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.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A F	or the	2022 calendar year, or tax year beginning OCT 1, 2022 and ending	SEP 30, 202	3
Во	heck if pplicable	C Name of organization	D Employer iden	tification number
	Addres	COMMUNITY ACTION OF SOUTHEAST IOWA		
Τ	Name change		**-***3	961
Ē	Initial return TFinal	Number and street (or P.O. box if mail is not delivered to street address) 2850 MT PLEASANT ST SUITE 108		ber '53-0193
_	_return/ termin- ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	15,923,096.
	∏Amend		H(a) is this a group	
늗	_return ∏Applica		for subordina	
_	Ition pendin	SAME AS C ABOVE		es included? Yes No
1.7	20.000			a list. See instructions
	Vebsit		H(c) Group exemp	
K E	orm of			M State of legal domicile; IA
		Summary		
		Briefly describe the organization's mission or most significant activities: TO SERVE	AS AN ADVOC	ATE OF THE
ce		POOR & ELDERLY & TO PROVIDE PROGRAMS TO HELP	ELIMINATE PO	VERTY.
Activities & Governance		Check this box if the organization discontinued its operations or disposed of m		
ver				3 10
8		Number of independent voting members of the governing body (Part VI, line 1b)		4 10
≪ර්		Fotal number of individuals employed in calendar year 2022 (Part V, line 2a)		5 148
tie		Fotal number of volunteers (estimate if necessary)		6 334
tiv		Fotal unrelated business revenue from Part VIII, column (C), line 12		7a 0.
¥	10000	Net unrelated business taxable income from Form 990-T, Part I, line 11		7b 0.
			Prior Year	Current Year
Ш	8 (Contributions and grants (Part VIII, line 1h)	16,305,062	. 15,330,196.
Revenue		Program service revenue (Part VIII, line 2g)	472,300	. 584,994.
Ver		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	38	5,619.
Re		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	906	
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	16,778,306	. 15,921,730.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	8,833,697	. 7,285,180.
		Benefits paid to or for members (Part IX, column (A), line 4)		. 0.
		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	5,495,070	. 5,590,289.
Se		Professional fundraising fees (Part IX, column (A), line 11e)	0	. 0.
Expenses		Total fundraising expenses (Part IX, column (D), line 25) 80,678.		
E		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,552,481	. 2,754,200.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	16,881,248	. 15,629,669.
		Revenue less expenses. Subtract line 18 from line 12	-102,942	. 292,061.
H S			Beginning of Current Yea	r End of Year
Els:	20 1	Total assets (Part X, line 16)	2,324,268	. 3,068,245.
Vet Assets or und Balances	21 7	otal liabilities (Part X, line 26)	912,801	. 1,364,716.
囍	22 1	Net assets or fund balances. Subtract line 21 from line 20	1,411,467	. 1,703,529.
	rt II	Signature Block		
Unde	er penal	ties of perjury, I declare that I have examined this return, including accompanying schedules and stat	ements, and to the best of	my knowledge and belief, it is
true,	correct	, and complete. Declaration of preparer (other than officer) is based on all information of which prepare	arer has any knowledge.	
Sigr	, [Signature of officer	Date	
Here	1.	SHERI WILSON, EXECUTIVE DIRECTOR		
		Type or print name and title		
		Print/Type preparer's name Preparer's signature	Date Check	PTIN
Paid		VILLIAM J BAUER WILLIAM J BAUER	07/16/24 self-em	
Prep	arer	Firm's name MERIWETHER, WILSON, AND COMPANY, PLLC	Firm's EIN	**-***1256
Use (Only	Firm's address 4500 WESTOWN PARKWAY, SUITE 140		
		WEST DES MOINES, IA 50266-6717	Phone no. 5	15-223-0002
	165	O discount this water was with the property shown shows? Con instructions		X Ves No

	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: THE ORGANIZATION IS DEDICATED TO ALLEVIATING THE CONDITIONS AND CAUSES
	OF POVERTY BY BUILDING PARTNERSHIPS AND STRENGTHENING PEOPLE THROUGH
	QUALITY SERVICES (SEE SCHEDULE O).
	Did the organization undertake any significant program services during the year which were not listed on the
2	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
3	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 4,271,133. including grants of \$ 13,523.) (Revenue \$ 38,161.)
	HEAD START AND EARLY HEAD START - HEAD START IS A COMPREHENSIVE
	DEVELOPMENT PROGRAM FOR PRESCHOOL CHILDREN, PRIMARILY ALL OF WHOM COME
	FROM LOW-INCOME FAMILIES. THE PROGRAM'S GOAL IS TO PROVIDE ACTIVITIES
	DESIGNED TO ASSIST THOSE CHILDREN WITH THEIR EDUCATION AND TRAINING TO
	IMPROVE THEIR HEALTH AND WELL BEING. EARLY HEAD START PROVIDES
	PHYSICAL, COGNITIVE, SOCIAL AND EMOTIONAL GROWTH FOR INFANTS AND
	TODDLERS AND STRENGHTENS FAMILY AND COMMUNITY SUPPORT FOR CHILDREN AND
	FAMILIES.
4b	(Code:) (Expenses \$ 3,583,154. including grants of \$ 3,527,435.) (Revenue \$ 5.)
	LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP) - PROGRAM PROVIDES
	ELIGIBLE LOW-INCOME HOUSEHOLDS WITH A ONE-TIME PER YEAR PAYMENT TO
	ASSIST WITH THE COST OF HEATING THEIR HOMES DURING THE WINTER.
	ASSISTANCE WAS PROVIDED TO 4,877 FAMILIES AND 10,434 INDIVIDUALS.
4c	(Code:) (Expenses \$3,411,084. including grants of \$2,641,178.) (Revenue \$)
	SPECIAL SUPPLEMENTAL FOOD PROGRAM FOR WOMEN, INFANTS, AND CHILDREN
	(WIC) - THE PROGRAM PROVIDES NUTRITIONAL ASSISTANCE AND EDUCATION TO
	LOW INCOME WOMEN WHO ARE PREGNANT, ARE BREASTFEEDING MOTHERS, OR WHO
	HAVE AN INFANT CHILD UNDER THE AGE OF FIVE YEARS. DURING THE YEAR ENDING SEPTEMBER 30. 2023, THE PROGRAM PROVIDED \$2,641,178 IN NON-CASH
	WIC VOUCHERS TO A TOTAL OF 4,568 ELIGIBLE PARTICIPANTS. THE VOUCHERS WERE DISTRIBUTED BY THE IOWA DEPARTMENT OF PUBLIC HEALTH.
	WERE DISTRIBUTED BY THE TOWN DEPARTMENT OF TODALC MENDING
4 d	Other program services (Describe on Schedule O.)
	(Expenses \$ 3,558,624 · including grants of \$ 1,103,044 ·) (Revenue \$ 546,828 ·)
<u>4e</u>	Total program service expenses 14,823,995.
	101111000 (2022)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			-
77	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? # "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in		177	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			1
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	1 17	X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
þ	Was the organization included in consolidated, independent audited financial statements for the tax year?	1111	1 - 1	
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		<u> </u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			1
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
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		<u> </u>
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	1	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		_ <u>X</u> _
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u>X</u>
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			77
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		<u>X</u>

-*3961 COMMUNITY ACTION OF SOUTHEAST IOWA Page 4 Part IV | Checklist of Required Schedules (continued) Yes No 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on X 22 Part IX, column (A), line 2? If "Yes." complete Schedule I. Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current 23 and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete X 23 Schedule J 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete X 24a Schedule K. If "No," go to line 25a 24b b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 24c any tax-exempt bonds? 24d d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit X 25a transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 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 X 25b Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current 26 or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% X 26 controlled entity or family member of any of these persons? If "Yes." complete Schedule L, Part II 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 X entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 28a "Yes," complete Schedule L, Part IV 28b b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If X 28c "Yes," complete Schedule L, Part IV X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation 30 contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete X 32 Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations X sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and X 34 Part V, line 1 X 35a 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity 35b within the meaning of section 512(b)(13)? If "Yes," complete Schedule R. Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? X 36 If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization X 37 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? X Note: All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V

					Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	212			
ь	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 re-	portat	ole gaming			
	(gambling) winnings to prize winners?	.)	********************	1c	X	

Form 990 (2022)

COMMUNITY ACTION OF SOUTHEAST IOWA **-***3961 Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return X 2b b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? X 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a 3b b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a X financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a 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). X 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts 6b were not tax deductible? Organizations that may receive deductible contributions under section 170(c). X a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a 7b b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required X 70 to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed dunng the year 7d 7e e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? **7f** g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? ... 7g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h 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 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? 9a b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b Section 501(c)(7) organizations. Enter: a 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 11 Section 501(c)(12) organizations. Enter: a 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 filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. 13a a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand X 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or X 15 excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. X Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities 17 that would result in the imposition of an excise tax under section 4951, 4952 or 4953?

If "Yes," complete Form 6069.

-*3961 Page 6 Form 990 (2022) COMMUNITY ACTION OF SOUTHEAST IOWA **-***3961 Page
Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response ocesses, or changes on Schedule O. See instructions.

	to line 8a, 8b, or 10b below, describe the dicumstances, processes, or changes on schedule 6. See instructions.			X
_	Check if Schedule O contains a response or note to any line in this Part VI	innin	oriec .	Λ
Sec	tion A. Governing Body and Management	_		
	11		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
Ь	Enter the number of voting members included on line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			37
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			v
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	-	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6	-	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	70	x	
	more members of the governing body?	7a	Λ	
Ь	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	7b		х
	persons other than the governing body?	70		41
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	8a	х	
	The governing body?	8b	21	х
b	Each committee with authority to act on behalf of the governing body?	OU	-	- 41
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	9	11.3	x
800	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		**
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		Yes	No
40-	Did the organization have local chapters, branches, or affiliates?	10a	X	140
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100		
D	and branches to ensure their operations are consistent with the organization's exempt purposes?	10 b	х	
110	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	The state of the s	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
·	on Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a	10.0	X
ь	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	-	_
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed NONE			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	only)	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website X Another's website X Upon request Upon request Other (explain on Schedule O)	Gr	sia!	
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	ınano	ıaı	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	SARAH DROEGE - 319-753-0193 2850 MT. PLEASANT ST, STE 108, BURLINGTON, IA 52601			**
	2850 MT. PLEASANT ST, STE 108, BURLINGTON, IA 52601		-	

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W·2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A) Name and title	(B) Average hours per week	(C) Position (do not check more to box, unless person is officer and a director.				than one is both an		(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trestes or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) SHERI WILSON	40.00						11,031			
EXECUTIVE DIRECTOR	10.00	_	_	X	_		_	0.	0.	0.
(2) SARAH DROEGE	40.00			,,					_	
FINANCE DIRECTOR	0.50	-	_	X	_	-	_	0.	0.	0.
(3) BARB WELANDER PRESIDENT	0.50	x		x				0.	0.	0
(4) LINDA BOSHART	0.50	^	_	Λ			_	0.	0.	0.
VICE PRESIDENT	0.30	x		x				0.	0.	0.
(5) CYNDI MEARS	0.50	A		-	_			0.	0.	0.
SECRETARY	0.30	x		x				0.	0.	0.
(6) TOM SCHULZ	0.50									
DIRECTOR		x						0.	0.	0.
(7) BRAD QUIGLEY	0.50									
TREASURER		X		X				0.	0.	0.
(8) ANASTASIA NOON	0.50									
DIRECTOR		X						0.	0.	0.
(9) MARC LINDEEN	0.50									
DIRECTOR	0.50	X				-	_	0.	0.	0.
(10) RHONDA REIF	0.50	x						0.	0.	0
DIRECTOR (11) BRENT RUTHER	0.50	^	\dashv	-	-	\vdash	_	0.	0.	0.
DIRECTOR	0.50	x						0.	0.	0.
(12) SHANE MCCAMPBELL	0.50		\neg	\neg	_					
DIRECTOR	0.30	x		- 1				0.	0.	0.
				\neg		\neg				
							_			
·			-	-	_	-	_			
	-									
3		-	-	-		-				

(A) Name and title	(B) (C) Average hours per week (do not check more than one box, unless person is both au officer and a director/trustee							(D) Reportable compensation from	(E) Reportable compensation from related	1	(F) Estimated amount of other		
	(list any hours for related organizations below line)	Individual trustee or director	institutional trustee	Officer	Ney employee	Highest compensated on player	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC 1099-NEC)		orga and	pensation the unizati relate nization	e ion ed
								185,532.).	3.8	, 93	36.
to Subtotal c Total from continuation sheets to Part \ d Total (add lines 1b and 1c)	/II, Section A					none.		0. 185,532.	().		,93	0.
compensation from the organization		_				,					- 1	Yes	No
3 Did the organization list any former office line 1a? If "Yes," complete Schedule J for	such individual								******		3		х
 For any individual listed on line 1a, is the sand related organizations greater than \$15 Did any person listed on line 1a receive or 	50,000? If "Yes,	" c o	mple	ete S	Sche	dule	J fo	r such individual	•••••		4		Х
5 Did any person listed on line 1a receive or rendered to the organization? If "Yes." co Section B. Independent Contractors							(944)	- 0.94			5		X
Complete this table for your five highest c the organization. Report compensation for										nsatio	on froi	n	
(A) Name and busines								(B) Description of s		Co	(C) mpen		1
DRAKE HARDWARE & SOFTWAR STREET, SUITE 100, BURLI	NGTON, I				1		С	OMPUTER SERV	VICES		125	,50)4.
JERN'S HEATING & AIR CON 643 E. MT PLEASANT, W. B	URLINGTO	N,	I	A !	52	65	5 W	EATHERIZATION	ON		123	, 23	39.
NOVAERUS US, INC., 3540 SUITE 200, CHARLOTTE, NC			WA	1,		_	H	IEAD START	wat 2	_	112	, 24	15.
			-			_	+			-			
2 Total number of independent contractors	(including but no	ot lir	nited	to t	thos	e lis	ed a	above) who received mo	ore than				

\$100,000 of compensation from the organization

			Check if Schedule O	anto	nine a r	eenone	o or note to any li	ne in this Part VIII	*************************		
	_		Check ii Scheddie O (JOINE	21115 22 11	CSPOITS	e or note to dry in	(A)	(B)	(C)	(D)
								Total revenue	Related or exempt		Revenue excluded
									function revenue	business revenue	from tax under sections 512 - 514
											SCOTIONS STE STA
ta ta	1	a	Federated campaigns			1a					
E E		b	Membership dues			1b		7			
E'S		С	Fundraising events	,		1c					
H. H		d	Related organizations			1d					
0,1		е	Government grants (contr	ibuti	ons)	1e	14,965,644				
Ü iz		f	All other contributions, gifts,	grant	is, and						
EEE			similar amounts not included			1f	364,552				
불			Noncash contributions included in			1g \$	2,918,181				
Contributions, Gifts, Grants and Other Similar Amounts		•	Total. Add lines 1a-1f				Survey Self-Commission Co.	15,330,196.			
Ora	_	11	TOtal. Add liftes 18-11	****			Business Code				
1	_		SERVICES/PROJECT REV	eni.	Œ		900099	573,255,	573,255.		
8	2		USER FEES & OTHER SU				900099	11,739,	11,739.		
6		b	USER FEES & OTHER SC	JPPO	KI		300033	11,700,	11,7051		
n S		С									
Jey J		d									
Program Service Revenue		е	<u> </u>				-				
<u>-</u>		f	All other program service	rever	nue			501.001			
_		g		_				584,994.			
- 1	3		Investment income (include	ling (dividen	ds, inte	rest, and		7		105
								105.			105.
	4		Income from investment of	f tax	exemp	t bond	proceeds				-
- 1	5		Royalties								
					(i)	Real	(ii) Personal				
	6	а	Gross rents	6a							
		b	Less: rental expenses	6b							
		С	Rental income or (loss)	6c							
		d	Net rental income or (loss)				*************				
	7	а	Gross amount from sales of		(i) Se	curities	(ii) Other				
			assets other than inventory	7a			5,514				
		b	Less: cost or other basis								
ब			and sales expenses	7b			0				
<u>ē</u>			Gain or (loss)	7c			5,514				
er Revenue			Net gain or (loss)				****	5,514.	5,514.	1 - 1	
ᡖ	8	а	Gross income from fundraising	ng ev	ents (no	ot [
됩			including \$								
			contributions reported on	line	1c). Se	e					
l			Part IV, line 18				a 2,287				
1		b	Less: direct expenses				b 1,366				
- 1			Net income or (loss) from				**************	921.			921.
			Gross income from gamin								
ĺ	100	_	Part IV, line 19	-			a				
		h	Less: direct expenses				ь				
			Net income or (loss) from								
- 1			Gross sales of inventory, I								
- 1	,,,	_	and allowances 10a				Da				
		h	Less: cost of goods sold				Ob				
			Net income or (loss) from								
	_	_	THE HIGHING OF HOOS HOLL				Business Code				
ş	11	a									
ned ea		b									
Miscellaneous Revenue		C									
Bes			All other revenue								
Σ			Total. Add lines 11a-11d								
	12		Total revenue. See instruction					15,921,730.	590,508.	0.	1,026.

_	Check if Schedule O contains a respons		this Part IX	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic	7,285,180.	7,285,180.		
_	individuals. See Part IV, line 22	7,205,100.	7,203,100.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	258,203.	232,417.	23,204.	2,582
6	Compensation not included above to disqualified	230,203.	202/12/	40,401	
0	persons (as defined under section 4958(f)(1)) and		1		
	10 11 11 10 EQ(\(\(\(\(\) \) \(\) \(\)				
7	Other salaries and wages	3,700,308.	3,330,771.	332,534.	37,003
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)	340,336.	306,348.	30,585.	3,403
9	Other employee benefits	770,314.		69,225.	7,704
10	Payroll taxes	521,128.	469,084.	46,832.	5,212
11	Fees for services (nonemployees):				
а					
b	Legal				
С	Accounting	41,204.	37,089.	3,703.	412
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
ſ	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch O.)	10.000	11 000	1 100	122
12	Advertising and promotion	13,328.	11,997.	1,198.	133
13	Office expenses				
14	Information technology				
15	Royalties	188,974.	170,102.	16,982.	1,890.
16	Occupancy	51,224.	46,108.	4,603.	513
17	Travel	31,224.	40,100.	4,003.	313
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	12,277.	11,051.	1,103	123
9	Conferences, conventions, and meetings	12/2///			
20	InterestPayments to affiliates				
21	Depreciation, depletion, and amortization	160,666.	144,621.	14,438.	1,607
23	Insurance	103,227.	92,918.	9,277.	1,032
4	Other expenses, Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.)	BB0 468	C02 F02	60 220	7 705
а	FOOD TOUT DAMPING OUT	770,467.	693,523.	69,239. 65,024.	7,705
b	PROGRAM EQUIPMENT & SUP	723,562.	651,302. 277,003.	05,024.	1,230
C	IN-KIND PROGRAM SUPPLIE	277,003.	124,344.	12,414.	1,381
d		138,139. 274,129.	246,752.	24,635.	2,742
	All other expenses		14,823,995.	724,996.	80,678
5	Total functional expenses. Add lines 1 through 24e	15,629,669.	14,023,333.	144,330.	00,010
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 959-720)				

Part Y | Balance She

		Check if Schedule O contains a response or note to any line in this Part X	(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing		1	
	2	Savings and temporary cash investments	462,865.	2	207,375
	3	Pledges and grants receivable, net	932,399.	3	1,255,386
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
	100	trustee, key employee, creator or founder, substantial contributor, or 35%			
ı		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
, l	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use	68,345.	8	62,362
As	9	Prepaid expenses and deferred charges	154,940.	9	185,555
	10a				
ļ		basis. Complete Part VI of Schedule D 10a 3,409,611.			
	ь	Less: accumulated depreciation 10b 2,341,290.	705,719.	10c	1,068,321
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments · program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	0.	15	289,246
	16	Total assets. Add lines 1 through 15 (must equal line 33)	2,324,268.	16	3,068,245
	17	Accounts payable and accrued expenses	647,597.	17	939,036
	18	Grants payable		18	
- 1	19	Deferred revenue	119,845.	19	45,447
	20	Tax-exempt bond liabilities		20	
- 1	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
,,	22	Loans and other payables to any current or former officer, director,			
Ĕ		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons		22	
<u> </u> څ	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
- 1	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	145,359.		380,233
	26	Total liabilities. Add lines 17 through 25	912,801.	26	1,364,716
		Organizations that follow FASB ASC 958, check here			
es		and complete lines 27, 28, 32, and 33.			
盲	27	Net assets without donor restrictions	1,138,847.	27	1,440,456
, a	28	Net assets with donor restrictions	272,620.	28	263,073
ᅙ		Organizations that do not follow FASB ASC 958, check here			
2		and complete lines 29 through 33.			
5	29	Capital stock or trust principal, or current funds		29	
3	30	Paid in or capital surplus, or land, building, or equipment fund		30	
ASS	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances	1,411,467.	32	1,703,529
z		Total liabilities and net assets/fund balances	2,324,268.	33	3,068,245

X

Form 990 (2022)

2c

3a

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit.

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

review, or compilation of its financial statements and selection of an independent accountant?

Uniform Guidance, 2 C.F.R. Part 200, Subpart F?

b if "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

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

Open to Publi

OMB No. 1545-0047

Name of the organization

Employer identification number

INTTY ACTION OF SOUTHEAST IOWA **-***3961

COMMUNITY ACTION OF SOUTHEAST IOWA Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 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). 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 10 activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or 12 more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. _____ Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (v) Amount of monetary (vi) Amount of other (i) Name of supported (iii) Type of organization (described on lines 1-10 support (see instructions) support (see instructions) organization Yes above (see instructions))

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")	12213296.	12745497.	12984007.	15971388.	15058707.	68972895.
2	Tax revenues levied for the organ-						
_	ization's benefit and either paid to	5.1					
	or expended on its behalf						
•	The value of services or facilities						
3						11.7	
	furnished by a governmental unit to						
_	the organization without charge	12213206	127/5/97	12984007.	15971388	15058707	68972895
4	Total. Add lines 1 through 3	12213290.	12/4347/*	12704007.	13371300.	13030707	003720331
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						C007200E
	Public support. Subtract line 5 from line 4.						68972895.
_	ction B. Total Support						T
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	12213296.	12745497.	12984007.	159/1388.	15058707.	689/2895.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						1
	and income from similar sources	3,717.	1,017.	49.	38.	105.	4,926.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital			() A (9.00	100	1 2 -
	assets (Explain in Part VI.)	1,003.	508.	333.	906.	921.	
11							68981492.
12		etc. (see instruction	ons)			12 1	,791,550.
	First 5 years. If the Form 990 is for th	ne organization's fil	rst, second, third,			i01(c)(3)	
Sec	organization, check this box and store ction C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2022 (li			column (f))		14	99.99 %
	Public support percentage from 2021					15	99.98 %
16a	33 1/3% support test - 2022. If the o	organization did no	t check the box o	n line 13, and line	14 is 33 1/3% or m	ore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization	ı			X
ь	33 1/3% support test - 2021. If the o	organization did no	t check a box on	line 13 or 16a, and	line 15 is 33 1/3%	or more, check th	nis box
ľ	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			
170	10% -facts-and-circumstances test	- 2022. If the ord	anization did not	check a box on line	13, 16a, or 16b,	and line 14 is 10%	or more,
110	and if the organization meets the facts	s-and-circumstance	es test, check this	box and stop he	re. Explain in Part	VI how the organi	zation
	meets the facts-and-circumstances te						
_	10% -facts-and-circumstances test	_ 9091 If the ord	anization did not	check a box on line	13. 16a. 16b. or		
	more, and if the organization meets the	e facts and circum	etances test che	ck this box and st	top here. Explain i	n Part VI how the	·
	organization meets the facts-and-circu	imetance test. Th	e organization gu	alifies as a publicly	supported organi	zation	
	Private foundation. If the organization	n did not chock a	hov on line 13, 16	a 16h 17a or 17h	check this box a	nd see instruction	
18	Private foundation. If the organization	maia not check a	DON OFFICE TO, TO	a, iou, ira, or ire	., SHOOK HIS DOX O		(Form 990) 2022

Schedule A (Form 990) 2022 COMMUNITY ACTION OF SOUTHEAST IOWA

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to
qualify under the tests listed below, please complete Part II.)
A D. Lille Command

(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	11 - 7 - 1	1			
-					
			7		
		T		1	
(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
		· · · · · · · · · · · · · · · · · · ·			· · · · · · · · · · · · · · · · · · ·
			<u> </u>		
				<u></u>	
organization's fi	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizatio	on,
Support Per	rcentage				
		column (f))		15	%
				16	%
ment Incom	e Percentage				
		ine 13, column (f))		17	%
021 Schedule A.	Part III. line 17	(7)		18	%
prognization did r	not check the box	on line 14. and line	e 15 is more than	33 1/3%, and line 1	7 is not
stop here. The	organization qual	ifies as a publicly s	supported organiz	ation	
organization did	not check a box or	ine 14 or line 19	a, and line 16 is m	ore than 33 1/3%, a	ınd
k this hox and e	top here. The orga	anization qualifies	as a publicly supr	orted organization	
did not check a	box on line 14, 19	a. or 19b. check th	nis box and see in	structions	
Gia Hot Check a	DON OF HIS TREE	_, _, ,, ,, , , , , , , , , , , ,		Schedule /	(Form 990) 2022
	(a) 2018 e organization's fee Support Pene 8, column (f), of Schedule A, Partiment Incomo 22 (line 10c, column 22 (line 10c, column 22 (line 10c) at sophere. The organization did stop here. The organization did k this box and s	(a) 2018 (b) 2019 e organization's first, second, third, s Support Percentage le 8, column (f), divided by line 13, Schedule A, Part III, line 15 liment Income Percentage 22 (line 10c, column (f), divided by l 021 Schedule A, Part III, line 17 organization did not check the box of stop here. The organization qualiforganization did not check a box or is this box and stop here. The organization did not check a box or is this box and stop here. The organization did not check a box or is this box and stop here. The organization did not check a box or is this box and stop here. The organization did not check a box or is this box and stop here. The organization did not check a box or is this box and stop here. The organization did not check a box or is this box and stop here. The organization did not check a box or is this box and stop here. The organization did not check a box or is this box and stop here. The organization did not check a box or is this box and stop here. The organization did not check a box or is this box and stop here. The organization did not check a box or is this box and stop here. The organization did not check a box or is this box and stop here.	e organization's first, second, third, fourth, or fifth tax Support Percentage 10 8, column (f), divided by line 13, column (f)) 11 8 15 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(a) 2018 (b) 2019 (c) 2020 (d) 2021 e organization's first, second, third, fourth, or fifth tax year as a section Support Percentage le 8, column (f), divided by line 13, column (f)) Schedule A, Part III, line 15 Iment Income Percentage 22 (line 10c, column (f), divided by line 13, column (f)) organization did not check the box on line 14, and line 15 is more than did stop here. The organization qualifies as a publicly supported organiz for the first of the first organization did not check a box on line 14 or line 19a, and line 16 is more than the first of the fir	(a) 2018 (b) 2019 (c) 2020 (d) 2021 (e) 2022 o organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization. Support Percentage as a column (f), divided by line 13, column (f)) Schedule A, Part III, line 15 Telegram (a) 2018 (b) 2019 (c) 2020 (d) 2021 15 16 17 18 15 19 19 19 19 19 19 19

Part IV | Supporting Organizations

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

Castian		AH	Sunnarting	Organizations
Section	n.	All	Supporting	Organizations

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

 If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2	11	
3a		
3b		
3c		
	-	
4a		
4b		
4c		
5a		
5b		
5c		
6		_
7		
	-	
8		
9a		
Ja		
9b	1	
9c		
10a		
10b	1 = 1	

Pai	t IV Supporting Organizations (continued)			-
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations		55.	
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities, If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	1		
_	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			
2	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,			
		2		
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	- 1		
_	supported organizations played in this regard.	3		-
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions) .		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.		_1	
C	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction	Yes	No
2	Activities Test. Answer lines 2a and 2b below.		162	NO
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify		V 1	
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	2a		
	that these activities constituted substantially all of its activities. Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
ь	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	2b	L I	
_	these activities but for the organization's involvement. Parent of Supported Organizations. Answer lines 3a and 3b below.			
3	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
ь	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
5	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

			*-***3961 Page
			Part VI). See instructions.
All other Type III non-functionally integrated supporting organizations mu	st complete S	Sections A through E.	
ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
Net short-term capital gain	1		
Recoveries of prior-year distributions	2		
	3		
	4		
	5		
	6		
A CONTRACT OF THE CONTRACT OF	7		
	8		
ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
Average monthly value of securities	1a		
	1b		
Fair market value of other non-exempt-use assets	1c		
Total (add lines 1a, 1b, and 1c)	1d		
Discount claimed for blockage or other factors			
(explain in detail in Part VI):			
Acquisition indebtedness applicable to non-exempt-use assets	2		
	3		
Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
see instructions).	4		
Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
Multiply line 5 by 0.035.	6		
Recoveries of prior-year distributions	7		
Minimum Asset Amount (add line 7 to line 6)	8		
ion C - Distributable Amount			Current Year
Adjusted net income for prior year (from Section A, line 8, column A)	1		
Enter 0.85 of line 1.	2		
	3		
Enter greater of line 2 or line 3.	4		
Income tax imposed in prior year	5		
Distributable Amount. Subtract line 5 from line 4, unless subject to			
	6		
	Check here if the organization satisfied the Integral Part Test as a qualifying All other Type III non-functionally integrated supporting organizations muston A - Adjusted Net Income Net short-term capital gain Recoveries of prior-year distributions Other gross income (see instructions) Add lines 1 through 3. Depreciation and depletion Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) Ion B - Minimum Asset Amount Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): Average monthly value of securities Average monthly cash balances Fair market value of other non-exempt-use assets Total (add lines 1a, 1b, and 1c) Discount claimed for blockage or other factors (explain in detail in Part VI): Acquisitor line 2 from line 1d. Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by 0.035. Multiply line 5 by 0.035. Minimum Asset Amount (add line 7 to line 6) ion C - Distributable Amount Adjusted net income for prior year (from Section A, line 8, column A) Enter greater of line 2 or line 3. Income tax imposed in prior year	Type III Non-Functionally Integrated 509(a)(3) Supporting Organi Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nall other Type III non-functionally integrated supporting organizations must complete 5 ion A - Adjusted Net Income Net short-term capital gain Recoveries of prior-year distributions Other gross income (see instructions) Add lines 1 through 3. Pepreciation and depletion 5 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 7 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) Ton B - Minimum Asset Amount Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): Average monthly value of securities 1a Average monthly value of securities 1b Discount claimed for blockage or other factors (explain in detail in Part VI): Acquisition indetallene Amount Adjusted net income for prior year (from Section A, line 8, column A) Ton C - Distributable Amount Adjusted net income for prior year (from Section B, line 8, column A) Enter greater of line 2 or line 3. Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless subject to	Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in All other Type III non-functionally integrated supporting organizations must complete Sections A through E. Ion A - Adjusted Net Income (A) Prior Year Net short-term capital gain Recoveries of prior-year distributions 2 2 Cher gross income (see instructions) 3 3 Add lines 1 through 3. Depreciation and depletion Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 6 Cher expenses (see instructions) 7 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 Ion B - Minimum Asset Amount (A) Prior Year Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): Average monthly value of securities Average monthly value of securities 1a Average monthly value of other non-exempt-use assets 1b Income (add lines 1a, 1b, and 1c) Discount claimed for blockage or other factors (explain in detail in Part VI): Acquisition indebtedness applicable to non-exempt-use assets 2 Subtract line 2 from line 1d. Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). 8 Active time 5 by 0.035. 9 Acquisition indebtedness applicable to non-exempt-use assets 10 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). 10 Adjusted on on-exempt-use assets (subtract line 4 from line 3) 11 Acquisition indebtedness applicable to non-exempt-use assets. 2 Acquisition indebtedness applicable to non-exempt-use assets. 3 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). 4 Antiphy line 5 by 0.035. Recoveries of prior-year distributions 7 Aminimum Asset Amount (for prior year (from Section A, line

Schedule A (Form 990) 2022

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nizations (continue	d)				
	on D - Distributions				Current Year			
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1				
2	Amounts paid to perform activity that directly furthers exemp							
	organizations, in excess of income from activity			2				
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations		3				
4	Amounts paid to acquire exempt-use assets		4					
5	Qualified set-aside amounts (prior IRS approval required - pro	ified set aside amounts (prior IRS approval required - provide details in Part VI)						
6	Other distributions (describe in Part VI). See instructions.			6				
7	Total annual distributions. Add lines 1 through 6.							
8	Distributions to attentive supported organizations to which the	ne organization is responsive						
	(provide details in Part VI). See instructions.		8					
9	Distributable amount for 2022 from Section C, line 6		9					
10	Line 8 amount divided by line 9 amount							
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022		(iii) Distributable Amount for 2022			
1	Distributable amount for 2022 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2022 (reason-			- 11				
	able cause required - explain in Part VI). See instructions.			_				
3	Excess distributions carryover, if any, to 2022							
а	From 2017			-				
b	From 2018							
С	From 2019			-				
d	From 2020			-				
	From 2021							
f	Total of lines 3a through 3e			-				
_	Applied to underdistributions of prior years			+				
	Applied to 2022 distributable amount			-				
<u>i</u>	Carryover from 2017 not applied (see instructions)			+				
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.							
4	Distributions for 2022 from Section D, line 7:							
a	Applied to underdistributions of prior years							
b	Applied to 2022 distributable amount							
С	Remainder. Subtract lines 4a and 4b from line 4.							
5	Remaining underdistributions for years prior to 2022, if							
	any. Subtract lines 3g and 4a from line 2. For result greater							
	than zero, explain in Part VI. See instructions.			-				
6	Remaining underdistributions for 2022. Subtract lines 3h							
	and 4b from line 1. For result greater than zero, explain in							
	Part VI. See instructions.		-	+				
7	Excess distributions carryover to 2023. Add lines 3j							
	and 4c.							
	Breakdown of line 7:		-	-				
	Excess from 2018			\dashv				
	Excess from 2019							
	Excess from 2020			1				
ď	Excess from 2021			-				

Schedule A (Form 990) 2022

e Excess from 2022

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990 or Form 990-PF.

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

COMMUNITY ACTION OF SOUTHEAST IOWA

OMB No. 1545-0047

2022

Name of the organization

Employer identification number

-*3961

Organization type (check one):							
Filers of:	Section:						
Form 990 or 990-E2	X 501(c)(3) (enter number) organization						
	4947(a)(1) nonexempt charitable trust not treated as a private foundation						
	527 political organization						
Form 990-PF	501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as a private foundation						
	501(c)(3) taxable private foundation						
Check if your organization is Note: Only a section 501(c)(s covered by the General Rule or a Special Rule. 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.						
General Rule							
	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.						
Special Rules							
sections 509(a)(1) a contributor, during	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.						
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.							
year, contributions is checked, enter h purpose. Don't cor	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year\$						
answer "No" on Part IV, line	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify g requirements of Schedule B (Form 990).						

Employer identification number

COMMUNITY ACTION OF SOUTHEAST IOWA

-*3961

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	US DEPT. OF HEALTH & HUMAN SERVICES 200 INDEPENDENCE AVE SW WASHINGTON, DC 20201	\$ 4,396,313.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	IOWA DEPARTMENT OF EDUCATION 400 E 14TH ST DES MOINES, IA 50319-0146	5 778,535.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	IOWA DEPARTMENT OF HUMAN RIGHTS 321 E 12TH ST DES MOINES, IA 50319-0090	\$\$ <u>428,025.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d) Type of contribution
No. 4	Name, address, and ZIP + 4 IOWA DEPARTMENT OF HEALTH & HUMAN SERVICES 321 E 12TH ST DES MOINES, IA 50319-0075	\$ 6,154,258.	Person X Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>No.</u>	Traine, dual coo, and an 1 1	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions.)

Name of organization

Employer identification number

COMMUNITY ACTION OF SOUTHEAST IOWA

-*3961

(a)		(a)	
No.	(b)	(c) FMV (or estimate)	(d)
from	Description of noncash property given	(See instructions.)	Date received
Part I		(Oso mondonomo.)	
	WIC NON-CASH FOOD VOUCHERS		
4			
			00/00/00
		\$ 2,641,178.	09/30/23
(a)			
(a) No.	(b)	(c)	(d)
from	Description of noncash property given	FMV (or estimate)	Date received
Part I	Description of nonegan property 5.00.	(See instructions.)	3.3
			
	1,000	s	
(a)	16.3	(c)	(d)
No.	(b)	FMV (or estimate)	Date received
from Part I	Description of noncash property given	(See instructions.)	Date cocived
Paili			
1			
		\$	
(a)		(c)	
No.	(b)	FMV (or estimate)	(d)
from	Description of noncash property given	(See instructions.)	Date received
Part I		(ccc mendenone)	
		\$	
(a) No.	(b)	(c)	(d)
from	(b) Description of noncash property given	FMV (or estimate)	Date received
Part I	Describitors or Hondasis brokes & Assess	(See instructions.)	
		s	
(a)		(c)	
No.	(b)	FMV (or estimate)	(d)
from	Description of noncash property given	(See instructions.)	Date received
Part I			
		<u> </u>	
			Schedule B (Form 990)

Name of organization

Employer identification number

rt III Exc	a envigos contributor. Complete columns (a)	ons to organizations described in section through (e) and the following line entry.	**-**3961 on 501(c)(7), (8), or (10) that total more than \$1,000 for the for organizations			
comp	pleting Part III, enter the total of exclusively religious, of duplicate copies of Part III if additional s	haritable, etc., contributions of \$1,000 or less	for the year. (Enter this info. once.)			
No. om rt I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
_ =						
	Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee			
No.	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
- =						
		(e) Transfer of gift				
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			
No. om irt I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
	Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee			
No. om ort I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
	(e) Transfer of gift					
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

2022
Open to Public Inspection

Name of the organization

COMMUNITY ACTION OF SOUTHEAST IOWA

Employer identification number **-**3961

organization answered "Yes" on Form 990, Part IV, line 6. 1 Total number at end of year 2 Aggregate value of contributions to (during year) 3 Aggregate value of contributions to (during year) 4 Aggregate value of grants from (during year) 5 Did the organization inform all donors and donor adviseors in writing that the assets held in donor advised funds are the organization in property, subject to the organization's exclusive legal contror? 6 Did the organization inform all grantees, donors, and donor or donors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor adviser, or for any other purpose conferring memmissible invites benefit? Part III Conservation Easements. Compete if the organization answered "Yes" on Form 990, Part IV, line 7. 1 Purpose(s) of conservation seasements held by the organization or education) Preservation of a historically important land area Protection of inatural habitat Protection of inatural habitat Protection of inatural habitat Protection of inatural habitat 1 Preservation of pen space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation seasements 2 a Total rumber of conservation easements and certified historic structure included in (a) 3 Number of conservation easements included in (c) acquired after July 25,2006, and not on a historically support to the National Register 4 Number of conservation easements included in (c) acquired after July 25,2006, and not on a historic structure listed in the National Register 5 Oses the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(B)(B) 9 in Part XIII,	Pa			Similar Funds	or Accounts. Complete if the
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b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1					
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(i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1					
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the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1	•	If the organization received or held works of art, historical treat			
a Revenue included on Form 990, Part VIII, line 1	~				
	٥	Revenue included on Form 990. Part VIII. line 1			\$

	dule D (Form 990) 2022 COMMUNI' TIII Organizations Maintaining C	TY ACTION O			ier S	imilar As			Page Z
Pai								nanue	1)
3									
	collection items (check all that apply):		. —						
а	Public exhibition			change program					
b	Scholarly research	•	Other						
c	Preservation for future generations								
4	Provide a description of the organization's co						Part XIII.		
5	During the year, did the organization solicit o							r	
	to be sold to raise funds rather than to be ma						Ye Ye		No
Pai	t IV Escrow and Custodial Arrang	-	ete if the organization	on answered "Yes"	on Fo	rm 990, Pa	rt IV, line 9	, or	
	reported an amount on Form 990, Par				X	1			
1a	Is the organization an agent, trustee, custodic							_	
	on Form 990, Part X?						. L Ye	5 L	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table:						
								ount	
C	Beginning balance					1c			
d	Additions during the year		***************************************			1d			
е	Distributions during the year					1e			
f	Ending balance			••••		1f			
	Did the organization include an amount on Fo						Ye	s L	No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation has been	provided on Part >	(III			2411	
Par	t V Endowment Funds. Complete i	f the organization ar	swered "Yes" on Fo						
		(a) Current year	(b) Prior year	(c) Two years bac	k (d)	Three years	back (e)	our yea	ers back
1a	Beginning of year balance								
	Contributions						1		
С	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
	End of year balance								
2	Provide the estimated percentage of the curr	ent year end balanc	e (line 1g, column (a)) held as:					
а	Board designated or quasi-endowment		_%						
b	Permanent endowment	%							
С		%							
	The percentages on lines 2a, 2b, and 2c should	ıld equal 100%.							
За	Are there endowment funds not in the posses	ssion of the organiza	ation that are held a	nd administered fo	r the			_	
	organization by:						_	Ye	s No
	(i) Unrelated organizations		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,			38	(i)	
	(ii) Related organizations	,,,	·				3a	(ii)	
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	ed on Schedule R?	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			3	b	
4	Describe in Part XIII the intended uses of the		wment funds.						
Par	t VI Land, Buildings, and Equipm								
	Complete if the organization answered	i "Yes" on Form 990), Part IV, line 11a. S				-		
	Description of property	(a) Cost or o	other (b) Cos	A REAL PROPERTY AND ADDRESS OF THE PARTY AND A	•	ımulated	(d) E	Book va	lue
		basis (investr			depre	ciation			
1a	Land			.0,255.					255.
	Buildings		2,08	15,575. 1	,31	3,301.	-	72,	274.
	Leasehold improvements						1		200
	Equipment		1,31	3,781. 1	,02	7,989.	1 2	85,	792.
е	Other		_ = 1			-	-	160	201

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
1) Financial derivatives		
2) Closely held equity interests		
3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related.		
Complete if the organization answered "Yes" or		11c. See Form 990, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		
Complete if the organization answered "Yes" on		
Complete if the organization answered "Yes" on (a) De	escription	(b) Book value
Complete if the organization answered "Yes" on (a) De (1) OPERATING RIGHT OF USE ASSE	escription	(b) Book value
Complete if the organization answered "Yes" on (a) De (1) OPERATING RIGHT OF USE ASSE (2)	escription	(b) Book value
Complete if the organization answered "Yes" on (a) De (1) OPERATING RIGHT OF USE ASSE (2) (3)	escription	(b) Book value
Complete if the organization answered "Yes" on (a) De (1) OPERATING RIGHT OF USE ASSE (2) (3) (4)	escription	(b) Book value
Complete if the organization answered "Yes" on (a) De (1) OPERATING RIGHT OF USE ASSE (2) (3) (4) (5)	escription	(b) Book value
Complete if the organization answered "Yes" on (a) De (1) OPERATING RIGHT OF USE ASSE (2) (3) (4) (5) (6)	escription	(b) Book value
Complete if the organization answered "Yes" on (a) De (1) OPERATING RIGHT OF USE ASSE (2) (3) (4) (5) (6) (7)	escription	(b) Book value
Complete if the organization answered "Yes" on (a) De (1) OPERATING RIGHT OF USE ASSE (2) (3) (4) (5) (6) (7) (8)	escription	
Complete if the organization answered "Yes" on (a) De (1) OPERATING RIGHT OF USE ASSE (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 1	escription ET	(b) Book value
Complete if the organization answered "Yes" on (a) De (1) OPERATING RIGHT OF USE ASSE (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15	escription ET	(b) Book value 289,246.
Complete if the organization answered "Yes" on (a) De (1) OPERATING RIGHT OF USE ASSE (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line 1.	escription ET	(b) Book value 289,246.
Complete if the organization answered "Yes" on (a) De (1) OPERATING RIGHT OF USE ASSE (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 1: Part X Other Liabilities. Complete if the organization answered "Yes" on	escription ET	(b) Book value 289,246. 289,246. 11e or 11f. See Form 990, Part X, line 25. (b) Book value
Complete if the organization answered "Yes" on (a) De (1) OPERATING RIGHT OF USE ASSE (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line 1. Part X Other Liabilities. Complete if the organization answered "Yes" on (a) Description of liability	escription ET	(b) Book value 289,246. 289,246. 11e or 11f. See Form 990, Part X, line 25. (b) Book value
Complete if the organization answered "Yes" on (a) De (1) OPERATING RIGHT OF USE ASSE (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line 1: Part X Other Liabilities. Complete if the organization answered "Yes" on (a) Description of liability (1) Federal income taxes	5.) Form 990, Part IV, line	(b) Book value 289, 246. 289, 246. 11e or 11f. See Form 990, Part X, line 25. (b) Book value 90, 987.
Complete if the organization answered "Yes" on (a) De (1) OPERATING RIGHT OF USE ASSE (2) (3) (4) (5) (6) (7) (8) (9) Cotal. (Column (b) must equal Form 990, Part X, col. (B) line 1: Part X Other Liabilities. Complete if the organization answered "Yes" on (a) Description of liability (1) Federal income taxes (2) OWED TO GRANTOR AGENCIES (3) OPERATING LEASE LIABILITY — (4) CURRENT	5.) Form 990, Part IV, line	(b) Book value 289, 246. 289, 246. 11e or 11f. See Form 990, Part X, line 25. (b) Book value 90, 987.
Complete if the organization answered "Yes" on (a) De (1) OPERATING RIGHT OF USE ASSE (2) (3) (4) (5) (6) (7) (8) (9) Cotal. (Column (b) must equal Form 990, Part X, col. (B) line 1: Part X Other Liabilities. Complete if the organization answered "Yes" on (a) Description of liability (1) Federal income taxes (2) OWED TO GRANTOR AGENCIES (3) OPERATING LEASE LIABILITY —	5.) Form 990, Part IV, line	(b) Book value 289,246. 289,246. 11e or 11f. See Form 990, Part X, line 25. (b) Book value 90,987.
Complete if the organization answered "Yes" on (a) De (1) OPERATING RIGHT OF USE ASSE (2) (3) (4) (5) (6) (7) (8) (9) Cotal. (Column (b) must equal Form 990, Part X, col. (B) line 1: Part X Other Liabilities. Complete if the organization answered "Yes" on (a) Description of liability (1) Federal income taxes (2) OWED TO GRANTOR AGENCIES (3) OPERATING LEASE LIABILITY — (4) CURRENT	5.) Form 990, Part IV, line	(b) Book value 289,246. 289,246. 11e or 11f. See Form 990, Part X, line 25. (b) Book value 90,987.
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Complete if the organization answered "Yes" on (a) De (1) OPERATING RIGHT OF USE ASSE (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 1: Part X Other Liabilities. Complete if the organization answered "Yes" on (a) Description of liability (1) Federal income taxes (2) OWED TO GRANTOR AGENCIES (3) OPERATING LEASE LIABILITY - (4) CURRENT (5) OPERATING LEASE LIABILITY - (6) NON-CURRENT	5.) Form 990, Part IV, line	(b) Book value 289,246. 289,246. 11e or 11f. See Form 990, Part X, line 25. (b) Book value 90,987.
Complete if the organization answered "Yes" on (a) De (1) OPERATING RIGHT OF USE ASSE (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 1: Part X Other Liabilities. Complete if the organization answered "Yes" on (a) Description of liability (1) Federal income taxes (2) OWED TO GRANTOR AGENCIES (3) OPERATING LEASE LIABILITY - (4) CURRENT (5) OPERATING LEASE LIABILITY - (6) NON-CURRENT (7)	5.) Form 990, Part IV, line	(b) Book value 289,246. 289,246.

Schedule D (Form 990) 2022

Sahadula D (Form 990) 2022	COMMUNITY	ACTION	of	SOUTHEAST	IOWA	<u>**-**</u> 3961	Page 5
Schedule D (Form 990) 2022 Part XIII Supplemental Infor	mation (_		
Par Atti Supplemental infor	(continued)						_
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	<u> </u>				-		

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

2022

Open to Public Inspection

Employer identification number

COMMUNITY	Y ACTION C	F SOUTHEAST	IOWA				**-***396
rt I General Information on Grants							
Does the organization maintain records	to substantiate th	e amount of the grants	or assistance, the	grantees' eligibility	for the grants or ass	istance, and the selection	<u></u>
criteria used to award the grants or ass	istance?	,					X Yes
Describe in Part IV the organization's p							
Grants and Other Assistance to recipient that received more than	Domestic Organ	zations and Domestic	Governments. C	Complete if the orga	anization answered "	Yes" on Form 990, Part IV	, line 21, for any
	-	T	1		(f) Method of	Transition ((1) D
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
				- 1			
-							
	1						
			1				
Enter total number of section 501(c)(3) Enter total number of other organization	ons listed in the line		ne line 1 table				

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
IC BREAST PUMPS	67	0.	11,528.	ACTUAL COST	BREAST PUMPS
IC FOOD VOUCHERS	4568	0.	2,641,178.	STATED AMOUNT	FOOD VOUCHERS
CARLY CHILDHOOD PROGRAMS	52	63,156.	0.		
EMERGENCY RENT AND UTILITIES	8479	598,151.	0.		
NEATHERIZATION	126	0.	366,128.	ACTUAL COST	HOME RENOVATIONS
Part IV Supplemental Information. Provide the in	nformation required in Part I, line	e 2; Part III, column	(b); and any other a	dditional information.	
PART I, LINE 2:					
INCOME GUIDELINES FOR CLIEN	rs are establish	ED BY THE	ORIGINAL E	UNDING	
SOURCE. DOCUMENTATION IS V	ERIFIED BY INTAK	E WORKERS	AT NEIGHBO	DRHOOD	
CENTERS THAT SUPPORTS THE E	LIGIBILITY OF TH	E CLIENT.			

Part III Continuation of Grants and Other Assistance to Dom	Total Individuals	Concadio I (i cim co	oj, i dit ii.j		
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
LDER HOME REPAIR	67.	0.	64,081.	ACTUAL COST	HOME IMPROVEMENTS
S/EHS FOOD	310,	13,523.	0.		
OW INCOME UTILITY ASSISTANCE	10,434.	3,527,435.	0.		
COMMUNITY SERVICE BLOCK GRANT	74.	0.	0,		
<u> </u>					

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service **Noncash Contributions**

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

COMMUNITY ACTION OF SOUTHEAST IOWA

Employer identification number **-**3961

Pat	rt I Types of Property							-0		
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contri amounts repor Form 990, Part VI	ted on		hod of	d) determin bution ar		s
1	Art - Works of art									
2	Art - Historical treasures									
3	Art - Fractional interests									
4	Books and publications									
5	Clothing and household goods									
	Cars and other vehicles									
6										
7	Boats and planes									
8	Intellectual property									
9	Securities - Publicly traded									
10	Securities - Closely held stock									
11	Securities - Partnership, LLC, or									
	trust interests				_		_			
12	Securities - Miscellaneous									
13	Qualified conservation contribution -									
	Historic structures						_			
14	Qualified conservation contribution - Other							_		
15	Real estate - Residential							_		
16	Real estate - Commercial						_			
17	Real estate · Other									
18	Collectibles									
19	Food inventory									
20	Drugs and medical supplies									
21	Taxidermy									
22	Historical artifacts									
23	Scientific specimens									
24	Archeological artifacts									
25	Other (WIC FOOD VOUCHE)	X	4,568			STATED				
26	Other (FOOD & PROGRAM)	X	575	239	,459.	VALUED	BY	DONO	₹	
27	Other (PROGRAM SUPPLIE)	X	218	37	,544.	VALUED	BY	DONO	R	
28	Other (
29	Number of Forms 8283 received by the organiz	ration during	the tax vear for c	ontributions						
20	for which the organization completed Form 828				29					
	107 Willion the Organization completes a city								Yes	No
200	During the year, did the organization receive by	/ contributio	n any property rep	orted in Part I, line	s 1 throug	h 28, that it				
SVa	must hold for at least 3 years from the date of t	he initial co	ntribution, and whi	ch isn't required to	be used	fo r				
	exempt purposes for the entire holding period?							30a		Х
	• • •			,						
	b If "Yes," describe the arrangement in Part II. B1 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?									Х
31	Does the organization hire or use third parties of	or related or	ranizations to soliup:	cit process or sell	noncash		• • • • • • • • • • • • • • • • • • • •	31		
	contributions?						······	32a		Х
ь	If "Yes," describe in Part II.		_		(-) !- !	ادما				
33	If the organization didn't report an amount in codescribe in Part II.				(a) is che					
LHA	For Paperwork Reduction Act Notice, see	the Instruc	tions for Form 99).		So	hedule	M (Forn	n 990)	2022

Schodula	M (Form 996	מפחפ ור	COMMUNIT	Y ACTIO	N OF	SOUTHEA	ST :	IOWA	**-***3961 _	Page 2
Part II	Supple is reporti	mental	Information	Provide the i	nformati	on required by	Part I. li	nes 30b. 32b. and 3	3, and whether the organizanbination of both. Also com	tion
SCHED	ULE M,	PART	I, COLU	MIN (B):						
FOR T	HE WIC	FOOD	VOUCHER	S, THE	ORGA	NIZATION	HAS	PROVIDED	THE NUMBER OF	
ITEMS	(VOUC									'41.42
-	HE FOO	D AN D	PROGRAM	ITEMS,	THE	ORGANIZ	ATIC	N HAS PROV	IDED THE	
	R OF U						-			
		-	SUPPLIES	, THE O	RGAN	IZATION	HAS	PROVIDED 1	HE NUMBER OF	,
			CEIVED.							
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SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2022
Open to Public Inspection

Name of the organization

COMMUNITY ACTION OF SOUTHEAST IOWA

Employer identification number **-***3961

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
COMMUNITY ACTION OF SOUTHEAST IOWA ADMINISTERS PROGRAMS FUNDED OR
SUPPORTED BY FEDERAL, STATE, AND LOCAL GOVERNMENT AGENCIES. THE
ORGANIZATION'S GOAL IS TO PROVIDE QUALITY PROGRAMMING FOR FAMILIES AND
INDIVIDUALS IN NEED, ASSISTING THEM IN ACHIEVING SELF-SUFFICIENCY, IN
STRENGTHINING FAMILIES, AND IMPROVING THEIR QUALITY OF LIFE. THE
ORGANIZATION SERVES THE IOWA COUNTIES OF DES MOINES, HENRY, LEE, AND
LOUISA.
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
WEATERIZATION ASSISTANCE PROGRAMS - PROGRAMS PROVIDE RESOURCES TO USE
IN WEATHERIZING HOMES OF QUALIFYING LOW-INCOME HOUSEHOLDS.
WEATHERIZATION INCLUDES INSULATION OF HOMES AND MINOR STRUCTURAL
REPAIRS TO RESULT IN MORE COMFORTABLE LIVING CONDITIONS FOR ELIGIBLE
FAMILIES. DURING THE FISCAL YEAR ENDING SEPTEMBER 30, 2023, THE
ORGANIZATION WEATHERIZED THE HOMES OF 126 ELIGIBLE HOUSEHOLDS.
EXPENSES \$ 1,037,139. INCLUDING GRANTS OF \$ 366,128. REVENUE \$ 750.
COMMUNITY SERVICES BLOCK GRANT - PROVIDES SUPPORT AND GENERAL
ADMINISTRATIVE EXPENSES INCURRED IN CARRYING OUT PROGRAM ACTIVITIES NOT
FUNDED BY SPECIFIC AWARDS OR CONTRACTS. THE AMOUNTS ALSO INCLUDE
IN-KIND FOOD AND PROGRAM SUPPLIES.
EXPENSES \$ 463,611. INCLUDING GRANTS OF \$ 0. REVENUE \$ 61.
CHILD AND ADULT CARE FOOD PROGRAM (CACFP) - PROVIDES ASSISTANCE FOR
FOOD AND NUTRITIONAL NEEDS OF LOW-INCOME FAMILIES' CHILDREN ENROLLED IN LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990) 2022

Name of the organization COMMUNITY ACTION OF SOUTHEAST IOWA	Employer identification number **-***3961
HEAD START CENTERS AND FAMILY DAY CARE CENTERS AND HOMES	
EXPENSES \$ 604,834. INCLUDING GRANTS OF \$ 0. REVENUE	\$ 76,841.
FAMILY DEVELOPMENT PROGRAM - PROVIDES FAMILY DEVELOPMENT	SERVICES TO
FAMILIES CURRENTLY ENROLLED IN THE STATE'S FAMILY INVESTM	ENT PROGRAM
AND ARE DETERMINED TO BE AT RISK OF LONG-TERM WELFARE DEP	ENDENCY.
EXPENSES \$ 324,671. INCLUDING GRANTS OF \$ 0. REVENUE	\$ 900.
OTHER PROGRAMS - INCLUDING HOMELESS PREVENTION AND ASSIST	ANCE, SENIOR
AND ELDERLY SERVICES, EMBRACE IOWA, TENANT BASED RENTAL A	SSISTANCE,
PROJECT SHARE, MEDICAL ASSISTANCE PROGRAM, AND OTHERS.	
EXPENSES \$ 1,128,369. INCLUDING GRANTS OF \$ 736,916. R	EVENUE \$ 468,276.
FORM 990, PART VI, SECTION A, LINE 7A:	
LOW INCOME REPRESENTATIVES SITTING ON THE BOARD OF DIRECT	ORS MUST BE
DEMOCRATICALLY ELECTED. POTENTIAL REPRESENTATIVE NAMES A	RE SUBMITTED TO
THE AGENCY EXECUTIVE DIRECTOR WHO FORWARDS THE INFORMATIO	N TO THE
APPROPRIATE COUNTY ADVISORY COMMITTEE. MEMBERS OF THE CO	MMITTEE ARE MADE
UP OF LOW INCOME, COMMUNITY MEMBERS, BUSINESS MEMBERS AND	OTHERS
REPRESENTING THE COUNTY. THE COUNTY ADVISORY COMMITTEE E	LECTS THE LOW
INCOME REPRESENTATIVE TO BE SEATED ON THE AGENCY BOARD OF	DIRECTORS.
FORM 990, PART VI, SECTION A, LINE 8B:	
EACH COMMITTEE GATHERS INFORMATION WHICH IS THEN PRESENTE	
DIRECTORS FOR ACTION.	
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FORM 990, PART VI, SECTION B, LINE 11B:	
THE 990 IS REVIEWED BY MANAGEMENT PRIOR TO SUBMISSION.	· · · · · · · · · · · · · · · · · · ·

COMMUNITY ACTION OF SOUTHEAST IOWA

Employer identification number **-**3961

THE FORM 990 IS SUBMITTED TO THE BOARD PRIOR TO SUBMISSION IF THE DUE DATE

IS BEFORE THE NEXT SCHEDULED BOARD MEETING, OTHERWISE, THE 990 WILL BE

SUBMITTED TO THE BOARD/GOVERNING BODY AT THE MEETING FOLLOWING SUBMISSION.

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

EMPLOYEES AND BOARD OR POLICY COUNCIL MEMBERS HAVE AN OBLIGATION TO CONDUCT
BUSINESS WITHIN GUIDELINES THAT PROHIBIT ACTUAL OR POTENTIAL CONFLICTS OF
INTEREST.

COMMUNITY ACTION WILL OPERATE WITHIN THE FOLLOWING FRAMEWORK CONCERNING
CONFLICTS OF INTEREST:

AN ACTUAL OR POTENTIAL CONFLICT OF INTEREST OCCURS WHEN AN EMPLOYEE, BOARD OR POLICY COUNCIL MEMBER IS IN A POSITION TO INFLUENCE A DECISION THAT MAY RESULT IN A PERSONAL GAIN OR GAIN FOR A RELATIVE AS A RESULT OF COMMUNITY ACTION'S BUSINESS DEALINGS. FOR THE PURPOSES OF THIS POLICY, A RELATIVE IS A SPOUSE, PARENT, GRANDPARENT, CHILD, GRANDCHILD, BROTHER, SISTER, MOTHER-IN LAW, FATHER-IN-LAW, SON-IN-LAW, DAUGHTER-IN-LAW, BROTHER-IN-LAW,

SISTER-IN-LAW, PARTNER, OR SIMILAR MEMBER OF A PARTNER'S FAMILY.

TRANSACTIONS WITH OUTSIDE FIRMS OR INDIVIDUALS MUST BE CONDUCTED WITHIN A

FRAMEWORK ESTABLISHED AND CONTROLLED BY THE EXECUTIVE LEVEL OF COMMUNITY

ACTION.

NO "PRESUMPTION OF GUILT" IS CREATED BY THE MERE EXISTENCE OF A

RELATIONSHIP WITH OUTSIDE FIRMS, HOWEVER, IF AN EMPLOYEE, BOARD OR POLICY

COUNCIL MEMBER HAS ANY INFLUENCE ON TRANSACTIONS INVOLVING PURCHASES,

CONTRACTS, OR LEASES, OR HAS AN OWNERSHIP OR INVESTMENT INTEREST IN ANY

ENTITY WITH WHICH COMMUNITY ACTION IS DOING BUSINESS, IT IS IMPERATIVE THAT

HE OR SHE DISCLOSE TO THE EXECUTIVE DIRECTOR AS SOON AS POSSIBLE THE

EXISTENCE OF ANY ACTUAL OR POTENTIAL CONFLICT OF INTEREST SO THAT

SAFEGUARDS CAN BE ESTABLISHED TO PROTECT ALL PARTIES.

COMMUNITY ACTION OF SOUTHEAST IOWA

Employer identification number **-**3961

THERE SHALL BE NO PURCHASES MADE WITH AN ANTICIPATED TOTAL COST IN EXCESS OF FIVE HUNDRED DOLLARS (\$500) WITHIN ANY 12 MONTH PERIOD FROM ANY EMPLOYEE, BOARD MEMBER, OR POLICY COUNCIL MEMBER OR THEIR RELATIVES WITHOUT THE CONSENT OF THE BOARD OF DIRECTORS. AN EMPLOYEE OF THE AGENCY MAY NOT SERVE AS A VOTING MEMBER OF THE BOARD OF DIRECTORS, HEAD START POLICY COUNCIL, OR OTHER MAJOR POLICY ADVISORY BODY OF THIS AGENCY. A MEMBER OF THE BOARD OF DIRECTORS, POLICY COUNCIL, OR OTHER MAJOR POLICY ADVISORY BODY MAY APPLY FOR A POSITION IN THE AGENCY WHILE SERVING AS A BOARD OR COUNCIL MEMBER, BUT THEIR VOTING RIGHTS ARE TEMPORARILY SUSPENDED UNTIL AN EMPLOYMENT DECISION IS REACHED. NO EMPLOYEE OR MEMBER OF THEIR IMMEDIATE FAMILY MAY SERVE ON THE POLICY COUNCIL EXCEPT HEAD START OR EARLY HEAD START PARENTS WHO OCCASIONALLY SUBSTITUTE FOR REGULAR HEAD START OR EARLY HEAD START STAFF. IF A MEMBER OF THE BOARD OR POLICY COUNCIL IS A RELATIVE OF AN EMPLOYEE, THEY MUST MAKE THIS RELATIONSHIP KNOWN TO THE EXECUTIVE DIRECTOR AND ABSTAIN FROM ANY ACTION CONCERNING THAT EMPLOYEE AND PERSONNEL MATTERS. IT IS THE RESPONSIBILITY OF THE EMPLOYEE OR BOARD OR POLICY COUNCIL MEMBER TO BE AWARE OF ACTUAL OR POTENTIAL CONFLICTS OF INTEREST. SHOULD A CONFLICT OF INTEREST ARISE THAT CAN NOT BE ELIMINATED, INDIVIDUAL IS TO NOTIFY THE EXECUTIVE DIRECTOR AND NOT PARTICIPATE IN ANY ACTION RELATING TO THE ISSUE FROM WHICH THE CONFLICT AROSE.

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

REVIEW IOWA WORK FORCE DEVELOPMENT DATA AND IOWA COMMUNITY ACTION AGENCIES

SURVEY FOR WAGE COMPARIBILITY IN THE AREA AND FOR LIKE POSITIONS. THE

PERSONNEL COMMITTEE OF THE BOARD OF DIRECTORS REVIEWS AND MAKES A

RECOMMENDATION TO THE FULL BOARD OF DIRECTORS FOR FINAL WAGE

DETERMINATIONS.

Schedule O (Form 990) 2022	Page 2
Name of the organization COMMUNITY ACTION OF SOUTHEAST IOWA	Employer identification number
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, POLICIES A	AND FINANCIAL
STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
ROUNDING	1.
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