WAY HELPS SUPPORT FREE TAX SITES WHERE VOLUNTEERS PREPARE TAX RETURNS FOR LOCAL INDIVIDUALS, WHICH RETURNS MILLIONS OF DOLLARS IN TAX REFUNDS TO LOCAL INDIVIDUALS EACH YEAR. EITC INCREASES THE FINANCIAL STABILITY FOR FAMILIES AND INDIVIDUALS IN THE COMMUNITY BY INCREASING THEIR INCOME.

IOWA READING CORPS

IOWA READING CORPS IS AN EARLY GRADE READING INITIATIVE DEVELOPED BY LOCAL UNITED WAYS AND UNITED WAY OF IOWA IN PARTNERSHIP WITH IOWA READING COMMISSION ON VOLUNTEER SERVICE. IOWA READING CORPS IS A STATEWIDE INITIATIVE TO HELP EVERY CHILD BECOME A SUCCESSFUL READER BY THE END OF 3RD GRADE. THIS CORRELATES WITH THE UNITED WAY OF SIOUXLAND'S GOAL OF ENSURING ALL CHILDREN READ AT THEIR APPROPRIATE LEVEL BY 4TH GRADE.

KINDERGARTEN THROUGH 3RD GRADE STUDENTS SCORING "BELOW TARGET" ON BENCHMARK ASSESSMENT PROBES ARE ELIGIBLE TO RECEIVE READING CORPS SERVICES. THESE STUDENTS RECEIVE DAILY 1 ON 1, 20-MINUTE TUTORING SESSIONS FROM A TRAINED READING CORPS MEMBER.

232212 10-28-22

Schedule O (Form 990) 2022

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