ObjectId: 202540179349302014 - Submission: 2025-01-17

TIN: 42-0761060 OMB No. 1545-0047

Form 990

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

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

Open to Public Inspection

	ment of the Treasury Il Revenue Service	Go to <u>www.irs.gov/Form990</u> for instructions and the late	est information.	Open to Public Inspection
A F	or the 2023 c	alendar year, or tax year beginning 06-01-2023 , and ending 05-31-	2024	
B Che	eck if applicable: idress change ame change	C Name of organization UNITED WAY OF DUBUQUE AREA TRI-STATES		Identification number
O Fir	itial return al return/terminated nended return	Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/sulte	E Telephone	number
O AJ	pplication pending	215 W 6TH ST City or town, state or province, country, and ZIP or foreign postal code Dubuque, IA 52001	(563) 588	3-1415
	,	E Name and address of	G Gross rece	ipts \$ 1,485,559 rn for
	x-exempt status:		subordinates? I(b) Are all subordinates included?	☐Yes ☑No ☐Yes ☐No
		✓ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527 W.DBQUNITEDWAY.ORG	If "No," attach a list (C) Group exemption n	
	4	Topolaton — has a pasociation of other	Year of formation: 1928	1 State of legal domicile: IA
	art I Sumi 1 Briefly des TO CONNE	mary cribe the organization's mission or most significant activities: CT PEOPLE AND RESOURCES TO ADVANCE THE HEALTH, EDUCATION, AND II	NCOME OF THOSE IN NEE	D IN OUR COMMUNITY.
) E				1
Activities & Governance	4 Number o	f voting members of the governing body (Part VI, line 1a) f independent voting members of the governing body (Part VI, line 1b)		3 26 4 26
Mile		ber of individuals employed in calendar year 2023 (Part V, line 2a) ber of volunteers (estimate if necessary)		5 5
Act	7a Total unre	lated business revenue from Part VIII, column (C), line 12		6 1,891 7a 0
	D Net unrela	ated business taxable income from Form 990-T, Part I, line 11	Prior Year	7b Current Year
數	[.	ons and grants (Part VIII, line 1h)	1,407,41	
Revenue	1	ervice revenue (Part VIII, line 2g)		0
å,		nt income (Part VIII, column (A), lines 3, 4, and 7d)	15,053	
		enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	70,036	
		nue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) d similar amounts paid (Part IX, column (A), lines 1-3)	1,492,504	<u> </u>
	and the second second second	ald to or for members (Part IX, column (A), line 4)	884,825	
Ų2		other compensation, employee benefits (Part IX, column (A), lines 5–10)	276,170	0
use		nal fundraising fees (Part IX, column (A), line 11e)	270,170	337,882
Expenses	Annual Control of the	ising expenses (Part IX, column (D), line 25) 130,078	<u> </u>	<u> </u>
Œ		enses (Part IX, column (A), lines 11a-11d, 11f-24e)	251,089	210,239
		nses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,412,084	1,457,598
8 %	19 Revenue le	ess expenses. Subtract line 18 from line 12	80,420 Beginning of Current Year	
m S				
ssets (20 Total asset	cs (Part X, line 16)	2 205 680	2 170 202
Net Assets or Fund Balances		ts (Part X, line 16)	2,205,680 45,495	

Type or pith aware and size Proper	ign		Signature	CERTECTOR	Dracidant & I	CEO										
Trin's name BAC CPA LLC Firm's name Saction Accordance the name and	ere		Type or p	rint name a	nd title				· · · · · ·				-			
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Program (Basi) 222-271 Progra				m's name	BAC CPA LL	LC		· · · · · · · · · · · · · · · · · · ·			Firm's EIN	82-5	285627	,		
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Page 2 m 990 (2023) page 2 m 990 (2023) page 3 page 4 m 990 (2023) page 5 m 990 (2023) page 6 m 990 (2023) page 7 m 990 (2023) page 7 m 990 (2023) page 7 m 990 (2023) page 8 page 8 page 90 (2023) page 8 page 90 (2023)					DYERSVILLE	, IA 52040	<u> </u>	and the second	e, i		1				· .	
Page 2 m 990 (2023) Part III Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III [Inches Inches In	y th	ne IRS	discuss	this return	with the pr	reparer sho	wn above? S	See Instructions		,			Z	Yes (O No ?	
Part III Statement of Program Service Accomplishments Chock If Schodule O contains a nasponse or note to any line in this Part III	r Pa	aperw	ork Red	uction A	ct Notice, s	see the se	parate insti	ructions.		Cat. N	No. 11282Y	<i>'</i>		Fo	rm 99	0 (20
Part III Statement of Program Service Accomplishments Chock If Schodule O contains a rasponse or note to amy line in this Part III						· · · · · ·				-		:				
Part III Statement of Program Service Accomplishments Check If Schedule O contains a response or note to any fine in this Part III	.,				- 15 A			Page 2			; · ·					
Chack If Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission: CONNECT PEOPLE AND RESOURCES TO ADVANCE THE HEALTH, EDUCATION, AND INCOME OF THOSE IN NEED IN OUR COMMUNITY. Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E2? If "Yes," describe the serve was services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services, as measured by expenses, section 501(-(i)) and 501(-(i)) organizations are required to report the amount of grants and ellocations to others, the total expenses, and revenue, if any, for each program service reported. [Code:] (Expenses \$ 999.477 Including grants of \$ 909.477 (Revenue \$) [Code:] (Expenses \$ 999.477 Including grants of \$ 909.477 (Revenue \$) [Code:] (Expenses \$ 999.477 Including grants of \$ 909.477 (Revenue \$) [Code:] (Expenses \$ 999.477 Including grants of \$ 909.477 (Revenue \$) [Code:] (Expenses \$ 999.477 Including grants of \$ 909.477 (Revenue \$) [Code:] (Expenses \$ 999.477 Including grants of \$ 909.477 (Revenue \$) [Code:] (Expenses \$ 999.477 Including grants of \$ 909.477 (Revenue \$) [Code:] (Expenses \$ 259.941 Including grants of \$ 909.477 (Revenue \$) [Code:] (Expenses \$ 259.941 Including grants of \$ 909.477 (Revenue	m s	990 (2	023)	2.7	M											Pa
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2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions. 🦉	2	Yes	
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		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4	3	No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D,Part Schedule D,Part	6		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," complete Schedule D, Part III	8		No
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.		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X, as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
	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 2	11b		No
	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		No .
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		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		No.
	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		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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		No
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		No :
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		.No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions.	17		No
1.8	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		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	è	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
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Par	rt IV Checklist of Required Schedules (continued)			

	column (A), line 2? If "Yes," complete Schedule I, Parts I and III			No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		No
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c		
	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		No
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		No
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		No
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? <i>If "Yes," complete Schedule L,</i> Part III	27	1, 1	No
	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV Instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	* **	No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
	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	1	
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		No
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		No
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	Yes	
Pai		٠.	:	
	Check if Schedule O contains a response or note to any line in this Part V			
1 a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 1	<u> </u>	Yes	No
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable . 1b 0		• • . •	
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
			orm 9 9	0 (2023
	Page 5		······································	
Form	990 (2023)	-		Pane F

Part V

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 5			
Ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	7	
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		No
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		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No.
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5b		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization	5c 6a		No No
	solicit any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were	- Ga		
. 17	not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No No
d	If "Yes," Indicate the number of Forms 8282 filed during the year			*
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	·	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		No
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		No
		- 1 - 1		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	·	
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		1
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
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:		*	
	Gross income from members or shareholders		.	
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 filling Form 990 in lieu of Form 1041?	المقا		
b		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12a		
13				
13	12b			· / / · / · · · · · · · · · · · · · · ·
13 a	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?	.d.,		· · · · ·
13 a b	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. 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 Enter the amount of reserves on hand 13b	.d.,		
13 a b c	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. 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 Enter the amount of reserves on hand 13b Did the organization receive any payments for indoor tanning services during the tax year?	.d.,		No
13 a b c 14a b	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. 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 Enter the amount of reserves on hand 13b Enter the amount of reserves on hand 13c Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	13a		No
13 a b c 14a b	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. 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 Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 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?	13a 14a		No No
13 a b c 14a b	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. 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 Enter the amount of reserves on hand 13b Enter the amount of reserves on hand 13c Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess	13a 14a 14b		

		FO	rm 990	J (2023)
····	Page 6			_
	990 (2023) tVI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No	a" rosne	nee to	Page 6
	lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI			Ø
Se	ction A. Governing Body and Management	<u> </u>	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 26		163	- 110
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 26			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	1.5	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code	2.)	
	TT de la companya de La companya de la co		Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	:	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			•
a	The organization's CEO, Executive Director, or top management official	15a	Yes	1
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt			
	status with respect to such arrangements?	16b	<u> </u>	
S	ection C. Disclosure		-	
17	List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			-
19	Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.	•		

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Form 990 (2023)					:					
Part VII Compensation of Officers, D	lirectors Tr	ickaaa	l/a	. E.	1			llishaat Canana		Page 7
and Independent Contracto	ors	istees	, Ke	y E1	npı	oyee	3S, I	nignest Compe	nsated Employ	ees,
Check if Schedule O contains a res	ponse or note t	o any li	ne in	this	Par	t VII	•			
Section A. Officers, Directors, Truste	es, Key Emp	oloyee	s, aı	nd I	Hig	hest	Co	mpensated Emp	oloyees	
 1a Complete this table for all persons required tyear. List all of the organization's current officer 	s. directors, tru	stees ()	wheth	er li	ndív	iduələ				ganization's tax
of compensation. Enter -0- in columns (D), (E), • List all of the organization's current key em	and (F) if no co	mpensa	ition i	was	paid	1.		•		
♠ List the organization's five current highest of who received reportable compensation (box 5 of	compensated er	nnloves	s (ot	her	thar	an n	ffico	r director tructes	or key ompleyee)	nan \$100,000 from
the organization and any related organizations. • List all of the organization's former officers, of reportable compensation from the organization	kev employees	s, or hid	hest	com	nen					
 List all of the organization's former directo organization, more than \$10,000 of reportable or 	rs or trustees ompensation fro	that re	celve	d fn	the	capa and a	city ny n	as a former directo elated organization:	or or trustee of the s.	
See the instructions for the order in which to list								:		
Check this box if neither the organization no	r any related o	rganiza	tion c	omp	ens	ated a	any	current officer, dire	ctor, or trustee.	<u>. </u>
(A) Name and title	(B) Average hours per	Position that			t che	eck m		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	week (list any hours	pers	on is	boti	h an	office ustee	er	from the	from related	compensation
	for related		aun					organization (W- 2/1099-	organizations (W-2/1099-	from the organization and
	organizations below dotted	Individual trustag or director	in st	Officer	X	Highest compensat	Former	MISC/1099- NEC)	MISC/1099- NEC)	related organizations
··· -	line)		Institutional Trustee	鸟	епріоуее	Oye Oye	重	,	,,,,,,	or garnzacions
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(1) DANIELLE LEIBFRIED	40,00									
PRESIDENT & CEO	0.00				:			91,851	0	0
(2) JACQUE ARENSDORF	2.00			-	-					
Chairman	0.00	X :		х				0	0	o
(3) MIKE CYZE	2,00							:		——————————————————————————————————————
Vice President	0.00	X		х				0	0	. 0
(4) KAREN BABLER	2.00						:			
Treasurer	0.00	X		Х				0		0

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(5) JANE READY

Director

Director

(6) ANDY WICKHAM

(7) JESSIE ERLICH

(10) KATHY BUHR

(11) OLIVIA BURGER

Director

(8) LAUREN CZESHINSKI

(9) GISELLA AITKEN-SHADLE

Secretary

Director

Director

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(12) MATT CONNOLLY	2.00										
Director	0.00	Х							U	U	0
(13) DEREK DUEHR	2,00										
Director	0.00	×							0	O	0
(14) TYLER FREYE Director	2,00	χ						V 4	0	0	. 0
(15) KEEFE GAHERTY	0.00 2.00			<u> </u>	_						<u> </u>
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Director	0.00										19.1
(16) JULIA HOLDRIDGE	2.00	Х	- '								
Director	0,00								U	Ü	0
(17) JULIE KRONLAGE	2.00										
Director	0.00	X							0	0	0

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Director	Part VII Section A. Officers, Directors	s, Trustees, K	ey Em	ploy	ees	, ar	d Hig	hes	st Compensate	ed E	mployees (cont	Page 8 tinued)
18) JAN POWERS 2,00 19 19 19 19 19 19 19	(A) Name and title	Average hours per week (list any hours	than d	one b	o no ox, u in of	t ch inle fice	ss pers	son	Reportable compensation from the organization (V		Reportable compensation from related organizations	Estimated amount of other compensation from the
Director		organizations below dotted	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Fortiar	MISC/1099-		MISC/1099-	related
	(18) JAN POWERS			-			<u> </u>	i ·				
Director	Director							-		٧		ľ
200 MICHELLE REIDY 2,00 X X X X X X X X X	(19) BROCK RENBARGER Director		x							0	0	0
Director 0,00 0 0 0 0 0 0 0 0	20) MICHELLE REIDY			1	╁			1		\dashv		
210 MICHELLE SCHMELZER 2.00 X	Director									0	0	C
Director	21) MICHELLE SCHMELZER	·····		1	╁╌	H				-+		
22) ANDREW SHERMAN										0	. 0	C
Director	22) ANDREW SHERMAN			1	 		 	 		\dashv		
23) GRETCHEN STEINES					İ	į				0	о	(
Olifector O.00 Olifector	23) GRETCHEN STEINES			1 :		1				+		
24) CARRIE TEDORE	Director							ľ		Ò	. 0	
Olifector	24) CARRIE TEDORE			-	+	╁╌						
25) TONYA TRUMM 2,00 Nirector 0,00 26) TJ WAGNER 2,00 Nirector 0,00 27) SHELLY ZAHN 2,00 Nirector 0,00 Nire	Director					1 .				0	0	i
Olifector				1			-	 	<u> </u>	-		
26) TJ WAGNER 2.00X 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Director		∤×							0	0	(
Olrector			<u> </u>	 	-	-				\dashv		
27) SHELLY ZAHN	Director		x			100				0	. 0	,
Director 0.00	27) SHELLY ZAHN		<u> </u>	 						-		
	Director		├×	1		'				0		(
1b Sub-Total		2.00		-			<u></u>					<i>i</i>
1b Sub-Total				<u> </u>						\top		
1b Sub-Total	-	:										
	1b Sub-Total			<u> </u>		<u>ب</u>	1			\sqcap		<u> </u>

2	Total number of individuals (including but not of reportable compensation from the organization)		sted above) who rec	eived more than \$10	00,000		
			* *			Ye	s No
3	Did the organization list any former officer, or line 1a? <i>If "Yes," complete Schedule 1 for suc</i>		key employee, or hi	ghest compensated	employee on	3	No
4	For any individual listed on line 1a, is the sun organization and related organizations greate individual				the		
5	Did any person listed on line 1a receive or ac	crue compensation	from any unrelated	organization or indi	vidual for	4	No.
	services rendered to the organization? If "Yes	," complete Schedu	ile J for such person			5	No
<u>S</u>	ection B. Independent Contractors Complete this table for your five highest com					ensation	
	from the organization, Report compensation (A)		ar ending with or wi		(B)	\neg	(C)
	Name and busin	ess address		Desc	ription of services	Com	npensation
							1 7
		:					
2	Total number of Independent contractors (inclu	dina but not limited	i to those listed abo	ve) who received mo	ore than \$100,000	of	
	compensation from the organization 0						990 (2023
						, , , , , , , , , , , , , , , , , , , ,	930 (2025)
			Page 9 ———				
orm	990 (2023)		•				Page S
Pa	art VIII Statement of Revenue						
	Check if Schedule O contains a resp	onse or note to any	/ line in this Part VIII (A)	(B)	(C)		(D)
			Total revenue	Related or exempt	Unrelated business	exclu	evenue uded from
		ŧ		function revenue	revenue		der sections 2 - 514
4	Federated campaigns 1a						
L	ribut(ននេ,414 - Grants - Membership dues - 1b						
Dthe	erAmt		-				V.
Simi Arfio	Entricipation in the second se	4		* * * * * * * * * * * * * * * * * * *		41	
					en e		
d 	Related organizations 1d				** * * * * * * *		
e	Government grants (contributions) 1e						1
	••••••						
	All other contributions, gifts, grants, and similar amounts not included		÷	-			
	above			e e e e e e e e e e e e e e e e e e e			
<u> </u>	Noncash contributions included in	2				* *	
	lines 1a - 1f:\$ 1g						
							1.2
h	22,546 Total. Add lines 1a-1f	1,300,414	÷			a contract	
		Business Code	-			1	
	2a						
<u> </u>						<u> </u>	
i di	•						1 -21-
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- Annah Carries Dansans-						-	
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e e	3 3 3				4.1		
Š		:	<u> </u>		<u> </u>	<u> </u>	<u> </u>

1			I .		
9 Total. Add lines 2a-2f		0	<u> </u>		
3 Investment income (including dividends similar amounts)	, Interest, and other	56,124	·		56,124
4 Income from Investment of tax-exempt		0			
5 Royalties		0	and the second second		
(i) Real	(ii) Personal				
6a Gross rents 6a 129,0	21				
b Less: rental 6b 47,7	46	ta ta		2.5	
expenses c Rental income or 6c 81,2	75	e e s			
(ioss) Use Use	1.1	81,275	81,275		<u>Control of the Control of the Contr</u>
(i) Securities					
7a Gross amount 7a				a to the	
from sales of assets other than inventory				t i t	
b Less: cost or 7b store basis and					- -
sales expenses c Gain or (loss) 7c			1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	4.5	t av e ta
d Net gain or (loss)	- * - x			!	
(not including \$ of		·			
contributions reported on line 1c). See Part IV, line 18					
	a	-	Section 19		ART TO
c Net Income or (loss) from fundraising			j .	San transfer	# 1 ⁷
	a				
c Net income or (loss) from gaming acti	/Ities)		
10aGross sales of inventory, less returns and allowances				· · · · · · · · · · · · · · · · · · ·	
<u> </u>)a	_			
)b			·	
c Net income or (loss) from sales of inve	Business Code	1	<u></u>		
11a	Dusiness adda	-			
b					
OttlerRevenueMiscAmt					e in its section in the section in t
d All other revenue					
e Total. Add lines 11a-11d			o		
12 Total revenue. See instructions .		1,437,813	81,27	5	56,124
					Form 990 (2023)
		- Page 10			
Form 990 (2023)	: :			<u></u>	Page 1.0
Part IX Statement of Functional E Section 501(c)(3) and 501(c)(4)	xpenses	mnlete all columns	All other organization	ins must complete c	olumn (A).
Check if Schedule O contains a r Do not include amounts reported on lines 7b, 8b, 9b, and 10b of Part Vill.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses

A LIBERTHER THE CONTRACTOR OF STREET AND ALL HAVE A CONTRACTOR OF STREET

T	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	909,411	309,477	. [
2	Grants and other assistance to domestic individuals. See Part IV, line 22	0			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	0			
4	Benefits paid to or for members	0		* **	
	Compensation of current officers, directors, trustees, and key employees	91,851	37,659	30,311	23,881
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	O			
7	Other salaries and wages	199,042	81,607	65,684	51,751
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	13,617	5,583	4,494	3,540
9	Other employee benefits	11,127	4,562	3,672	2,893
10	Payroll taxes	22,245	9,120	7,341	5,784
11	Fees for services (non-employees):				
а	Management	18,715	7,673	6,176	4,866
b	Legal	0	5.3		
c	Accounting	9,305	3,815	3,071	2,419
d	Lobbying	0			
e	Professional fundraising services. See Part IV, line 17	0			
f	Investment management fees	D		y to	
9	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	0		· · · · ·	
12	Advertising and promotion	40,476	16,595	13,357	10,524
13	Office expenses	12,529	5,137	4,135	3,257
14	Information technology	0			
15	Royalties	0			
16	Occupancy	10,059	4,124	3,320	2,615
17	Travel	5,467	2,241	1,804	1,422
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	, .0			er en e
19	Conferences, conventions, and meetings	4,829	1,980	1,594	1,255
20	Interest	0			
21	Payments to affiliates	13,071	5,359	4,313	3,399
22	Depreciation, depletion, and amortization	12,355	5,066	4,077	3,212
23	Insurance	1,866	765	616	485
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)		·		
	a UW INITIATIVES & EVENTS	47,806	47,806	notation of a contract of the second	e e de diffue e e di di di di di di
	b SUBSCRIPTIONS	16,489	6,760	5,442	4,287
	C BAD DEBT EXPENSE	14,037	5,755	4,632	3,650
	d DUES	3,181	1,304	1,050	827
	e All other expenses	54	30	13	11
25	Total functional expenses. Add lines 1 through 24e	1,457,598	1,162,418	165,102	130,078
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720).				Form 990 (2023)
	and the control of th	•			(2023)

			(A) Beginning of year		(B) End of year
Т	Cash-non-interest-bearing		339,590	1	78,461
1	2 Savings and temporary cash investments	.' <i>.</i>	1,166,339	2 ·	1,438,296
	B Pledges and grants receivable, net		304,419	3	292,091
1	Accounts receivable, net	•	27,511	4	22,221
	Loans and other receivables from any current or former	officer, director.			
-	trustee, key employee, creator or founder, substantial controlled entity or family member of any of these pers	contributor, or 35%		5	0
	Loans and other receivables from other disqualified per section 4958(f)(1)), and persons described in section 4	sons (as defined under 958(c)(3)(B)	· .	6	C
-	Notes and loans receivable, net			7	0
	Inventories for sale or use	<i></i> [1. 1. Quide 1. 1. Quide 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	8	0
	Prepaid expenses and deferred charges		19,211	9	17,349
	Da Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	740,509			N .
	b Less: accumulated depreciation 10b	430,372	331,642	10c	310,137
1	Investments—publicly traded securities .			11	0
1	Investments—other securities. See Part IV, line 11 .			12	
1	Investments—program-related. See Part IV, line 11 .			13	. 0
1	I Intangible assets	[,	14	0
1	Other assets. See Part IV, line 11	[16,968	15	19,727
1	Total assets. Add lines 1 through 15 (must equal line	33)	2,205,680	16	2,178,282
1	Accounts payable and accrued expenses	•	45,495	17	37,886
1	Grants payable			18	
1	Deferred revenue			19	
2	Tax-exempt bond liabilities			20	
, 2	L Escrow or custodial account liability. Complete Part IV of	of Schedule D		21	
2 2	Loans and other payables to any current or former office employee, creator or founder, substantial contributor, cor family member of any of these persons			·.	
		•		22	
1 2	— — — — — — — — — — — — — — — — — — —	· 1		23	
2				24	
2	Other liabilities (including federal income tax, payables and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	to related third parties,		25	Maria de la composición dela composición de la composición de la composición de la composición dela composición de la composición dela composición dela composición de la composición de la composición dela composición de la composición dela composición de
2	والمراجع والمراجع والمراجع والمناجع والمراجع والمراجع والمراجع والمراجع والمراجع والمراجع والمراجع والمراجع		45,495	26	37,886
;	Organizations that follow FASB ASC 958, check helines 27, 28, 32, and 33.	ere 🛭 and complete			
2			2,143,217	27	2,120,673
2	Net assets with donor restrictions		16,968	28	19,723
2 2 2 3 3 3 3	Organizations that do not follow FASB ASC 958, complete lines 29 through 33.	heck here 🕨 🔲 and			
2	and the second of the second o			29	
3 3		nt fund		30	
រូវ ភ្លួ				31	Section 11 to the second
3 3			2,160,185	32	2,140,396
3 3			2,205,680	33	2,178,282
				<u> </u>	Form 990 (202)
		— Page 12 ———		. :	
m s	90 (2023)		a Alamania Maria		Page 1
Part	XI Reconcilliation of Net Assets		Take en		
-	Check if Schedule O contains a response or note to	any line In this Part XI			
	The state of the s				
:				_	
•	Fotal revenue (must equal Part VIII, column (A), line 12) Fotal expenses (must equal Part IX, column (A), line 25)			1 2	1,437,8 1,457,59

4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		2,	160,185
5	Net unrealized gains (losses) on investments	5		-	
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			-4
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10		. 2,	140,396
Pa	rt XII Financial Statements and Reporting				42.5
	Check if Schedule O contains a response or note to any line in this Part XII	•			
				Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	.	No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed or separate basis, consolidated basis, or both:	n a			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?	:	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate b consolidated basis, or both:	asis,	100		
	Separate basis Consolidated basis D Both consolidated and separate basis		45.7		
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sched	ule O.		1 1 1	
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uni Guidance, 2 C.F.R. Part 200, Subpart F?	form	За	in and	No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requir audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	ed	3b		
			F	orm 99 ((2023)
		<u> </u>			A A No. 20
orm	990 (2023)			st in the	
Ac	lditional Data		Returi	n to Fo	rm]

Software ID: 23017518

ObjectId: 202540179349302014 - Submission: 2025-01-17

TIN: 42-0761060

SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

Calendar vear

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public

			<u> </u>				, madioni,	Inspection		
		he organization Of DUBUQUE AREA TRI-STA	ΓES		•		Employer identific	ation number		
	rt I	Peacon for Dublic	Charity Chat	use (All aggregation		1. 11.1	42-0761060			
		Reason for Public ration is not a private fou	ndation because	e it is: (For lines 1 thro	ough 12, check o	ete this part.) :	see instructions.			
1		A church, convention of	churches, or a	ssociation of churches	described in sec	tion 170(b)(1)	(A)(i).	e e e e e e e e e e e e e e e e e e e		
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)								
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).								
4		A medical research organized name, city, and state:					•	nter the hospital's		
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).								
6		A federal, state, or loca	government o	r governmental unit de	escribed in secti	on 170(b)(1)(A	i)(v).			
7	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)									
8		A community trust desc				-	$\mathcal{A} = \mathbb{Z}_{\mathbb{R}^{n}} \times \mathbb{R}^{n}$	Best feet of the f		
9	0	An agricultural research non-land grant college of	of agriculture, S	ee instructions. Enter	the name, city, a	and state of the o	college or university:	A SECTION OF THE SECTION OF		
10										
11		An organization organiz	ed and operate	d exclusively to test fo	r public safety. S	ee section 509	(a)(4).	in the second of		
12		An organization organiz more publicly supported on lines 12a through 12	organizations	described in section 5	509(a)(1) or se	ction 509(a)(2)). See section 500(s	e purposes of one or a)(3). Check the box		
а		Type I. A supporting or organization(s) the pow complete Part IV, Sec	ganization oper er to regularly :	ated, supervised, or cappoint or elect a majo	ontrolled by its s	supported organi:	vation(s) typically by	giving the supported nization. You must		
b		Type II. A supporting of management of the sup must complete Part I'	rganization sup porting organiz	pervised or controlled in the sar	in connection wit me persons that	h its supported o control or manag	organization(s), by ha ge the supported orga	ving control or nization(s). You		
C		Type III functionally supported organization(integrated. A : s) (see instruct	supporting organizatio	n operated in co	nnection with, ar	nd functionally integra	ted with, its		
d		Type III non-function functionally integrated, instructions), You must	ally integrate The organizatio	 d. A supporting organ n generally must satis 	ization operated fy a distribution	in connection will requirement and	th its supported organ	nization(s) that is not uirement (see		
e		Check this box if the org	anization recei	ved a written determin	nation from the I		pe I, Type II, Type III	functionally		
f	Enter	the number of supported								
_ g _	Provid	de the following informati	on about the su	pported organization(
	(1) N	lame of supported organization	(II) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the org	anization listed ing document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)		
					Yes	No				
Tota										
		vork Reduction Act Not or 990-EZ.	ice, see the I	nstructions for	Cat. No. 1128	5F	Schedule	A (Form 990) 2023		
			VO-PARTITION LABORATION	Pa.	ge 2					
				1 4	9c z					
		(Form 990) 2023						Page 2		
Pai	rt II	Support Schedule (Complete only if y	ou checked th	ne box on line 5, 7,	or 8 of Part I of	or if the organi:	zation failed to qua	l)(A)(vi) lify under Part III.		
Se	ction	If the organization A. Public Support	raneu to quali	iy under the tests I	istea below, pl	ease complete	Part III.)			

\u	r fiscal year beginning in) 🕨	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						-
	membership fees received. (Do not include any. "unusual grant.")			į			
2	Tax revenues levied for the						
	organization's benefit and either paid to or expended on its behalf						·
3	The value of services or facilities furnished by a governmental unit to						
	the organization without charge						· · · · · · · · · · · · · · · · · · ·
4	Total. Add lines 1 through 3 The portion of total contributions by						
5	each person (other than a				1		
	governmental unit or publicly supported organization) included on						
	line 1 that exceeds 2% of the amount						
6	shown on line 11, column (f) Public support. Subtract line 5 from						
_	line 4.		· · · · · · · · · · · · · · · · · · ·				:
	Section B. Total Support Jendar year		· · ·				
	r fiscal year beginning in) 🕨	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	· · · · · · · · · · · · · · · · · · ·				. :		
8	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties and			,			
9	Income from similar sources. Net income from unrelated business	-					
	activities, whether or not the business is regularly carried on.			·			
10	Other income. Do not include gain or						
	loss from the sale of capital assets (Explain in Part VI.).				·		
11	Total support. Add lines 7 through						
12	10 Gross receipts from related activities, e	tc. (see instructio	ns)			12	
13	First 5 years. If the Form 990 is for the	ne organization's fi	irst, second, third	, fourth, or fifth ta	x year as a section	501(c)(3) organi	zation, check
	this box and stop here						
5	Section C. Computation of Public	Support Perce	entage				
14	Public support percentage for 2023 (lin						<u> </u>
15	Public support percentage for 2022 Sci 33 1/3% support test—2023. If the					15	10V
168	and stop here. The organization quali						
ŀ	33 1/3% support test—2022. If the	organization did	not check a box of	n line 13 or 16a, a	nd line 15 is 33 1/	3% or more, check	
	box and stop here. The organization	qualifies as a pub	licly supported org	janization			▶□
17	a 10%-facts-and-circumstances test and if the organization meets the "fact	—2023. If the org s-and-circumstand	janization did not tes" test, check th	check a box on lin is box and stop h	e 13, 16a, or 16b, ere. Explain in Pai	and line 14 is 10 t VI how the orga	% or more, nization
	meets the "facts-and-circumstances" to	est, The organizati	ion qualifies as a	oublicly supported	organization		▶ □
Ŀ	、 10%-facts-and-circumstances tes	t—2022. If the or	ganization did noi	, cneck a dox on II	ne 13, 16a, 16b, t	or 17a, and nife 15	FIS EU%O OF
	more, and if the organization meets t meets the "facts-and-circumstances"						
18	Private foundation. If the organization	test. The organiza on did not check a	box on line 13, 1	6a, 16b, 17a, or 1	7b, check this box	and see	, , ,, , ,, ,
	Instructions		<u> </u>				▶ □
			4		ř.	Schedule A (F	orm 990) 2023
			<u> </u>				
			Page 3				
						in the second	
	edule A (Form 990) 2023	<u> </u>		<u> </u>			Page 3
	Part III Support Schedule for (Complete only if you					d to qualify und	or Part II If
	the organization fails						
	Section A. Public Support						
	ilendar year r fiscal year beginning in) 🌬	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and	4 274 424	4 440 577	1 412 622	1 407 445	1 270 469	6 000 202
	membership fees received. (Do not include any "unusual grants.").	1,371,124	1,418,573	1,412,623	1,407,415	1,279,468	6,889,203
2				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
	performed, or facilities furnished in						0
	any activity that is related to the organization's tax-exempt purpose			9.			
3	Gross receipts from activities that			<u> </u>			
	are not an unrelated trade or business under section 513			1 1 1 1 1			0
4	Tax revenues levied for the						

	paid to or expended on its behalf							0
5	The value of services or facilities furnished by a governmental unit to						······	0
	the organization without charge							· .
6	Total. Add lines 1 through 5	1,371,124	1,418,573	1,412,623	1,407,415	1,279,468	6,	889,203
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons				•			0
b	Amounts included on lines 2 and 3							
	received from other than disqualified persons that exceed the greater of	÷ •					:	0
	\$5,000 or 1% of the amount on line	•		*				
	13 for the year. Add lines 7a and 7b.						:	
8	Public support. (Subtract line 7c						6	889,203
	from line 6.)						0,	009,203
	ction B. Total Support		· ·					
	ndar year fiscal year beginning in) 🕨	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total	
9	Amounts from line 6	1,371,124	1,418,573	1,412,623	1,407,415	1,279,468	6,	889,203
10a	Gross income from interest,							
	dividends, payments received on securities loans, rents, royalties and	113,511	120,229	130,106	146,876	185,145		695,867
	income from similar sources	`			:		V . 1 1	
b	Unrelated business taxable income (less section 511 taxes) from			,		: 1	- :	: _
	businesses acquired after June 30,			,				. U
	1975. Add lines 10a and 10b.	113,511	120,229	130,106	146,876	185,145		695,867
11	Net income from unrelated business	113,311	120,229	130,100		100,1140		
	activities not included on line 10b, whether or not the business is							0
	regularly carried on.	*						
12	Other income. Do not include gain					<u> </u>		0
	or loss from the sale of capital assets (Explain in Part VI.).							
13	Total support. (Add lines 9, 10c,	1,484,635	1,538,802	1,542,729	1,554,291	1,464,613	3 7,	585,070
14	11, and 12.). First 5 years. If the Form 990 is for	the organization's	l first, second, thir	l d. fourth, or fifth i	tax vear as a sect	on 501(c)(3) org	anization, c	heck
	this box and stop here.				the state of the s			D
Se	ection C. Computation of Public	Support Perc	entage					
15	Public support percentage for 2023 (I	ine 8, column (f)	divided by line 13,	column (f))		15	90	.830 %
16	Public support percentage from 2022	Schedule A, Part	III, line 15			16	91	.600 %
Se	ection D. Computation of Inves	tment Income	Percentage				jā r	14.
17	Investment income percentage for 20					17	ç	.170 %
18	Investment income percentage from		Part III, line 17 .			امدا		
			to the second second	the state of the s		18		.400 %
19a	33 1/3% support tests-2023. If the			on line 14, and li	ne 15 is more tha	n 33 1/3%, and lin	e 17 is not	
	more than 33 1/3%, check this box ar	d stop here. The	organization qual	on line 14, and li ifies as a publicly	ne 15 is more tha supported organiz	n 33 1/3%, and lin	e 17 is not	:
	more than 33 1/3%, check this box ar 33 1/3% support tests—2022. If the	id stop here. The ne organization die	organization qual I not check a box	on line 14, and li ifies as a publicly on line 14 or line	ne 15 is more tha supported organiz 19a, and line 16 i	n 33 1/3%, and ling tation	e 17 is not 23% and line	:
b	more than 33 1/3%, check this box ar 33 1/3% support tests—2022. If the not more than 33 1/3%, check this box	nd stop here. The ne organization did x and stop here.	organization qual I not check a box The organization	on line 14, and li ifies as a publicly on line 14 or line qualifies as a pub	ne 15 is more tha supported organiz 19a, and line 16 is licly supported org	n 33 1/3%, and line ration	e 17 is not	:
	more than 33 1/3%, check this box ar 33 1/3% support tests—2022. If the	nd stop here. The ne organization did x and stop here.	organization qual I not check a box The organization	on line 14, and li ifies as a publicly on line 14 or line qualifies as a pub	ne 15 is more tha supported organiz 19a, and line 16 is licly supported org	n 33 1/3%, and line sation. s more than 33 1/3 ganization.	ne 17 is not	18 is
b	more than 33 1/3%, check this box ar 33 1/3% support tests—2022. If the not more than 33 1/3%, check this box	nd stop here. The ne organization did x and stop here.	organization qual I not check a box The organization	on line 14, and li ifies as a publicly on line 14 or line qualifies as a pub	ne 15 is more tha supported organiz 19a, and line 16 is licly supported org	n 33 1/3%, and line action	ne 17 is not	18 is
b	more than 33 1/3%, check this box ar 33 1/3% support tests—2022. If the not more than 33 1/3%, check this box	nd stop here. The ne organization did x and stop here.	organization qual I not check a box The organization a box on line 14,	on line 14, and li ifies as a publicly on line 14 or line qualifies as a publ 19a, or 19b, chec	ne 15 is more tha supported organiz 19a, and line 16 is licly supported org	n 33 1/3%, and line sation. s more than 33 1/3 ganization.	ne 17 is not	18 is
b	more than 33 1/3%, check this box ar 33 1/3% support tests—2022. If the not more than 33 1/3%, check this box	nd stop here. The ne organization did x and stop here.	organization qual I not check a box The organization	on line 14, and li ifies as a publicly on line 14 or line qualifies as a publ 19a, or 19b, chec	ne 15 is more tha supported organiz 19a, and line 16 is licly supported org	n 33 1/3%, and line action	ne 17 is not	18 is
20	more than 33 1/3%, check this box ar 33 1/3% support tests—2022. If the not more than 33 1/3%, check this both Private foundation. If the organization	nd stop here. The ne organization did x and stop here.	organization qual I not check a box The organization a box on line 14,	on line 14, and li ifies as a publicly on line 14 or line qualifies as a publ 19a, or 19b, chec	ne 15 is more tha supported organiz 19a, and line 16 is licly supported org	n 33 1/3%, and line action	ne 17 is not	18 is
20	more than 33 1/3%, check this box ar 33 1/3% support tests—2022. If the not more than 33 1/3%, check this box	nd stop here. The ne organization did x and stop here.	organization qual I not check a box The organization a box on line 14,	on line 14, and li ifies as a publicly on line 14 or line qualifies as a publ 19a, or 19b, chec	ne 15 is more tha supported organiz 19a, and line 16 is licly supported org	n 33 1/3%, and line action	e 17 is not	18 is
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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	3с		
	checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c	·.	:
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported	40	- 12 ¹⁷	
	organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a	·	
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7	÷	:
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		÷ ;	
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9a 9b	- 1	
C	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations)? 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).	10a 10b		
	Schedule A		990)	2023
	, _			
	Page 5			
Sche	dule A (Form 990) 2023		·	age 5
Par	t IV Supporting Organizations (continued)			
4.4				
11	Has the organization accepted a gift or contribution from any of the following persons?		Yes	No_
а	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the		Yes	No
a		11a	Yes	No
b	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? A family member of a person described on 11a above?	11a 11b	Yes	No
b	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?	11a	Yes	No
b c	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? A family member of a person described on 11a above? A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part	11a 11b		
b c Se	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? A family member of a person described on 11a above? A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI. A 35% controlled Example 1 Supporting Organizations	11a 11b	Yes	No
b	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? A family member of a person described on 11a above? A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI. A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI.	11a 11b 11c		
b c Se	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? A family member of a person described on 11a above? A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI. cetion B. Type I Supporting Organizations Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	11a 11b		
b c Se	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? A family member of a person described on 11a above? A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI. Iction B. Type I Supporting Organizations Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 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	11a 11b 11c		
b c See	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? A family member of a person described on 11a above? A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI. In the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 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	11a 11b 11c		

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).					<u> </u>
Se	ection D. All Type III Supporting Organizations			<u> </u>		
	addin strain type and supporting organizations				Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of tax year, (i) a written notice describing the type and amount of support provided durin Form 990 that was most recently filed as of the date of notification, and (iii) copies of	ig the i	orior tax year, (ii) a copy of the			
	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).					
	organization maintained a close and continuous working relationship with the supporte	sa orga	inizacion(s).	2		
3	By reason of the relationship described in line 2 above, dld the organization's supported	ed orga	nizations have a significant			
	voice in the organization's investment policies and in directing the use of the organizate during the tax year? If "Yes," describe in Part VI the role the organization's supported			3		
S	ection E. Type III Functionally-Integrated Supporting Organizations	·		<u> </u>		1
1	Check the box next to the method that the organization used to satisfy the Integral Pa	art Test	during the year (see instruct	ions):		
ā	The organization satisfied the Activities Test. Complete line 2 below.		$\label{eq:constraints} \delta = \left(\left(\left(x - x \right) \right) + \left(\left(\left(x - x \right) \right) \right) + \left(\left(\left(x - x \right) \right) \right) + \left(\left(\left(\left(x - x \right) \right) \right) \right) + \left(\left(\left(\left(x - x \right) \right) \right) \right) + \left(\left(\left(\left(x - x \right) \right) \right) \right) + \left(\left(\left(\left(x - x \right) \right) \right) \right) + \left(\left(\left(\left(x - x \right) \right) \right) \right) + \left(\left(\left(\left(x - x \right) \right) \right) \right) + \left(\left(\left(\left(x - x \right) \right) \right) \right) + \left(\left(\left(\left(x - x \right) \right) \right) \right) + \left(\left(\left(\left(x - x \right) \right) \right) \right) + \left(\left(\left(\left(x - x \right) \right) \right) \right) + \left(\left(\left(\left(x - x \right) \right) \right) \right) + \left(\left(\left(\left(x - x \right) \right) \right) \right) + \left(\left(\left(\left(x - x \right) \right) \right) \right) + \left(\left(\left(\left(x - x \right) \right) \right) \right) + \left(\left(\left(\left(x - x \right) \right) \right) \right) + \left(\left(\left(\left(x - x \right) \right) \right) \right) + \left(\left(\left(\left(x - x \right) \right) \right) \right) + \left(\left(\left(\left(x - x \right) \right) \right) \right) + \left(\left(\left(\left(x - x \right) \right) \right) \right) + \left(\left(\left(\left(x - x \right) \right) \right) \right) + \left(\left(\left(\left(x - x \right) \right) \right) \right) + \left(\left(\left(\left(x - x \right) \right) \right) \right) + \left(\left(\left(\left(x - x \right) \right) \right) \right) + \left(\left(\left(\left(x - x \right) \right) \right) \right) + \left(\left(\left(\left(x - x \right) \right) \right) \right) + \left(\left(\left(\left(x - x \right) \right) \right) \right) + \left(\left(\left(\left(x - x \right) \right) \right) \right) + \left(\left(\left(\left(x - x \right) \right) \right) \right) + \left(\left(\left(\left(x - x \right) \right) \right) \right) + \left(\left(\left(\left(x - x \right) \right) \right) \right) + \left(\left(\left(\left(x - x \right) \right) \right) \right) + \left(\left(\left(\left(x - x \right) \right) \right) \right) + \left(\left(\left(\left(x - x \right) \right) \right) + \left(\left(\left(\left(x - x \right) \right) \right) \right) + \left(\left(\left(\left(x - x \right) \right) \right) \right) + \left(\left(\left(\left(x - x \right) \right) \right) + \left(\left(\left(\left(x - x \right) \right) \right) \right) + \left(\left(\left(\left(x - x \right) \right) \right) \right) + \left(\left(\left(\left(x - x \right) \right) \right) \right) + \left(\left(\left(\left(x - x \right) \right) \right) \right) + \left(\left(\left(\left(x - x \right) \right) \right) \right) + \left(\left(\left(\left(x - x \right) \right) \right) \right) + \left(\left(\left(\left(x - x \right) \right) \right) \right) + \left(\left(\left(\left(x - x \right) \right) \right) \right) + \left(\left(\left(\left(x - x \right) \right) \right) \right) + \left(\left(\left(\left(x - x \right) \right) \right) \right) + \left(\left(\left(\left(x - x \right) \right) \right) \right) + \left(\left(\left(\left(x - x \right) \right) \right) + \left(\left(\left(\left(x - x \right) \right) \right) \right) + \left(\left(\left(\left(x - x \right) \right) \right) \right) + \left(\left(\left(\left(x - x \right) \right) \right) \right) + \left(\left(\left(\left(x - x \right) \right) \right) + \left(\left(\left(\left(x - x \right) \right) \right) \right) + \left(\left(\left(\left(x - x \right) \right) \right) \right) + \left(\left(\left(\left(x - x \right) \right) \right) \right) + \left(\left(\left(\left(x - x \right) \right) \right) + \left(\left(\left(\left(x - x \right) \right) \right) \right) + \left(\left(\left(\left(x - x \right) \right) \right) \right) + \left(\left(\left(\left(x - x \right) \right) \right) + \left(\left(\left(\left(x - x \right) \right) \right) \right) + \left(\left(\left(\left(x - x \right) \right) \right) \right) + \left(\left(\left($	+ 1		
ł	The organization is the parent of each of its supported organizations. Complete	line 3	below.			
	The organization supported a governmental entity. Describe in Part VI how yo	u supp	orted a government entity (see	e Instru	ctions)	ı
2	Activities Test. Answer lines 2a and 2b below.					
2	Activities lest, Answer lines 2d and 2b below.				Yes	No
ā	a Did substantially all of the organization's activities during the tax year directly further supported organization(s) to which the organization was responsive? If "Yes," then in organizations and explain how these activities directly furthered their exempt purp	Part V	I identify those supported now the organization was			
,	responsive to those supported organizations, and how the organization determined the substantially all of its activities.	at thes	e activities constituted	2a	 	╁
i	b Did the activities described on line 2a, above constitute activities that, but for the orga	anizati	on's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," the organization's position that its supported organization(s) would have engaged in to organization's involvement.	' explai hese a	n in Part VI the reasons for ctivities but for the		·	
_			•	2b	-	-
	 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. 					
ı	b Did the organization exercise a substantial degree of direction over the policies, progra	ams ar	nd activities of each of its		+	1 × 1 × 1
	supported organizations? If "Yes," describe in Part VI. the role played by the organizations			3b	<u> </u>	1
		:	Schedule A	\ (Forr	n 990)	2023
	orani ili della di					
	Page 6					
Coho	edule A (Form 990) 2023					
	art V Type III Non-Functionally Integrated 509(a)(3) Supporting O	roani	zatione			Page 6
1				1/7) 6		
	Check here if the organization satisfied the Integral Part Test as a qualifying tru instructions. All other Type III non-functionally integrated supporting organization.	ist on i	nust complete Sections A throu	igh E	:e 	
	Section A - Adjusted Net Income		(A) Prior Year		rent Yea ional)	аг
1	Net short-term capital gain	1		topi	Onall	
		2				
3		3		· · · · ·	<u></u>	
-4		4				
	Depreciation and depletion	5				 .
		6				
	income or for management, conservation, or maintenance of property held for production of income (see instructions)					·
7	Other expenses (see instructions)	7	Service of the servic		ō.	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8			• •	
	Section B - Minimum Asset Amount		(A) Prior Year		rrent Yea ional)	ar
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1			: 	:
	a Average monthly value of securities	1a				
	b Average monthly cash balances	1b				
	c Fair market value of other non-exempt-use assets	1.c			· <u> </u>	
	d Total (add lines 1a, 1b, and 1c)	1d				

e Discount claimed for blockage or other factors (explain in detail in Part VI):				
Acquisition indebtedness applicable to non-exempt us	e assets	2	-	
3 Subtract line 2 from line 1d		3		
4 Cash deemed held for exempt use. Enter 0.015 of line instructions).	3 (for greater amount, see	4		
5 Net value of non-exempt-use assets (subtract line 4 fr	rom line 3)	5	-	
6 Multiply line 5 by 0.035				
7 Recoveries of prior-year distributions	· · · · · · · · · · · · · · · · · · ·	7		
8 Minimum Asset Amount (add line 7 to line 6)		8		<u> </u>
Section C - Distributable Amount				Current Year
1 Adjusted net income for prior year (from Section A, lir	ne 8, Column A)	1		
2 Enter 85% of line 1		2		
3 Minimum asset amount for prior year (from Section B,	line 8, Column A)	3		
4 Enter greater of line 2 or line 3		4	· · · · · · · · · · · · · · · · · · ·	
5 Income tax imposed in prior year		5		
Distributable Amount. Subtract line 5 from line 4, u temporary reduction (see instructions)	nless subject to emergency	6		
7 Check here If the current year is the organization instructions)	n's first as a non-functionally-i	ntegrated Ty	pe III supporting	organization (see
			Sc	chedule A (Form 990) 2023
	——— Page 7 ————			7,774,700,704,104
	e e e			
Schedule A (Form 990) 2023		· · · · · · · · · · · · · · · · · · ·		Page 7
Part V Type III Non-Functionally Integrated	1 509(a)(3) Supporting (Organizati	ons (continued	
Section D - Distributions				Current Year
1 Amounts paid to supported organizations to accomplish	exempt purposes		1	. 1 . 5
2 Amounts paid to perform activity that directly furthers excess of income from activity	exempt purposes of supported	organization	s, in 2	
3 Administrative expenses paid to accomplish exempt pur	poses of supported organization	ns	3	
4 Amounts paid to acquire exempt-use assets			4	<u>. </u>
5 Qualified set-aside amounts (prior IRS approval require	d - provide details in Part VI)		5	
6 Other distributions (describe in Part VI). See instruction	ns		6	
7 Total annual distributions. Add lines 1 through 6.			7 .	A 1 1 1 1
8 Distributions to attentive supported organizations to wh details in Part VI). See instructions	ich the organization is respons	ive (<i>provide</i>	8	
9 Distributable amount for 2023 from Section C, line 6			9	
10 Line 8 amount divided by Line 9 amount		••••	10	
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdi	(ii) istributions 2-2023	(iii) Distributable Amount for 2023
1 Distributable amount for 2023 from Section C, line 6				
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required explain in Part VI).				
See Instructions.				
3 Excess distributions carryover, if any, to 2023:				
a From 2018				
c From 2020				
d From 2021				
e From 2022				
f Total of lines 3a through e				
g Applied to underdistributions of prior years h Applied to 2023 distributable amount				
i Carryover from 2018 not applied (see				****
instructions)				-
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4 Distributions for 2023 from Section D, line 7: \$				
a Applied to underdistributions of prior years				

b Applied to 2023 distributable amount	1		
c Remainder, Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2023, Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI . See instructions,		:	
7 Excess distributions carryover to 2024. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2019.			
b Excess from 2020			
c Excess from 2021			
d Excess from 2022			
e Excess from 2023.		<u> </u>	
	• • • • • • • • • • • • • • • • • • • •		Schedule A (Form 990) (2023)
	Page 8		
Schedule A (Form 990) 2023			Page 8
Part VI Supplemental Information. Provide the exp Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a Part IV, Section D, lines 2 and 3; Part IV, Section D, lines 5, 6, and 8; and Part V, Section Section D, lines 5, 6, and 8; and Part V, Section Section D, lines 5, 6, and 8; and Part V, Section D, lines D	, 9b, 9c, 11a, 11b, and 11c; Pa tion E. lines 1c, 2a, 2b, 3a and	art IV, Section B, lines 1 a 3b; Part V, line 1; Part V,	and 2; Part IV, Section C, line 1; Section B, line 1e; Part V
No. of the second secon	,		
	Facts And Circumstances Tes	st	
	and the second second		
A service of the serv	g Mari Perundia gefficial filia dia menangan pengahan dia pengahanan dan dan menangan dan m	erite in en	Mark Called Late, by the recent to one of the control of a control of a control of a control of a control of a The control of the control of
Return Reference	· · · · · · · · · · · · · · · · · · ·	Explanation	marketi i e e e e e e
			Schedule A (Form 990) 2023
			Schedule A (Form 990) 2023
			Schedule A (Form 990) 2023
			Schedule A (Form 990) 2023
Additional Data		ECHARCORPT A VOINT EARTH SURFING ROAD ANNIBROUND FUNDAMENTAL TO SURFING SURFINISHED SURFIN	Schedule A (Form 990) 2023 Return to Form

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ObjectId: 202540179349302014 - Submission: 2025-01-17 TIN: 42-0761060 efile Public Visual Render OMB No. 1545-0047 Schedule B Schedule of Contributors (Form 990) Attach to Form 990, 990-EZ, or 990-PF. 2023 Department of the Treasury Go to www.lrs.gov/Form990 for the latest information. Internal Revenue Service Employer identification number Name of the organization UNITED WAY OF DUBUQUE AREA TRI-STATES 42-0761060 Organization type (check one): Filers of: Section: Form 990 or 990-EZ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation □ 527 political organization □ 501(c)(3) exempt private foundation Form 990-PF 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 other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3% 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, 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., 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 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF). For Paperwork Reduction Act Notice, see the Instructions Cat. No. 30613X Schedule B (Form 990) (2023)

for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2023)

Page 2

Name of organization

Employer identification number

UNTIED WAY OF DU	IBUQUE AREA TRI-STATES	42-0/61060	
Part I Contributors	Contributors (see Instructions). Use duplicate copies of Part I if additional spi	ace is needed,	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED			Person
		\$ RESTRICTED	Payroll
	,	THE THOUSE	☐ Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_	# # # # # # # # # # # # # # # # # # #		Person
-			Payroli
	-3		Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_		the second	Person
•		\$	Payroll
			Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_	<u> </u>	·	Person
		\$	☐ Payroll
			Noncash (Complete Part II for noncash
(-)	4.3		contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
- · · · · · · · · · · · · · · · · · · ·		\$	☐ Payroll
1 to			Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			Person
		\$	Payroll
	The control of the second control of the sec	<u> </u>	Noncash
	to the consequence of the conseq	to the same and	(Complete Part II for noncash contributions.)
:			Schedule B (Form 990) (2023
	Page 3	m en	
Schedule B (Form	990) (2023)		Page
Name of organization	on IBUQUE AREA TRI-STATES	Employer identificati	
	ash Property (see Instructions). Use duplicate copies of Part II if additional space is needed.	42-0761060	
(a)	(b)	(c)	(d)
No. from Part I	Description of noncash property given	FMV (or estimate) (See instructions)	Date received

			1222				
•				\$			
(a) No. from Part I	Description of noncash	Description of noncach property given		(c) or estimate) nstructions)	(d) Date received		
-	· ·			<u> </u>	· · · · · · · · · · · · · · · · · · ·		
(a) No. from Part I	Description of noncash			(c) or estimate) nstructions)	(d) Date received		
•				<u>~</u> _			
(a) No. from Part I		ı) ash property given		(c) or estimate) nstructions)	(d) Date received		
				\$			
(a) No. from Part I	(b) Description of noncash	property given	FMV (c	(c) or estimate) nstructions)	(d) Date received		
-							
(a) No. from Part I	(b) Description of noncash property given			(c) or estimate) astructions)	(d) Date received		
-				\$			
					Schedule B (Form 990) (2023)		
		Page 4	TO A B TO MERCEN SALES OF THE S				
Cobodulo	P. (Form 000) (2022)						
Name of o	B (Form 990) (2023) rganization /AY OF DUBUQUE AREA TRI-STATES			Employer identi	Page 4 fication number		
Part III	Exclusively religious, charitable, etc., cont	ributions to organizations des	cribed in sec	42-0761060	or (10) that total more		
	than \$1,000 for the year from any one control organizations completing Part III, enter the year. (Enter this information once. See inst Use duplicate copies of Part III if additional sp	ributor. Complete columns (a) total of exclusively religious, ructions.) ► \$) through (e) a	ind the following	line entry. For		
(a) No. from Part I	(b) Purpose of gift	(b) Purpose of gift (c) Use of gift			(d) Description of how gift is held		
-							
	Transferee's name, address, and 2	(e) Transfer of gift		of transferor to t	ransferee		
<u>(n)</u>							
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	-	(d) Descripti	ion of how gift is held		
-	Transferee's name, address, and Z	(e) Transfer of gift		o of transferor to t	ransferee		
İ							
(a)		1					

No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_			
	Transferee's name, address, and Z	(e) Transfer of gift IP 4 Relations	ship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			
	Transferee's name, address, and Z	(e) Transfer of gift IP 4 Relations	ship of transferor to transferee
			Schedule B (Form 990) (2023)

Additional Data

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ObjectId: 202540179349302014 - Submission: 2025-01-17

TIN: 42-0761060

SCHEDULE D

Department of the Treasury

Internal Revenue Service

(Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

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

OMB No. 1545-0047

Inspection Name of the organization Employer identification number UNITED WAY OF DUBUQUE AREA TRI-STATES 42-0761060 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1. Aggregate value of contributions to (during year) 2 3 Aggregate value of grants from (during year) 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the O Yes O No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? 🗆 Yes 🗀 No Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 easement on the last day of the tax year, Total number of conservation easements . . . 2a 2b Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register . . . Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🛌 Number of states where property subject to conservation easement is located 🕨 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, ☐ Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

following amounts required to be reported under FASB ASC 958 relating to these items:

chedule D (Form 990) 2022								Pa
art III Organizations Maintaining Co Using the organization's acquisition, accession								
Using the organization's acquisition, accessio items (check all that apply):	n, and other rec	ords, checl	any of the	e following	that are a	significant	use of its co	lection
a D Public exhibition		d		nan 'or excl	nange progi	rame		
		e			* **			
Scholarly research		·	U o	ther	************************	***************************************	31 744444 321 464 00	
Preservation for future generations			e e e e e Gran					
Provide a description of the organization's co Part XIII.	llections and exp	lain how ti	ney further	the organ	zation's ex	empţ purpo	se in	
During the year, did the organization solicit o assets to be sold to raise funds rather than to	r receive donation be maintained	ons of art, l as part of l	historical tr the organiz	easures or ation's coll	other simi ection?。,	lar	Yes	□ No
art IV Escrow and Custodial Arrange Complete if the organization answ	ments. wered "Yes" on	Form 99	0, Part IV	, line 9, o	r reported	d an amou	ınt on Fori	m 990, Par
line 21.			91.				** V .	
Is the organization an agent, trustee, custodi included on Form 990, Part X?	ian or other inter	mediary fo	ır contribui	ions or oth	er assets n		The second second	_
	• • • • • • • • • • • • • • • • • • • •		• • • • •				O Yes	U No
If "Yes," explain the arrangement in Part XIII	and complete the	ae followin	n tabler				mount	<u>e to kali</u> us Talengan
Beginning balance			_		1.c		moult	
Additions during the year					1d			
Distributions during the year					1e		<u> </u>	<u>*************************************</u>
Ending balance					1f			
Did the organization include an amount on Fo								O No
If "Yes," explain the arrangement in Part XIII	. Check here if the	ne explana	tion has be	en provide	d in Part X	ш	, O	
art V Endowment Funds.			0 5		* 4			
Complete if the organization answ	vered "Yes" on (a) Current yea		0, Part IV Prior year		years back	/d\ Three ve	ara bask (s) Faur Manes &
Beginning of year balance		500	12,50		12,500	(d) Three ye	30,975	Four years by 40,
Contributions		7.		<u> </u>	12,300		30,373	
Net investment earnings, gains, and losses								18,
Grants or scholarships								
Other expenditures for facilities	<u> </u>			-				
and programs		•	eavi ez mil		· "-	er North	18,475	27,
Administrative expenses	42	F00	45 ==		47.500	 		. <u> </u>
End of year balance	<u> </u>	500	12,50		12,500		12,500	30,
Provide the estimated percentage of the curre Board designated or quasi-endowment	ent year end bal	ance (line :	lg, column	(a)) held :	as:		* * * * *	
Permanent endowment					•	***	•	•
Term endowment								in the second
The percentages on lines 2a, 2b, and 2c shou					••		•	
Are there endowment funds not in the posses organization by:	ssion of the orga	nization th	at are held	and admir	istered for	the		
(i) Unrelated organizations							25/	Yes N
(ii) Related organizations				Assault as			3a(i 3a(ii	
If "Yes" on 3a(ii), are the related organization	is listed as recul	red on Sch	edule R2				3a(1)	N N
Describe in Part XIII the Intended uses of the							'	<u> </u>
rt VI Land, Buildings, and Equipmen		1			5 54.4			** **
	vered "Yes" on	Form 99	O, Part IV	line 11a	See Forn	n 990, Pai	rt X, line 1	١0.
Complete if the organization answ			er basis (othe		cumulated de			Book value
Complete if the organization ansy Description of property (a) Cost or off (investme)								
Complete if the organization ansy Description of property (a) Cost or of (investme			55,6	i42				., 55
Complete if the organization ansy Description of property (a) Cost or of (investme) Land		e sije	<u> </u>			288.798	<u> </u>	55 188
Complete if the organization answ Description of property Land Buildings Complete if the organization answ (investment) (investment)		1 1 1	476,8	160		288,798 12,536		188
Complete if the organization ansy Description of property Land Buildings Leasehold improvements			476,8 30,2	76	2.5	12,536		188
Complete if the organization ansy Description of property Land Buildings Leasehold improvements Equipment	ent)		476,8 30,2 177,7	76 731		12,536 129,038		188 17 48
Complete if the organization answ Description of property (a) Cost or other	ent)	-	476,8 30,2 177,7	76 731 731 731 731 731 731 731 731 731 731		12,536		188 17 48

Complete if the organization answered "Yes" on Form 990 (a) Description of security or category			(c) Method of val	
(including name of security)	(b) Book value	Cost	or end-of-year m	arket value
1) Financial derivatives				
(2) Closely-held equity interests	-			
A)				
В)				
C)				
D)				
E)				
F)				
(G)				
H)				
Fotal. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	j.			
Part VIII Investments - Program Related. Complete if the organization answered 'Yes' on Form 990) Part IV	line 11c. See Fo	rm 990 Part X	line 13
(a) Description of Investment	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(b) Book value	(c) Metho	od of valuation: f-year market value
(1)				
2)				• • • • • • • • • • • • • • • • • • • •
3)				
(4)				
5)		· · · · · · · · · · · · · · · · · · ·	1:.	**** y .
(6)				
(7)		•	e e konge	
(8)				
(9)				
Part IX Other Assets.	Þ			1 1 1 1 1 1 1 1 1
Complete If the organization answered 'Yes' on Form 990 (a) Description	, Part IV, l	ine 11d. See For	m 990, Part X,	line 15. (b) Book value
(a) Description	·			(b) Book value
(2)		· · · · · · · · · · · · · · · · · · ·		
3)			e de la C	
(4)				
(5)				<u> </u>
(6)		· · · · · · · · · · · · · · · · · · ·		
	: "			
(8)	1		and the second	
(9)				•
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	<u> </u>	<u> </u>		
Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990	Down Tife	ina dda ay daew	00 For 000 h	V II 2=
	USPE IV	.ma 110 00 114 C		

=) Odd (d) Hooking Caree			
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	<u> </u>		
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			•.
otal. (Column (b) must equal Form 990, Part X, col.(B) line 25.)		<u> </u>	and delicated the
2. Liability for uncertain tax positions. In Part XIII, provide the text of the footno	- .		
organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check	here if the text of the footnote ha	· · · · · · · · · · · · · · · · · · ·	
		Schedule D	(Form 990) 2022
Comp. 4			
Page 4 -			
Schedule D (Form 990) 2022			Page 4
Part XI Reconciliation of Revenue per Audited Financial Stat	ements With Revenue per	Return.	
Complete if the organization answered 'Yes' on Form 990,	Part IV, line 12a.		
1 Total revenue, gains, and other support per audited financial statements		1	1,485,559
Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a Net unrealized gains (losses) on investments	2a		1 1 1 E
b Donated services and use of facilities	2b		
c Recoveries of prior year grants	2c		
d Other (Describe in Part XIII.)	2d 47,7	46	
e Add lines 2a through 2d		2e	47,746
3 Subtract line 2e from line 1		3	1,437,813
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b Other (Describe in Part XIII.)	4b		
•		4c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line		5	1,437,813
Part XII Reconciliation of Expenses per Audited Financial Sta			
Complete if the organization answered 'Yes' on Form 990,			<u> </u>
1 Total expenses and losses per audited financial statements		1	1,505,344
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a Donated services and use of facilities	2a		
b Prior year adjustments	2b		
c Other losses	2c	7 . [
d Other (Describe in Part XIII.)	2d 47,7	46	
e Add lines 2a through 2d			47,746
3 Subtract line 2e from line 1		3	1,457,598
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	4b		
	. 70	- _{4c}	e e
c Add lines 4a and 4b	- 40 \	5	1 457 509
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, Iln	e 16.)		1,457,598
Part XIII Supplemental Information			
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	and 4; Part IV, lines 1b and 2b; P	art V, line 4; Pa	rt X, line 2; Part XI,
			·
Return Reference	Explanation		
	OF THE ORGANIZATION'S ENDOW HE GOOD OF THE COMMUNITY.	MENT FUNDS A	RE TO SUPPORT PROGE
	TTED FROM GROSS RENTS \$4774	6	
out not included on form 990	•	*	* * * * * * * * * * * * * * * * * * *
Part XII, Line 2d: Other expenses and losses per audited RENTAL EXPENSES NE	TTED FROM GROSS RENTS \$4774	6	

Additional Data

Return to Form

 Software ID:
 23017518

 Software Version:
 2023v6.0

TIN: 42-0761060

efile Public Visual Render ObjectId: 202540179349302014 - Submission: 2025-01-17

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. Schedule I

(Form 990)

Grants and Other Assistance to Organizations,

Governments and Individuals in the United States

Complete If the organization answered "Yes," on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the
Treasury
Internal Revenue Service
Name of the organization
UNITED WAY OF DUBUQUE AREA TRI-STATES

Employer Identification number 42-0761060

Part I General Informa			***				
 Does the organization maint the selection criteria used to Describe in Part IV the organization 	award the grants o	r assistance?				e, and	🖸 Yes 🗌 No
Part II Grants and Other A	ssistance to Dome	stic Organizations a	nd Domestic Governmen		ganization answered "Yes"	on Form 990, Part IV, line	21, for any recipient
that received more tr (a) Name and address of organization or government	(b) EIN	(c) IRC section (lf applicable)	itional space is needed. (d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) 211 REFERRAL PROGRAM 1111 9TH STREET STE 100 DES MOINES, IA 50314	42-0680425		15,100	0			24/7 MULTI-LINGUAL ACC TO COMM RESC
(2) ALMOST HOME 1276 WHITE ST DUBUQUE, IA 52001	23-7421408	***	13,000	0			HOMELESS SERVICES
(3) AMERICAN RED CROSS 2400 ASBURY RD DUBUQUE, IA 50001	53-0196605		35,000	0			DISASTER, VOLUNTEER, MILITARY
(4) AREA SUBSTANCE ABUSE COUNCIL 3601 16TH AVE SW CEDAR RAPIDS, IA 52404	42-1033304		15,000	0			HIGH RISK YOUTH PROGRAM
(5) BOYSGIRLS CLUB OF GREAT DBQ 1299 LOCUST ST DUBUQUE, IA 52001	42-0710263		72,500	0			MEALS & EDUCATION PROGRAMS
(6) CATHOLIC CHARITIES 1229 MT LORETTA DUBUQUE, IA 52003	42-0680496		72,000	0			PRISON MINISTRY, MENTAL HEALTH
(7) COMM FOUNDATION OF DBQ 7600 COMMERCE PARK DUBUOUE, IA 52001	42-1526614		7,500	0			RESTORATIVE JUSTICE PROGRAM
(8) COMM SOLUTIONS EASTERN IA 7600 COMMERCE PARK DUBUQUE, IA 52002	84-2847366		39,200	0			ADDRESSING HOMELESSNESS
(9) COVIVIUM URBAN FARMSTEAD 2811 JACKSON ST DUBUQUE, IA 52001	47-2427763		7,200	0			PROG TO HELP FAMILIES EAT HEALTHY
(10) CRESCENT COMM HEALTH CENTER 1698 ELM ST STE 300 DUBUQUE, IA 52001	48-1302204		28,500	O			COMMUNITY HEALTH & DENTAL CLINIC
(11) DEQ AREA LABOR MGMT COUNCIL 350 W 6TH ST DUBUQUE, IA 52001	42-1319578		6,500	C			UNION/EMPLOYER COOPERATION
(12) DBQ COMM YMCAYWCA 35 N BOOTH ST DUBUQUE, IA 52001	42-0934471		65,367	C			CHILCARE/VICTIM SERVICES
(13) DBQ VISITING NURSING ASSOC 660 IOWA ST DUBUQUE, IA 52001	42-0580410		35,000	C			REPRESENTATIVE PAYEE PROGRAM
(14) DUBUQUE AREA LABOR HARVEST 1610 GARFIELD AVE DUBUQUE, IA 52001	42-1321098		12,000	()		FOOD PANTRY
(15) DUBUQUE DREAM CENTER 1600 WHITE ST DUBUQUE, IA 52001	81-1062794		25,000				YOUTH MENTORING
(16) DURIDE 2728 ASBURY RD STE 330 DUBUQUE, IA 52001	26-2988507		7,500				TRANSPORTATION FOR 65 & OLDER
(17) FOUNTAIN OF YOUTH PROGRAM 220 W 7TH ST DUBUQUE, IA 52001	81-3722764		40,162)		PARTNERS IN CHANGE PROGRAM
(18) FRIENDS OF IA CASA & ICFCRB 321 EAST 12TH ST STE 400 DES MOINES, IA 50319	42-1471727		22,500)	o l		ADVOCACY FOR NEGLECTED CHILDREN
(19) FRIENDS OF THE FAMILY 2728 ASBURY RD STE 510 DUBUQUE, IA 52001	42-1390144		9,05		D .		DOMESTIC & SEXUAL ABUSE ASSISTANCE
(20) GIRL SCOUTS OF EASTERN IOWA 2644 PENNSYLVANIA AVE DUBUQUE, IA 52001	42-1008848		18,750		0		LEADERSHIP/CHARACTE BLD
(21) HAWKEYE AREA COMMUNITY ACTION 1515 HAWKEYE DR HIAWATHA, IA 52233	42-0898405		25,000		0		HEALTH & NUTRITION
(22) HELPING SERVICES OF NE IA 2728 ASBURY RD DUBUQUE, IA 52001	42-0989563		9,500		0		FAMILY SUPPORT

159,6401		-t						
299 MANT ST 180205	AMÉRICAS GRADS 1111 9TH ST STE 268	42-1492988		30,000	0			
Continue Continue	799 MAIN ST	42-1079227		23,500	0			ASSISTANCE W/ LEGAL ISSUES
C69 MIDDELL MINITES FOR \$2.4614793 15,000 0	CHILDCARE CTR 1584 WHITE ST	84-3351733		34,200	0			CHILDCARE
C27) NORTHEAST TA AGENCY S2-1621262 15,000 1	(26) MINDFUL MINUTES FOR SCHOOLS 416 RAYMOND PLACE	82-4614783		15,000	0			YOGA IN SCHOOLS
1561 JACKSON ST DUBLIQUE, IX SZOO1 DUBLIQUE,	(27) NORTHEAST IA AGENCY ON AGING 3840 W 9TH ST	-52-1621262	X	15,000	0	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		EMERGENCY & BASIC
900 JANCSON ST ST2 L19-1 301 BECGIONAL TRANSIT 42-1182944 15,5355 0 TRANST SERVICE FOR GENERAL PUBLIC, IN 5 5002 (30) BECGIONAL TRANSIT 7000 COMMENCE PARK DUBLIQUE, IN 5 5002 (31) RESCURCES PARK DUBLIQUE, IN 5 5002 (32) ST AMANCE YOUTH 42-1338364 37,500 0 PROFESSIONAL DUBLIQUE, IN 5 5001 (32) ST AMANCE YOUTH 42-1338364 37,500 0 PROFESSIONAL DUBLIQUE, IN 5 5001 (32) ST AMANCE YOUTH 42-1338364 37,500 0 PROFESSIONAL DUBLIQUE, IN 5 5001 (32) ST AMANCE YOUTH 42-1338364 36-24-1010 (32) ST AMANCE YOUTH 42-1338364 36-24-1010 (33) THE SAUNTON ANY 1091 DUAK ST DUBLIQUE, IN 5 5001 (34) THE WORKCHOP 36-24-1010 (35) THE WORKCHOP 36-24-1010 (36) THE WORKCHOP 36-24-1010 (36) THE WORKCHOP 36-24-1010 (37) THE WORKCHOP 36-24-1010 (38) THE WORKCHOP 36-24-1010 (39) THE WORKCHOP 36-24-1010 (39) THE WORKCHOP 36-24-1010 (30) THE WORKCHOP 3	1561 JACKSON ST	42-1490364		30,000	0			HOUSING/SHELTER
AUTHORITY CODE COMMERCE PARK DUBLIQUE, IN \$2002 STANKEY NOTH CONTROL OF PREVENTION THERAPY CODE COMMERCE PARK DUBLIQUE, IN \$2002 STANKEY NOTH A2-1338364 A37,500 STANKEY NOTH A2-1338364 A37,500 STANKEY NOTH A2-1338364 A37,500 STANKEY NOTH A2-1338364 STANKEY NOTH A2-13383	900 JACKSON ST STE LL-5-1	38-3908793		28,500	0			BILINGUAL STAFF RESOURCES
2600 DOGGE ST DUBUQUE, In \$2001 PROFESSIONAL DEVELOPMENT (22) ST MARKS YOUTH A2-1338364 37,500 0 0 PROFESSIONAL DEVELOPMENT 1201 LOCKET ST DUBUQUE, IA \$2001 D	AUTHORITY 7600 COMMERCE PARK	42-1182944	gradini seri	15,535	0	11 s 2 s 11 s 21. 1		
ERRICHMENT 1028 LOCUST ST DUBUQUE, IA 52001 36-2645910 24,000 24,000 0 EMERGENCY FOOD PANTRY 1099 10WA ST DUBUQUE, IA 52001 36-2645911 25,000 0 DISABLED SENIORS PROGRAM 36-2645911 25,000 0 DISABLED SENIORS PROGRAM 37 Schedule I (Form 990) 2023 Fater total number of section 501(c)(3) and government organizations listed in the line 1 table. 38 30 The results of the section of the reganizations listed in the line 1 table. 39 The results of the section of the reganizations listed in the line 1 table. 30 The results of the section of the reganizations listed in the line 1 table. 30 The results of the section of the reganization answered "Yes" on Form 990, Part IV, line 22. The results of the duplicated if additional space is needed. (a) Type of grant or assistance (b) Number of raciplents (cash grant (cash grant (d) Amount of noncash assistance (e) Method of voluntion (cook, line) (f) Description of noncash assistance (f) Description of noncash assistance (g) Type of grant or assistance (head) (g) Type of grant or assistance (head) (g) Number of raciplents (g) Method of voluntion (cook, line) (g) Method of voluntion (c	2600 DODGE ST	36-3920008		44,121	0			
Case Case	ENRICHMENT 1201 LOCUST ST			37,500	0			DEVELOPMENT
(24) THE WORKSHOP 765 SWEST GALENA, IL 61036 22 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table. 34 Enter total number of other organizations listed in the line 1 table. 35 Enter total number of other organizations listed in the line 1 table. 36 Enter total number of other organizations listed in the line 1 table. 36 The total number of other organizations listed in the line 1 table. 36 The total number of other organizations listed in the line 1 table. 36 The total number of other organizations listed in the line 1 table. 37 The line 2 The line 1 table 1 table 2 The line 2 The line 1 table 2 The line 2 T	(33) THE SALVATION ARMY 1099 IOWA ST	36-2167910		24,000	0			EMERGENCY FOOD
Enter total number of section 501(c)(3) and government organizations listed in the line 1 table .	(34) THE WORKSHOP 706 S WEST ST	36-2645411			0			
(a) Type of grant or assistance (b) Number of recipients (c) Amount of noncash assistance (d) Amount of noncash assistance (e) Method of valuation (book, FMV, appraisal, other) (f) Description of noncash assistance (g) Amount of noncash assistance (h) Number of recipients (h) Number of noncash assistance (h) Method of valuation (book, FMV, appraisal, other) (h) Description of noncash assistance (h) Description of noncash assistance (h) Number of recipients (h) Amount of recipients (h) Method of valuation (book, FMV, appraisal, other) (h) Description of noncash assistance (h) Number of recipients (h) Number of recipients (h) Amount of recipients (h) Amount of recipients (h) Amount of recipients (h) Amount of recipients (h) Method of valuation (book, FMV, appraisal, other) (h) Description of noncash assistance (h) Amount of recipients (h) Am	or Paperwork Reduction Act Notice chedule I (Form 990) 2023	e, see the Instruction	ns for Form 990. Page	2	Cat. No. 500559			edule I (Form 990) 2023
reciplents cash grant noncash assistance FMV, appraisal, other) Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	Part III can be ouble	ated if additional st	oace is needed.	r			heak (6) Description of	f non-and-and-day
2) Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.			recipients					i nuicasii assistalice
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.								
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	3)				· · · · · · · · · · · · · · · · · · ·			
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	1)					****		. ,
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	5)							
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	5)							
	Part IV Supplemental	Information. P	rovide the informatio	n required in Part I, lin	e 2; Part III, columr	(b); and any other ac	iditional information.	
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Additional Data

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Software ID: 23017518 Software Version: 2023v6.0

UNITED WAY OF DUBUQUE AREA TRI-STATES

(Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

ObjectId: 202540179349302014 - Submission: 2025-01-17

TIN: 42-0761060

Open to Public

Inspection

SCHEDULE O 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.

Employer identification number

42-0761060

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Return Reference						Explan	ation						
Form 990, Part VI, Section B, Line 11b	2023 FORM 9	190 WAS R	REVIEWED	BY KEY C	FFICERS.								
Form 990, Part VI, Section B, Line 12c	ALL OFFICER GIVE RISE TO THAT ARISE ABSTAIN FRO	O CONFLIC REGARDII	CTS. THE NG THSES	SE DISCLO S CONFLIC	SURES A	RE DULY N	NOTED. BOARD	THROUG APPRO\	SHOUT THE A	IE YEAR, AFFECTE	IF THERE	ARE ISS	
Form 990, Part VI, Section B, Line 15a	THE PROCES OF COMPAR REVIEW COM	ABLE DAT	A COMPIL	ED BY A LO	OCAL CPA	& BUSINE	ESS CO	NSULTIN	G FIRM A	ONG WI	TH PERFO	PRMANCE	
Form 990, Part VI, Section C, Line 19	ALL BOARD I COPIES ARE PUBLISHED	AVAILABL	È UPON F	REQUEST.	FINANCIA	L INFORM	iation i	IS ALSO I	POSTED (ON THE V	VEBSITE A		AME
Form 990, Part XI, Line 9	ROUNDING =	= -\$4				-			4. 24 4. 24				

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

Cat. No. 51056K

Schedule O (Form 990) 2023

Additional Data

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Software ID: 23017518 Software Version: 2023v6.0

TIN: 42-0761060 OMB No. 1545-0047

SCHEDULE R

Related Organizations and Unrelated Partnerships

(FORM 990) Department of the Treasury Internal Revenue Service				Attach to Fo	on Form 990, I rm 990. structions and				or 37.		٥	202 pen to Inspec		
Name of the organization UNITED WAY OF DUBUQUE AREA TRI-STATES			· · · · · · · · · · · · · · · · · · ·					Ē	mployer ide	entification	numbe			
	•	•					;		2-0761060					
Part I Identification of Disreg	arded Entities. Co	mplete if t	he organiz	zation answe	ered "Yes" on I	Form 990	o, Part IV, I	(d)	· ·	٠ .		(5)		
Name, address, and EIN (If applical	ble) of disregarded entity			Primary act	lvity Lega or f	il domicile (oreign cour	state Te	otal Income	End-of-y	e) ear assets		(f) Pirect cont entity	rolling	٠
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	, t													
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												<u> </u>		:
Part IX Identification of Related related tax-exempt organization			. Complet	e if the orga	nization answ	ered "Ye	s" on Form	1 990, Pai	t IV, line 3	4 because	it had o	ne or r	nore	_
(a) Name, address, and EIN of related		ix year,	Primary	b) y activity	(c) Legal domicile (s or foreign count	tate Exe	(d) empt Code sec		(e) ilc charity stat ection 501(c)((f) rect contro entity	iling .	(g) Section 51 (13) contro entity?	olled
(1)UNITED WAY WORLDWIDE 701 NO FAIRFAX STREET	-		NATIONAL U	NITED WAY	VA	501	(C)3	PUBL	IC CHARITY			141		No No
ALEXANDRIA, VA 22314 13-1635294					walter first		<u></u>			N/A				
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For Paperwork Reduction Act Notice, se	the Instructions fo	or Form 99	0.		Cat, No.	50135Y				Sch	eduje R	(Form 9	90) 202:	3
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Schedule R (Form 990) 2023	O		- Pt	-11 - 6	(10.2	<u> </u>				Page	2
Part III Identification of Related one or more related organize	organizations ia ations treated as a	partnersh	ip during t	ship. Comp the tax year	lete ir the org	anization	answered	"Yes" on	Form 990,	, Part IV, II	ne 34, t	ecause	It had	
(a) Name, address, and EIN of related organization		Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant Income(related, unrelated, excluded from ta under sections		end-of-	Dispro	h) prtionate ations?	(f) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gens man	j) ral or aging ner?	(k) Percenta ownersh	
					512-514)			Yos	No		Yes	No	-	
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Part IV Identification of Related because it had one or more	Organizations Ta related organizatio	xable as a	a Corpora as a corp	i tion or Tru oration or tr	ist. Complete ust during the	if the or tax yea	ganization r,		"Yes" on	Form 990,	Part IV,	line 34		
(a) Name, address, and EIN of related organization	(b))	Le dor	c) egal nicile er foreign	(d) Direct controlli entity	ng Type (e) of entity Sha	(f) are of total income	(g) Share of end of-year assets	i- Percei	ntage	Sectio contr	(i) n 512(b)(13 olled entity	3) ?

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Schedule R (Form 990) 2023													Page 3
Part V Transactions With Related Organi	izations, Con	plete if ti	ne organizati	on answe	ered "Yes" on	Form 99	0. Part	IV. line 34.	35b. or 3	 36.			rage D
Note. Complete line 1 If any entity is listed in Pa	rts II, III, or IV	of this sch	edule.		*******								Yes No
1 During the tax year, did the organization engage in	any of the follo	wing trans	actions with or	ne or more	related organ	nizations lis	ted in P	arts II-IV?					
a Receipt of (i) interest, (ii) annuities, (iii) royalthb Gift, grant, or capital contribution to related organic	es, or (iv) rent	from a con	trolled entity .	. • •	• • • :			• • • • • •	• • .		•	1a	No
c Gift, grant, or capital contribution from related or	rganization(s)						· ·					1b 1c	No No
d Loans or loan guarantees to or for related organi												id	No
e Loans or loan guarantees by related organization	(s)											1e	No
# Philipped Action with the company of the company					* 1. ⁷⁶ - 40 1.	1 4 T	1 1			* *.			
f Dividends from related organization(s) g Sale of assets to related organization(s)	• • • •	•		• •	• • • •		• •		•	: '		1f	No
h Purchase of assets from related organization(s)							• •		•			1g 1h	No No
i Exchange of assets with related organization(s) .												11	No
j Lease of facilities, equipment, or other assets to i						·						1j	No
	1												
k Lease of facilities, equipment, or other assets fro	m related organ	nization(s)			• • •	• . • '-	•. •		• • •	.•		1k	No
Performance of services or membership or fundra Performance of services or membership or fundra	ilsing solicitation	ns for relati	ed organization	i(s)				• • •	• • •			11	No
in removation of services of membership of fulfule										• .		1m	No
	ther assets with	h related or	rganization(s)									1n	No
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