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, 2021 **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.

20 Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

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Form **990**

AF	or th	e 2020 calendar year, or tax year beginning and	d ending				
3 C a	heck if oplicab	le: C Name of organization		D Employer identifie	cation number		
	Addre Chang						
	Name Chang		_	42-08018	46		
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite				
	Final return		300	(319)235	-6211		
	termir ated Amen	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	2,097,107.		
	_return Applio	WATEREOO, IA 50701		H(a) Is this a group re			
	_tion pendi	F Name and address of principal officer: Shellar BALKD		for subordinates			
		SAME AS C ABOVE		H(b) Are all subordinates in			
		empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 🔄 527		list. See instructions		
		te: WWW.CEDARVALLEYUNITEDWAY.ORG		H(c) Group exemptio			
K F	orm o	f organization: X Corporation Trust Association Other ►	L Year	of formation: 1923	A State of legal domicile: IA		
Ра	rt I	Summary					
ം	1	Briefly describe the organization's mission or most significant activities:					
Governance		PEOPLE, CHANGE LIVES, AND MAKE YOUR COMM					
, ri	2	Check this box 🕨 🛄 if the organization discontinued its operations or dispo	osed of more				
Š	3				27		
	4	Number of independent voting members of the governing body (Part VI, line 1b)			<u> </u>		
es	5		Total number of individuals employed in calendar year 2020 (Part V, line 2a)				
Ξ	6	Total number of volunteers (estimate if necessary)		27			
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		0.			
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>	7b	0.		
				Prior Year	Current Year		
e	8	Contributions and grants (Part VIII, line 1h)		3,077,017.	2,061,380.		
Revenue	9	Program service revenue (Part VIII, line 2g)		0.	0.		
ě		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	55,685.	35,727.			
"	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-11,383.	0.		
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,121,319.	2,097,107.		
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		1,992,165.	1,768,900.		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.		
ŝ		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		396,595.	414,098.		
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.		
ğ	b	Total fundraising expenses (Part IX, column (D), line 25) 241, 2	247.				
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		249,771.	247,134.		
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,638,531.	2,430,132.		
		Revenue less expenses. Subtract line 18 from line 12		482,788.	-333,025.		
r Se			В	eginning of Current Year	End of Year		
sets alan	20	Total assets (Part X, line 16)		3,277,044.	2,808,649.		
t Assets or d Balances	21	Total liabilities (Part X, line 26)		1,218,162.	1,064,256.		
E S	22	Net assets or fund balances. Subtract line 21 from line 20		2,058,882.	1,744,393.		
Pa	rt II	Signature Block					
Jnde	er pena	alties of perjury, I declare that I have examined this return, including accompanying schedul	es and statem	ents, and to the best of my	knowledge and belief, it is		
rue.	corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of v	vhich prepare	r has anv knowledge.			

Sign Here	Signature of officer SHEILA BAIRD, PRESIDEN Type or print name and title	T	Date						
Paid	Print/Type preparer's name BRIAN ARONSON, CPA	Preparer's signature BRIAN ARONSON, CPA	Date Check PTIN 05/17/21 self-employed P01425251						
Preparer	Firm's name BERGANKDV , LTD.	-	Firm's EIN ► 42-1243538						
Use Only	Firm's address P.O. BOX 2100								
	Phone no. 319 - 234 - 6885								
May the IF	May the IRS discuss this return with the preparer shown above? See instructions								
032001 12-2	032001 12-23-20 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2020)								

Public Inspection	Pu	bl	ic I	Ins	pe	cti	io	n
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Form	990 (2020) CEDAR VALLEY UNITED WAY 42-0801846 Page 2
	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	LEVERAGING RESOURCES TO HELP PEOPLE, CHANGE LIVES, AND MAKE YOUR
	COMMUNITY INVESTMENT COUNT.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ? Yes X No
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$1,768,900. including grants of \$1,768,900.) (Revenue \$) (CEDAR VALLEY UNITED WAY WORKS TO ADVANCE THE COMMON GOOD BY FOCUSING ON
	EDUCATION, INCOME AND HEALTH. THESE ARE THE BUILDING BLOCKS FOR A GOOD
	LIFE. THE ORGANIZATION PROVIDES THE TOOLS TO A QUALITY EDUCATION, WHICH
	LEADS TO A STABLE JOB, AND ENOUGH INCOME TO SUPPORT A FAMILY THROUGH
	RETIREMENT AND GOOD HEALTH. THE GOAL IS TO INVEST TODAY TO MAKE THE
	LASTING IMPACT TO PREVENT PROBLEMS FROM HAPPENING.
	THE ORGANIZATION DIRECTS EDUCATION RESOURCES SO CHILDREN ARE PREPARED
	TO SUCCEED IN SCHOOL, SO YOUNG PEOPLE CAN GRADUATE FROM HIGH SCHOOL,
	AND SO YOUNG ADULTS MAKE A SUCCESSFUL TRANSITION FROM HIGH SCHOOL TO
	WORK LIFE.
4b	(Code:) (Expenses \$176,694. including grants of \$) (Revenue \$)
	EXPENSES INCURRED BY THE ORGANIZATION TO ASSIST COMMUNITY NEEDS,
	PROVIDE OUTCOME MEASUREMENT TRAINING TO VARIOUS ENTITIES IN THE
	COMMUNITY, PROVIDE PROGRAM ASSESSMENT, REVIEW, SELECTION, AND
	ADMINISTRATION OF GRANTS, PROVIDE FINANCIAL AND STEWARDSHIP OVERSIGHT
	OF GRANT RECIPIENTS, AND PARTICIPATE IN COMMUNITY PARTNERSHIPS TO
	ADVANCE COMMON GOALS.
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)
14	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 1,945,594.
	Form 990 (2020)

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Pa	rt IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	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 eff			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Pa	rt i 6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
'	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
•	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	'		- 23
8				x
•	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V			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
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X			x
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
100	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
Iza		12a	х	
L	Schedule D, Parts XI and XII	12a	- 23	
a	Was the organization included in consolidated, independent audited financial statements for the tax year?	101		v
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional			X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If</i> "Yes," <i>complete Schedule E</i>			X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	<u>14a</u>		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	<u> </u>	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	L	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes."			
-	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H			x
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	0.00	1	<u></u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
~1	domestic government on Part IX, column (A), line 1? <i>If</i> "Yes," <i>complete Schedule I. Parts I and II</i>	21	х	
_	admostio governinent en ratin, column (-), inter : II res, complete Schedule I, Parts I and II	21	<u> </u>	I

Form 990 (2020)

Form	990 (2020) CEDAR VALLEY UNITED WAY 42-0803	L846	Р	_{age} 4
Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			v
~~	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u> </u>
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	00		х
24 0	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		
24 a	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		х
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	210		
•	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990 EZ? If "Yes." complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		<u> </u>
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			77
	"Yes," complete Schedule L, Part IV	28c		X X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			v
04	contributions? If "Yes," complete Schedule M	30		X X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</i> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>	31		
32		32		х
33	Schedule N, Part II	32		
33	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			
04		34		х
35a	Part V, line 1	35a		X
	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		х
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		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	4		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		

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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 2					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	<u> </u>		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X		
b	b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a					
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X		
b	If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X		
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit					
	any contributions that were not tax deductible as charitable contributions?	6a		X		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts					
	were not tax deductible?	6b		 		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			37		
	to file Form 8282?	7c		X		
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	_		37		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		X X		
Ť	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?					
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?					
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		<u> </u>		
0	8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the					
9	sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds.	8				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a				
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		<u> </u>		
10	Section 501(c)(7) organizations. Enter:	55				
а	Initiation fees and capital contributions included on Part VIII, line 12 10a					
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b					
11	Section 501(c)(12) organizations. Enter:					
a	Gross income from members or shareholders 11a					
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
-	amounts due or received from them.)					
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a				
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
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					
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 instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X		
	If "Yes," complete Form 4720, Schedule O.					

Form **990** (2020)

	990 (2020) CEDAR VALLEY UNITED WAY		42-08			Pag	ge 6
Par	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 thi	rough	7b below, and fo	or a "No"	respo	onse	
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.						
	Check if Schedule O contains a response or note to any line in this Part VI					Γ	X
Sec	tion A. Governing Body and Management					_	
					Ye	es	No
1 a	Enter the number of voting members of the governing body at the end of the tax year	1a		27			
	If there are material differences in voting rights among members of the governing body, or if the governing						
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.						
b	Enter the number of voting members included on line 1a, above, who are independent	1b		27			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship		anv other				
-	officer, director, trustee, or key employee?			2			Х
3	Did the organization delegate control over management duties customarily performed by or under the	direc	supervision	–			
Ū				3			х
4	Did the organization make any significant changes to its governing documents since the prior Form 99						X
5	Did the organization become aware during the year of a significant diversion of the organization's asso						X
6	Did the organization have members or stockholders?						X
	Did the organization have members, stockholders, or other persons who had the power to elect or ap						
74	more members of the governing body?			7a			х
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, sto			14			
D D				76			х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year						
	The governing body?	-	-	8a	X		
	Each committee with authority to act on behalf of the governing body?						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read					<u> </u>	
5	organization's mailing address? <i>If "Yes." provide the names and addresses on Schedule O</i>			9			х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Rev						
	This Section B requests information about policies not required by the internal Her	<u>enue</u>	Coue.)		Ye		No
10a	Did the organization have local chapters, branches, or affiliates?			10		_	X
	If "Yes," did the organization have written policies and procedures governing the activities of such cha						
		•	, anniacoo,	10	,		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body						
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		eg tre rerri			-	
	Did the organization have a written conflict of interest policy? If "No," go to line 13			12	a X		
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise					_	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? $If "\gamma$					-	
Ŭ	in Schedule O how this was done	, -		120	x		
13	Did the organization have a written whistleblower policy?					-	
14	Did the organization have a written document retention and destruction policy?					_	
15	Did the process for determining compensation of the following persons include a review and approval					-	
10	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	by in	lependent				
-	The organization's CEO, Executive Director, or top management official			15	a X		
	Other officers or key employees of the organization					_	х
D	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				, 		
16-	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem	ont w	th a				
100				16			х
L	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat			16a	a		
D		•	•				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi			16			
Sec	exempt status with respect to such arrangements?			16			
17							
18	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 1023 (1024 or 1024-A, if applicable), 990, an	nd aan	T (Section 501)	c)(3)e onl	/) av/a	ilahl	
10	for public inspection. Indicate how you made these available. Check all that apply.	a 550			, ava	anabl	0
	X Own website Another's website X Upon request Other (explain	00.0	hadula ()				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, col			and fina	ncial		
13	statements available to the public during the tax year.		interest policy	, anu ilia	nuidi		
20	State the name, address, and telephone number of the person who possesses the organization's boo	ke and					
20	SHEILA BAIRD - 319-235-6211	no drit					
	425 CEDAR STREET SUITE 300, WATERLOO, IA 50701						
000000				Fo	- 9 0)((2	0201

Ρι	ıbl	ic	Ins	pec	tior

Form 990 (2020)	CEDAR VALLEY UNITED WAY	42-0801846	Page 7					
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated								
Employ	ees, and Independent Contractors							
Check if S	Schedule O contains a response or note to any line in this Part VII							
Section A. Officers	, Directors, Trustees, Key Employees, and Highest Compensated Emplo	oyees						
1a Complete this tabl	le for all persons required to be listed. Report compensation for the calenda	ar year ending with or within the organization's	tax year.					
 List all of the org 	ganization's current officers, directors, trustees (whether individuals or orga	anizations), regardless of amount of compensa	tion.					

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

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

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

See 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	2)	1		(D)	(E)	(F)
Name and title	Average			Posi	ition			Reportable	Reportable	Estimated
	hours per		not c , unles					compensation	compensation	amount of
	week	offi	cer an	id a di	recto	r/trus	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or dir	æ			ted		organization	(W-2/1099-MISC)	from the
	related	stee (truste		e	pensa		(W-2/1099-MISC)		organization
	organizations	ıal tru	onal		ploye	ee com				and related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) BAIRD, SHEILA	40.00			0	×	1 0				
PRESIDENT				х				98,906.	0.	37,239.
(2) FREEMAN, CATHARINE	0.50							, i		
DIRECTOR		х						0.	0.	0.
(3) GIBSON, ALLISON	0.50									
DIRECTOR		х						0.	Ο.	0.
(4) MEISINGER, BRUCE	0.50									
DIRECTOR		Х						0.	Ο.	0.
(5) MILLER, NATHAN	0.50									
DIRECTOR		Х						0.	Ο.	0.
(6) LARIMER, CHRISTOPHER	0.50									
DIRECTOR		Х						0.	Ο.	0.
(7) BRITSON, ANNE	0.50									
DIRECTOR		Х						0.	0.	0.
(8) THOMAS, TARA	0.50									
DIRECTOR		Х						0.	0.	0.
(9) KNUDTSON, ANNE	0.50									
DIRECTOR		Х						0.	0.	0.
(10) CARIGNAN, STEVE	0.50									
DIRECTOR		Х						0.	0.	0.
(11) KITRICK, DONNA	0.50									
DIRECTOR		Х						0.	0.	0.
(12) AMBRECHT, SUE	0.50									
DIRECTOR		Х						0.	0.	0.
(13) BISHOP, HEATHER	0.50									
DIRECTOR		Х						0.	0.	0.
(14) COOK, LUCAS	0.50									
DIRECTOR		Х						0.	0.	0.
(15) DRISCOLL, TERESA	0.50									
DIRECTOR		Х						0.	0.	0.
(16) MATZ, JEREMIAH	0.50	l							_	_
DIRECTOR		Х						0.	0.	0.
(17) ST. JOHN, ERICA	0.50							-		_
DIRECTOR		Х						0.	0.	0.

Form 990 (2020) CEDAR VAI	LEY UNI	TE	D	WA	Y				42-0801	846	Page 8
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	anc	l Hig	ghes	st C	ompensated Employee	s (continued)		
(A)	(B)			_ (0				(D)	(E)		(F)
Name and title	Average	(do			ition more) than c	one	Reportable	Reportable		mated
	hours per week					s both pr/trust		compensation	compensation		ount of
	(list any						,	- from	from related		ther
	hours for	direct				_		the organization	organizations (W-2/1099-MISC)	1 ·	ensation m the
	related	e or (stee			Isated		(W-2/1099-MISC)	(112/1000 11100)		nization
	organizations	truste	al tru:		yee	im per		()		ٽ ا	related
	below	Individual trustee or director	Institutional trustee	er	ƙey employee	Highest compensated employee	ıer			organ	izations
	line)	Indiv	Instit	Officer	Key e	High empl	Former				
(18) SCHMIT, RYAN	0.50										
DIRECTOR		Х						0.	0.		0.
(19) MEIJA, JILL	1.00								•		•
DIRECTOR	0 50	Х						0.	0.		0.
(20) MCCALLA, BRAD	0.50								•		•
DIRECTOR	0 50	Х						0.	0.		0.
(21) EINSWEILER, CHERYL	0.50								0		•
DIRECTOR	0 50	Х						0.	0.		0.
(22) HOWARD, RYAN	0.50								0		0
DIRECTOR	0 50	Х						0.	0.		0.
(23) BARNARD, STEVE	0.50							0	0		0
DIRECTOR	1 0 0	Х						0.	0.		0.
(24) BERRY, JOHN	1.00	x		х				0.	0.		0
CHAIR	0.50	<u> </u>		Λ				0.	0.		0.
(25) FROST, WAYNE PAST CHAIR	0.50	x		х				0.	0.		0.
(26) HARRIS, DAVID	1.00	~		Δ				0.	0.		0.
VICE CHAIR	1.00	x		х				0.	0.		0.
		Λ		л				98,906.	0.	37	,239.
1b Subtotal	Castion A							0.	0.	<u> </u>	0.
c Total from continuation sheets to Part VI d Total (add lines 1b and 1c)								98,906.	0.	37	,239.
2 Total number of individuals (including but n				 d ah			o re	, , ,		<u> </u>	/2001
compensation from the organization		030	11310	u ac		<i>,</i> , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	010				0
										١	res No
3 Did the organization list any former officer,	director. truste	ee. k	ev e	mpl	ove	e. or	hia	hest compensated empl	ovee on		
line 1a? If "Yes," complete Schedule J for s	-			•	-		Ŭ	• • •		3	X
4 For any individual listed on line 1a, is the su											
and related organizations greater than \$150										4	X
5 Did any person listed on line 1a receive or a											
rendered to the organization? If "Yes." com	plete Schedule	e J fo	or su	ich i	oers	on .				5	X
Section B. Independent Contractors	-										
1 Complete this table for your five highest con	mpensated ind	lepe	nder	nt co	ontra	actor	rs th	nat received more than \$	100,000 of compensa	ation fron	n
the organization. Report compensation for t	the calendar ye	ear e	ndin	ig w	ith c	or wi	thin T		ear.		
(A) Name and business	addraaa	370						(B) Description of s	onvisoo	(C) Compens	
Name and business address NONE Description of services Co											Sation
								ala ava) vete a vete 1			

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

Form 990 CEDAR VAI									42-080	1846		
		nplo	yee			lighe	est (Compensated Employees (continued)				
(A)	(B)			(0	C)			(D)	(E)	(F)		
Name and title	Average			Pos	ition	1		Reportable	Reportable	Estimated		
	hours	(cl	heck	all :	that	app	ly)	compensation	compensation	amount of		
	per							from	from related	other		
	week					yee		the	organizations	compensation		
	(list any	ector				old m		organization	(W-2/1099-MISC)	from the		
	hours for	ordir	l a			ted e		(W-2/1099-MISC)		organization		
	related	stee	ruste		æ	pensa				and related		
	organizations	Individual trustee or director	Institutional trustee		Key employee	Highest com pensated em ployee				organizations		
	below	ividu	titutio	Officer	/ emp	hest	Former					
	line)	lnd	Ins	0ff	Key	Hig	For					
(27) BLANFORD, THOMAS	1.00								0	0		
TREASURER	1 00	Х		X				0.	0.	0.		
(28) DARRAH, STEVE	1.00									_		
SECRETARY		Х		Х				0.	0.	0.		
(29) WEEKLEY, ANGELA	0.50											
FORMER DIRECTOR		X						0.	Ο.	0.		
(30) ECKHOFF, CAL	0.50											
FORMER DIRECTOR		х						0.	0.	0.		
(31) LEYH, MARK	0.50								••			
FORMER DIRECTOR		x						0.	0.	0.		
(32) CLEVELAND, NICK	0.50				-				0.			
	0.30	x						0.	0.	0.		
FORMER DIRECTOR		Δ						0.	0.	0.		
(33) MILLER, LORI	0.50								0	•		
FORMER DIRECTOR		Х						0.	0.	0.		
		1										
		i										
		1										
		<u> </u>			<u> </u>							
		1										
		1										
		1										
		-		-	-	-	-			<u> </u>		
		1										
	I	I	I	I	L	I	I					
Total to Part VII, Section A, line 1c												

	<u>1 990</u> rt V					ΈY	UNITED W	AY		42-0801	846 F	-age 9
						onse	or note to any lin	e in this Part VIII				
			Check if Schedule O			<u> 501136</u>		(A) Total revenue	Related or exempt	(C) Unrelated business revenue	(D) Revenue exe from tax u sections 512	ınder
ts t	1 aFederated campaigns1abMembership dues1bcFundraising events1cdRelated organizations1deGovernment grants (contributions)1efAll other contributions, gifts, grants, and similar amounts not included above1f											
Contributions, Gifts, Grants and Other Similar Amounts						-						
An O												
ilar İlar						1	95 965					
Sins,							85,265.					
utio		т				1	976,115.					
eti €‡		g	Noncash contributions included in			\$,	<u>570,115.</u> 510.					
Con			Total. Add lines 1a-1f					2,061,380.				
<u> </u>							Business Code					
ø	2	а										
Program Service Revenue		b										
Se		с										
leve eve		d										
год Н		е										
ā			All other program service									
		g	Total. Add lines 2a-2f									
	3		Investment income (inclue					35,727.			35,7	27
	4		other similar amounts)					55,727.			55,7	27.
		5 Royalties										
	Ŭ		noyanes		(i) Re	al	(ii) Personal					
	6	а	Gross rents	6a								
			Less: rental expenses	6b								
			Rental income or (loss)	6c								
		d	Net rental income or (loss	s)			🕨					
	7	а	Gross amount from sales of		(i) Secu	rities	(ii) Other					
			assets other than inventory	7a								
		b	Less: cost or other basis									
enue			and sales expenses	7b 7c				-				
			Gain or (loss)									
Other Rev			Gross income from fundraisi			·····						
Ę	0	u	including \$									
Ũ			contributions reported on									
			Part IV, line 18		,	. 8a						
		b	Less: direct expenses									
		С	Net income or (loss) from	fundr	raising ev	ents	>					
	9	а	Gross income from gamir									
			Part IV, line 19									
			Less: direct expenses									
			Net income or (loss) from Gross sales of inventory,	-	-		>					
		a	and allowances			10a						
		b	Less: cost of goods sold									
			Net income or (loss) from									
							Business Code					
e	11	а										
Miscellaneous Revenue		b										
Sevel		С										
Mis			All other revenue				L					
		e	Total. Add lines 11a-11d					2,097,107.	0.	0.	35,7	27
03200	9 12-	23-	Total revenue. See instruction	0115			····· 🚩	<u>, , , , , , , , , , , , , , , , , , , </u>			Form 990	

Form 990 (2020) CEDAR VALLEY UNITED WAY 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).

0000	on 501(c)(3) and 501(c)(4) organizations must compl Check if Schedule O contains a respons				
Doı	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	8b, 9b, and 10b of Part VIII.	i utai expenses	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	1,768,900.	1,768,900.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	120.020	65 200	07 000	16 611
	trustees, and key employees	139,938.	65,309.	27,988.	46,641.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	207 079	20 020	70 166	00 702
7	Other salaries and wages	207,978.	38,020.	79,166.	90,792.
8	Pension plan accruals and contributions (include	13 /71	2 1 0 0	5 353	6 000
•	section 401(k) and 403(b) employer contributions)	13,471. 27,294.	2,109. 3,123.	<u>5,353</u> . 11,577.	12 591
9 10	Other employee benefits	25,417.	7,200.	8,049.	6,009. 12,594. 10,168.
10	Payroll taxes	45,71/•	7,200•	0,010.	10,100.
ii a	Management				
b	Legal				
	Accounting	54,038.	4,719.	42,434.	6,885.
d			_,	,	
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	950.	950.		
g					
5	column (A) amount, list line 11g expenses on Sch 0.)	17,862.	1,560.	14,026.	2,276.
12	Advertising and promotion	17,862. 5,597.	1,560. 1,347.	1,506.	2,276. 2,744. 16,978.
13	Office expenses	48,769.	14,845.	16,946.	16,978.
14	Information technology				
15	Royalties				
16	Occupancy	53,030.	14,974.	16,844.	21,212.
17	Travel	920.	261.	291.	368.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,062.	301.	336.	425.
20	Interest				
21	Payments to affiliates	44,746.	12,455.	14,312.	17,979.
22	Depreciation, depletion, and amortization	5,569.	1,558.	1,783.	2,228.
23	Insurance	2,252.	636.	715.	901.
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	DUES & SUBSCRIPTIONS	4,450.	1,261.	1,409.	1,780.
b		,	, = - = -	,	,
c					
d					
	All other expenses	7,889.	6,066.	556.	1,267.
25	Total functional expenses. Add lines 1 through 24e	2,430,132.	1,945,594.	243,291.	241,247.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here Figure if following SOP 98-2 (ASC 958-720)				
00004	12-23-20				Form 990 (2020)

	-	-	-		-	-	

Form 990 (2020)	
Part X	Ba	lance	Sheet

CEDAR VALLEY UNITED WAY

42-0801846 Page 11

		Check if Schedule O contains a response or not	e to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1,271.	1	0.
	2	Savings and temporary cash investments			1,692,106.	2	1,942,706.
	3	Pledges and grants receivable, net			745,542.	3	371,975.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current of					
		trustee, key employee, creator or founder, subs	tantial o	contributor, or 35%			
		controlled entity or family member of any of the	se pers	ons		5	
	6	Loans and other receivables from other disquali	fied pei	rsons (as defined			
		under section 4958(f)(1)), and persons described	d in sec	tion 4958(c)(3)(B)		6	
s	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9				16,886.	9	7,110.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	80,382.			
	b	Less: accumulated depreciation			12,947.	10c	7,378.
	11	Investments - publicly traded securities			120,811.	11	150,946.
	12	Investments - other securities. See Part IV, line			607,548.	12	264,050.
	13	Investments - program-related. See Part IV, line			•	13	
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		79,933.	15	64,484.	
	16	Total assets. Add lines 1 through 15 (must equ			3,277,044.	16	2,808,649.
	17	Accounts payable and accrued expenses	1	34,430.	17	49,383.	
	18	Grants payable		1,183,732.	18	1,014,873.	
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete			21		
~	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subs					
liqu		controlled entity or family member of any of the				22	
Lia	23	Secured mortgages and notes payable to unrela		F		23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines					
		of Schedule D	-			25	
	26	Tetel Relative Add Reas 47 three of 05			1,218,162.	26	1,064,256.
		Organizations that follow FASB ASC 958, che					
es		and complete lines 27, 28, 32, and 33.					
anc	27				775,745.	27	794,862.
Bal	28	Net assets with donor restrictions			1,283,137.	28	949,531.
l pu		Organizations that do not follow FASB ASC 9					
Ъ		and complete lines 29 through 33.					
ç	29	Capital stock or trust principal, or current funds				29	
sets	30	Paid-in or capital surplus, or land, building, or ed				30	
Ass	31	Retained earnings, endowment, accumulated in				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			2,058,882.	32	1,744,393.
2	33	Total liabilities and net assets/fund balances			3,277,044.	33	2,808,649.
							Form 990 (2020

Form	1990 (2020) CEDAR VALLEY UNITED WAY	42-08	01846	Pag	ge 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	2,097	7,10	<u>)7.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,430		
3	Revenue less expenses. Subtract line 2 from line 1	3	-333		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,058	3,88	<u>32.</u>
5	Net unrealized gains (losses) on investments	5	18	3,53	36.
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	1,744	1,39	93.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	x	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin				
	Act and OMB Circular A-133?	•	3a		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form 990 (2020)

OMB No. 1545-0047

2020

Open to Public

. Inspection

SCHEDULE A	1
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(Form 990 or 990-EZ)

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

Department of the Treasury Internal Revenue Service 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.

Nan	ne of t	the organization							identification number			
_			R VALLEY U						2-0801846			
Pa	irt I	Reason for Public (Charity Status.	(All organizations must c	omplete th	his part.) S	See instructions	S.				
The	organ	ization is not a private found	ation because it is: (I	For lines 1 through 12, c	heck only	one box.)						
1		A church, convention of ch	urches, or associatio	on of churches described	l in sectio	on 170(b)(1	1)(A)(i).					
2		A school described in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	n 990 or 99	90-EZ).)						
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170	0(b)(1)(A)(ii	ii).					
4		A medical research organiz	ation operated in cor	njunction with a hospital	described	l in sectio	on 170(b)(1)(A)	(iii). Enter	the hospital's name,			
		city, and state:										
5		An organization operated for	or the benefit of a col	llege or university owned	l or operat	ed by a go	overnmental un	nit describe	ed in			
		section 170(b)(1)(A)(iv). (C	Complete Part II.)									
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).					
7	X	An organization that norma	lly receives a substa	ntial part of its support fi	rom a gove	ernmental	unit or from th	e general	public described in			
		section 170(b)(1)(A)(vi). (C	omplete Part II.)									
8		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)							
9		An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college										
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of t	the college	e or			
		university:										
10		An organization that norma										
		activities related to its exem		•	• •			• •	•			
		income and unrelated busir		(less section 511 tax) fro	om busines	sses acqui	red by the orga	anization a	after June 30, 1975.			
		See section 509(a)(2). (Con										
11	\square	An organization organized a	-	•	•							
12		An organization organized a	•	•	•				• •			
		more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.										
_			• •			-		-	aivina			
а		Type I. A supporting orgative the supported organization	-	-	• • • •	-						
		organization. You must o			i majonty c				apporting			
b		Type II. A supporting org	-		tion with it	e cupporte	d organization	(c) by bo	ling			
	·	control or management o	-				-		-			
		organization(s). You mus			anic perso	13 1121 00	introl of manag		onted			
c		Type III functionally inte			in connect	tion with a	and functionall	v integrate	ad with			
Ū		its supported organization						y integrate	sa with,			
d		Type III non-functionally	. , .				-	ed organiz	zation(s)			
		that is not functionally int						-				
		requirement (see instructi			-		-					
е		Check this box if the orga						I. Type III				
		functionally integrated, or					· · / · · · · · · · · · · · · · · · · · · ·	·, · / ···				
f	Ente	er the number of supported o		, , , , , , , , , , , , , , , , , , , ,								
g	Prov	vide the following informatior										
		i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your govern	anization listed ing document?	(v) Amount of	,	(vi) Amount of other			
		organization		above (see instructions))	Yes	No	support (see in:	structions)	support (see instructions)			
T - 1												
Tota	<u></u>											

Schedule A (Form 990 or 990 EZ) 2020 CEDAR VALLEY UNITED WAY

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.)

Sec	ction A. Public Support										
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total				
1	Gifts, grants, contributions, and										
	membership fees received. (Do not										
	include any "unusual grants.")	2489952.	2925225.	1831520.	3070651.	2061380.	12378728.				
2	Tax revenues levied for the organ-										
	ization's benefit and either paid to										
	or expended on its behalf										
3	The value of services or facilities										
	furnished by a governmental unit to										
	the organization without charge										
4	Total. Add lines 1 through 3	2489952.	2925225.	1831520.	3070651.	2061380.	12378728.				
5											
	by each person (other than a										
	governmental unit or publicly										
	supported organization) included										
	on line 1 that exceeds 2% of the										
	amount shown on line 11,										
	column (f)						2743263.				
6	Public support. Subtract line 5 from line 4.						9635465.				
	tion B. Total Support						00001000				
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total				
	Amounts from line 4	2489952.	2925225.	1831520.	3070651.		12378728.				
	Gross income from interest,	21055521	29232231	1001010	50700510	20013000	223/0/201				
0											
	dividends, payments received on										
	securities loans, rents, royalties,	26,409.	44,138.	42,839.	79,931.	35,727.	229,044.				
•	and income from similar sources	20,409.	44,130.	42,059.	19,951.	55,121.	229,044.				
9	Net income from unrelated business										
	activities, whether or not the										
	business is regularly carried on						·				
10	Other income. Do not include gain										
	or loss from the sale of capital	20 600	16 000	27 566	44 220		160 474				
	assets (Explain in Part VI.)	39,690.	46,980.	37,566.	44,238.		<u>168,474.</u> 12776246.				
	Total support. Add lines 7 through 10						μ2//0240.				
	Gross receipts from related activities,		,			12					
13	First 5 years. If the Form 990 is for th	-					. —				
0	organization, check this box and stor										
	ction C. Computation of Publi										
	Public support percentage for 2020 (I		•	.,,		14	75.42 %				
	Public support percentage from 2019					15	79.34 %				
16a	33 1/3% support test - 2020. If the c				14 is 33 1/3% or m	ore, check this bo					
	stop here. The organization qualifies		-								
b	33 1/3% support test - 2019. If the o	organization did no	t check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box				
	and stop here. The organization qualifies as a publicly supported organization										
17a	10% -facts-and-circumstances test	- 2020. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	nd line 14 is 10%	or more,				
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop he	re. Explain in Part	VI how the organiz	ation				
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported o	rganization		▶∟]				
b	10% -facts-and-circumstances test	- 2019. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or				
	more, and if the organization meets th	ne facts-and-circum	nstances test, cheo	ck this box and st	t op here. Explain ii	n Part VI how the					
	organization meets the facts-and-circu	umstances test. Th	e organization qua	alifies as a publicly	supported organiz	ation					
18	Private foundation. If the organizatio	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	s >				

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020 CEDAR VALLEY UNITED WAY 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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(a) 2020	(f) Total
	Amounts from line 6	(a) 2010	(0) 2017	(0) 2018	(0) 2019	(e) 2020	(1) 10tai
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	e organization's fir	rst, second, third, ⁻	fourth, or fifth tax	year as a section 5	01(c)(3) organizatio	n,
	check this box and stop here						
Sec	tion C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2020 (li	ne 8, column (f), d	ivided by line 13, o	column (f))		15	%
-	Public support percentage from 2019					16	%
Sec	ction D. Computation of Inves	tment Income	Percentage				
17	Investment income percentage for 20	20 (line 10c, colum	nn (f), divided by li	ne 13, column (f))		17	%
	Investment income percentage from 2					18	%
19a	33 1/3% support tests - 2020. If the	organization did n	ot check the box o	on line 14, and line	e 15 is more than 3	3 1/3%, and line 17	' is not
	more than 33 1/3%, check this box an	id stop here. The	organization quali	fies as a publicly s	supported organiza	tion	
b	33 1/3% support tests - 2019. If the						nd
	line 18 is not more than 33 1/3%, che	ck this box and st	op here. The orga	nization qualifies a	as a publicly suppo	orted organization	
20	Private foundation. If the organizatio						

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes

No

Schedule A (Form 990 or 990-EZ) 2020 CEDAR VALLEY UNITED WAY

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on 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 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes." complete Part I of Schedule L (Form 990 or 990-EZ).*
- **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 in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **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.)

Schedule A (Form 990 or 990 EZ) 2020 CEDAR VALLEY UNITED WAY Part IV Supporting Organizations (continued)

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			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		100	
	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
	A 35% controlled entity of a person described in 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.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
с	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ir	struction	<u>is).</u>	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in 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.*

Schedule A (Form 990 or 990-EZ) 2020

2b

3a

3b

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Support	rting Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qual	ifying trust on N	lov. 20, 1970 (<i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations r	nust complete S	Sections A through E.	
Sect	tion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	tion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	tion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

Schedule A (Form 990 or 990-EZ) 2020 CEDAR VALLEY UNITED WAY

7 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 or 990-EZ) 2020

Sche Par	dule A (Form 990 or 990-EZ) 2020 CEDAR VALLEY	UNITED WAY (a)(3) Supporting Orga	nizations (continu	4	2-0801846 Page 7
	on D - Distributions	(-,/(-,/,-,-,,-,-,-,-,-,-,-,-,-,-,	Contine	<u>, eu</u>	Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	Garront roa
2	Amounts paid to perform activity that directly furthers exemp				
_	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	5	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (<i>describe in</i> Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.	-		8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2020	าร	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
a	From 2015				
b	From 2016				
C	From 2017				
d	From 2018				
e	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
<u>a</u>	Applied to underdistributions of prior years				
	Applied to 2020 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, 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 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
8	and 4c. Breakdown of line 7:				
	Excess from 2016				
	Excess from 2016				
	Excess from 2017				
	Excess from 2019				
	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020 CEDAR VALLEY UNITED WAY

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

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

FUNDRAISING REVE	ENUE
2016 AMOUNT: \$	39,690.
2017 AMOUNT: \$	46,980.
2018 AMOUNT: \$	37,566.
2019 AMOUNT: \$	44,238.
2020 AMOUNT: \$	0.

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

Schedule of Contributors

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



OMB No. 1545-0047

Employer identification number

2-	0	8	0	1	8	4	6	
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Filers of:	Section:
Form 990 or 990-EZ	$\fbox{3}$ 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 or 990-EZ), 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 \dots \blacktriangleright \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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, 990-EZ, or 990-PF).

 $\label{eq:LHA} \mbox{ For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

Name of organization

Page **2**

Employer identification number

CEDAR VALLEY UNITED WAY

42-0801846

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	ditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1			Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2			Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3			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.)

Name of organization

Page **3**

Employer identification number

42-0801846

CEDAR VALLEY UNITED WAY

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

Part II	Noncash Property (see instructions). Use duplicate copies of Part	ii ii 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
		\$	

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Schedule E	3 (Form 990, 990-EZ, or 990-PF) (2020)			Page 4			
Name of or				Employer identification number			
CEDAR	VALLEY UNITED WAY			42-0801846			
Part III	Exclusively religious, charitable, etc., contributi from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional) through (e) and the following line entropy of the charitable, etc., contributions of \$1,000 or	trv. For organizations	nat total more than \$1,000 for the year			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held			
·		(e) Transfer of gif	t				
-	Transferee's name, address, a	nd ZIP + 4	Relationship of tran	nsferor to transferee			
(a) No.							
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held			
-	(e) Transfer of gift						
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held			
		(e) Transfer of gif	 t				
-	Transferee's name, address, a		Relationship of transferor to transferee				
() M							
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held			
	Transferee's name, address, a	(e) Transfer of gif nd ZIP + 4		nsferor to transferee			
F							
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r u	UI	1115	nc	υu	U

SC	HEDULE D	Supplementa	al Financial Statements		OMB No. 1545-0047		
	n 990)	Complete if the ora	anization answered "Yes" on Form 990.		2020		
Depart	ment of the Treasury), 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.		Open to Public		
Interna	I Revenue Service		90 for instructions and the latest informat		Inspection		
Nam	e of the organizati	on CEDAR VALLEY UNITE	D WAY	Emp	bloyer identification number 42-0801846		
Pa	rt I Organiza		d Funds or Other Similar Funds or	r Accour			
		n answered "Yes" on Form 990, Part IV, lin					
			(a) Donor advised funds	(b) Fun	ds and other accounts		
1	Total number at e	nd of year					
2		f contributions to (during year)					
3	Aggregate value o	f grants from (during year)					
4	Aggregate value a	t end of year					
5	-		writing that the assets held in donor advised				
	are the organization	on's property, subject to the organization's	exclusive legal control?		Yes No		
6	•	u	dvisors in writing that grant funds can be us	•			
	• •		r donor advisor, or for any other purpose co				
De							
Pa			ganization answered "Yes" on Form 990, Pa	rt IV, line 7.			
1		servation easements held by the organization					
		n of land for public use (for example, recrea			important land area		
		of natural habitat	Preservation of a	certified his	storic structure		
•		n of open space	fied concernation contribution in the form of		tion accoment on the last		
2	•		fied conservation contribution in the form of	a conserva	Held at the End of the Tax Year		
-	day of the tax yea			2a	neiu al lile ciiu ui lile tax teat		
a b							
0							
с А			ucture included in (a)				
u		· / ·					
3			eased, extinguished, or terminated by the or		during the tax		
Ū	year ►		eased, exangelence, or terminated by the or	gamzation			
4		where property subject to conservation eas	sement is located				
5		tion have a written policy regarding the per					
		forcement of the conservation easements it			Yes No		
6	,		handling of violations, and enforcing conser				
					U		
7	Amount of expense	ses incurred in monitoring, inspecting, hanc	ling of violations, and enforcing conservation	n easement	ts during the year		
	►\$						
8	Does each conser	vation easement reported on line 2(d) abov	e satisfy the requirements of section 170(h)(4)(B)(i)			
	and section 170(h)(4)(B)(ii)?			Yes No		
9	In Part XIII, descri	be how the organization reports conservation	on easements in its revenue and expense sta	atement an	d		
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the						
	organization's acc	ounting for conservation easements.		<u> </u>			
Pa			f Art, Historical Treasures, or Othe	er Simila	r Assets.		
	Complete i	f the organization answered "Yes" on Form	990, Part IV, line 8.				
1a	If the organization	elected, as permitted under FASB ASC 95	8, not to report in its revenue statement and	balance sh	neet works		
	of art, historical tre	easures, or other similar assets held for put	olic exhibition, education, or research in furth	nerance of p	public		
	service, provide in	Part XIII the text of the footnote to its finar	ncial statements that describes these items.				
b	-		8, to report in its revenue statement and bal				
	art, historical treas	sures, or other similar assets held for public	exhibition, education, or research in further	ance of put	olic service,		
	-	ing amounts relating to these items:					
				►	\$		
					\$		
2			asures, or other similar assets for financial g	ain, provide)		
	-	unts required to be reported under FASB A	-	-			
					\$		
					\$		
LHA	For Paperwork R	eduction Act Notice, see the Instructions	s for Form 990.		Schedule D (Form 990) 2020		

Partial Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets 3 Using the organization's accussion, and other records, check any of the following that make significant use of its collection times (check all that apply): a Debits exhibition b Scholarly research c Decode adcorption of the organization's collections and explain how they further the organization's exempt purpose in Part XII. 5 Dring the year, dot the organization's collections and explain how they further the organization's accussion? Yes No Part M Escrow and Custoclial Arrangements. Complete if the organization's accussion? Yes No Part V Escrow and Custoclial Arrangements. Yes No reported an amount on from 500, Part X, Ime 21. Is in the organization an agent, trustee, custoclain or other intermediary for contributions or outsolai account liability? Yes No b If "Yes," explain the arrangement in Part XIII and complete the following table: Image of the organization and anount on form 500, Part X, Ime 21. for ecrow or custoclai account liability? Yes No b If "Yes," explain the arrangement in Part XIII. The Part XII and Complete the following table: Image of the arrangement in Part XIII. The Part XII and Complete the following table: Image of the arrangement in Part XIII. The Part XIII and Complete			ALLEY UNIT				r Othe	r Sim			01846		age 2
collection items (check all that apply): □ Collection items (check all that apply): □ Scholarly research □ Other		·									(contin	ued)	
a Public exhibition definition definition definition of the organization of the organization is collection? a Provide a description of the organization is collections and explain how they further the organization's exempt purpose in Part XIII. b During the year, did the organization solid or receive donations of art, historical treasures, or other similar assets to be odd to raise funds; rather than to be maintaned as part of the organization's collection? b Browner and the organization and the mathematication's collection? b Browner and the organization and the mathematication's collection? b Browner and the organization and the receive donations of art, historical treasures, or other similar assets to be odd to raise funds; rather than to be maintaned as part of the organization answered 'Yes' on Form 990, Part X, line 9, or reported an amount on Form 990, Part X, line 21, for contributions or other assets not included on Form 990, Part X, line 21, for escrew or custodial account liability? b B'res', "explain the arrangement in Part XIII and complete the following table: b B'res', "explain the arrangement in Part XIII and complete the following table: b B'res', "explain the arrangement in Part XIII and complete the organization answered 'Yes' on Form 990, Part X, line 21, for escrew or custodial account liability? b B'res', "explain the arrangement in Part XIII and complete the organization answered 'Yes' on Form 990, Part X, line 10. B'res', "explain the arrangement in Part XIII. b B'res', "explain the arrangement in	3		n, and other record	5, CHECK	any or the	ioliowing that	mane s	synne	ant use	01115			
b Scholarly research e Other c Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be solid the organization along the organization answered "Yes" on Form 990, Part IV, line 9, or responde an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 900, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 900, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 900, Part X, line 21. a Is the organization include an amount on Form 900, Part X, line 21. Intermediary for an organization include an amount on Form 900, Part X, line 21. Intermediary for an organization include an amount on Form 900, Part X, line 21. Part V Endowment Funds. Computer if the organization insevered "Yes" on Form 900, Part X, line 10. Inter years back (d) Three years back (d) Three years back (d) Four years back (d) Three years back (e) Four years	а		d	I 🗌	Loan or exc	change progra	am						
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S During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be solid to raise funds returb than to be maintained as part of the organization's collection? Part IV Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? If 'Yes' explain the arrangement in Part XIII and complete the following table:	с	Preservation for future generations											
S During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be solid to raise funds returb than to be maintained as part of the organization's collection? Part IV Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? If 'Yes' explain the arrangement in Part XIII and complete the following table:	4	Provide a description of the organization's co	llections and explair	how th	ney further th	ne organizatio	n's exe	mpt pu	irpose	in Part	XIII.		
Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 980, Part IV, line 9, or reported an amount on Form 980, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 980, Part X line 21. Yes No b If "Yes," explain the arrangement in Part XIII and complete the following table: Image: Complete the organization answered "Yes" on Form 980, Part XIII Image: Complete the organization answered "Yes" on Form 980, Part XIII Image: Complete the organization answered "Yes" on Form 980, Part XIII Image: Complete the organization answered "Yes" on Form 980, Part XIII Image: Complete the organization answered "Yes" on Form 980, Part XIII Image: Complete the organization answered "Yes" on Form 980, Part XIII Image: Complete the organization answered "Yes" on Form 980, Part XIII Image: Complete the organization answered "Yes" on Form 980, Part XIII Image: Complete the organization answered "Yes" on Form 980, Part XIII Image: Complete the organization answered "Yes" on Form 980, Part XIII Image: Complete the organization answered "Yes" on Form 980, Part X	5												
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reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table: 1a It is the organization include an amount on Form 990, Part X, line 21, for secrew or custodial account liability? 1b It "Yes," explain the arrangement in Part XII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answerd "Ves" on Form 900, Part X, line 21, for secrew or custodial account liability? Ves Part V Endowment Funds. Complete if the organization answerd "Ves" on Form 900, Part X, line 10. 1a Beginning of year balance (a) Current year 1a Beginning of year balance (b) Prior year 1b Contributions (b) Orthor years back (d) Three years back 1a Beginning of year balance (b) Orthor year (c) Two years back (d) Four years back 1a Contributions (b) Orthor year (c) Two years back (d) Three years back 1a Beginning of year balance (b) Orthor year (c) Two years back (d) Three years back 1a Additros to the poscension <td>Par</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>ine 9, or</td> <td></td> <td></td>	Par										ine 9, or		
on Form 930, Part X?		reported an amount on Form 990, Par	t X, line 21.										
b If "Yes," explain the arrangement in Part XIII and complete the following table:	1a	Is the organization an agent, trustee, custodia	an or other intermed	iary for	contribution	s or other ass	sets not	includ	ed		_		_
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c Beginning balance 1d d Additions during the year 1d d Distributions during the year 1d f Ending balance 1f d Distributions during the year 1f e Distributions 1f 1f e Distributions 1f 1f e Distributions 1f 1f b Contributions 1f 1f c Other expenditures for facilities 1f 1f d Grants or scholarships 1f 1f e Other expenditures for facilities 1f 1f d Distributions 1f 1f d Administrative expenses 1f 1f g End of year balance 1f 1f d Distributis 1f 1f	b	If "Yes," explain the arrangement in Part XIII a	and complete the fol	llowing t	able:			_					
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2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back 1a Contributions (b) Criticity (c) Two years back (d) Three years back (e) Four years back 6 Chart sor scholarships (c) Two years back (d) Three years back (e) Four years back 6 Other expenditures for facilities (c) Two years back (e) Four year (e) Four year g End of year balance (c) Two years back (e) Four year (e) Four year (f) Administrative expenses (c) Four year g End of year balance (f) Administrative expenses (f) Administrative expenses (f) Four year (f) Four year (f) Four	_								1f				
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(a) Current year (b) Prior year (c) Two years back (d) Three years back (a) Contributions (a) Current year (b) Prior year (c) Two years back (d) Three years back (b) Contributions (a) Current year (b) Prior year (c) Two years back (e) Four years back (c) Contributions (c) Two years back (c) Two years back (c) Two years back (c) Two years back (c) Contributions (c) Contributions (c) Two years back (c) Two years back (c) Two years back (c) Contributions (c) Contributions (c) Two years back (c) Two years back (c) Two years back (c) Contributions (c) Contributions (c) Two years back (c) Two years back (c) Two years back (c) Contributions (c) Contributions (c) Two years back (c) Two years back (c) Two years back (c) Controlotions (c) Controlotions (c) Two years back (c) Two years back (c) Two years back (c) Controlotions (c) Controlotions (c) Two years back (c) Two years back (c) Two years back (c) Conters of facilities (c) Constantions (c) Two years back (c) Two years back (c) Two years back (c) Two year													
1a Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs	Par	t V Endowment Funds. Complete in	f the organization an	swered	"Yes" on Fo	orm 990, Part	IV, line	10.					
b Contributions			(a) Current year	(b) F	Prior year	(c) Two year	rs back	(d) Th	iree yea	ars back	(e) Four	years	back
c Net investment earnings, gains, and losses	1a	Beginning of year balance											
c Net investment earnings, gains, and losses	b	Contributions											
e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶% b Permanent endowment ▶% c Term endowment ▶% c Term endowment ▶% i Unrelated organizations inies 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations iii) Related organizations b If "Yes" on line 3a(i), are the related organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other b Buildings c Leasehold improvements d Equipment 80, 382. 73, 004. 7, 378.													
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f Administrative expenses													
f Administrative expenses		and programs											
g End of year balance	f												
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a Board designated or quasi-endowment ▶% b Permanent endowment ▶% c Term endowment ▶% The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations		-		e (line 10	a. column (a)) held as:		•					
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3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: Yes No (i) Unrelated organizations 3a(i) (ii) Related organizations 3a(ii) b If "Yes" on line 3a(ii), are the related organization's endowment funds. 3a(ii) Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings			uld equal 100%.										
by: (i) Unrelated organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements d Equipment e Other Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B). line 10c.) Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B). line 10c.) Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B). line 10c.) Complete it the organization and the column of the term of term o	3a	1 0 , ,		ation tha	t are held a	nd administer	ed for th	ne ora	anizatio	on			
(i) Unrelated organizations 3a(i) (ii) Related organizations 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. 3b Part VI Land, Buildings, and Equipment. 3b Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (d) Book value Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation b Buildings 5 5 5 c Leasehold improvements 5 5 5 d Equipment 80, 382. 73, 004. 7, 378. e Other 5 7, 378.		•	5					5			Г	Yes	No
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b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) Description of property (a) Cost or other basis (other) Ia Land b Buildings c Leasehold improvements d Equipment 80, 382. 73, 004. 7, 378. Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)													
4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings (d) Book value c Leasehold improvements 80, 382. d Equipment 80, 382. Pother 7, 378.	b	If "Yes" on line 3a(ii), are the related organization	tions listed as requir	ed on S	chedule R?								
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land													
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land		t VI Land, Buildings, and Equipm	ent.										
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land		Complete if the organization answered	d "Yes" on Form 990), Part I\	/, line 11a. S	See Form 990	, Part X,	line 1	0.				
Land basis (investment) basis (other) depreciation 1a Land											(d) Book	valu	e
b Buildings						I	• •				()		-
b Buildings	1a	Land											
c Leasehold improvements d Equipment 80,382. 73,004. 7,378. e Other d Equipment d Equipment d Equipment 7,378. Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. column (B), line 10c.) 7,378.													
d Equipment 80,382. 73,004. 7,378. e Other 7 7378. Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 7,378.													
e Other Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 7,378.					8	0.382.		73	.004	4.	7	.3	78.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)					Ĭ				,			, ,	
				V colum	nn (P) line 1				1		7	1.3	78.
	IUI	in ad inico ra through re. (Column (a) must e	<u>uai Forni 990, Part</u>	<u>, coiun</u>	uu (¤), iine i	<i>UC.J</i>				chedulo			

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			Public In
	Y UNITED WAY	42	-0801846 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" of (a) Description of security or category (including name of security)	on Form 990, Part IV, line 1 (b) Book value	1b. See Form 990, Part X, line 12. (c) Method of valuation: Cost or end	h of yoor market yolyo
	(D) BOOK value	(c) Method of Valuation. Cost of end	ror-year market value
(1) Financial derivatives(2) Closely held equity interests			
(2) Other			
(A) CERTIFICATES OF DEPOSIT	264,050.	END-OF-YEAR MARKET	VALUE
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	264,050.		
Part VIII Investments - Program Related.	20170300		
Complete if the organization answered "Yes" of	on Form 990, Part IV. line 1	1c. See Form 990, Part X. line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
<u>(6)</u>			
(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	on Form 990, Part IV, line 1	1d. See Form 990, Part X, line 15.	
(a) [Description		(b) Book value
(1)			
(2)			
(3)			
(4) (5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 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	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5) (6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25.)		

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

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

Sche	dule D (Form 990) 2020 CEDAR VALLEY UNITED WAY			42-	0801846 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme	nts With	Revenue per Re	eturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a				
1	Total revenue, gains, and other support per audited financial statements			1	2,187,317.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	18,536.		
b	Donated services and use of facilities	2b	119,495.		
с	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	138,031.
3	Subtract line 2e from line 1			3	2,049,286.
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	950.		
b	Other (Describe in Part XIII.)	4b	46,871.		
с	Add lines 4a and 4b			4c	<u>47,821.</u> 2,097,107.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	
Pa	t XII Reconciliation of Expenses per Audited Financial Stateme	ents With	Expenses per l	Returi	า.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a				
1	Total expenses and losses per audited financial statements			1	2,501,806.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	119,495.		
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	119,495.
3	Subtract line 2e from line 1			3	2,382,311.
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		950.	_	
b	Other (Describe in Part XIII.)	4b	46,871.		
С	Add lines 4a and 4b			4c	47,821.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I, line 18.)			5	2,430,132.
Pa	t XIII Supplemental Information.				

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

PART XI, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATIONS

46,871.

46,871.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATIONS

SCHEDULE I		C	Grants and Oth	er Assistan	ce to Organ	izations.			OMB No. 15	545-0047
(Form 990)		Go	vernments, an lete if the organization	d Individual	s in the Ŭni	ted States			202	
Department of the Treasury Internal Revenue Service			► Go to www.ir	Attach to For s.gov/Form990 fo		nation.			Open to Inspec	
Name of the organization		LEY UNITE	D WAY					Employer i	dentificatio 42-080	
Part I General Informatio			DWAI						42 000	1010
1 Does the organization ma criteria used to award the			•		• • • •	•			X Yes	
2 Describe in Part IV the org	anization's pro	ocedures for monit	toring the use of grant	funds in the United	States.					
			zations and Domestic			anization answered "Y	es" on Form 990, Par	t IV, line 21,	for any	
			be duplicated if addition			(f) Method of	T	1		
1 (a) Name and address of or government	organization	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance		Purpose of g or assistance	
ALLEN COLLEGE										
1825 LOGAN AVENUE								GRANT FOR	R SPECIFIC	2
WATERLOO, IA 50703		42-0698265	501(C)(3)	27,000.	0.			PROGRAM S	SUPPORT.	
ALLEN HOSPITAL										
1825 LOGAN AVENUE								GRANT FOR	R SPECIFIC	2
WATERLOO, IA 50703		42-0698265	501(C)(3)	102,531.	0.			PROGRAM S	SUPPORT.	
AMERICAN RED CROSS - HAW CHAPTER - 2530 UNIVERSI									SPECIFIC	2
- WATERLOO, IA 50701		53-0196605	501(C)(3)	16,370.	0.			PROGRAM S	SUPPORT.	
BIG BROTHERS/BIG SISTERS NORTHEAST IOWA - 2530 U AVENUE - WATERLOO, IA 50	NIVERSITY	42-0885714	501(C)(3)	25,000.	0.			GRANT FOR	SPECIFIC	2
BLACK HAWK GRUNDY MENTAL 3251 WEST NINTH STREET WATERLOO, IA 50702	HEALTH	42-0733463	501(C)(3)	130,202.	0.			GRANT FOR PROGRAM S	SPECIFIC	2
BOYS & GIRLS CLUB OF THE VALLEY - 515 LIME STREE WATERLOO, IA 50703	Τ -	42-6083723	501(C)(3)	20,000.	0.			GRANT FOF PROGRAM S	SPECIFIC	
2 Enter total number of sect3 Enter total number of other		•	•	e line 1 table				>		<u> </u>

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

Schedule I (Form 990) 2020

Public Inspection

42-0801846

Schedule I (Form 990) CEDAR VALLEY UNITED WAY

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CATHOLIC CHARITIES OF THE ARCHDIOCESE OF DUBUQUE – PO BOX							GRANT FOR SPECIFIC
1309 - DUBUQUE, IA 52004	42-0680493	501(C)(3)	25,000.	0.			PROGRAM SUPPORT.
1969 D6D6Q61, 18 92664	42 0000495	501(0)(3)	23,000.				FROMM BOTTONT.
CEDAR VALLEY FRIENDS OF THE FAMILY							
220 10TH STREET SW, SUITE 200							GRANT FOR SPECIFIC
, WAVERLY, IA 50677	42-1390144	501(C)(3)	34,290.	0.			PROGRAM SUPPORT.
,			,				
CEDAR VALLEY PRESCHOOL							
724 LANTZ							GRANT FOR SPECIFIC
CEDAR FALLS, IA 50613	42-0956806	501(C)(3)	18,500.	0.			PROGRAM SUPPORT.
COMMUNITY HOUSING INITIATIVE							
910 DECATHLON DRIVE							GRANT FOR SPECIFIC
WATERLOO, IA 50701	42-1416426	501(C)(3)	36,773.	0.			PROGRAM SUPPORT.
ETHNIC MINORITIES OF BURMA							
ADVOCACY - 2309 EUCLID AVENUE -							GRANT FOR SPECIFIC
DES MOINES, IA 50310	46-1017191	501(C)(3)	43,500.	0.			PROGRAM SUPPORT.
FAMILY & CHILDREN'S COUNCIL							
316 W 5TH ST, STE A							GRANT FOR SPECIFIC
WATERLOO, IA 50703	42-1307663	501(C)(3)	24,000.	0.			PROGRAM SUPPORT.
WATEREOO, IN 50705	42 1307003	501(0)(3)	24,000.				FROGRAM SOFFORT.
FAMILY YMCA OF BLACK HAWK COUNTY							
669 SOUTH HACKETT RD							GRANT FOR SPECIFIC
WATERLOO, IA 50701	42-0681109	501(C)(3)	12,000.	0.			PROGRAM SUPPORT.
·			, <u>,</u>				
FRIENDS OF IOWA CASA							
321 EAST 12TH STREET							GRANT FOR SPECIFIC
DES MOINES, IA 50319	42-1471727	501(C)(3)	19,550.	0.			PROGRAM SUPPORT.
GRIN & GROW, LTD.							
505 FRANKLIN STREET							GRANT FOR SPECIFIC
WATERLOO, IA 50703	42-1135299	501(C)(3)	85,300.	0.			PROGRAM SUPPORT.

Schedule I (Form 990)

42-0801846

CEDAR VALLEY UNITED WAY Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HAWKEYE COMMUNITY COLLEGE							
1501 ORANGE ROAD							GRANT FOR SPECIFIC
WATERLOO, IA 50702	42-6123782	501(C)(3)	50,000.	0.			PROGRAM SUPPORT.
/							
IOWA JAG, INC.							
GRIMES STATE OFFICE BUILDING							GRANT FOR SPECIFIC
DES MOINES, IA 50319	42-1492988	501(C)(3)	40,000.	0.			PROGRAM SUPPORT.
IOWA LEGAL AID							
1111 9TH STREET SUITE 230							GRANT FOR SPECIFIC
DES MOINES, IA 50314	42-1079227	501(C)(3)	30,000.	0.			PROGRAM SUPPORT.
JESSE COSBY CENTER							
1112 MOBILE STREET							GRANT FOR SPECIFIC
WATERLOO, IA 50703	42-1152638	501(C)(3)	12,592.	0.			PROGRAM SUPPORT.
			,0,,	·			
JOB FOUNDATION							
PO BOX 1141							GRANT FOR SPECIFIC
CEDAR FALLS, IA 50614	20-3091308	501(C)(3)	13,000.	0.			PROGRAM SUPPORT.
MERCYONE WATERLOO MEDICAL CENTER							
3421 W 9TH STRET							GRANT FOR SPECIFIC
WATERLOO, IA 50702	42-1264647	501(C)(3)	12,375.	0.			PROGRAM SUPPORT.
LUTHERAN SERVICES IN IOWA							
1510 LOGAN AVENUE	40.000000	501 (2) (2)	10 500				GRANT FOR SPECIFIC
WATERLOO, IA 50703	42-0698203	501(C)(3)	12,500.	0.			PROGRAM SUPPORT.
NAMI							
1825 LOGAN AVENUE							GRANT FOR SPECIFIC
WATERLOO, IA 50703	42-1273380	501(C)(3)	7,500.	0.			PROGRAM SUPPORT.
			.,				
NE IOWA FOOD BANK							

37,035.

Ο.

GRANT FOR SPECIFIC

PROGRAM SUPPORT.

106 E 11TH STREET

WATERLOO, IA 50703

42-1169648

501(C)(3)

42-0801846

Schedule I (Form 990) CEDAR VALLEY UNITED WAY

Part II Continuation of Grants and Othe	Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)								
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
NODMUENCE TOWN ADEN ACENCY ON									
NORTHEAST IOWA AREA AGENCY ON AGING - 2101 KIMBALL AVENUE,							GRANT FOR SPECIFIC		
SUITE 320 - WATERLOO, IA 50702	42-1621262	501(C)(3)	41,184.	0.			PROGRAM SUPPORT.		
		501(0)(0)	11,101.						
NORTH STAR COMMUNITY SERVICES									
3420 UNIVERSITY AVE STE C							GRANT FOR SPECIFIC		
WATERLOO, IA 50701	42-1038039	501(C)(3)	12,600.	0.			PROGRAM SUPPORT.		
			,						
OPERATION THRESHOLD									
P.O. BOX 4120							GRANT FOR SPECIFIC		
WATERLOO, IA 50704	42-0982549	501(C)(3)	122,208.	0.			PROGRAM SUPPORT.		
PATHWAYS BEHAVIORAL SERVICES									
2222 FALLS AVENUE							GRANT FOR SPECIFIC		
WATERLOO, IA 50701	51-0245708	501(C)(3)	42,000.	0.			PROGRAM SUPPORT.		
PEOPLES COMMUNITY HEALTH CLINIC									
905 FRANKLIN STREET							GRANT FOR SPECIFIC		
WATERLOO, IA 50703	42-1058629	501(C)(3)	112,499.	0.			PROGRAM SUPPORT.		
RIVERVIEW 2055 KIMBALL AVENUE							GRANT FOR SPECIFIC		
	36-3920008	501(C)(3)	35,071.	0.			PROGRAM SUPPORT.		
WATERLOO, IA 50702	30-3920008	501(C)(3)	35,071.	0.			PROGRAM SUPPORT.		
SALVATION ARMY									
P.O. BOX 867							GRANT FOR SPECIFIC		
WATERLOO, IA 50704	22-2406433	501(C)(3)	74,719.	0.			PROGRAM SUPPORT.		
		501(0)(0)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
SUCCESSLINK									
215 E. 4TH STREET							GRANT FOR SPECIFIC		
WATERLOO, IA 50703	42-1444315	501(C)(3)	168,985.	0.			PROGRAM SUPPORT.		
/			1 ,						
VISITING NURSING ASSOCIATION									
2530 UNIVERSITY AVENUE							GRANT FOR SPECIFIC		
WATERLOO, IA 50701	42-0782546	501(C)(3)	26,075.	0.			PROGRAM SUPPORT.		

Schedule I (Form 990)

Schedule I (Form 990) CEDAR VALLEY UNITED WAY

42-0801846 Pag

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WAYPOINT							
318 FIFTH STREET SE							GRANT FOR SPECIFIC
CEDAR RAPIDS, IA 52401	42-0680307	501(C)(3)	34,000.	0.			PROGRAM SUPPORT.
WATERLOO COMMUNITY SCHOOLS							
1516 WASHINGTON ST							GRANT FOR SPECIFIC
WATERLOO, IA 50702	42-1364293	WCSD	28,473.	0.			PROGRAM SUPPORT.
YWCA							
425 LAFAYETTE STREET							GRANT FOR SPECIFIC
WATERLOO, IA 50701	42-0680302	501(C)(3)	82,333.	0.			PROGRAM SUPPORT.
UNITED WAY OF CENTRAL IOWA							
1111 NINTH STREET, STE 100							GRANT FOR SPECIFIC
DES MOINES, IA 50314	42-0680425	501(C)(3)	20,600.	0.			PROGRAM SUPPORT.
UNIVERSITY OF NORTHERN IOWA							
FOUNDATION - 204 COMMONS UNI -							GRANT FOR SPECIFIC
CEDAR FALLS, IA 50613	42-6058591	501(C)(3)	45,000.	0.			PROGRAM SUPPORT.
CEDAR FALLS, IN SUCCE	42 0030391	501(0)(3)	43,000.	0.			FROGRAM BUFFORT.
MID-IOWA COMMUNITY ACTION, INC.							
1001 S 18TH AVENUE							
MARSHALLTOWN, IA 50158	42-0923311	501(C)(3)	15,028.	0.			DERECHO DISASTER RELIEF

Schedule I (Form 990)

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

(b) Number of

recipients

(c) Amount of

cash grant

CEDAR VALLEY UNITED WAY

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance

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

PART I, LINE 2:

Schedule I (Form 990) 2020

Part III

THE FUNDS ARE DISTRIBUTED ON A MONTHLY BASIS TO THE BOARD APPROVED AGENCIES

FOR INDIVIDUAL PROGRAMS. AGENCIES ARE REQUIRED TO SUBMIT A REPORT OF USAGE

AND OUTCOMES BI-ANNUALLY. IF A REPORT IS NOT RECEIVED, FUNDING IS

SUSPENDED.

42-0801846

(f) Description of noncash assistance

(e) Method of valuation (book, FMV, appraisal, other)

(d) Amount of non-

cash assistance

Schedule I (Form 990) CEDAR VALLEY UNITED WAY Part IV Supplemental Information	42-0801846 Page 2
SCHEDULE I	
TOTAL PER SCHEDULE I:	\$1,695,793
DONORS LESS THAN \$5,000	11,605
DONOR DESIGNATIONS:	46,871
INTERNAL PROGRAM EXPENSES:	14,631
PART IX, LINE 1:	\$1,768,900

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information.



OMB No. 1545-0047

CEDAR VALLEY UNITED WAY

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

THE ORGANIZATION DIRECTS INCOME SUPPORT RESOURCES TO PROMOTE FINANCIAL

STABILITY AND SELF SUFFICIENCY FOR INDIVIDUALS AND FAMILIES.

THE ORGANIZATION DIRECTS HEALTH RESOURCES TO ENCOURAGE HEALTHY

BEHAVIORS THAT EMPOWER INDIVIDUALS TO REDUCE SUBSTANCE ABUSE, CHILD

ABUSE AND DOMESTIC VIOLENCE. THE ORGANZATION STRONGLY ENCOURAGES

PREVENTATIVE HEALTHCARE, INCLUDING MATERNAL HEALTH AND INFANT WELL

BEING. THE ORGANIZATION SEEKS IMPROVED ACCESS TO MENTAL HEALTH

SERVICES.

THE ORGANIZATION INVESTS IN EMERGENCY SOLUTIONS SO A TEMPORARY SET BACK

DOES NOT BECOME PERMANENT.

THE ORGANZATION PROVIDES ACCESS TO INFORMATION AND REFERRAL SERVICES

USING THE 211 SYSTEM.

THE ORGANZATION HAS THE ABILITY TO RESPOND AS NEEDS ARISE THROUGH

SOCIAL INNOVATION AND COMMUNITY PARTNER FUNDING.

THE ORGANZATION WORKS WITH THE LABOR COMMUNITY TO LEVERAGE SUPPORT AND

MANAGE MANY COLLECTIVE PROJECTS THROUGHOUT THE YEAR.

THE ORGANIZATION DIRECTS MANAGEMENT AND SUPPORT FOR BOOKS FOR BABIES,

THE CAMPAIGN FOR GRADE LEVEL READING, LOCAL BOOK DRIVES AND THE A

WOMEN'S CAREER MENTORING PROGRAM.

Name of the organization

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

A DRAFT COPY OF THE FORM 990 WAS SENT TO THE PRESIDENT FOR REVIEW. A FINAL

COPY OF THE FORM 990 WAS SENT TO ALL BOARD MEMBERS PRIOR TO ITS FILING.

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

EACH STAFF PERSON AND BOARD MEMBER ARE ASKED TO SIGN A DOCUMENT ANNUALLY INDICATING THEY ARE AWARE OF AND UNDERSTAND THE POLICY. THE ORGANIZATION ALSO HAS AN AGENDA ITEM AT THE BEGINNING OF EACH BOARD MEETING ASKING FOR CONFLICTS OF INTEREST RELATED TO THE AGENDA.

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

CEDAR VALLEY UNITED WAY HAS DEVELOPED A POLICY TO ENSURE THAT EXECUTIVE COMPENSATION IS COMPETITIVE AND REASONABLE AS COMPARED TO OTHER NON-PROFIT ORGANIZATIONS AND UNITED WAYS OF SIMILAR SIZE AND CHARACTERISTICS. THE PRESIDENT'S COMPENSATION IS REVIEWED ANNUALLY TO ENSURE IT IS DEEMED FAIR AND REASONABLE. REASONABILITY IS DETERMINED USING BENCHMARKS OF OTHER NON-PROFIT ORGANIZATIONS AND THE UNITED WAYS OF SIMILAR SIZE AND CHARACTERISTICS. THE BENCHMARKS INCLUDE THE MOST RECENT UNITED WAY WORLDWIDE HUMAN CAPITAL STUDY AND/OR THE 990 DATA FOR LIKE SIZE AND GEOGRAPHIC LOCATION. COMPARISON MAY ALSO INCLUDE SELECTED LOCAL NONPROFIT ORGANIZATIONS.

SALARY INCREASES ARE NOT GRANTED AUTOMATICALLY, BUT ONLY AS A RESULT OF DEMONSTRATED PERFORMANCE, DOCUMENTED BY A JOB-RELATED PERFORMANCE REVIEW. THE BOARD OF DIRECTORS ANNUALLY APPROVES THE PERFORMANCE REVIEW OF THE PRESIDENT AND ESTABLISHES COMPENSATION BASED ON RECOMMENDATIONS OF THE EXECUTIVE COMMITTEE. THE BOARD ALSO ENSURES THAT NO ONE WHO PARTICIPATES 032212 11-20-20 Schedule O (Form 990 or 990-EZ) 2020 Schedule O (Form 990 or 990-EZ) 2020

Name of the organization

CEDAR VALLEY UNITED WAY

IN THE DECISION HAS A CONFLICT OF INTEREST CONCERNING THE TRANSACTION.

ALL DOCUMENTATION REGARDING THE COMPENSATION ARRANGEMENT, INCLUDING

BENCHMARK COMPARISONS, PERFORMANCE REVIEWS, AND BOARD APPROVAL ARE

MAINTAINED IN THE PRESIDENT'S PERSONNEL FILE.

IN ADDITION TO THE ABOVE COMPENSATION AGREEMENT, THE BOARD TREASURER

REVIEWS AND APPROVES ANNUALLY THE W-2, AND MONTHLY THE EXPENSE REPORTS OF

THE PRESIDENT.

THIS POLICY HAS BEEN CREATED TO ENSURE FAIR AND CONSISTENT PRACTICES IN

REGARD TO EXECUTIVE COMPENSATION AND TO COMPLY WITH ALL FEDERAL AND STATE

LAWS.

COMPENSATION ELEMENTS MAY INCLUDE:

- SALARY

- HEALTH, LIFE, AND DISABILITY INSURANCE

- RETIREMENT CONTRIBUTION

- MEMBERSHIPS INCLUDING ASSOCIATIONS

- EDUCATIONAL CONFERENCES

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

GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS

ARE MADE AVAILABLE TO PUBLIC UPON WRITTEN REQUEST.