**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

Department of the Treasury Internal Revenue Service

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

| 2022                         |  |
|------------------------------|--|
| Open to Public<br>Inspection |  |

| B Crest Privative CAPE AND ISLANDS UNITED WAY INC.    CAPE AND ISLANDS UNITED WAY INC.   04-2271714  | <u>A</u> | For the            | e 2022 calendar year, or tax year beginning and   | l ending      |                                       |                             |  |  |  |  |
|--|----------|--------------------|---|---------------|---------------------------------------|-----------------------------|--|--|--|--|
| CAPE AND ISLANDS UNITED WAY INC.    CAPE AND ISLANDS ON TED WAY INC.   Comparison of the comparison of | В        | Check if applicabl | C Name of organization  |               | D Employer identific                  | cation number               |  |  |  |  |
| Description      | Г        | Addre              | S CAPE AND ISLANDS UNITED WAY INC.  |               |                                       |                             |  |  |  |  |
| Nombre and street (of P.U. but it mail is not delivered to street address)   Sole - T75 - 4.74.6   |          | Name<br>chang      |   |               | 04-22717                              | 14                          |  |  |  |  |
| City or town, state or province, country, and ZIP or foreign postal code   Agentical State   City or town, state or province, country, and ZIP or foreign postal code   Agentical State   City or town, state or province, country, and ZIP or foreign postal code   Agentical State   City or town, state or province, country, and ZIP or foreign postal code   Agentical State   City or town, state or province, country, and ZIP or foreign postal code   Agentical State   City or town, state or province, country, and ZIP or foreign postal code   Agentical State   City or town, state or province, country, and ZIP or foreign postal code   Agentical State   City or town, state or province, country, and ZIP or foreign postal code   Agentical State   City or town, state or province, country, and ZIP or foreign postal code   Agentical State   City or town, state or province, country, and ZIP or foreign postal code   Agentical State   City or town, state or province, country, and ZIP or foreign post   City or town, state or province, country, and zip or town, state or town, |          | return             |   | Room/suite    |                                       |                             |  |  |  |  |
| HYANNIS   MA   0.2601   Hospital   Hospita   |          | return             |   | 508-775-      |                                       |                             |  |  |  |  |
| Fame and address of principal officer: MARK SKALA   High is this a group return for subcontinueds?   Yee   No Mark SKALA   High is this a group return for subcontinueds?   Yee   No Mark SKALA   High is the subcontinued in th   | _        |                    |   | 00604 2       |                                       |                             |  |  |  |  |
| Part   Barria address of principal ordinary June 1   Part   Discovery   Part    | Ļ        | return             |   |               |                                       |                             |  |  |  |  |
| Tax exempts tastus:  | L        | ltion              | F Name and address of principal officer: FIARK SKADA  |               |                                       |                             |  |  |  |  |
| Justice   WWW LOWCAPECOD ORG   | _        |                    | SAME AS C ABOVE   |               |                                       |                             |  |  |  |  |
|  |          |                    |   | or 527        | 1 ′                                   |                             |  |  |  |  |
| Part   Summary   |          |                    |   |               |                                       |                             |  |  |  |  |
| Briefly describe the organization's mission or most significant activities: THE MISSION OF THE CAPE AND ISLANDS UNITED WAY INC. IS TO INCREASE THE ORGANIZED CAPACITY FOR CA   |          |                    |   | L Year        | of formation: 1939  N                 | State of legal domicile: MA |  |  |  |  |
| STAINDS UNITED WAY INC.1S TO INCREASE THE ORGANIZED CAPACITY FOR Check this box  | •        |                    | <del>-</del>  | MTGGTO        | N OF THE CAL                          | DE VID                      |  |  |  |  |
| Total number of individuals employed in calendar year 2022 (Part V, line 2a)   5   | ď        | 3  '               |   |               |                                       |                             |  |  |  |  |
| Total number of individuals employed in calendar year 2022 (Part V, line 2a)   5   | 2        |                    |   |               |                                       |                             |  |  |  |  |
| Total number of individuals employed in calendar year 2022 (Part V, line 2a)   5   | Jerr 1   | 2                  |   |               | 1 . 1                                 |                             |  |  |  |  |
| Total number of individuals employed in calendar year 2022 (Part V, line 2a)   5   | é        | 3 4                |   |               |                                       |                             |  |  |  |  |
| Solution    |          |                    |   |               |                                       |                             |  |  |  |  |
| Solution    | <u>.</u> |                    |   |               |                                       |                             |  |  |  |  |
| Solution    | :        | 72                 | Total unrelated business revenue from Part VIII. column (C) line 12                             |               |                                       |                             |  |  |  |  |
| Recomplete   Section   Prior Year   Current Year   735, 873  | Ā        | ( ' h              |   |               |                                       |                             |  |  |  |  |
| 9  | _        | <del>  ~</del>     | The difference business taxable meetine from our 1,1 art 1, line 11                             |               |                                       |                             |  |  |  |  |
| 9  |          | 8                  | Contributions and grants (Part VIII, line 1h)   |               | 735,873.                              | 887,574.                    |  |  |  |  |
| 10   Tother revenue (Fart Vili, Column (A), lines 5, 60, 80, 90, 100, and 116)   1, 020, 129   1, 283, 743.     12   Total revenue - add (lines 8 through 11 (must equal Part VIII, Column (A), line 12)   1, 020, 129   1, 283, 743.     13   Grants and similar amounts paid (Part IX, column (A), lines 1-3)   444, 602   6666, 043.     14   Benefits paid to or for members (Part IX, column (A), line 4)   0   0   0   0.     15   Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)   280, 399   359, 212.     16   Professional fundraising fees (Part IX, column (D), line 25)   347, 087   0   0   0   0   0     17   Other expenses (Part IX, column (D), line 25)   347, 087   0   0   0   0   0     18   Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)   1,000, 346   1,414, 758.     19   Revenue less expenses. Subtract line 18 from line 12   19,783   -131, 015     19   Revenue less expenses. Subtract line 18 from line 12   19,783   -131, 015     19   Revenue less expenses. Subtract line 18 from line 12   19,783   -131, 015     19   Revenue less expenses. Subtract line 18 from line 12   19,783   -131, 015     19   Revenue less expenses. Subtract line 18 from line 12   19,783   -131, 015     19   Revenue less expenses. Subtract line 18 from line 12   19,783   -131, 015     19   Revenue less expenses. Subtract line 18 from line 12   19,783   -131, 015     19   Revenue less expenses. Subtract line 18 from line 12   19,783   -131, 015     19   Revenue less expenses. Subtract line 18 from line 12   19,783   -131, 015     19   Revenue less expenses. Subtract line 18 from line 12   19,783   -131, 015     19   Revenue less expenses. Subtract line 18 from line 12   19,783   -131, 015     19   Revenue less expenses. Subtract line 18 from line 12   19,783   -131, 015     19   Revenue less expenses. Subtract line 18 from line 12   19,783   -131, 015     19   Revenue less expenses. Subtract line 18 from line 12   19,783   -131, 015     19   Revenue less expenses. Subtract line 18 from l   | ne       | 9                  |   |               |                                       |                             |  |  |  |  |
| 10   Tother revenue (Fart Vili, Column (A), lines 5, 60, 80, 90, 100, and 116)   1, 020, 129   1, 283, 743.     12   Total revenue - add (lines 8 through 11 (must equal Part VIII, Column (A), line 12)   1, 020, 129   1, 283, 743.     13   Grants and similar amounts paid (Part IX, column (A), lines 1-3)   444, 602   6666, 043.     14   Benefits paid to or for members (Part IX, column (A), line 4)   0   0   0   0.     15   Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)   280, 399   359, 212.     16   Professional fundraising fees (Part IX, column (D), line 25)   347, 087   0   0   0   0   0     17   Other expenses (Part IX, column (D), line 25)   347, 087   0   0   0   0   0     18   Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)   1,000, 346   1,414, 758.     19   Revenue less expenses. Subtract line 18 from line 12   19,783   -131, 015     19   Revenue less expenses. Subtract line 18 from line 12   19,783   -131, 015     19   Revenue less expenses. Subtract line 18 from line 12   19,783   -131, 015     19   Revenue less expenses. Subtract line 18 from line 12   19,783   -131, 015     19   Revenue less expenses. Subtract line 18 from line 12   19,783   -131, 015     19   Revenue less expenses. Subtract line 18 from line 12   19,783   -131, 015     19   Revenue less expenses. Subtract line 18 from line 12   19,783   -131, 015     19   Revenue less expenses. Subtract line 18 from line 12   19,783   -131, 015     19   Revenue less expenses. Subtract line 18 from line 12   19,783   -131, 015     19   Revenue less expenses. Subtract line 18 from line 12   19,783   -131, 015     19   Revenue less expenses. Subtract line 18 from line 12   19,783   -131, 015     19   Revenue less expenses. Subtract line 18 from line 12   19,783   -131, 015     19   Revenue less expenses. Subtract line 18 from line 12   19,783   -131, 015     19   Revenue less expenses. Subtract line 18 from line 12   19,783   -131, 015     19   Revenue less expenses. Subtract line 18 from l   | Š        | 10                 |   |               | 51,348.                               |                             |  |  |  |  |
| 12 Total revenue add lines 8 through 11 (must equal Part VIII, column (A), line 12)  | ă        | 11                 |   |               |                                       |                             |  |  |  |  |
| 13   Grants and similar amounts paid (Part IX, column (A), lines 1-3)   444,602.   666,043.     14   Benefits paid to or for members (Part IX, column (A), line 4)   0.   0.     15   Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)   280,399.   359,212.     16   Professional fundraising fees (Part IX, column (A), line 25)   0.   0.     17   Other expenses (Part IX, column (D), line 25)   347,087.     18   Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)   1,000,346.   1,414,758.     19   Revenue less expenses. Subtract line 18 from line 12   19,783.   -131,015.     20   Total assets (Part X, line 16)   1,269,326.   1,136,310.     21   Total liabilities (Part X, line 26)   222,243.   429,028.     22   Total liabilities (Part X, line 26)   222,243.   429,028.     28   Total liabilities (Part X, line 26)   222,243.   429,028.     29   Part II   Signature Block     Date   MARK SKALA, PRESIDENT     Type or print name and title     Print/Type preparer's name   MAZARS USA LIP     Preparer     Use Only   Firm's address 9 BAY STATE COURT     BREWINGER   Preparer     BREWINGER   P   |          |                    |   |               |                                       |                             |  |  |  |  |
| 14   Benefits paid to or for members (Part IX, column (A), line 4)   0.   0.   15   Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)   280, 399.   359, 212.   0.   0.   0.   0.   0.   0.   0.   |          |                    |   |               |                                       |                             |  |  |  |  |
| 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  16a Professional fundraising fees (Part IX, column (A), line 11e)  17 Other expenses (Part IX, column (A), line 25)  18 Total expenses (Part IX, column (A), line 25)  19 Revenue less expenses. Subtract line 18 from line 12  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 26)  22 Total assets of und balances. Subtract line 21 from line 20  21 Total liabilities (Part X, line 26)  22 Total assets of und balances. Subtract line 21 from line 20  22 Total liabilities (Part X, line 26)  23 Total liabilities (Part X, line 26)  24 Total liabilities (Part X, line 26)  25 Total liabilities (Part X, line 26)  26 Total liabilities (Part X, line 26)  27 Total liabilities (Part X, line 26)  28 Total liabilities (Part X, line 26)  29 Total assets of und balances. Subtract line 21 from line 20  20 Total assets (Part X, line 26)  21 Total liabilities (Part X, line 26)  22 Total liabilities (Part X, line 26)  23 Total liabilities (Part X, line 26)  24 Total liabilities (Part X, line 26)  25 Total liabilities (Part X, line 26)  26 Total liabilities (Part X, line 26)  27 Total liabilities (Part X, line 26)  28 Total liabilities (Part X, line 26)  29 Total assets (Part X, line 26)  20 Total assets (Part X, line 26)  20 Total assets (Part X, line 26)  21 Total liabilities (Part X, line 26)  22 Total liabilities (Part X, line 26)  22 Total liabilities (Part X, line 26)  23 Total liabilities (Part X, line 26)  24 Total liabilities (Part X, line 26)  25 Total liabilities (Part X, line 26)  26 Total assets (Part X, line 26)  27 Total liabilities (Part X, line 26)  28 Total liabilities (Part X, line 26)  29 Total assets (Part X, line 26)  20 Total assets (Part X, line 26)  20 Total assets (Part X, line 26)  20 Total assets (Part X, line 26)  21 Total liabilities (Part X, line 26)  22 Total liabilities (Part X, line 26)  23 Total liabilities (Part X, line 26)  24 Total liabilities (Part X, line 26)  25 Total liabilities (Part X, line |          |                    |   |               |                                       |                             |  |  |  |  |
| 16a Professional fundraising fees (Part IX, column (A), line 11e)   0.   0.   0.   1.  | ď        | 45                 |   |               | 280,399.                              | 359,212.                    |  |  |  |  |
| 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses. Subtract line 18 from line 12  10 Total assets (Part X, line 16)  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances. Subtract line 21 from line 20  23 Net assets or fund balances. Subtract line 21 from line 20  24 Net assets or fund balances. Subtract line 21 from line 20  25 Net assets or fund balances. Subtract line 21 from line 20  26 Net assets or fund balances. Subtract line 21 from line 20  27 Net assets or fund balances. Subtract line 21 from line 20  28 Net assets or fund balances. Subtract line 21 from line 20  29 Net assets or fund balances. Subtract line 21 from line 20  20 Net assets or fund balances. Subtract line 21 from line 20  21 Net assets or fund balances. Subtract line 21 from line 20  22 Net assets or fund balances. Subtract line 21 from line 20  23 Net assets or fund balances. Subtract line 21 from line 20  24 Date Part II Signature Block  25 Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  26 Signature of officer  27 Date  28 Print/Type or print name and title  29 Print/Type preparer's name  20 MaZARS USA LLP  20 Firm's address  20 Date  21 Date  22 Print/Type preparer's name  22 Notational Print/Type preparer's name  23 Print/Type preparer's name  24 Date  25 Print/Type preparer's name  25 Print/Type preparer's name  26 Date  27 Date  27 Date  28 Date  28 Date  29 Date  20 Date  20 Date  20 Date  20 Date  21 Date  20 Date  21 Date  22 Print/Type print/Type preparer's name  25 Date  26 Date  27 Date  27 Date  27 Date  28 Date  28 Date  29 Date  20 Date  20 Date  20 Date  20 Date  21 Date  20 Date  21 Date  21 Date  22 Date  23 Date  24 Date  25 Date  26 Date  27 Date  27 Dat | Š        | 16a                |   |               | 0.                                    | 0.                          |  |  |  |  |
| 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses. Subtract line 18 from line 12  10 Total assets (Part X, line 16)  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances. Subtract line 21 from line 20  23 Net assets or fund balances. Subtract line 21 from line 20  24 Net assets or fund balances. Subtract line 21 from line 20  25 Net assets or fund balances. Subtract line 21 from line 20  26 Net assets or fund balances. Subtract line 21 from line 20  27 Net assets or fund balances. Subtract line 21 from line 20  28 Net assets or fund balances. Subtract line 21 from line 20  29 Net assets or fund balances. Subtract line 21 from line 20  20 Net assets or fund balances. Subtract line 21 from line 20  21 Net assets or fund balances. Subtract line 21 from line 20  22 Net assets or fund balances. Subtract line 21 from line 20  23 Net assets or fund balances. Subtract line 21 from line 20  24 Date Part II Signature Block  25 Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  26 Signature of officer  27 Date  28 Print/Type or print name and title  29 Print/Type preparer's name  20 MaZARS USA LLP  20 Firm's address  20 Date  21 Date  22 Print/Type preparer's name  22 Notational Print/Type preparer's name  23 Print/Type preparer's name  24 Date  25 Print/Type preparer's name  25 Print/Type preparer's name  26 Date  27 Date  27 Date  28 Date  28 Date  29 Date  20 Date  20 Date  20 Date  20 Date  21 Date  20 Date  21 Date  22 Print/Type print/Type preparer's name  25 Date  26 Date  27 Date  27 Date  27 Date  28 Date  28 Date  29 Date  20 Date  20 Date  20 Date  20 Date  21 Date  20 Date  21 Date  21 Date  22 Date  23 Date  24 Date  25 Date  26 Date  27 Date  27 Dat | 9        | b                  | Total fundraising expenses (Part IX, column (D), line 25) 347, 0                                | 87.           |                                       |                             |  |  |  |  |
| 18   Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)   1,000,346.   1,414,758.     19   Revenue less expenses. Subtract line 18 from line 12   19,783.   -131,015.     20   Total assets (Part X, line 16)   222,243.   429,028.     21   Total liabilities (Part X, line 26)   222,243.   429,028.     22   Net assets or fund balances. Subtract line 21 from line 20   1,047,083.   707,282.     Part II   Signature Block     Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.     Signature of officer   Date     MARK SKALA, PRESIDENT     Type or print name and title     Print/Type preparer's name   MAZARS USA LLP   Preparer's signature     Print/Type preparer's name   MAZARS USA LLP   Firm's address   9 BAY STATE COURT     BREWSTER, MA 02631   Phone no. (508) 255-2240     May the IRS discuss this return with the preparer shown above? See instructions   X Yes   No  | ŭ        | 17                 |   |               |                                       | 389,503.                    |  |  |  |  |
| 19   Revenue less expenses. Subtract line 18 from line 12   19,783.   -131,015.  |          |                    |   |               |                                       |                             |  |  |  |  |
| Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign Signature of officer  Here MARK SKALA, PRESIDENT  Type or print name and title  Print/Type preparer's name  MICHAEL A. NOCELLA CPA  Preparer Firm's name MAZARS USA LLP  Firm's name MAZARS USA LLP  Firm's address 9 BAY STATE COURT  BREWSTER, MA 02631  May the IRS discuss this return with the preparer shown above? See instructions  X Yes No   |          | 19                 | Revenue less expenses. Subtract line 18 from line 12  |               | 19,783.                               | -131,015.                   |  |  |  |  |
| Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign Signature of officer  Here MARK SKALA, PRESIDENT  Type or print name and title  Print/Type preparer's name  MICHAEL A. NOCELLA CPA  Preparer Firm's name MAZARS USA LLP  Firm's name MAZARS USA LLP  Firm's address 9 BAY STATE COURT  BREWSTER, MA 02631  May the IRS discuss this return with the preparer shown above? See instructions  X Yes No   | 5        | Ses                |   | Ве            |                                       |                             |  |  |  |  |
| Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign Signature of officer  Here MARK SKALA, PRESIDENT  Type or print name and title  Print/Type preparer's name  MICHAEL A. NOCELLA CPA  Preparer Firm's name MAZARS USA LLP  Firm's name MAZARS USA LLP  Firm's address 9 BAY STATE COURT  BREWSTER, MA 02631  May the IRS discuss this return with the preparer shown above? See instructions  X Yes No   | sets     | 20                 | Total assets (Part X, line 16)  |               |                                       |                             |  |  |  |  |
| Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign Signature of officer  Here MARK SKALA, PRESIDENT  Type or print name and title  Print/Type preparer's name  MICHAEL A. NOCELLA CPA  Preparer Firm's name MAZARS USA LLP  Firm's name MAZARS USA LLP  Firm's address 9 BAY STATE COURT  BREWSTER, MA 02631  May the IRS discuss this return with the preparer shown above? See instructions  X Yes No   | t As     | 21                 | Total liabilities (Part X, line 26)   |               |                                       |                             |  |  |  |  |
| Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign  Signature of officer  MARK SKALA, PRESIDENT  Type or print name and title  Print/Type preparer's name  Preparer  MICHAEL A. NOCELLA CPA  Preparer  Firm's name  MAZARS USA LLP  Firm's landress  Prim's address  Path  Firm's address  Phone no. (508) 255-2240  May the IRS discuss this return with the preparer shown above? See instructions  X Yes No  | <u>_</u> | 22                 |   |               | 1,047,083.                            | 707,282.                    |  |  |  |  |
| true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign Signature of officer Date  MARK SKALA, PRESIDENT Type or print name and title  Print/Type preparer's name Preparer's signature Date  MICHAEL A. NOCELLA CPA Preparer  Firm's name MAZARS USA LLP Firm's name MAZARS USA LLP Firm's address 9 BAY STATE COURT BREWSTER, MA 02631 Phone no. (508) 255-2240  May the IRS discuss this return with the preparer shown above? See instructions   |          |                    |   |               |                                       |                             |  |  |  |  |
| Sign Signature of officer  MARK SKALA, PRESIDENT  Type or print name and title  Print/Type preparer's name  MICHAEL A. NOCELLA CPA  Preparer  Use Only  Firm's name  MAZARS USA LLP  Firm's address  9 BAY STATE COURT  BREWSTER, MA 02631  May the IRS discuss this return with the preparer shown above? See instructions  Date  Check  PTIN  Preparer's signature  Preparer's signature  PTIN  Pont if  Firm's EIN 13-1459550  Phone no. (508) 255-2240   |          |                    |   |               |                                       | knowledge and belief, it is |  |  |  |  |
| Here MARK SKALA, PRESIDENT Type or print name and title  Print/Type preparer's name Print/Type preparer's name Print/Type preparer's name Print/Type preparer's name MICHAEL A. NOCELLA CPA Preparer Use Only Firm's name MAZARS USA LLP Firm's address 9 BAY STATE COURT BREWSTER, MA 02631  May the IRS discuss this return with the preparer shown above? See instructions  X Yes No  | true     | e, correc          | tt, and complete. Declaration of preparer (other than officer) is based on all information of w | hich preparer | has any knowledge.                    |                             |  |  |  |  |
| Here MARK SKALA, PRESIDENT Type or print name and title  Print/Type preparer's name Print/Type preparer's name Print/Type preparer's name Print/Type preparer's name MICHAEL A. NOCELLA CPA Preparer Use Only Firm's name MAZARS USA LLP Firm's address 9 BAY STATE COURT BREWSTER, MA 02631  May the IRS discuss this return with the preparer shown above? See instructions  X Yes No  |          |                    | Circohung of officer  |               | Data                                  |                             |  |  |  |  |
| Type or print name and title  Print/Type preparer's name  MICHAEL A. NOCELLA CPA  Preparer  Firm's name  MAZARS USA LLP  Firm's address  9 BAY STATE COURT  BREWSTER, MA 02631  May the IRS discuss this return with the preparer shown above? See instructions  Preparer  Preparer's signature  Date  Check PTIN  Firm's EIN 13-1459550  Phone no. (508) 255-2240  X Yes No   | Sig      |                    |   |               | Date                                  |                             |  |  |  |  |
| Print/Type preparer's name   | He       | re                 |   |               |                                       |                             |  |  |  |  |
| Paid         MICHAEL         A. NOCELLA CPA         right self-employed         P02173347           Preparer Use Only Brim's address         9 BAY STATE COURT BREWSTER, MA 02631         Phone no. (508) 255-2240           May the IRS discuss this return with the preparer shown above? See instructions         X Yes No  |          |                    |   | Tr            | Doto In F                             | DTIN                        |  |  |  |  |
| Preparer         Firm's name         MAZARS USA LLP         Firm's EIN 13-1459550           Use Only         Firm's address         9 BAY STATE COURT         Phone no. (508) 255-2240           May the IRS discuss this return with the preparer shown above? See instructions         X Yes         No  |          |                    |   |               | if L                                  |                             |  |  |  |  |
| Use Only Firm's address 9 BAY STATE COURT BREWSTER, MA 02631 Phone no. (508) 255-2240  May the IRS discuss this return with the preparer shown above? See instructions X Yes No  |          |                    |   |               |                                       |                             |  |  |  |  |
| BREWSTER, MA 02631 Phone no. (508) 255-2240  May the IRS discuss this return with the preparer shown above? See instructions X Yes No  |          | -                  | •   |               | ⊢Irm's EIN ⊥                          | 3-1439330                   |  |  |  |  |
| May the IRS discuss this return with the preparer shown above? See instructions  | USE      | Unly               |   |               | , , , , , , , , , , , , , , , , , , , | 00/ 255 2240                |  |  |  |  |
|  | _        |                    | · · · · · · · · · · · · · · · · · · ·   |               | Phone no. (5                          |                             |  |  |  |  |
|  | _        |                    | · · ·   |               |                                       | X Yes No                    |  |  |  |  |

| Pa | Statement of Program Service Accomplishments  |                     |
|----|---|---------------------|
|    | Check if Schedule O contains a response or note to any line in this Part III  | <u></u>             |
| 1  | Briefly describe the organization's mission: THE MISSION OF THE CAPE AND ISLANDS UNITED WAY INC. IS TO INCREASE TO                      | nue                 |
|    | ORGANIZED CAPACITY FOR PEOPLE ON CAPE COD AND THE ISLANDS TO CARE I   |                     |
|    | ONE ANOTHER AND TO IMPROVE THE HUMAN CONDITION OF THE REGION.   | ·OK                 |
|    | OND IMPOUND THE NOTE AND TO THE MOUNT COMPLICATION OF THE MECTOR'S  |                     |
| 2  | Did the organization undertake any significant program services during the year which were not listed on the                            |                     |
| _  |   | res X No            |
|    | If "Yes," describe these new services on Schedule O.  |                     |
| 3  | ·   | res X No            |
|    | If "Yes," describe these changes on Schedule O.   |                     |
| 4  | Describe the organization's program service accomplishments for each of its three largest program services, as measured by expens       | ses.                |
|    | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses |                     |
|    | revenue, if any, for each program service reported.   |                     |
| 4a |   | )                   |
|    | THE ORGANIZATIONS MISSION IS TO RAISE FUNDS FOR APPROVED GRANTS TO  |                     |
|    | VARIOUS NON-PROFIT AGENCIES ON CAPE COD & THE ISLANDS FOR HEALTH AN   | <u> 10</u>          |
|    | HUMAN SERVICES.   |                     |
|    |   |                     |
|    |   |                     |
|    |   |                     |
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|    |   |                     |
|    |   |                     |
|    |   |                     |
|    |   |                     |
|    | /Out  | )                   |
| 4b | (Code:) (Expenses \$  | ,                   |
|    |   |                     |
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| 4c | (Code:) (Expenses \$  | )                   |
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|    |   |                     |
|    |   |                     |
|    |   |                     |
| 4d | Other program services (Describe on Schedule O.)  |                     |
| ти | (Expenses \$ including grants of \$ ) (Revenue \$ )   |                     |
| 4e | 000 001   |                     |
|    |   | m <b>990</b> (2022) |

## Form 990 (2022) CAPE AND ISLANDS UNITED WAY INC. 04-2271714 Page 3 Part IV Checklist of Required Schedules

|     | •  |     | Yes | No       |
|-----|--|-----|-----|----------|
| 1   | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?  |     |     |          |
|     | If "Yes." complete Schedule A  | 1   | X   |          |
| 2   | Is the organization required to complete Schedule B, Schedule of Contributors? See instructions  | 2   | X   |          |
| 3   | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for  |     |     |          |
|     | public office? If "Yes," complete Schedule C, Part I   | 3   |     | Х        |
| 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   |     | Х        |
| 5   | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or   |     |     |          |
|     | similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III  | 5   |     | Х        |
| 6   | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to  |     |     |          |
|     | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I   | 6   |     | Х        |
| 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   |     | Х        |
| 8   | Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>   |     |     |          |
|     | Schedule D, Part III   | 8   |     | Х        |
| 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   |     | Х        |
| 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  |     | Х        |
| 11  | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,  |     |     |          |
|     | as applicable.   |     |     |          |
| 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 |     | Х        |
| С   | Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total  |     |     |          |
|     | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII   | 11c |     | Х        |
| d   | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in  |     |     |          |
|     | Part X, line 16? If "Yes," complete Schedule D, Part IX  | 11d | Х   |          |
| 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  |     |     |          |
|     | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X   | 11f |     | X        |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete  |     |     |          |
|     | Schedule D, Parts XI and XII   | 12a | X   |          |
| b   | Was the organization included in consolidated, independent audited financial statements for the tax year?  |     |     |          |
|     | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional  | 12b |     | X        |
| 13  | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  | 13  |     | X        |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States?  | 14a |     | X        |
| b   | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,  |     |     |          |
|     | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000   |     |     | <b>.</b> |
|     | or more? If "Yes," complete Schedule F, Parts I and IV   | 14b |     | X        |
| 15  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any  |     |     |          |
|     | foreign organization? If "Yes," complete Schedule F, Parts II and IV   | 15  |     | X        |
| 16  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to   |     |     |          |
|     | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV  | 16  |     | X        |
| 17  | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,  |     |     |          |
|     | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions   | 17  | X   |          |
| 18  | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines   |     |     |          |
|     | 1c and 8a? If "Yes," complete Schedule G, Part II  | 18  | X   |          |
| 19  | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"   |     |     |          |
|     | complete Schedule G, Part III  | 19  |     | X        |
| 20a | The state of the s | 20a |     | X        |
| b   | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?   | 20b |     |          |
| 21  | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or  |     |     |          |
|     | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II  | 21  | X   | <u> </u> |

| Pa  | 1 990 (2022) CAPE AND ISLANDS UNITED WAY INC. 04-227 rt IV Checklist of Required Schedules (continued)                      |     |     | age 4         |
|-----|---|-----|-----|---------------|
|     |   |     | Yes | No            |
| 22  | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on               |     |     |               |
|     | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III   | 22  |     | X             |
| 23  | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current |     |     |               |
|     | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete              |     |     | l             |
|     | Schedule J  | 23  |     | X             |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the     |     |     |               |
|     | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete          |     |     | l             |
|     | Schedule K. If "No," go to line 25a   | 24a |     | X             |
|     | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?                           | 24b |     |               |
| С   | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease        |     |     |               |
|     | any tax-exempt bonds?   | 24c |     |               |
|     | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?                     | 24d |     |               |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit                |     |     | l             |
|     | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I                               | 25a |     | X             |
| b   | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and  |     |     |               |
|     | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete       |     |     |               |
|     | Schedule L, Part I  | 25b |     | X             |
| 26  | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current             |     |     |               |
|     | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%                     |     |     | l             |
|     | controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II                          | 26  |     | X             |
| 27  | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, |     |     |               |
|     | creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled |     |     |               |
|     | entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III    | 27  |     | X             |
| 28  | Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,      |     |     |               |
|     | instructions for applicable filing thresholds, conditions, and exceptions):   |     |     |               |
| а   | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If            |     |     | <sub></sub> - |
|     | "Yes," complete Schedule L, Part IV   | 28a |     | X             |
|     | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV                             | 28b |     | X             |
| С   | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If                    |     |     | <sub></sub> - |
|     | "Yes," complete Schedule L, Part IV   | 28c |     | X             |
| 29  | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M                    | 29  |     | X             |
| 30  | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation |     |     | <sub></sub> - |
|     | contributions? If "Yes," complete Schedule M  | 30  |     | X             |
| 31  | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I          | 31  |     | X             |
| 32  | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete            |     |     | ,,            |
|     | Schedule N, Part II   | 32  |     | X             |
| 33  | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations                  |     |     | ,,            |
|     | sections 301.7701-2 and 301.7701-3? If "Yes " complete Schedule R Part I  | 33  |     | X             |

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and 34 **35a** Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? Х If "Yes," complete Schedule R, Part V, line 2 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI X 37

38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

|    | Check if Schedule O contains a response or note to any line in this Part V                          |        |            |    |     |    |
|----|---|--------|------------|----|-----|----|
|    |   |        |            |    | Yes | No |
| 1a | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable                        | 1a     | 7          |    |     |    |
| b  | Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable                     | 1b     | 0          |    |     |    |
| С  | Did the organization comply with backup withholding rules for reportable payments to vendors and re | portab | ole gaming |    |     |    |
|    | (gambling) winnings to prize winners?   |        |            | 1c |     |    |

232004 12-13-22

Form 990 (2022)

38

Form 990 (2022) CAPE AND ISLANDS UNITED WAY INC.

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

|     |  | _       | _                 |           | Yes | No  |  |  |  |  |
|-----|--|---------|-------------------|-----------|-----|-----|--|--|--|--|
| 2a  | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,  |         |                   |           |     |     |  |  |  |  |
|     | filed for the calendar year ending with or within the year covered by this return  | 2a      | 4                 |           |     |     |  |  |  |  |
| b   | If at least one is reported on line 2a, did the organization file all required federal employment tax return   | ns?     |                   | 2b        | Х   |     |  |  |  |  |
| За  | Did the organization have unrelated business gross income of \$1,000 or more during the year?  |         |                   | 3a        |     | Х   |  |  |  |  |
| b   |  |         |                   |           |     |     |  |  |  |  |
| 4a  | At any time during the calendar year, did the organization have an interest in, or a signature or other a  | uthor   | ity over, a       |           |     |     |  |  |  |  |
|     | financial account in a foreign country (such as a bank account, securities account, or other financial a   | ccoui   | nt)?              | 4a        |     | X   |  |  |  |  |
| b   | If "Yes," enter the name of the foreign country  |         |                   |           |     |     |  |  |  |  |
|     | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Advanced in the Financi | ccour   | nts (FBAR).       |           |     |     |  |  |  |  |
| 5а  | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  |         |                   | 5a        |     | _X_ |  |  |  |  |
| b   | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction  | ction?  |                   | 5b        |     | X   |  |  |  |  |
| С   | 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   | e orga  | anization solicit |           |     | 7.7 |  |  |  |  |
|     | any contributions that were not tax deductible as charitable contributions?  |         |                   | <u>6a</u> |     | X   |  |  |  |  |
| b   | If "Yes," did the organization include with every solicitation an express statement that such contribution   |         |                   | <b>.</b>  |     |     |  |  |  |  |
| _   | were not tax deductible?   |         |                   | 6b        |     |     |  |  |  |  |
| 7   | Organizations that may receive deductible contributions under section 170(c).  |         |                   |           |     | Х   |  |  |  |  |
| a   | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser  |         |                   | 7a        |     |     |  |  |  |  |
| D   |  |         | uirod             | 7b        |     |     |  |  |  |  |
| С   | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa to file Form 8282?   |         |                   | 7c        |     | х   |  |  |  |  |
| d   | If "Yes," indicate the number of Forms 8282 filed during the year  | 7d      |                   | 70        |     |     |  |  |  |  |
| e   | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or   |         | •                 | 7e        |     |     |  |  |  |  |
| f   | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra  |         |                   | 7f        |     |     |  |  |  |  |
| g   | If the organization received a contribution of qualified intellectual property, did the organization file Fo   |         | 399 as required?  | 7g        |     |     |  |  |  |  |
| h   | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization   | tion fi | le a Form 1098-C? | 7h        |     |     |  |  |  |  |
| 8   | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained  | by th   | ie                |           |     |     |  |  |  |  |
|     | sponsoring organization have excess business holdings at any time during the year?   |         |                   | 8         |     |     |  |  |  |  |
| 9   | Sponsoring organizations maintaining donor advised funds.  |         |                   |           |     |     |  |  |  |  |
| а   | Did the sponsoring organization make any taxable distributions under section 4966?   |         |                   | 9a        |     |     |  |  |  |  |
| b   | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  |         |                   | 9b        |     |     |  |  |  |  |
| 10  | Section 501(c)(7) organizations. Enter:  | ı       | ı                 |           |     |     |  |  |  |  |
| а   | Initiation fees and capital contributions included on Part VIII, line 12   | 10a     |                   | 4         |     |     |  |  |  |  |
| b   | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  | 10b     |                   | 4         |     |     |  |  |  |  |
| 11  | Section 501(c)(12) organizations. Enter:   | 1       | 1                 |           |     |     |  |  |  |  |
| а   | Gross income from members or shareholders  | 11a     |                   | 4         |     |     |  |  |  |  |
| b   | Gross income from other sources. (Do not net amounts due or paid to other sources against  |         |                   |           |     |     |  |  |  |  |
| 40- | amounts due or received from them.)  | 11b     | •                 | 40-       |     |     |  |  |  |  |
|     | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form   | ı       | 1                 | 12a       |     |     |  |  |  |  |
| 13  | If "Yes," enter the amount of tax-exempt interest received or accrued during the year  Section 501(c)(29) qualified nonprofit health insurance issuers.  | 12b     | L                 |           |     |     |  |  |  |  |
| а   | Is the organization licensed to issue qualified health plans in more than one state?   |         |                   | 13a       |     |     |  |  |  |  |
| u   | Note: See the instructions for additional information the organization must report on Schedule O.  |         |                   | iou       |     |     |  |  |  |  |
| b   | Enter the amount of reserves the organization is required to maintain by the states in which the   |         |                   |           |     |     |  |  |  |  |
| _   | organization is licensed to issue qualified health plans   | 13b     |                   |           |     |     |  |  |  |  |
| С   | Enter the amount of reserves on hand   | 13c     |                   |           |     |     |  |  |  |  |
| 14a |  |         |                   | 14a       |     | X   |  |  |  |  |
| b   | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul   |         |                   | 14b       |     |     |  |  |  |  |
| 15  | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner  |         |                   |           |     |     |  |  |  |  |
|     | excess parachute payment(s) during the year?   |         |                   | 15        |     | X   |  |  |  |  |
|     | If "Yes," see the instructions and file Form 4720, Schedule N.   |         |                   |           |     |     |  |  |  |  |
| 16  | Is the organization an educational institution subject to the section 4968 excise tax on net investment  | inco    | me?               | 16        |     | X   |  |  |  |  |
|     | If "Yes," complete Form 4720, Schedule O.  |         |                   |           |     |     |  |  |  |  |
| 17  | Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any act   |         |                   |           |     |     |  |  |  |  |
|     | that would result in the imposition of an excise tax under section 4951, 4952 or 4953?   |         |                   | 17        |     |     |  |  |  |  |
|     | If "Yes," complete Form 6069.  |         |                   |           | 000 |     |  |  |  |  |

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response

|     | Check if Schoolule O contains a reasonage or note to any line in this Bort VI  |          |         | X   |  |  |  |  |  |  |
|-----|--|----------|---------|-----|--|--|--|--|--|--|
| Sec | Check if Schedule O contains a response or note to any line in this Part VI tion A. Governing Body and Management  |          |         | 21  |  |  |  |  |  |  |
| 000 | tion A. Governing body and Management  |          | V       | NI- |  |  |  |  |  |  |
| 4.  | Enter the number of voting members of the governing body at the end of the tax year 17   |          | Yes     | No  |  |  |  |  |  |  |
| та  | ,  |          |         |     |  |  |  |  |  |  |
|     | If there are material differences in voting rights among members of the governing body, or if the governing  |          |         |     |  |  |  |  |  |  |
| _   | body delegated broad authority to an executive committee or similar committee, explain on Schedule O.  |          |         |     |  |  |  |  |  |  |
| b   |  |          |         |     |  |  |  |  |  |  |
| 2   | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other   |          |         |     |  |  |  |  |  |  |
|     | officer, director, trustee, or key employee?   | 2        |         | X   |  |  |  |  |  |  |
| 3   | Did the organization delegate control over management duties customarily performed by or under the direct supervision  |          |         |     |  |  |  |  |  |  |
|     | of officers, directors, trustees, or key employees to a management company or other person?  | 3_       |         | X   |  |  |  |  |  |  |
| 4   | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?   | 4_       |         | Х   |  |  |  |  |  |  |
| 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        |         | Х   |  |  |  |  |  |  |
| 7a  | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or   |          |         |     |  |  |  |  |  |  |
|     | more members of the governing body?  | 7a       |         | Х   |  |  |  |  |  |  |
| h   | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or   | <u> </u> |         |     |  |  |  |  |  |  |
|     | and a second sec | 7b       |         | х   |  |  |  |  |  |  |
|     | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  | 10       |         |     |  |  |  |  |  |  |
| 8   |  |          | Х       |     |  |  |  |  |  |  |
| a   | The governing body?  | 8a       |         |     |  |  |  |  |  |  |
| b   | Each committee with authority to act on behalf of the governing body?  | 8b       | X       |     |  |  |  |  |  |  |
| 9   | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the   |          |         |     |  |  |  |  |  |  |
|     | organization's mailing address? If "Yes," provide the names and addresses on Schedule O  | 9        |         | X   |  |  |  |  |  |  |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)   |          |         |     |  |  |  |  |  |  |
|     |  |          | Yes     | No  |  |  |  |  |  |  |
| 10a | Did the organization have local chapters, branches, or affiliates?   | 10a      |         | X   |  |  |  |  |  |  |
| b   | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,   |          |         |     |  |  |  |  |  |  |
|     | and branches to ensure their operations are consistent with the organization's exempt purposes?  | 10b      |         |     |  |  |  |  |  |  |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  | 11a      | _X_     |     |  |  |  |  |  |  |
| b   | Describe on Schedule O the process, if any, used by the organization to review this Form 990.  |          |         |     |  |  |  |  |  |  |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13  | 12a      | Х       |     |  |  |  |  |  |  |
| b   | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  | 12b      | X       |     |  |  |  |  |  |  |
| С   | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe   |          |         |     |  |  |  |  |  |  |
|     | on Schedule O how this was done  | 12c      | Х       |     |  |  |  |  |  |  |
| 13  | Did the organization have a written whistleblower policy?  | 13       | Х       |     |  |  |  |  |  |  |
| 14  |  | 14       | X       |     |  |  |  |  |  |  |
| 15  | Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent   | <u> </u> |         |     |  |  |  |  |  |  |
| 15  | persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  |          |         |     |  |  |  |  |  |  |
| _   |  | 450      | Х       |     |  |  |  |  |  |  |
|     | The organization's CEO, Executive Director, or top management official   | 15a      | X       |     |  |  |  |  |  |  |
| D   | Other officers or key employees of the organization  | 15b      | 17      |     |  |  |  |  |  |  |
| 40  | 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  |          |         | v   |  |  |  |  |  |  |
| _   | taxable entity during the year?  | 16a      |         | X   |  |  |  |  |  |  |
| b   | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation   |          |         |     |  |  |  |  |  |  |
|     | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's   |          |         |     |  |  |  |  |  |  |
|     | exempt status with respect to such arrangements?   | 16b      |         |     |  |  |  |  |  |  |
| 2ec | tion C. Disclosure   |          |         |     |  |  |  |  |  |  |
| 17  | List the states with which a copy of this Form 990 is required to be filed MA  |          |         |     |  |  |  |  |  |  |
| 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.  |          |         |     |  |  |  |  |  |  |
|     | Own website Another's website X Upon request Other (explain on Schedule O)   |          |         |     |  |  |  |  |  |  |
| 19  | Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and  | finan    | cial    |     |  |  |  |  |  |  |
|     | 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   |          |         |     |  |  |  |  |  |  |
|     | LARRY BIGELOW - 508-775-4746   |          |         |     |  |  |  |  |  |  |
|     | P.O.BOX 367, CENTERVILLE, MA 02632   |          |         |     |  |  |  |  |  |  |
|     | ·  |          |         |     |  |  |  |  |  |  |

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

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

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

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

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)                        | (B)               |                                |                                      |         | C)           |                                 |           | (D)             | (E)                        | (F)                |
|----------------------------|-------------------|--------------------------------|--------------------------------------|---------|--------------|---------------------------------|-----------|-----------------|----------------------------|--------------------|
| Name and title             | Average           | (do                            | Position (do not check more than one |         | Reportable   | Reportable                      | Estimated |                 |                            |                    |
|                            | hours per         | box                            | , unles                              | ss pei  | rson i       | s both                          | n an      | compensation    | compensation               | amount of          |
|                            | week<br>(list any |                                |                                      |         | 10010        | 17 11 43                        |           | from<br>the     | from related organizations | other compensation |
|                            | hours for         | direct                         |                                      |         |              | _                               |           | organization    | (W-2/1099-MISC/            | from the           |
|                            | related           | ee or                          | stee                                 |         |              | nsate                           |           | (W-2/1099-MISC/ | 1099-NEC)                  | organization       |
|                            | organizations     | trust                          | nal tru                              |         | oyee         | om pe                           |           | 1099-NEC)       |                            | and related        |
|                            | below             | Individual trustee or director | Institutional trustee                | Officer | Key employee | Highest compensated<br>employee | Former    |                 |                            | organizations      |
| (1) MARK SKALA             | line)<br>40.00    | Pu                             | lus                                  | #0      | Ke           | e Eig                           | 윤         |                 |                            |                    |
| PRESIDENT/EXECUTIVE DIRECT | 40.00             |                                |                                      | х       |              |                                 |           | 125,000.        | 0.                         | 0.                 |
| (2) LARRY BIGELOW          | 1.00              |                                |                                      | ^       |              |                                 |           | 123,000.        | 0.                         | U •                |
| TREASURER                  | 1.00              | Х                              |                                      | х       |              |                                 |           | 0.              | 0.                         | 0.                 |
| (3) TAMMY GLIVINSKI        | 1.00              | Δ                              |                                      | ^       |              |                                 |           | 0.              | 0.                         | 0.                 |
| BOARD OF DIRECTORS         | 1.00              | Х                              |                                      |         |              |                                 |           | 0.              | 0.                         | 0.                 |
| (4) CHRISTINE EOSCO        | 1.00              |                                |                                      |         |              |                                 |           | •               | •                          |                    |
| CHAIR, BOARD OF DIREC      |                   | х                              |                                      | х       |              |                                 |           | 0.              | 0.                         | 0.                 |
| (5) JACK BURKE             | 1.00              |                                |                                      |         |              |                                 |           |                 |                            |                    |
| BOARD OF DIRECTORS         |                   | Х                              |                                      |         |              |                                 |           | 0.              | 0.                         | 0.                 |
| (6) CARRIE WOOD            | 1.00              |                                |                                      |         |              |                                 |           |                 |                            |                    |
| PAST CHAIR                 |                   | Х                              |                                      |         |              |                                 |           | 0.              | 0.                         | 0.                 |
| (7) STEVE CUNDALL          | 1.00              |                                |                                      |         |              |                                 |           |                 |                            |                    |
| VICE CHAIR, BOARD OF DIREC |                   | Х                              |                                      | Х       |              |                                 |           | 0.              | 0.                         | 0.                 |
| (8) KEVIN HOWARD           | 1.00              |                                |                                      |         |              |                                 |           |                 |                            |                    |
| SECRETARY                  |                   | Х                              |                                      | Х       |              |                                 |           | 0.              | 0.                         | 0.                 |
| (9) NORMA SCHMIDT          | 1.00              |                                |                                      |         |              |                                 |           |                 |                            |                    |
| BOARD OF DIRECTORS         |                   | Х                              |                                      |         |              |                                 |           | 0.              | 0.                         | 0.                 |
| (10) JENNIFER MCCARTIN     | 1.00              |                                |                                      |         |              |                                 |           |                 | _                          | _                  |
| BOARD OF DIRECTORS         |                   | Х                              |                                      |         |              |                                 |           | 0.              | 0.                         | 0.                 |
| (11) BETHANY OPISHINSKI    | 1.00              |                                |                                      |         |              |                                 |           |                 | _                          |                    |
| BOARD OF DIRECTORS         |                   | Х                              |                                      |         |              |                                 |           | 0.              | 0.                         | 0.                 |
| (12) DAVID SMITH           | 1.00              |                                |                                      |         |              |                                 |           |                 |                            |                    |
| BOARD OF DIRECTORS         | 1 00              | X                              |                                      |         |              |                                 |           | 0.              | 0.                         | 0.                 |
| (13) TODD MACHNIK          | 1.00              |                                |                                      |         |              |                                 |           |                 |                            | •                  |
| BOARD OF DIRECTORS         | 1 00              | Х                              |                                      |         |              | _                               |           | 0.              | 0.                         | 0.                 |
| (14) DALE MORGAN MURPHY    | 1.00              |                                |                                      |         |              |                                 |           |                 |                            | •                  |
| BOARD OF DIRECTORS         | 1 00              | Х                              |                                      |         |              |                                 |           | 0.              | 0.                         | 0.                 |
| (15) MANDEE BLAIR          | 1.00              | 37                             |                                      |         |              |                                 |           | 0.              | _                          | 0                  |
| BOARD OF DIRECTORS         |                   | Х                              |                                      |         |              |                                 |           | 0.              | 0.                         | 0.                 |
|                            |                   |                                |                                      |         |              |                                 |           |                 |                            |                    |
|                            |                   |                                |                                      |         |              |                                 |           |                 |                            |                    |
|                            |                   |                                |                                      |         |              |                                 |           |                 |                            |                    |
|                            |                   |                                |                                      |         |              |                                 |           |                 |                            | - 000 (2222)       |

| Section A. Officers, Directors, Trust                  | tees, Key Emp          | loyو                           | ees,                  | and                                 | l Hig        | ghes                            | t C      | ompensated Employee                     | s (continued)     | —          |             |         |       |       |
|--|------------------------|--------------------------------|-----------------------|-------------------------------------|--------------|---------------------------------|----------|---|-------------------|------------|-------------|---------|-------|-------|
| (A)  | (B)                    |                                |                       | _ (0                                |              |                                 |          | (D)                                     | (E)               |            | (1          | F)      |       |       |
| Name and title   | Average                | (do r                          |                       | Position (do not check more than on |              |                                 |          |   | nne               | Reportable | Reportable  |         | Estin | nated |
|  | hours per              | box,                           | , unles               | ss per                              | rson i       | s both                          | an       | compensation                            | compensation      | า          | amo         | unt of  |       |       |
|  | week                   |                                | cer an                | id a di                             | irecto       | r/trust                         | tee)     | from                                    | from related      | l l        |             | her     |       |       |
|  | (list any              | ector                          |                       |                                     |              |                                 |          | the                                     | organizations     |            |             |         |       |       |
|  | hours for              | or dir                         | ao                    |                                     |              | ited                            |          | organization                            | (W-2/1099-MIS     | C/         | c/ from the |         |       |       |
|  | related                | stee                           | ruste                 |                                     |              | bensa                           |          | (W-2/1099-MISC/                         | 1099-NEC)         |            | organizatio |         |       |       |
|  | organizations<br>below | altru                          | onal 1                |                                     | loye         | com                             |          | 1099-NEC)                               |                   |            |             | elated  |       |       |
|  | line)                  | Individual trustee or director | Institutional trustee | Officer                             | Key employee | Highest compensated<br>employee | Former   |   |                   |            | organi      | zations |       |       |
|  | 11110)                 | =                              | Ë                     | 10¢                                 | Α.           | e I                             | G<br>G   |   |                   | $\dashv$   |             |         |       |       |
|  |                        |                                |                       |                                     |              |                                 |          |   |                   |            |             |         |       |       |
|  |                        |                                |                       |                                     |              |                                 |          |   |                   | $\dashv$   |             |         |       |       |
|  |                        |                                |                       |                                     |              |                                 |          |   |                   |            |             |         |       |       |
|  |                        | ┢                              |                       |                                     |              |                                 |          |   |                   | $\dashv$   |             |         |       |       |
|  |                        |                                |                       |                                     |              |                                 |          |   |                   |            |             |         |       |       |
|  |                        | Н                              |                       |                                     |              |                                 |          |   |                   | $\dashv$   |             |         |       |       |
|  |                        |                                |                       |                                     |              |                                 |          |   |                   |            |             |         |       |       |
|  |                        |                                |                       |                                     |              |                                 |          |   |                   | $\dashv$   |             |         |       |       |
|  |                        |                                |                       |                                     |              |                                 |          |   |                   |            |             |         |       |       |
|  |                        |                                |                       |                                     |              |                                 |          |   |                   | $\dashv$   |             |         |       |       |
|  |                        |                                |                       |                                     |              |                                 |          |   |                   |            |             |         |       |       |
|  |                        | $\vdash$                       |                       |                                     |              |                                 |          |   |                   | $\dashv$   |             |         |       |       |
|  |                        |                                |                       |                                     |              |                                 |          |   |                   |            |             |         |       |       |
|  |                        |                                |                       |                                     |              |                                 |          |   |                   | $\neg$     |             |         |       |       |
|  |                        | 1                              |                       |                                     |              |                                 |          |   |                   |            |             |         |       |       |
|  |                        |                                |                       |                                     |              |                                 |          |   |                   | $\neg$     |             |         |       |       |
|  |                        | 1                              |                       |                                     |              |                                 |          |   |                   |            |             |         |       |       |
| 1b Subtotal  | ı                      |                                |                       |                                     | I            |                                 |          | 125,000.                                |                   | 0.         |             | 0.      |       |       |
| c Total from continuation sheets to Part VII           |                        |                                |                       |                                     |              |                                 |          | 0.                                      |                   | 0.         |             | 0.      |       |       |
| d Total (add lines 1b and 1c)                          |                        |                                |                       |                                     |              |                                 |          | 125,000.                                |                   | 0.         |             | 0.      |       |       |
| Total number of individuals (including but no          |                        |                                |                       |                                     |              |                                 |          |   | 000 of reportable |            |             |         |       |       |
| compensation from the organization                     |                        |                                |                       |                                     |              | ,                               |          | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |                   |            |             | 1       |       |       |
|  |                        |                                |                       |                                     |              |                                 |          |   |                   |            | Y           | es No   |       |       |
| 3 Did the organization list any <b>former</b> officer, | director, truste       | ee. k                          | ev e                  | lame                                | ove          | e. or                           | hia      | hest compensated emp                    | ovee on           |            |             |         |       |       |
| line 1a? If "Yes," complete Schedule J for si          | •                      | ,                              | ,                     | •                                   | ,            | ,                               | _        |   | ,                 |            | 3           | Х       |       |       |
| 4 For any individual listed on line 1a, is the su      |                        |                                |                       |                                     |              |                                 |          |   |                   |            |             |         |       |       |
| and related organizations greater than \$150           |                        |                                |                       |                                     |              |                                 |          |   |                   |            | 4           | Х       |       |       |
| 5 Did any person listed on line 1a receive or a        |                        |                                |                       |                                     |              |                                 |          |   |                   |            |             |         |       |       |
| rendered to the organization? If "Yes." com            | •                      |                                |                       |                                     | •            |                                 |          | •                                       |                   | [          | 5           | Х       |       |       |
| Section B. Independent Contractors                     |                        |                                |                       |                                     |              |                                 |          |   |                   |            |             |         |       |       |
| Complete this table for your five highest cor          | mpensated ind          | lepe                           | nder                  | nt co                               | ontra        | actor                           | s th     | nat received more than \$               | 100,000 of comp   | ensat      | ion from    |         |       |       |
| the organization. Report compensation for t            |                        |                                |                       |                                     |              |                                 |          |   |                   |            |             |         |       |       |
| (A)  |                        |                                |                       |                                     |              |                                 |          | (B)                                     |                   |            | (C)         |         |       |       |
| Name and business                                      | address                | NC                             | ONE                   | 3                                   |              |                                 |          | Description of s                        | ervices           | С          | ompens      | ation   |       |       |
|  |                        |                                |                       |                                     |              |                                 |          |   |                   |            |             |         |       |       |
|  |                        |                                |                       |                                     |              |                                 |          |   |                   |            |             |         |       |       |
|  |                        |                                |                       |                                     |              |                                 |          |   |                   |            |             |         |       |       |
|  |                        |                                |                       |                                     |              |                                 |          |   |                   |            |             |         |       |       |
|  |                        |                                |                       |                                     |              |                                 |          |   |                   |            |             |         |       |       |
|  |                        |                                |                       |                                     |              |                                 | _        |   |                   |            |             |         |       |       |
|  |                        |                                |                       |                                     |              |                                 |          |   |                   |            |             |         |       |       |
|  |                        |                                |                       |                                     |              |                                 | $\dashv$ |   |                   |            |             |         |       |       |
|  |                        |                                |                       |                                     |              |                                 |          |   |                   |            |             |         |       |       |
|  |                        |                                |                       |                                     |              |                                 |          |   |                   |            |             |         |       |       |
| 2 Total number of independent contractors (in          |                        | ot lin                         | nited                 | to t                                | thos         | se lis                          | ted      | above) who received mo                  | ore than          |            |             |         |       |       |
| \$100,000 of compensation from the organiz             | zation                 |                                |                       |                                     | (            | )                               |          |   |                   |            |             |         |       |       |

Form 990 (2022)

Part VIII

| Ш | ı | Stater | nent of | Revenue |
|---|---|--------|---------|---------|
|   |   |        |         |         |

|  |          | Check if Schedule O contains a response or r      | e in this Part VIII |               |                                    |                            |                                    |
|--|----------|---|---------------------|---------------|------------------------------------|----------------------------|------------------------------------|
|  |          |   |                     | (A)           | (B)                                | (C)                        | (D)                                |
|  |          |   |                     | Total revenue | Related or exempt function revenue | Unrelated business revenue | Revenue excluded<br>from tax under |
|  |          |   |                     |               | idilotion revenue                  | business revenue           | sections 512 - 514                 |
| တ္ တ   | 1 8      | Federated campaigns 1a                            |                     |               |                                    |                            |                                    |
| ant  | k        | Membership dues 1b                                |                     |               |                                    |                            |                                    |
| اع ق   | ,        | Fundraising events 1c                             |                     |               |                                    |                            |                                    |
| ifts<br>r A  | ,        | I Related organizations 1d                        |                     |               |                                    |                            |                                    |
| Contributions, Gifts, Grants and Other Similar Amounts | ,        | Government grants (contributions)                 |                     |               |                                    |                            |                                    |
| Sir  | f        | All other contributions, gifts, grants, and       |                     |               |                                    |                            |                                    |
| e ţi   | •        |   | 87,574.             |               |                                    |                            |                                    |
| 흕  | ,        | Noncash contributions included in lines 1a-1f     | 4,466.              |               |                                    |                            |                                    |
| Ν  | ì        | Total. Add lines 1a-1f                            |                     | 887,574.      |                                    |                            |                                    |
| 0 %  | <u>'</u> |   | usiness Code        | 00773711      |                                    |                            |                                    |
|  | 2 8      |   | domess code         |               |                                    |                            |                                    |
| /ice   |          |   |                     |               |                                    |                            |                                    |
| Program Service<br>Revenue                             | k        |   |                     |               |                                    |                            |                                    |
| m S  | (        |   |                     |               |                                    |                            |                                    |
| gra<br>Re  | (        |   |                     |               |                                    |                            |                                    |
| Š  | •        |   |                     |               |                                    |                            |                                    |
| ъ.   |          | All other program service revenue                 |                     |               |                                    |                            |                                    |
|  |          | Total. Add lines 2a-2f                            |                     |               |                                    |                            |                                    |
|  | 3        | Investment income (including dividends, interest, | I                   | 17 205        |                                    |                            | 17 205                             |
|  |          | other similar amounts)                            |                     | 17,305.       |                                    |                            | 17,305.                            |
|  | 4        | Income from investment of tax-exempt bond proc    | ceeds               |               |                                    |                            |                                    |
|  | 5        | Royalties   |                     |               |                                    |                            |                                    |
|  |          | (i) Real  | (ii) Personal       |               |                                    |                            |                                    |
|  | 6 a      | Gross rents6a                                     |                     |               |                                    |                            |                                    |
|  | k        | Less: rental expenses 6b                          |                     |               |                                    |                            |                                    |
|  | (        | Rental income or (loss) 6c                        |                     |               |                                    |                            |                                    |
|  | (        | Net rental income or (loss)                       |                     |               |                                    |                            |                                    |
|  | 7 a      | Gross amount from sales of (i) Securities         | (ii) Other          |               |                                    |                            |                                    |
|  |          | assets other than inventory 7a 45,707.            |                     |               |                                    |                            |                                    |
|  | k        | Less: cost or other basis                         |                     |               |                                    |                            |                                    |
| e  |          | and sales expenses                                |                     |               |                                    |                            |                                    |
| ther Revenue   | (        | Gain or (loss) 7c 45,707.                         |                     |               |                                    |                            |                                    |
| Be   | (        | Net gain or (loss)                                |                     | 45,707.       | 45,707.                            |                            |                                    |
| ē  | 8 8      | Gross income from fundraising events (not         |                     |               |                                    |                            |                                    |
| ₹  |          | including \$ of                                   |                     |               |                                    |                            |                                    |
|  |          | contributions reported on line 1c). See           |                     |               |                                    |                            |                                    |
|  |          | Part IV, line 18                                  | 33,157.             |               |                                    |                            |                                    |
|  | k        | Less: direct expenses 8b                          | 0.                  |               |                                    |                            |                                    |
|  | (        | Net income or (loss) from fundraising events      |                     | 333,157.      |                                    |                            | 333,157.                           |
|  |          | Gross income from gaming activities. See          |                     |               |                                    |                            |                                    |
|  |          | Part IV, line 199a                                |                     |               |                                    |                            |                                    |
|  | ŀ        | Less: direct expenses 9b                          |                     |               |                                    |                            |                                    |
|  |          | Net income or (loss) from gaming activities       |                     |               |                                    |                            |                                    |
|  |          | Gross sales of inventory, less returns            |                     |               |                                    |                            |                                    |
|  |          | and allowances 10a                                |                     |               |                                    |                            |                                    |
|  | ŀ        | Less: cost of goods sold 10b                      |                     |               |                                    |                            |                                    |
|  |          | Net income or (loss) from sales of inventory      |                     |               |                                    |                            |                                    |
| $\dashv$   |          |   | usiness Code        |               |                                    |                            |                                    |
| Sn   | 11 a     |   |                     |               |                                    |                            |                                    |
| neo<br>Iue   | ıı c     |   |                     |               |                                    |                            |                                    |
| Xen Ken  |          |   |                     |               |                                    |                            |                                    |
| Miscellaneous<br>Revenue                               | ,        | I All other revenue                               |                     |               |                                    |                            |                                    |
| Ξ  |          | · · · · · · · · · · · · · · · · · · ·             |                     |               |                                    |                            |                                    |
|  |          | Total. Add lines 11a-11d                          |                     | 1,283,743.    | 45,707.                            | 0.                         | 350,462.                           |
| 00000  | 12       | Total revenue. See instructions                   |                     | <u> </u>      | <del>-</del> 3,101•                | ı • I                      | Form <b>990</b> (2022)             |
| 232009   | 12-1     | 5-22  |                     |               |                                    |                            | rum 330 (2022)                     |

18190321 148365 81217

| Commission   Com   | Secti | on 501(c)(3) and 501(c)(4) organizations must comp   | lete all columns. All othe | r organizations must con | nplete column (A). |                                   |
|--|-------|--|----------------------------|--------------------------|--------------------|-----------------------------------|
| Control to the amounts reported on linese for,   Total expenses   Program service   Program service   Section   Se   |       |  |                            |                          |                    |                                   |
| and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16 Benefits pack or for members Compensation of current officers, directors, trustees, and key employees Compensation of individual store to disqualified persons (see fixed under section 4586(V)(3)(8) Persons described in section 4586(V)(3)(8) Pension plan accrude and contributions (include section 401(V) and 403(V) employer contributions (include  |       | not include amounts reported on lines 6b,  | (A)                        | (B)<br>Program service   | Management and     | ( <b>D</b> ) Fundraising expenses |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 12 (2) (3) Grants and other assistance to toreign organizations, foreign journaments, and foreign individuals. See Part IV, line 15 and 16 (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4   | 1     | Grants and other assistance to domestic organizations  |                            |                          |                    |                                   |
| Individuals   See Part IV, line   12   See Part IV, line   12   See Part IV, line   13   See Part IV, line   14   See Part IV, line   15   See Part IV, line   16   See Part IV, line   17   See Part IV, line   18   See Part IV, line   19   See P   |       | and domestic governments. See Part IV, line 21   | 666,043.                   | 666,043.                 |                    |                                   |
| 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 Compensation of current officers, directors, trustees, and key employees trustees, and key employees Compensation in included above to disqualified persons (as defined under section 4988/ft/IV) and persons described in section 4988/ft/IV) and persons (as defined under section 4988/ft/IV) and persons described in section 4988/ft/IV) and persons (as defined under section 4988/ft/ | 2     | Grants and other assistance to domestic  |                            |                          |                    |                                   |
| 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, trustess, and key employees  6 Compensation not included above to disqualified persons (so differed under section 4958((r))) and persons described in section 4958((r)) and persons described in section 4958((r))) and persons described in section 4958((r)) and operation 401(r) and 403(b) employer contributions of the resolution 401(r) and 403(b) employer contribution 401(r) and 403(b) employer c |       | individuals. See Part IV, line 22  |                            |                          |                    |                                   |
| Individuals. See Part N, lines 15 and 16   | 3     | Grants and other assistance to foreign   |                            |                          |                    |                                   |
| 4. Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees  |       | organizations, foreign governments, and foreign  |                            |                          |                    |                                   |
| 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation not included above to disqualified persons (as defined under section 4958(n) 1) and persons (as defined under section 4958(n) 1) and persons (as defined under section 4958(n) 1) and persons described in section 4958(n) (a)(b) 7 Other salaries and wages 8 Pension plan accruels and contributions (include section 401(k) and 403(b) employer contributions) 9 Chulter employee benefits 10 Payroll taxes 10 Payroll taxes 11 Pees for services (nonemployees): 12 Advantagement 12 Legal 13 Advantagement 14 Legal 15 Coccurring 17 Investment management fees 19 Other, (Il line 11g amount exceeds 19% of line 25, column (A), anomuni, list line 11g expenses on Sch 0, 12, 721. 10 Office expenses 10 Cocupancy 17 Travel 18 Payments of travel or entertainment expenses for any feetral, state, or local public officials for any feetral state, or local public officials for any feetral state, or local public officials for any feetral state, or local public officials for |       | individuals. See Part IV, lines 15 and 16  |                            |                          |                    |                                   |
| trustees, and key employees   125,000. 81,250. 8,750. 35,000.   Compensation not included above to disqualifed persons (as defined under section 495(f)(1)) and persons described in section 495(f)(1)) and 495(f)(1) and 495( | 4     |  |                            |                          |                    |                                   |
| 6 Compensation not included above to disqualified persons (as defined under section 4958(I/(11)) and persons described in section 4958(I/(31)) and persons described in section 4958(I/(31)) and persons described in section 4958(I/(31)) and persons described in section 401(k) and 403(b) employer contributions)  9 Other employee benefits  170,528. 110,843. 111,937. 47,748.  8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)  9 Other employee benefits  1 Payroll taxes  2 44,304. 15,798. 1,701. 6,805.  1 Perso for services (nonemployees):  a Management  b Legal  c Accounting  1 Investment management fees  9 Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0, 12,721.  12 Advertising and promotion  1 Advertising and promoti | 5     |  |                            |                          |                    |                                   |
| persons described in section 4958(pt(1)) and persons described in section 4958(pt(3)8)  7 Other salaries and wages  8 Pension plan accruals and contributions (include section 4010), and 400th employer contributions)  9 Other employee benefits  7 Agrotil taxes  9 Other employee benefits  10 Fees for services (nonemployees):  11 Fees for services (nonemployees):  12 Adamagement  13 Legal  14 Caccounting  15 Caccounting  16 Lobbying  17 Timestment management fees  17 Office seponses of School of Inc 25, column (A), amount, list line 11g expenses on School  18 Office seponses  19 Other, iff lime 11g amount accorded 10% of line 25, column (A), amount, list line 11g expenses on School  19 Cacupancy  10 Cocupancy  10 Cocupancy  10 Cocupancy  11 Travel  10 Cocupancy  11 Travel  11 Payments of travel or entertainment expenses for any federal, state, or local public officials  11 Cocupancy  12 Agrotic state of the seponses on School of the 25 column (A), amount, list line 14g expenses on School of 12 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)  |       | trustees, and key employees  | 125,000.                   | 81,250.                  | 8,750.             | 35,000.                           |
| Persion   persion   described in section   4958(c)(3)(8)   | 6     |  |                            |                          |                    |                                   |
| 7 Other salaries and wages 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 10 Payroll taxes 11 Fees for services (nonemployees): a Management b Legal c Accounting d Lubbying Professional fundraising services. See Part IV, line 17 f Investment management fees 9 Other: (If line 11g amount exceeds 10% of line 25, column (N), amount, list line 11g expenses on Schol 112, 721. 12 Advertising and promotion 13 7, 519. 15 Royalties 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 11 1, 298. 11 1, 298. 11 1, 937. 11, 680. 12, 390. 12, 697. 12, 337. 13, 346. 15, 798. 11, 701. 16, 805. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials line responses in line 24e. Payments to affiliates 10 Cocupancy. 11 1, 298. 11 1, 987. 12 1, 298. 13, 191. 13, 191. 13, 191. 14, 1759. 14, 1759. 15, 1759. 16, 1759. 17, 1759. |       |  |                            |                          |                    |                                   |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 33,380. 21,697. 2,337. 9,346. 10 Payroll taxes 24,304. 15,798. 1,701. 6,805. 11 Fees for services (nonemployees):  a Management b Legal   |       |  | 150 500                    | 110 010                  | 11 000             | 45.540                            |
| section 401(k) and 403(b) employer contributions)  9 Other employee benefits  13 3,380. 21,697. 2,337. 9,346. Payroll taxes  1 Fees for services (nonemployees):  a Management  b Legal  c Accounting  d Lobbying  e Professional fundraising services. See Part IV, line 17  f Investment management fees  9 Other (Iffi ine 11g amount excedes 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.)  12 Advertising and promotion  13 Office expenses  6 6,678. 3,338. 1,670. 1,670.  14 Information technology  6 6,803. 3,401. 1,701. 1,701.  16 Royalties  17 Travel  18 Payments of travel or entertainment expenses for any federal, state, or local public officials  19 Conferences, conventions, and meetings  Interest  1  |       |  | 170,528.                   | 110,843.                 | 11,937.            | 47,748.                           |
| 11   Fees for services (nonemployees):   a   Management   b   Legal   c   Accounting   17,185.   8,592.   8,593.     d   Lobbying   e   Professional fundraising services. See Part IV, line 17  | 8     | ,  | C 000                      | 2 222                    | 400                | 1 600                             |
| 11   Fees for services (nonemployees):   a   Management   b   Legal   c   Accounting   17,185.   8,592.   8,593.     d   Lobbying   e   Professional fundraising services. See Part IV, line 17  |       |  | 6,000.                     | 3,900.                   | 420.               | 1,680.                            |
| 11   Fees for services (nonemployees):   a   Management   b   Legal   c   Accounting   17,185.   8,592.   8,593.     d   Lobbying   e   Professional fundraising services. See Part IV, line 17  |       |  |                            |                          | 2,33/.             | 9,346.                            |
| a Management b Legal c Accounting 17,185. 8,592. 8,593.  d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 12g expenses on Sch 0.) 26,2400. 26,200. 13,100. 13,100. 27,211. 12,721. 28,107,212. 12,721. 12,721. 30 Office expenses 6,678. 3,338. 1,670. 1,670. 11,670. 1,670. 11,670. 1,670. 11,670. 1,670. 11,670. 1,670. 11,701. 1,701. 1,701. 11,701. 1,701. 11,701. 1,701. 12,721. 29,133. 8,386.  17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials. 19 Conferences, conventions, and meetings 11,298. 1,298. 1,298. 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 6,315. 3,157. 1,579. 1,579. 21 Insurance 4,074. 2,036. 1,019. 1,019. 21 Other expenses, Itemize expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) 20 CAMPATIGN COSTS 202,426. 202,426. 202,426. 202,426. 202,426. 202,426. 202,426. 202,427. 2,407 | 10    |  | 24,304.                    | 15,798.                  | 1,701.             | 6,805.                            |
| b Legal  | 11    | -  |                            |                          |                    |                                   |
| C Accounting   |       |  |                            |                          |                    |                                   |
| d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other, (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) 12 Advertising and promotion 12 Avertising and promotion 13 Avertising and promotion 14 Information technology 15 Royalties 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 10 Interest 11 Payments to affiliates 20 Depreciation, depletion, and amortization 21 Insurance 22 Other expenses in Ine 24e. If line 24e expenses on Schedule O.) 23 CAMPATION COST'S 24 DUES 25 Total functional expenses. Add lines 1 through 24e All other expenses. 26 Indicates and fundraising services. See Part IV, line 17 Inerest   |       |  | 17 105                     | 0 500                    | 0 502              |                                   |
| e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other, (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.)  |       |  | 1/,185.                    | 8,592.                   | 8,593.             |                                   |
| f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 24g expenses on Sch O.)  12 Advertising and promotion 12 , 721. 13 Office expenses 16 , 6678. 13 , 338. 1 , 670. 11 , 701. 11 , 701. 11 , 701. 11 , 701. 11 , 701. 11 , 701. 11 , 701. 11 , 701. 11 , 701. 11 , 701. 11 , 701. 11 , 701. 11 , 701. 11 , 701. 12 , 721. 13 Office expenses 16 , 678. 18 , 338. 19 , 670. 19 Cocupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) 26 CAMPAIGN COSTS 20 20 , 426. 27 DUES 28 DUES 29 , 885. 4   |       |  |                            |                          |                    |                                   |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.)  2 Advertising and promotion  12,721.  3 Office expenses  6,678. 3,338. 1,670. 1,670. 1,670. 1,670. 1,670. 1,701 |       |  |                            |                          |                    |                                   |
| Column (A), amount, list line 11g expenses on Sch 0.)   52,400.   26,200.   13,100.   13,100.   13,100.   12,721.     12,722.     12,722.     12,722.     12,722.     12,722.     12,722.     12,722.     12,722.     12,722.     12,722.     12,722.     12,722.     12,722.     12,722   |       |  |                            |                          |                    |                                   |
| 12   Advertising and promotion   12,721.   12,721.   12,721.   12,721.   12,721.   13   Office expenses   6,678.   3,338.   1,670.   1,670.   1,670.   1,670.   1,670.   1,701.   1,7   | g     | ·  | F2 400                     | 26 200                   | 12 100             | 12 100                            |
| 13 Office expenses   6,678.   3,338.   1,670.   1,670.     14 Information technology   6,803.   3,401.   1,701.   1,701.     15 Royalties   37,519.   29,133.   8,386.     17 Travel   8 Payments of travel or entertainment expenses for any federal, state, or local public officials     18 Payments of travel or entertainment expenses for any federal, state, or local public officials     19 Conferences, conventions, and meetings   1,298.   1,298.     10 Interest   1,298.   1,298.     10 Payments to affiliates   20 Perceiation, depletion, and amortization   6,315.   3,157.   1,579.   1,579.     10 Insurance   4,074.   2,036.   1,019.   1,019.     10 Other expenses, Itemize expenses not covered above. (List miscellaneous expenses on line 24e.  | 40    | · ·  |                            | 20,200.                  | 13,100.            | 12 721                            |
| 14   |       |  |                            | 3 338                    | 1 670              |                                   |
| 15   Royalties   |       |  |                            |                          |                    | 1 701                             |
| 16   Occupancy   37,519.   29,133.   8,386.  |       |  | 0,005.                     | 3,401.                   | 1,701.             | 1,701.                            |
| 17   Travel  |       |  | 37 519.                    | 29 133.                  | 8 386.             |                                   |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials  19 Conferences, conventions, and meetings  20 Interest  21 Payments to affiliates  22 Depreciation, depletion, and amortization  23 Insurance  24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)  2 CAMPAIGN COSTS  2 Depreciation, depletion, and amortization  3 (A) 074. 2,036. 1,019. 1,579.                                  |       |  | 37,313.                    | 25,155.                  | 0,300.             |                                   |
| for any federal, state, or local public officials  Conferences, conventions, and meetings  Interest  Payments to affiliates  Depreciation, depletion, and amortization Insurance  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.)  a CAMPAIGN COSTS  b DUES  c CREDIT CARD FEES  d AUDIT  e All other expenses.  All other expenses. Add lines 1 through 24e  Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.   |       |  |                            |                          |                    |                                   |
| 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) 2 CAMPAIGN COSTS 2 DUES 2 CREDIT CARD FEES 3 AUDIT 2 All other expenses 4 AUDIT 2 All other expenses. Add lines 1 through 24e 2 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.  | 10    |  |                            |                          |                    |                                   |
| 1,298.   1,298.   1,298.   | 10    | · · · · · · · · · · · · · · · · · · ·  |                            |                          |                    |                                   |
| Payments to affiliates   Depreciation, depletion, and amortization   6 , 315   |       |  | 1,298.                     |                          | 1,298.             |                                   |
| Depreciation, depletion, and amortization   1,579  |       |  | _,                         |                          | -,                 |                                   |
| 23   Insurance   | 22    |  | 6,315.                     | 3,157.                   | 1,579.             | 1,579.                            |
| 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)         202,426.         202,426.           a CAMPAIGN COSTS         13,191.         13,191.           b DUES         13,191.         13,191.           c CREDIT CARD FEES         9,885.         9,885.           d AUDIT         9,385.         4,693.         4,692.           e All other expenses         9,623.         4,809.         2,407.         2,407.           25 Total functional expenses. Add lines 1 through 24e         1,414,758.         998,081.         69,590.         347,087.           26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.         998,081.         69,590.         347,087.   | 23    | ΄.   |                            |                          |                    | 1,019.                            |
| a CAMPAIGN COSTS b DUES C CREDIT CARD FEES d AUDIT e All other expenses Total functional expenses. Add lines 1 through 24e  202,426.  13,191. 13,191.  9,885.  9,885.  9,885.  9,885.  4,693. 4,692.  21,407. 22,407. 2407. 25 Total functional expenses. Add lines 1 through 24e  26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.   | 24    | Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), | ,                          | ,                        | ,                  | ,                                 |
| b DUES c CREDIT CARD FEES d AUDIT e All other expenses  Total functional expenses. Add lines 1 through 24e  Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.   | _     |  | 202 426                    |                          |                    | 202 426                           |
| CREDIT CARD FEES  d AUDIT  e All other expenses  Total functional expenses. Add lines 1 through 24e  25 Total functional expenses. Add lines 1 through 24e  26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.  |       |  |                            | 13 191                   |                    | 404,440.                          |
| AUDIT  e All other expenses  Total functional expenses. Add lines 1 through 24e  25 Total functional expenses. Add lines 1 through 24e  26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.  |       |  |                            | 13,131.                  |                    | 9 995                             |
| All other expenses 9,623. 4,809. 2,407. 2,407. 2,407. 2  Total functional expenses. Add lines 1 through 24e 1,414,758. 998,081. 69,590. 347,087.   Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.  |       |  |                            | 4 693                    | 4 692              | 9,000.                            |
| Total functional expenses. Add lines 1 through 24e 1,414,758. 998,081. 69,590. 347,087.  Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.  |       |  |                            |                          |                    | 2 /17                             |
| Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.   |       |  |                            |                          |                    |                                   |
| reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.  |       |  | 1, 11, 10 ·                | J J G , G G T •          | 0,000              | J=1,001•                          |
| educational campaign and fundraising solicitation.   | 20    |  |                            |                          |                    |                                   |
|  |       |  |                            |                          |                    |                                   |
|  |       | Check here if following SOP 98-2 (ASC 958-720)   |                            |                          |                    |                                   |

Form 990 (2022)

Part X | Balance Sheet

| Par                         | tΧ       | Balance Sheet  |            |                       |                                 |          |                           |
|-----------------------------|----------|--|------------|-----------------------|---------------------------------|----------|---------------------------|
|                             |          | Check if Schedule O contains a response or   | note to ar | y line in this Part X |                                 |          |                           |
|                             |          |  |            |                       | <b>(A)</b><br>Beginning of year |          | <b>(B)</b><br>End of year |
|                             | 1        | Cash - non-interest-bearing  |            |                       | 213,725.                        | 1        | 227,735.                  |
|                             | 2        | Savings and temporary cash investments   |            |                       | 129,510.                        | 2        | 50,137.                   |
|                             | 3        | Pledges and grants receivable, net   |            |                       | 5,918.                          | 3        | 10,529.                   |
|                             | 4        | Accounts receivable, net   | 22,561.    | 4                     |                                 |          |                           |
|                             | 5        | Loans and other receivables from any current   |            |                       |                                 |          |                           |
|                             |          | trustee, key employee, creator or founder, su  | bstantial  | contributor, or 35%   |                                 |          |                           |
|                             |          | controlled entity or family member of any of t   | hese pers  | ons                   |                                 | 5        |                           |
|                             | 6        | Loans and other receivables from other disqu   | alified pe | rsons (as defined     |                                 |          |                           |
|                             |          | under section 4958(f)(1)), and persons describ   | oed in sec | tion 4958(c)(3)(B)    |                                 | 6        |                           |
| ţ                           | 7        | Notes and loans receivable, net  |            |                       |                                 | 7        |                           |
| Assets                      | 8        | Inventories for sale or use  |            |                       |                                 | 8        |                           |
| Ä                           | 9        | Prepaid expenses and deferred charges  |            |                       | 10,000.                         | 9        | 3,981.                    |
|                             | 10a      | Land, buildings, and equipment: cost or othe   | r          |                       |                                 |          |                           |
|                             |          | Land, buildings, and equipment: cost or othe basis. Complete Part VI of Schedule D  Less: accumulated depreciation | 10a        | 72,092.               |                                 |          |                           |
|                             | b        | Less: accumulated depreciation   | 10b        | 48,332.               | 30,075.<br>857,537.             | 10c      | 23,760.<br>695,077.       |
|                             | 11       | Investments - publicly traded securities   |            |                       | 857,537.                        | 11       | 695,077.                  |
|                             | 12       | Investments - other securities. See Part IV, lin   |            |                       | 12                              |          |                           |
|                             | 13       | Investments - program-related. See Part IV, lin  |            | 13                    |                                 |          |                           |
|                             | 14       | Intangible assets  |            | 14                    | 105 001                         |          |                           |
|                             | 15       | Other assets. See Part IV, line 11   | 0.         | 15                    | 125,091.                        |          |                           |
|                             | 16       | Total assets. Add lines 1 through 15 (must e   |            |                       | 1,269,326.                      | 16       | 1,136,310.                |
|                             | 17       | Accounts payable and accrued expenses  |            |                       | 4,493.                          | 17       | 22,597.                   |
|                             | 18       | Grants payable   | 180,250.   | 18                    | 180,208.                        |          |                           |
|                             | 19       | Deferred revenue   |            |                       |                                 | 19       |                           |
|                             | 20       | Tax-exempt bond liabilities  |            |                       |                                 | 20       |                           |
|                             | 21       | Escrow or custodial account liability. Comple  |            |                       |                                 | 21       |                           |
| es                          | 22       | Loans and other payables to any current or fo  |            |                       |                                 |          |                           |
| ijĘ                         |          | trustee, key employee, creator or founder, su  |            |                       |                                 | -00      |                           |
| Liabilities                 | 00       | controlled entity or family member of any of t   |            |                       |                                 | 22       | 100,000.                  |
| _                           | 23       | Secured mortgages and notes payable to uni   |            |                       |                                 | 23<br>24 | 100,000.                  |
|                             | 24<br>25 | Unsecured notes and loans payable to unrela  |            |                       |                                 | 24       |                           |
|                             | 23       | Other liabilities (including federal income tax, parties, and other liabilities not included on line.)             |            |                       |                                 |          |                           |
|                             |          | - CO-le - de le D  |            |                       | 37,500.                         | 25       | 126,223.                  |
|                             | 26       | Total liabilities. Add lines 17 through 25   |            |                       | 222,243.                        | 26       | 429,028.                  |
|                             |          | Organizations that follow FASB ASC 958, o  | heck he    | e X                   |                                 |          |                           |
| es                          |          | and complete lines 27, 28, 32, and 33.   |            |                       |                                 |          |                           |
| anc                         | 27       | • , , ,  |            |                       | 989,528.                        | 27       | 543,524.                  |
| Bala                        | 28       | ***************************************  |            |                       | 57,555.                         | 28       | 163,758.                  |
| pu                          |          | Organizations that do not follow FASB ASC  |            |                       |                                 |          |                           |
| Fu                          |          | and complete lines 29 through 33.  |            |                       |                                 |          |                           |
| , or                        | 29       | Capital stock or trust principal, or current fun   | ds         |                       |                                 | 29       |                           |
| sets                        | 30       | Paid-in or capital surplus, or land, building, or  |            |                       |                                 | 30       |                           |
| As                          | 31       | Retained earnings, endowment, accumulated  |            |                       |                                 | 31       |                           |
| Net Assets or Fund Balances | 32       |  |            | [                     | 1,047,083.                      | 32       | 707,282.                  |
|                             | 33       | Total liabilities and net assets/fund balances   |            |                       | 1,269,326.                      | 33       | 1,136,310.                |

| Pa | rt XI Reconciliation of Net Assets  |         |      |     |        |
|----|---|---------|------|-----|--------|
|    | Check if Schedule O contains a response or note to any line in this Part XI   |         |      |     |        |
|    |   |         |      |     |        |
| 1  | Total revenue (must equal Part VIII, column (A), line 12)   |         | .,28 |     |        |
| 2  | Total expenses (must equal Part IX, column (A), line 25)  | 2 1     | 41,  |     |        |
| 3  | Revenue less expenses. Subtract line 2 from line 1  | 3       | -13  |     |        |
| 4  | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                             | 4 1     | .,04 |     |        |
| 5  | Net unrealized gains (losses) on investments  | 5       | -19  | 9,9 | 94.    |
| 6  | Donated services and use of facilities  | 6       |      |     |        |
| 7  | Investment expenses   | 7       | -    | 8,7 | 92.    |
| 8  | Prior period adjustments  | 8       |      |     |        |
| 9  | Other changes in net assets or fund balances (explain on Schedule O)  | 9       |      |     | 0.     |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,                    |         |      |     |        |
|    | column (B))   | 10      | 70   | 7,2 | 82.    |
| Pa | rt XII Financial Statements and Reporting   | •       |      |     |        |
|    | Check if Schedule O contains a response or note to any line in this Part XII  |         |      |     |        |
|    |   |         |      | Yes | No     |
| 1  | Accounting method used to prepare the Form 990: Cash X Accrual Other  |         |      |     |        |
|    | If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule        | Ο.      |      |     |        |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant?                       |         | 2a   |     | X      |
|    | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed       | on a    |      |     |        |
|    | separate basis, consolidated basis, or both:  |         |      |     |        |
|    | Separate basis Consolidated basis Both consolidated and separate basis  |         |      |     |        |
| b  | Were the organization's financial statements audited by an independent accountant?                                    |         | 2b   | Х   |        |
|    | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate      |         |      |     |        |
|    | consolidated basis, or both:  |         |      |     |        |
|    | X Separate basis Consolidated basis Both consolidated and separate basis  |         |      |     |        |
| С  | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the    | audit,  |      |     |        |
|    | review, or compilation of its financial statements and selection of an independent accountant?                        |         | 2c   | X   |        |
|    | If the organization changed either its oversight process or selection process during the tax year, explain on Sche    | dule O. |      |     |        |
| За | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the       |         |      |     |        |
|    | Uniform Guidance, 2 C.F.R. Part 200, Subpart F?   |         | 3a   |     | Х      |
| b  | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required |         |      |     |        |
|    | or audits, explain why on Schedule O and describe any steps taken to undergo such audits                              |         | 3b   |     |        |
|    |   |         | Form | 990 | (2022) |

232012 12-13-22

#### **SCHEDULE A**

(Form 990)

Total

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.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2022**Open to Public

Inspection

**Employer identification number** Name of the organization CAPE AND ISLANDS UNITED WAY INC. 04-2271714 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I 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). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X 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.) 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 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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 I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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

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

| Sec  | ction A. Public Support                      |                       |   |                        |                      |                      |                       |
|------|--|-----------------------|---|------------------------|----------------------|----------------------|-----------------------|
| Cale | ndar year (or fiscal year beginning in)      | (a) 2018              | <b>(b)</b> 2019                         | (c) 2020               | (d) 2021             | (e) 2022             | (f) Total             |
| 1    | Gifts, grants, contributions, and            |                       |   |                        |                      |                      |                       |
|      | membership fees received. (Do not            |                       |   |                        |                      |                      |                       |
|      | include any "unusual grants.")               | 917,193.              | 807,826.                                | 861,700.               | 740,873.             | 887,574.             | 4215166.              |
| 2    | Tax revenues levied for the organ-           |                       |   |                        |                      |                      |                       |
|      | ization's benefit and either paid to         |                       |   |                        |                      |                      |                       |
|      | or expended on its behalf                    |                       |   |                        |                      |                      |                       |
| 3    | The value of services or facilities          |                       |   |                        |                      |                      |                       |
|      | furnished by a governmental unit to          |                       |   |                        |                      |                      |                       |
|      | the organization without charge              |                       |   |                        |                      |                      |                       |
| 4    | Total. Add lines 1 through 3                 | 917,193.              | 807,826.                                | 861,700.               | 740,873.             | 887.574.             | 4215166.              |
|      | The portion of total contributions           |                       | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 7                      | ,                    |                      |                       |
| Ŭ    | 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,                     |                       |   |                        |                      |                      |                       |
|      |  |                       |   |                        |                      |                      |                       |
| _    | ** ************************************      |                       |   |                        |                      |                      | 4215166.              |
|      | Public support. Subtract line 5 from line 4. |                       |   |                        |                      |                      | 4213100.              |
|      |  | (=) 2012              | (h) 2010                                | (a) 2020               | (4) 2021             | (a) 0000             | (f) Total             |
|      | ndar year (or fiscal year beginning in)      | (a) 2018<br>917, 193. | (b) 2019<br>807,826.                    | (c) 2020<br>861,700.   | (d) 2021<br>740,873. | (e) 2022<br>887,574. | (f) Total<br>4215166. |
|      | Amounts from line 4                          | 911,193.              | 007,020.                                | 001,700.               | 740,073.             | 001,314.             | 4213100.              |
| 8    | Gross income from interest,                  |                       |   |                        |                      |                      |                       |
|      | dividends, payments received on              |                       |   |                        |                      |                      |                       |
|      | securities loans, rents, royalties,          | 47 077                | F 4 707                                 | 40 074                 | F1 240               | (2 010               | 256 600               |
|      | and income from similar sources              | 47,277.               | 54,787.                                 | 40,274.                | 51,348.              | 63,012.              | 256,698.              |
| 9    | Net income from unrelated business           |                       |   |                        |                      |                      |                       |
|      | activities, whether or not the               |                       |   |                        |                      |                      |                       |
|      | business is regularly carried on             |                       |   |                        |                      |                      |                       |
| 10   | Other income. Do not include gain            |                       |   |                        |                      |                      |                       |
|      | or loss from the sale of capital             |                       |   |                        |                      |                      |                       |
|      | assets (Explain in Part VI.)                 | 147,830.              | 188,175.                                | 98,093.                | 232,908.             | 333,157.             |                       |
| 11   | <b>Total support.</b> Add lines 7 through 10 |                       |   |                        |                      |                      | 5472027.              |
| 12   | Gross receipts from related activities,      | etc. (see instruction | ns)                                     |                        |                      | 12                   |                       |
| 13   | First 5 years. If the Form 990 is for the    | ne organization's fir | st, second, third, f                    | fourth, or fifth tax y | ear as a section 50  | 01(c)(3)             |                       |
| _    | organization, check this box and stop        |                       |   |                        |                      |                      |                       |
| Sec  | ction C. Computation of Publi                | c Support Per         | centage                                 |                        |                      |                      |                       |
| 14   | Public support percentage for 2022 (I        | ine 6, column (f), d  | ivided by line 11, c                    | olumn (f))             |                      | 14                   | 77.03 %               |
| 15   | Public support percentage from 2021          | Schedule A, Part      | II, line 14                             |                        |                      | 15                   | 83.53 %               |
| 16a  | 33 1/3% support test - 2022. If the o        | organization did no   | t check the box or                      | n line 13, and line 1  | 14 is 33 1/3% or m   | ore, check this box  |                       |
|      | stop here. The organization qualifies        | as a publicly suppo   | orted organization                      |                        |                      |                      | X                     |
| b    | 33 1/3% support test - 2021. If the o        | organization did no   | t check a box on l                      | ine 13 or 16a, and     | line 15 is 33 1/3%   | or more, check thi   | s box                 |
|      | and stop here. The organization qual         | ifies as a publicly s | upported organiza                       | ation                  |                      |                      |                       |
| 17a  | 10% -facts-and-circumstances test            |                       |   |                        |                      |                      |                       |
|      | and if the organization meets the fact       | s-and-circumstance    | es test, check this                     | box and stop he        | re. Explain in Part  | VI how the organiz   | ation                 |
|      | meets the facts-and-circumstances te         | st. The organizatio   | n qualifies as a pu                     | blicly supported or    | rganization          |                      |                       |
| b    | 10% -facts-and-circumstances test            | -                     |   |                        | -                    |                      |                       |
|      | more, and if the organization meets the      | -                     |   |                        |                      |                      |                       |
|      | organization meets the facts-and-circu       |                       |   |                        | -                    |                      |                       |
| 18   | Private foundation. If the organization      |                       |   |                        |                      |                      |                       |
|      |  |                       |   | ,,                     | ,                    |                      | (Form 990) 2022       |

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### 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.)

| Sed | ction A. Public Support  | siow, picase comp  | oicte i art ii.j          |                       |                     |                     |           |
|-----|--|--------------------|---------------------------|-----------------------|---------------------|---------------------|-----------|
|     | ndar year (or fiscal year beginning in)  | (a) 2018           | <b>(b)</b> 2019           | (c) 2020              | (d) 2021            | (e) 2022            | (f) Total |
|     | Gifts, grants, contributions, and membership fees received. (Do not  |                    |                           |                       |                     |                     |           |
|     | include any "unusual grants.")   |                    |                           |                       |                     |                     |           |
| 2   | Gross receipts from admissions,<br>merchandise sold or services per-<br>formed, or facilities furnished in<br>any activity that is related to the<br>organization's tax-exempt purpose |                    |                           |                       |                     |                     |           |
| 3   | Gross receipts from activities that are not an unrelated trade or bus-   |                    |                           |                       |                     |                     |           |
| _   | iness under section 513  |                    |                           |                       |                     |                     |           |
| 4   | Tax revenues levied for the organ-<br>ization's benefit and either paid to<br>or expended on its behalf  |                    |                           |                       |                     |                     |           |
| 5   | The value of services or facilities furnished by a governmental unit to the organization without charge  |                    |                           |                       |                     |                     |           |
| 6   | Total. Add lines 1 through 5   |                    |                           |                       |                     |                     |           |
|     | Amounts included on lines 1, 2, and 3 received from disqualified persons   |                    |                           |                       |                     |                     |           |
| b   | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year                         |                    |                           |                       |                     |                     |           |
| c   | Add lines 7a and 7b  |                    |                           |                       |                     |                     |           |
| 8   | Public support. (Subtract line 7c from line 6.)  |                    |                           |                       |                     |                     |           |
|     | ndar year (or fiscal year beginning in)  | (a) 2018           | <b>(b)</b> 2019           | (c) 2020              | (d) 2021            | (e) 2022            | (f) Total |
|     | Amounts from line 6  | (a) 2010           | (6) 2019                  | (6) 2020              | (4) 2021            | (6) 2022            | (i) iotai |
|     | Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources  |                    |                           |                       |                     |                     |           |
| b   | Unrelated business taxable income  |                    |                           |                       |                     |                     |           |
|     | (less section 511 taxes) from businesses acquired after June 30, 1975  |                    |                           |                       |                     |                     |           |
| c   | Add lines 10a and 10b  |                    |                           |                       |                     |                     |           |
|     | Net income from unrelated business<br>activities not included on line 10b,<br>whether or not the business is<br>regularly carried on   |                    |                           |                       |                     |                     |           |
| 12  | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  |                    |                           |                       |                     |                     |           |
| 13  | Total support. (Add lines 9, 10c, 11, and 12.)   |                    |                           |                       |                     |                     |           |
| 14  | First 5 years. If the Form 990 is for the  | J                  |                           | ,                     | •                   | ( ) ( )             | · —       |
|     | check this box and stop here   |                    |                           |                       |                     |                     |           |
|     | ction C. Computation of Publi  |                    |                           |                       |                     | <del> </del>        |           |
|     | Public support percentage for 2022 (li   | , ,,,              | •                         | column (f))           |                     | 15                  | %         |
|     | Public support percentage from 2021  |                    |                           |                       |                     | 16                  | %         |
|     | ction D. Computation of Inves  |                    |                           | . 10 1 (0)            |                     | 14-1                |           |
|     | Investment income percentage for 20  |                    |                           |                       |                     | 17                  | %         |
|     | Investment income percentage from 2  |                    |                           |                       |                     | 18                  | %<br>7 in |
| 198 | 33 1/3% support tests - 2022. If the   |                    |                           |                       |                     |                     |           |
| b   | more than 33 1/3%, check this box ar 33 1/3% support tests - 2021. If the  | organization did r | not check a box or        | line 14 or line 19a   | a, and line 16 is m | ore than 33 1/3%, a | and       |
|     | line 18 is not more than 33 1/3%, che  | ck this box and st | <b>top here.</b> The orga | anization qualifies a | as a publicly supp  | orted organization  |           |
| 20  | Private foundation. If the organization  | n did not check a  | hox on line 14 19         | a or 19h check th     | nis hox and see in  | structions          |           |

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### Part IV | Supporting Organizations

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

#### Section A. All Supporting Organizations

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

|     | Yes | No |
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| Par  | t IV   | Supporting Organizations (continued)   |          |     |    |
|------|--------|--|----------|-----|----|
|      |        |  |          | Yes | No |
| 11   | Has tl | he organization accepted a gift or contribution from any of the following persons?   |          |     |    |
| а    | A per  | son who directly or indirectly controls, either alone or together with persons described on lines 11b and  |          |     |    |
|      | 11c b  | pelow, the governing body of a supported organization?   | 11a      |     |    |
| b    | A fam  | nily 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      |     |    |
| Sect | ion I  | B. Type I Supporting Organizations   |          |     |    |
|      |        |  |          | Yes | No |
|      |        | ne governing body, members of the governing body, officers acting in their official capacity, or membership of one or  |          |     |    |
|      |        | supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, tors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) |          |     |    |
|      |        | tively operated, supervised, or controlled the organization's activities. If the organization had more than one supported  |          |     |    |
|      |        | ization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the  |          |     |    |
|      |        | orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.   | 1        |     |    |
|      |        | ne organization operate for the benefit of any supported organization other than the supported   |          |     |    |
|      | organ  | nization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in   |          |     |    |
|      |        | how providing such benefit carried out the purposes of the supported organization(s) that operated,  | _        |     |    |
| Soot | super  | vised, or controlled the supporting organization.  | 2        |     |    |
| Seci | .1011  | C. Type II Supporting Organizations  |          | 1   |    |
|      |        |  |          | Yes | No |
|      |        | a majority of the organization's directors or trustees during the tax year also a majority of the directors  |          |     |    |
|      |        | stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control  |          |     |    |
|      |        | anagement of the supporting organization was vested in the same persons that controlled or managed   | 4        |     |    |
| Sect | ion I  | upported organization(s).<br>D. All Type III Supporting Organizations  | 1        |     |    |
|      |        | Divin Typo in Supporting Significations  |          | Yes | No |
| 4    | Did #h | ne organization provide to each of its supported organizations, by the last day of the fifth month of the  |          | 162 | NO |
|      |        | nization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax  |          |     |    |
|      |        | (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the   |          |     |    |
|      |        | nization's governing documents in effect on the date of notification, to the extent not previously provided?   | 1        |     |    |
|      | -      | any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported  |          |     |    |
|      |        | nization(s) or (ii) serving on the governing body of a supported organization? If "No." explain in <b>Part VI</b> how  |          |     |    |
|      |        | rganization maintained a close and continuous working relationship with the supported organization(s).   | 2        |     |    |
|      |        | ason of the relationship described on line 2, above, did the organization's supported organizations have a   |          |     |    |
|      | -      | icant voice in the organization's investment policies and in directing the use of the organization's   |          |     |    |
|      | -      | ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's   |          |     |    |
|      |        | · · · · · · · · · · · · · · · · · · ·  | 3        |     |    |
| Sect | ion I  | orted organizations played in this regard.<br>E. Type III Functionally Integrated Supporting Organizations   |          |     |    |
| 1    | Checi  | k 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    | Ш      | The organization is the parent of each of its supported organizations. Complete line 3 below.  |          |     |    |
| С    |        | The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins   | truction | s). |    |
| 2    | Activi | ities Test. <b>Answer lines 2a and 2b below.</b>   |          | Yes | No |
|      |        | ubstantially all of the organization's activities during the tax year directly further the exempt purposes of  |          |     |    |
|      |        | upported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify  |          |     |    |
|      | those  | e supported organizations and explain how these activities directly furthered their exempt purposes,   |          |     |    |
|      |        | the organization was responsive to those supported organizations, and how the organization determined  |          |     |    |
|      |        | hese activities constituted substantially all of its activities.   | 2a       |     |    |
|      |        | ne activities described on line 2a, above, constitute activities that, but for the organization's involvement,   |          |     |    |
|      |        | or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in   |          |     |    |
|      |        | the reasons for the organization's position that its supported organization(s) would have engaged in   | CI.      |     |    |
|      |        | activities but for the organization's involvement.   | 2b       |     |    |
|      |        | nt of Supported Organizations. Answer lines 3a and 3b below.   |          |     |    |
|      |        | ne organization have the power to regularly appoint or elect a majority of the officers, directors, or   | 20       |     |    |
|      |        | ees of each of the supported organizations? If "Yes" or "No" provide details in <b>Part VI.</b> ne organization exercise a substantial degree of direction over the policies, programs, and activities of each                                     | 3a       |     |    |
|      | u u    | to organization occided a depotential adgree of another ever the policies, programs, and activities of Cacil   |          |     |    |

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

| Га   |   |                 |                                   |                                |
|------|---|-----------------|-----------------------------------|--------------------------------|
| 1    | Check here if the organization satisfied the Integral Part Test as a qualifying | ng trust on N   | lov. 20, 1970 ( <i>explain in</i> | Part VI). See instructions.    |
|      | All other Type III non-functionally integrated supporting organizations mus     | t complete S    | Sections A through E.             | T                              |
| Sect | ion A - Adjusted Net Income   |                 | (A) Prior Year                    | (B) Current Year<br>(optional) |
| _1_  | Net short-term capital gain   | 1               |                                   |                                |
| 2    | Recoveries of prior-year distributions  | 2               |                                   |                                |
| _3_  | Other gross income (see instructions)   | 3               |                                   |                                |
| 4    | Add lines 1 through 3.  | 4               |                                   |                                |
| _5   | Depreciation and depletion  | 5               |                                   |                                |
| 6    | Portion of operating expenses paid or incurred for production or                |                 |                                   |                                |
|      | collection of gross income or for management, conservation, or                  |                 |                                   |                                |
|      | maintenance of property held for production of income (see instructions)        | 6               |                                   |                                |
| 7    | Other expenses (see instructions)   | 7               |                                   |                                |
| _8_  | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)                    | 8               |                                   |                                |
| Sect | ion B - Minimum Asset Amount  |                 | (A) Prior Year                    | (B) Current Year<br>(optional) |
| 1    | Aggregate fair market value of all non-exempt-use assets (see                   |                 |                                   |                                |
|      | instructions for short tax year or assets held for part of year):               |                 |                                   |                                |
| a    | Average monthly value of securities   | 1a              |                                   |                                |
| b    | Average monthly cash balances   | 1b              |                                   |                                |
|      | Fair market value of other non-exempt-use assets                                | 1c              |                                   |                                |
| d    | Total (add lines 1a, 1b, and 1c)  | 1d              |                                   |                                |
| е    | Discount claimed for blockage or other factors                                  |                 |                                   |                                |
|      | (explain in detail in Part VI):   |                 |                                   |                                |
| 2    | Acquisition indebtedness applicable to non-exempt-use assets                    | 2               |                                   |                                |
| 3    | Subtract line 2 from line 1d.   | 3               |                                   |                                |
| 4    | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,     |                 |                                   |                                |
|      | see instructions).  | 4               |                                   |                                |
| 5    | Net value of non-exempt-use assets (subtract line 4 from line 3)                | 5               |                                   |                                |
| 6    | Multiply line 5 by 0.035.   | 6               |                                   |                                |
| 7    | Recoveries of prior-year distributions  | 7               |                                   |                                |
| 8    | Minimum Asset Amount (add line 7 to line 6)                                     | 8               |                                   |                                |
| Sect | ion C - Distributable Amount  |                 |                                   | Current Year                   |
| 1    | Adjusted net income for prior year (from Section A, line 8, column A)           | 1               |                                   |                                |
| 2    | Enter 0.85 of line 1.   | 2               |                                   |                                |
| 3    | Minimum asset amount for prior year (from Section B, line 8, column A)          | 3               |                                   |                                |
| 4    | Enter greater of line 2 or line 3.  | 4               |                                   |                                |
| 5    | Income tax imposed in prior year  | 5               |                                   |                                |
| 6    | Distributable Amount. Subtract line 5 from line 4, unless subject to            |                 |                                   |                                |
|      | emergency temporary reduction (see instructions).                               | 6               |                                   |                                |
| 7    | Check here if the current year is the organization's first as a non-functional  | Illy integrated | d Type III supporting orga        | nization (see                  |
| -    | instructions)   | , .g            | ,,                                | 1                              |

Schedule A (Form 990) 2022

| Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) |   |                               |                               |    |                                  |  |  |  |
|--|---|-------------------------------|-------------------------------|----|----------------------------------|--|--|--|
| Sect   | ion 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   | t purposes of supported       |                               |    |                                  |  |  |  |
|  | organizations, in excess of income from activity                |                               |                               | 2  |                                  |  |  |  |
| 3  | Administrative expenses paid to accomplish exempt purpose       | s of supported organizations  | 3                             | 3  |                                  |  |  |  |
| _4   | Amounts paid to acquire exempt-use assets                       |                               |                               | 4  |                                  |  |  |  |
| _5   | Qualified set-aside amounts (prior IRS approval required - pro  | ovide details in Part VI)     |                               | 5  |                                  |  |  |  |
| _6   | Other distributions (describe in Part VI). See instructions.    |                               |                               | 6  |                                  |  |  |  |
| _7   | Total annual distributions. Add lines 1 through 6.              |                               |                               | 7  |                                  |  |  |  |
| 8  | Distributions to attentive supported organizations to which 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                          |                               |                               | 10 |                                  |  |  |  |
|  |   | (i)                           | (ii)                          |    | (iii)                            |  |  |  |
| Sect   | ion E - Distribution Allocations (see instructions)             | Excess Distributions          | Underdistributior<br>Pre-2022 | าร | Distributable<br>Amount for 2022 |  |  |  |
|  |   |                               | 110 2022                      |    | Amount for LoLL                  |  |  |  |
| _1_  | Distributable amount for 2022 from Section C, line 6            |                               |                               |    |                                  |  |  |  |
| 2  | Underdistributions, if any, for years prior to 2022 (reason-    |                               |                               |    |                                  |  |  |  |
|  | able cause required - explain in Part VI). See instructions.    |                               |                               |    |                                  |  |  |  |
| _3_  | Excess distributions carryover, if any, to 2022                 |                               |                               |    |                                  |  |  |  |
| <u>a</u>   | From 2017   |                               |                               |    |                                  |  |  |  |
| b  | From 2018   |                               |                               |    |                                  |  |  |  |
| <u>C</u>   | From 2019   |                               |                               |    |                                  |  |  |  |
| d  | From 2020   |                               |                               |    |                                  |  |  |  |
| e  | From 2021   |                               |                               |    |                                  |  |  |  |
| f  | Total of lines 3a through 3e                                    |                               |                               |    |                                  |  |  |  |
| <u>g</u>   | Applied to underdistributions of prior years                    |                               |                               |    |                                  |  |  |  |
| <u>h</u>   | Applied to 2022 distributable amount                            |                               |                               |    |                                  |  |  |  |
| <u>i_</u>  | Carryover from 2017 not applied (see instructions)              |                               |                               |    |                                  |  |  |  |
| <u>i_</u>  | Remainder. Subtract lines 3g, 3h, and 3i from line 3f.          |                               |                               |    |                                  |  |  |  |
| 4  | Distributions for 2022 from Section D,                          |                               |                               |    |                                  |  |  |  |
|  | line 7: \$  |                               |                               |    |                                  |  |  |  |
| <u>a</u>   | Applied to underdistributions of prior years                    |                               |                               |    |                                  |  |  |  |
| b  | Applied to 2022 distributable amount                            |                               |                               |    |                                  |  |  |  |
| c  | 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.                |                               |                               |    |                                  |  |  |  |
| _  |   |                               |                               |    | İ                                |  |  |  |

Schedule A (Form 990) 2022

6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in

7 Excess distributions carryover to 2023. Add lines 3j

Part VI. See instructions.

and 4c. 8 Breakdown of line 7: a Excess from 2018 **b** Excess from 2019 c Excess from 2020 d Excess from 2021 e Excess from 2022

#### **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.

OMB No. 1545-0047 Inspection

Name of the organization

CAPE AND ISLANDS UNITED WAY INC.

**Employer identification number** 04 - 2271714

| Pa  | organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line |                           | Similar Funds        | or Accounts                             | <ul> <li>Complete if th</li> </ul> | е          |
|-----|--|---------------------------|----------------------|---|------------------------------------|------------|
|     | organization disenses to our our coo, raintry, mis   | (a) Donor advi            | sed funds            | (b) Funds                               | and other accou                    | nts        |
| 1   | Total number at end of year  |                           |                      |   |                                    |            |
| 2   | Aggregate value of contributions to (during year)  |                           |                      |   |                                    |            |
| 3   | Aggregate value of grants from (during year)   |                           |                      |   |                                    |            |
| 4   | Aggregate value at end of year   |                           |                      |   |                                    |            |
| 5   | Did the organization inform all donors and donor advisors in w                                 | vriting that the assets I | neld in donor advise | ed funds                                |                                    |            |
|     | are the organization's property, subject to the organization's e                               | exclusive legal control   | >                    |   | Yes                                | ☐ No       |
| 6   | Did the organization inform all grantees, donors, and donor ac                                 |                           |                      |   |                                    |            |
|     | for charitable purposes and not for the benefit of the donor or                                |                           |                      |   |                                    |            |
|     | impermissible private benefit?   |                           |                      |   | Yes                                | ☐ No       |
| Pai | rt II Conservation Easements. Complete if the org  |                           |                      |   |                                    |            |
| 1   | Purpose(s) of conservation easements held by the organizatio                                   | n (check all that apply   | ).                   |   |                                    |            |
|     | Preservation of land for public use (for example, recreat                                      | ion or education)         | Preservation of      | a historically imp                      | oortant land area                  |            |
|     | Protection of natural habitat  |                           | Preservation of      | a certified histor                      | ic structure                       |            |
|     | Preservation of open space   |                           |                      |   |                                    |            |
| 2   | Complete lines 2a through 2d if the organization held a qualifie                               | ed conservation contr     | bution in the form   | of a conservation                       | easement on th                     | e last     |
|     | day of the tax year.   |                           |                      | He                                      | ld at the End of th                | e Tax Year |
| а   | Total number of conservation easements   |                           |                      | 2a                                      |                                    |            |
| b   |  |                           |                      |   |                                    |            |
| С   | Number of conservation easements on a certified historic stru                                  | cture included in (a)     |                      | 2c                                      |                                    |            |
| d   | Number of conservation easements included in (c) acquired at                                   | fter July 25,2006, and    | not on a             |   |                                    |            |
|     | historic structure listed in the National Register   |                           |                      | 2d                                      |                                    |            |
| 3   | Number of conservation easements modified, transferred, rele                                   |                           |                      |   | ing the tax                        |            |
|     | year   |                           |                      |   |                                    |            |
| 4   | Number of states where property subject to conservation ease                                   | ement is located          |                      |   |                                    |            |
| 5   | Does the organization have a written policy regarding the period                               | odic monitoring, inspe    | ction, handling of   |   |                                    |            |
|     | violations, and enforcement of the conservation easements it                                   | holds?                    |                      |   | Yes                                | ☐ No       |
| 6   | Staff and volunteer hours devoted to monitoring, inspecting, h                                 | nandling of violations,   | and enforcing cons   | ervation easeme                         | nts during the ye                  | ear        |
|     |  |                           |                      |   |                                    |            |
| 7   | Amount of expenses incurred in monitoring, inspecting, handl                                   | ing of violations, and    | enforcing conservat  | ion easements d                         | uring the year                     |            |
|     |  |                           |                      |   |                                    |            |
| 8   | Does each conservation easement reported on line 2(d) above                                    | , ,                       | ,                    | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |                                    |            |
|     | and section 170(h)(4)(B)(ii)?  |                           |                      |   | Yes                                | No         |
| 9   | In Part XIII, describe how the organization reports conservation                               | n easements in its rev    | enue and expense     | statement and                           |                                    |            |
|     | balance sheet, and include, if applicable, the text of the footnot                             | ote to the organization   | 's financial stateme | ents that describe                      | es the                             |            |
| Da  | organization's accounting for conservation easements.  | Aut Historiaal To         |                      | O::I A                                  |                                    |            |
| Pal | organizations Maintaining Collections of   |                           | easures, or Ot       | ner Similar A                           | ssets.                             |            |
|     | Complete if the organization answered "Yes" on Form  |                           |                      |   |                                    |            |
| 1a  | If the organization elected, as permitted under FASB ASC 958                                   | '                         |                      |   |                                    |            |
|     | of art, historical treasures, or other similar assets held for publ                            |                           |                      | · ·                                     | lic                                |            |
|     | service, provide in Part XIII the text of the footnote to its finance                          |                           |                      |   |                                    |            |
| b   | , ,  |                           |                      |   |                                    |            |
|     | art, historical treasures, or other similar assets held for public                             | exhibition, education,    | or research in furth | erance of public                        | service,                           |            |
|     | provide the following amounts relating to these items:   |                           |                      |   |                                    |            |
|     | (i) Revenue included on Form 990, Part VIII, line 1  |                           |                      |   |                                    |            |
|     |  |                           |                      | \$_                                     |                                    |            |
| 2   | If the organization received or held works of art, historical trea                             |                           |                      | gain, provide                           |                                    |            |
|     | the following amounts required to be reported under FASB AS                                    |                           |                      |   |                                    |            |
|     | ,  |                           |                      |   |                                    |            |
|     | Assets included in Form 990, Part X  |                           |                      |   |                                    |            |
| LHA | For Paperwork Reduction Act Notice, see the Instructions                                       | for Form 990.             |                      | Sc                                      | hedule D (Form                     | 990) 2022  |

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|              | t III   Organizations Maintaining Co   | ollections of Ar                      |               |                |               | r Othe    | r Simi     |               |              | Page <b>Z</b> |
|--------------|--|---------------------------------------|---------------|----------------|---------------|-----------|------------|---------------|--------------|---------------|
| 3            | Using the organization's acquisition, accession  |                                       |               |                |               |           |            |               | COILLII      | <i>icu)</i>   |
| Ū            | collection items (check all that apply):   | in, and other record                  | s, oricon e   | arry or tire r | ollowing that | . marc 3  | igiiiicai  | it doc or its |              |               |
| _            | Public exhibition  | c                                     | , 🗀 .         | oon or ove     | hange progra  | am.       |            |               |              |               |
| a            |  | _                                     |               |                |               |           |            |               |              |               |
| b            | Scholarly research   | e                                     | ,0            | tner           |               |           |            |               |              |               |
| C            | Preservation for future generations  |                                       |               |                |               |           |            | in Davi       | VIII         |               |
| 4            | Provide a description of the organization's co   |                                       |               |                |               |           |            | oose in Part  | XIII.        |               |
| 5            | During the year, did the organization solicit or<br>to be sold to raise funds rather than to be ma   |                                       |               |                |               |           |            |               | Yes          | ☐ No          |
| Par          | t IV Escrow and Custodial Arrang   |                                       |               |                |               |           |            |               |              | NO            |
| ı uı         | reported an amount on Form 990, Par  |                                       | ete ii tile t | rgariizatio    | ii aliswereu  | res on    | i Fullii 9 | 90, Part IV,  | iiile 9, oi  |               |
| 12           | Is the organization an agent, trustee, custodia  | · · · · · · · · · · · · · · · · · · · | lian, for co  | ntributions    | or other acc  | ecte not  | includor   | ٧             |              |               |
| Ia           |  |                                       | -             |                |               |           |            | _             | Yes          | □ No          |
| h            | on Form 990, Part X?  If "Yes," explain the arrangement in Part XIII a   |                                       |               |                |               |           |            |               | 165          |               |
| b            | ii res, explain the arrangement in Fart Alli a   | ind complete the lo                   | nowing tai    | Jie.           |               |           |            |               | Amount       |               |
| •            | Paginning balance  |                                       |               |                |               |           | 10         |               | 7 1111001110 |               |
|              | Beginning balance  |                                       |               |                |               |           |            |               |              |               |
|              | Additions during the year  |                                       |               |                |               |           |            |               |              |               |
| f            | Distributions during the year  |                                       |               |                |               |           |            |               |              |               |
| )<br>22      | Ending balance  Did the organization include an amount on Fo   |                                       |               |                |               |           |            |               | Yes          | No            |
|              | If "Yes," explain the arrangement in Part XIII.  |                                       |               |                |               |           | •          | ∟             |              |               |
| Par          |  |                                       |               |                |               |           |            |               |              |               |
| 1 511        | 2 2   Complete ii  | (a) Current year                      |               | or year        | (c) Two year  |           |            | e years back  | (e) Four     | years back    |
| 10           | Beginning of year balance  | (a) carrone your                      | (2)           | or you.        | (c) Two your  | o buon    | (4)        | o youro buon  | (C) i cui    | youro buon    |
|              |  |                                       |               |                |               |           |            |               |              |               |
| D            | Contributions  Not investment earnings gains and lesses  |                                       |               |                |               |           |            |               |              |               |
| 4            | Net investment earnings, gains, and losses   |                                       |               |                |               |           |            |               |              |               |
|              | Grants or scholarships   |                                       |               |                |               |           |            |               |              |               |
| е            | Other expenditures for facilities  |                                       |               |                |               |           |            |               |              |               |
|              | and programs   |                                       |               |                |               |           |            |               |              |               |
|              |  |                                       |               |                |               |           |            |               |              |               |
| _            | End of year balance  |                                       |               |                | <u> </u>      |           |            |               |              |               |
| 2            | Provide the estimated percentage of the curre  | •                                     | e (line 1g,   | column (a)     | ) held as:    |           |            |               |              |               |
| а            | Board designated or quasi-endowment  |                                       | _%            |                |               |           |            |               |              |               |
|              | Permanent endowment  |                                       |               |                |               |           |            |               |              |               |
| С            |  | <b>%</b>                              |               |                |               |           |            |               |              |               |
| _            | The percentages on lines 2a, 2b, and 2c should be a sh |                                       |               |                |               |           |            |               |              |               |
| За           | Are there endowment funds not in the posses  | ssion of the organiza                 | ation that a  | are held ar    | nd administer | ed for th | ne         |               | Г            | Yes No        |
|              | organization by:   |                                       |               |                |               |           |            |               |              | Yes No        |
|              | (i) Unrelated organizations  |                                       |               |                |               |           |            |               | 3a(i)        |               |
|              | (ii) Related organizations   |                                       |               |                |               |           |            |               | 3a(ii)       |               |
| _            | If "Yes" on line 3a(ii), are the related organizate  |                                       |               |                |               |           |            |               | . 3b         |               |
| Dar          | Describe in Part XIII the intended uses of the t VI Land, Buildings, and Equipment   |                                       | wment fur     | nds.           |               |           |            |               |              |               |
| Fai          | Complete if the organization answered  |                                       | Dort IV       | lina 11a C     | aa Farm 000   | Dort V    | lina 10    |               |              |               |
|              |  |                                       |               |                |               |           |            |               |              |               |
|              | Description of property  | (a) Cost or o                         |               | ٠,             | or other      | ٠,        | ccumul     | I             | (d) Book     | value         |
|              |  | basis (investr                        | neni)         | Dasis          | (other)       | de        | preciation | UI I          |              |               |
|              | Land   |                                       |               |                |               |           |            |               |              |               |
|              | Buildings  |                                       |               |                |               |           |            |               |              |               |
|              | Leasehold improvements   |                                       |               |                |               |           |            |               |              |               |
|              | Equipment  |                                       |               |                | 2 002         |           | 4.0        | 222           | 2.2          | 760           |
|              | Other  |                                       |               |                | 2,092.        |           |            | 332.          |              | <u>,760.</u>  |
| <u>Total</u> | . Add lines 1a through 1e. (Column (d) must ed   | gual Form 990. Part                   | X. column     | (B). line 10   | Oc.)          |           |            |               | 23           | ,760.         |

Schedule D (Form 990) 2022

| Schedule D (Form 990) 2022 CAPE AND ISI Part VII Investments - Other Securities. | LANDS UNITED               |  | 4-2271714 Page 3        |
|--|----------------------------|--|-------------------------|
| Complete if the organization answered "Yes"                                      | on Form 990, Part IV, line | 11b. See Form 990, Part X, line 12.      |                         |
| (a) Description of security or category (including name of security)             | (b) Book value             | (c) Method of valuation: Cost or e       | nd-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"                                      | on Form 990, Part IV, line | 11c. See Form 990, Part X, line 13.      |                         |
| (a) Description of investment  | (b) Book value             | (c) Method of valuation: Cost or e       | nd-of-year market value |
| (1)  |                            |  |                         |
| (2)  |                            |  |                         |
| (3)  |                            |  |                         |
| (4)  |                            |  |                         |
| (5)  |                            |  |                         |
| (6)  |                            |  |                         |
| (7)  |                            |  |                         |
| (8)  |                            |  |                         |
| (9)  |                            |  |                         |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)                 |                            |  |                         |
| Part IX Other Assets.  |                            |  |                         |
| Complete if the organization answered "Yes"                                      | on Form 990, Part IV, line | 11d. See Form 990, Part X, line 15.      |                         |
| (a)  | Description                |  | (b) Book value          |
| (1) OPERATING LEASE RIGHT OF U   | JSE ASSETS                 |  | 125,091.                |
| (2)  |                            |  |                         |
| (3)  |                            |  |                         |
| (4)  |                            |  |                         |
| (5)  |                            |  |                         |
| (6)  |                            |  |                         |
| (7)  |                            |  |                         |
| (8)  |                            |  |                         |
| (9)  |                            |  |                         |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line                    | 15.)                       |  | 125,091.                |
| Part X Other Liabilities.  |                            |  |                         |
| Complete if the organization answered "Yes"                                      | on Form 990, Part IV, line | 11e or 11f. See Form 990, Part X, line 2 | 1                       |
| 1. (a) Description of liability  |                            |  | (b) Book value          |
| (1) Federal income taxes   |                            |  |                         |
| (2) OPERATING LEASE LIABILITIE   | ES                         |  | 126,223.                |
| (3)  |                            |  |                         |
| (4)  |                            |  | 1                       |

(1) Federal income taxes
(2) OPERATING LEASE LIABILITIES
(3)
(4)
(5)
(6)
(7)
(8)
(9)

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

126, 223.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

Schedule D (Form 990) 2022

| Par      |   | enue per Audited Financial Sta            |                       | Revenue per Re        | turn.    |                     |
|----------|---|---|-----------------------|-----------------------|----------|---------------------|
|          | Complete if the organization a            | answered "Yes" on Form 990, Part IV,      | line 12a.             |                       |          |                     |
| 1        | Total revenue, gains, and other supp      | ort per audited financial statements      |                       |                       | 1        | 1,074,957.          |
| 2        | Amounts included on line 1 but not of     |   | 1 1                   |                       |          |                     |
| а        |   | stments                                   |                       | -199,994.             |          |                     |
| b        |   | S   |                       |                       |          |                     |
| С        | Recoveries of prior year grants           |   |                       |                       |          |                     |
| d        | Other (Describe in Part XIII.)            |   | 2d                    | -8,792.               |          | 222 725             |
| е        |   |   |                       |                       | 2e       | -208,786.           |
| 3        |   |   |                       |                       | 3        | 1,283,743.          |
| 4        | Amounts included on Form 990, Part        | •   | 1 1                   |                       |          |                     |
| а        |   | n Form 990, Part VIII, line 7b            |                       |                       |          |                     |
| b        |   |   | 4b                    |                       |          | •                   |
| С        |   |   |                       |                       | 4c       | 0.                  |
| 5        | Total revenue. Add lines 3 and 4c. (7     | This must equal Form 990, Part I, line 1: | 2.)<br>Lotomonto With | Evnences ner D        | 5        | 1,283,743.          |
| Pai      |   |   |                       | Expenses per H        | eturn    | l.                  |
|          |   | answered "Yes" on Form 990, Part IV,      |                       |                       |          | 1 414 750           |
| 1        |   | ed financial statements                   |                       |                       | 1        | 1,414,758.          |
| 2        | Amounts included on line 1 but not o      | *   | 1 . 1                 |                       |          |                     |
| а        |   | S   |                       |                       |          |                     |
| b        |   |   |                       |                       |          |                     |
| С        |   |   |                       |                       |          |                     |
| d        |   |   |                       |                       |          | 0                   |
|          |   |   |                       |                       | 2e       | 0.<br>1,414,758.    |
| 3        |   |   |                       |                       | 3        | 1,414,/50.          |
| 4        | Amounts included on Form 990, Parl        |   | 1.1                   |                       |          |                     |
| a        |   | n Form 990, Part VIII, line 7b            |                       |                       |          |                     |
| b        | A 1 1 1 2 A 1 A 1                         |   |                       |                       | 4 -      | 0                   |
|          |   |   |                       |                       | 4c 5     | 1,414,758.          |
| 5<br>Pai | rt XIII Supplemental Informa              | (This must equal Form 990, Part I, line   | <u>18.)</u>           |                       | 5        | 1,414,750.          |
|          | vide the descriptions required for Part I |   | I.4: Dart IV lines 1h | and the Part Viling 4 | · Dort V | line 2: Part VI     |
|          | s 2d and 4b; and Part XII, lines 2d and   |   |                       |                       | , rail A | , IIIIe Z, Fait XI, |
| 111103   | s zu and 40, and r art An, inles zu and - | 4b. Also complete this part to provide a  | arry additional imom  | iation.               |          |                     |
|          |   |   |                       |                       |          |                     |
|          |   |   |                       |                       |          |                     |
|          |   |   |                       |                       |          |                     |
| PAF      | RT XI, LINE 2D - OTH                      | HER ADJUSTMENTS:                          |                       |                       |          |                     |
|          |   |   |                       |                       |          |                     |
| IN7      | VESTMENT EXPENSES                         |   |                       |                       |          |                     |
|          |   |   |                       |                       |          |                     |
|          |   |   |                       |                       |          |                     |
|          |   |   |                       |                       |          |                     |
|          |   |   |                       |                       |          |                     |
|          |   |   |                       |                       |          |                     |
|          |   |   |                       |                       |          |                     |
|          |   |   |                       |                       |          |                     |
|          |   |   |                       |                       |          |                     |
|          |   |   |                       |                       |          |                     |
|          |   |   |                       |                       |          |                     |
|          |   |   |                       |                       |          |                     |
|          |   |   |                       |                       |          |                     |
|          |   |   |                       |                       |          |                     |
|          |   |   |                       |                       |          |                     |
|          |   |   |                       |                       |          |                     |
|          |   |   |                       |                       |          |                     |
|          |   |   |                       |                       |          |                     |

## SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

| Name of the organization  |   |  |   |   |         | Employer ide   | ntification number |  |
|---|---|--|---|---|---------|----------------|--------------------|--|
| CAPE AN   | D ISLANDS UNITED W  | AY :   | INC.  | •   |         | 04-2271        | 714                |  |
| Part I Fundraising Activities. required to complete this par  | Complete if the organization answett.   | red "Y   | es" or  | n Form 990, Part IV, I  | ine 1   | 7. Form 990-EZ | filers are not     |  |
| Indicate whether the organization rais     X Mail solicitations     X Internet and email solicitations     Phone solicitations     In-person solicitations     Indicate whether the organizations | sed funds through any of the followin  e Solicitat  f Solicitat  g X Special  or oral agreement with any individual art VII) or entity in connection with providuals or entities (fundraisers) pursuant | tion of<br>tion of<br>fundra<br>(includ  | non-g<br>gover<br>aising of<br>ding of<br>onal fu | overnment grants<br>nment grants<br>events<br>ficers, directors, trus<br>undraising services? |         | X Yes          |                    |  |
| (i) Name and address of individual or entity (fundraiser)   | (ii) Activity   | greement with any individual (including officers, directors, trustees, or or entity in connection with professional fundraising services?  IX Yes or entities (fundraisers) pursuant to agreements under which the fundraiser is to be exation.  (iii) Activity  (iii) Did fundraiser have custody or control of contributions?  (iv) Amount paid to (or retained by) fundraiser listed in col. (i)  (vi) A fundraiser listed in col. (ii) |   |   |         |                |                    |  |
| TRACY ANDERSON - 352 MAIN   | CONTENT MARKETING FOR   | Yes  | No  |   |         |                |                    |  |
| STREET, YARMOUTH PORT, MA   | DEVELOPING COMMUNICATIONS   |  | Х   | 0.  |         | 0.             | 0.                 |  |
|   |   |  |   |   |         |                |                    |  |
|   |   |  |   |   |         |                |                    |  |
|   |   |  |   |   |         |                |                    |  |
|   |   |  |   |   |         |                |                    |  |
|   |   |  |   |   |         |                |                    |  |
|   |   |  |   |   |         |                |                    |  |
|   |   |  |   |   |         |                |                    |  |
|   |   |  |   |   |         |                |                    |  |
|   |   |  |   |   |         |                |                    |  |
| Total   |   |  |   |   |         |                |                    |  |
| 3 List all states in which the organization or licensing.   | on is registered or licensed to solicit o   | ontrib   | utions  | or has been notified  | it is e | exempt from re | gistration         |  |
|   |   |  |   |   |         |                |                    |  |
|   |   |  |   |   |         |                |                    |  |
|   |   |  |   |   |         |                |                    |  |
|   |   |  |   |   |         |                |                    |  |
|   |   |  |   |   |         |                |                    |  |
|   |   |  |   |   |         |                |                    |  |
|   |   |  |   |   |         |                |                    |  |
|   |   |  |   |   |         |                |                    |  |
|   |   |  |   |   |         |                |                    |  |
|   |   |  |   |   |         |                |                    |  |

232081 10-27-22

Schedule G (Form 990) 2022

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

SEE PART IV FOR CONTINUATIONS

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

|                 |       | of fundraising event contributions and gro                                      | oss income on Form 990-      | EZ, lines 1 and 6b. List e  | events with gross receipt | s greater than \$5,000.    |
|-----------------|-------|---|------------------------------|-----------------------------|---------------------------|----------------------------|
|                 |       |   | (a) Event #1<br>SPECIAL      | <b>(b)</b> Event #2         | (c) Other events NONE     | (d) Total events           |
|                 |       |   | EVENTS                       |                             |                           | (add col. (a) through      |
| Φ               |       |   | (event type)                 | (event type)                | (total number)            | col. <b>(c)</b> )          |
| Revenue         | 1     | Gross receipts  | 333,157.                     |                             |                           | 333,157.                   |
|                 | 2     | Less: Contributions   |                              |                             |                           |                            |
|                 | 3     | Gross income (line 1 minus line 2)  | 333,157.                     |                             |                           | 333,157.                   |
|                 |       |   |                              |                             |                           |                            |
|                 | 4     | Cash prizes   |                              |                             |                           |                            |
|                 | 5     | Noncash prizes  |                              |                             |                           |                            |
| es              |       |   |                              |                             |                           |                            |
| Direct Expenses | 6     | Rent/facility costs   |                              |                             |                           |                            |
| Ë               |       |   |                              |                             |                           |                            |
| irect           | 7     | Food and beverages  |                              |                             |                           |                            |
|                 | 8     | Entertainment   |                              |                             |                           |                            |
|                 | 9     | Other direct expenses   |                              |                             |                           |                            |
|                 | 10    |   | 9 in column (d)              |                             |                           |                            |
| _               | 11    | Net income summary. Subtract line 10 from li                                    |                              |                             |                           | 333,157.                   |
| Pa              | ırt I | <b>Gaming.</b> Complete if the organization a \$15,000 on Form 990-EZ, line 6a. | answered "Yes" on Form       | 990, Part IV, line 19, or i | reported more than        |                            |
|                 |       | \$13,000 OH FORM 990-E2, line da.   |                              | (b) Pull tabs/instant       |                           | (d) Total gaming (add      |
| ηne             |       |   | (a) Bingo                    | bingo/progressive bingo     | (c) Other gaming          | col. (a) through col. (c)) |
| Revenue         |       |   |                              |                             |                           |                            |
| Ω.              | 1     | Gross revenue   |                              |                             |                           |                            |
|                 |       |   |                              |                             |                           |                            |
| ses             | 2     | Cash prizes   |                              |                             |                           |                            |
| Expenses        | 3     | Noncash prizes  |                              |                             |                           |                            |
| Ë               |       |   |                              |                             |                           |                            |
| Direct          | 4     | Rent/facility costs   |                              |                             |                           |                            |
|                 | 5     | Other direct expenses   |                              |                             |                           |                            |
|                 |       | Other direct expenses   | Yes %                        | Yes %                       | Yes %                     |                            |
|                 | 6     | Volunteer labor   | No No                        | No No                       | No No                     |                            |
|                 |       |   |                              |                             |                           |                            |
|                 | 7     | Direct expense summary. Add lines 2 through                                     | 5 in column (d)              |                             |                           |                            |
|                 | 8     | Net gaming income summary. Subtract line 7                                      | from line 1 column (d)       |                             |                           |                            |
|                 | 0     | Net gaming income summary. Subtract line r                                      | from line 1, column (a)      |                             |                           |                            |
| 9               | Ent   | ter the state(s) in which the organization condu                                | cts gaming activities:       |                             |                           |                            |
| а               | ls t  | the organization licensed to conduct gaming ac                                  | ctivities in each of these s | states?                     |                           | Yes No                     |
| b               | If "  | No," explain:   |                              |                             |                           |                            |
|                 | _     |   |                              |                             |                           |                            |
| 10-             | \\/.  | ere any of the organization's gaming licenses re                                | woked suspended or to        | rminated during the tax v   | /ear?                     | Yes No                     |
|                 |       | Yes," explain:  |                              |                             |                           | 1031NO                     |
|                 | _     |   |                              |                             |                           |                            |
|                 | _     |   |                              |                             |                           |                            |
|                 |       |   |                              |                             |                           |                            |

Schedule G (Form 990) 2022

232082 10-27-22

| Schedule G (Form 990) 2022 CAPE AND ISLANDS UNITED WAY INC. 04   | -2271714 Page:              |
|--|-----------------------------|
| 11 Does the organization conduct gaming activities with nonmembers?  | Yes No                      |
| 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed   |                             |
| to administer charitable gaming?   | Yes No                      |
| 13 Indicate the percentage of gaming activity conducted in:  |                             |
| a The organization's facility  | 13a                         |
| <b>b</b> An outside facility   |                             |
| 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:   |                             |
|  |                             |
| Name   |                             |
|  |                             |
| Address  |                             |
|  |                             |
| 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?   | Yes No                      |
|  |                             |
| <b>b</b> If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount   |                             |
| of gaming revenue retained by the third party \$   |                             |
| c If "Yes," enter name and address of the third party:   |                             |
|  |                             |
| Name   |                             |
| ···········  |                             |
| Address  |                             |
|  |                             |
| 16 Gaming manager information:   |                             |
| Gaming manager information.  |                             |
| Name   |                             |
| Name   |                             |
| Gaming manager compensation \$   |                             |
| Gaming manager compensation \$   |                             |
| Description of convices provided   |                             |
| Description of services provided   |                             |
|  |                             |
|  |                             |
| Director/officer Employee Independent contractor   |                             |
| bliector/officer Employee independent contractor   |                             |
| 47 Mandatany diatributions:  |                             |
| 17 Mandatory distributions:  |                             |
| a Is the organization required under state law to make charitable distributions from the gaming proceeds to  | Yes No                      |
| retain the state gaming license?   |                             |
| <b>b</b> Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the  | •                           |
| organization's own exempt activities during the tax year \$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and | Doublil lines 0 Ob 10b      |
| •••  | Part III, lines 9, 9b, 10b, |
| 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.   |                             |
| COURDING C DADM T IINE OD IICM OF MEN UTOURCM DAID FINDDAICE   | DC.                         |
| SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISE  | <b>г</b> р:                 |
|  |                             |
|  |                             |
| /T NAME OF FINDDATCED. MDACY ANDERCON  |                             |
| (I) NAME OF FUNDRAISER: TRACY ANDERSON   |                             |
| /T ADDDEGG OF BUNDDATGED OF MATH CHDEER WADNOUTH DODE MA   | 00675                       |
| (I) ADDRESS OF FUNDRAISER: 352 MAIN STREET, YARMOUTH PORT, MA  | 02675                       |
|  |                             |
|  |                             |
|  |                             |
|  |                             |
|  |                             |
|  |                             |
|  |                             |
|  |                             |

| Schedule G | G (Form 990)                     | CAPE     | AND      | ISLANDS | UNITED | WAY | INC. | 04-2271714 | Page 4 |
|------------|----------------------------------|----------|----------|---------|--------|-----|------|------------|--------|
| Part IV    | G (Form 990) Supplemental Inform | mation / | continue | ad)     |        |     |      |            |        |
|            |                                  |          | COITIIII | ,u)     |        |     |      |            |        |
|            |                                  |          |          |         |        |     |      |            |        |
|            |                                  |          |          |         |        |     |      |            |        |
|            |                                  |          |          |         |        |     |      |            |        |
|            |                                  |          |          |         |        |     |      |            |        |
|            |                                  |          |          |         |        |     |      |            |        |
|            |                                  |          |          |         |        |     |      |            |        |
|            |                                  |          |          |         |        |     |      |            |        |
|            |                                  |          |          |         |        |     |      |            |        |
|            |                                  |          |          |         |        |     |      |            |        |
|            |                                  |          |          |         |        |     |      |            |        |
|            |                                  |          |          |         |        |     |      |            |        |
|            |                                  |          |          |         |        |     |      |            |        |
|            |                                  |          |          |         |        |     |      |            |        |
|            |                                  |          |          |         |        |     |      |            |        |
|            |                                  |          |          |         |        |     |      |            |        |
|            |                                  |          |          |         |        |     |      |            |        |
|            |                                  |          |          |         |        |     |      |            |        |
|            |                                  |          |          |         |        |     |      |            |        |
|            |                                  |          |          |         |        |     |      |            |        |
|            |                                  |          |          |         |        |     |      |            |        |
|            |                                  |          |          |         |        |     |      |            |        |
|            |                                  |          |          |         |        |     |      |            |        |
|            |                                  |          |          |         |        |     |      |            |        |
|            |                                  |          |          |         |        |     |      |            |        |
|            |                                  |          |          |         |        |     |      |            |        |
|            |                                  |          |          |         |        |     |      |            |        |
|            |                                  |          |          |         |        |     |      |            |        |
|            |                                  |          |          |         |        |     |      |            |        |
|            |                                  |          |          |         |        |     |      |            |        |
|            |                                  |          |          |         |        |     |      |            |        |
|            |                                  |          |          |         |        |     |      |            |        |
|            |                                  |          |          |         |        |     |      |            |        |
|            |                                  |          |          |         |        |     |      |            |        |
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#### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

Attach to Form 990.

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

2022

OMB No. 1545-0047

Open to Public Inspection

| Name of the organization  CAPE AND I   | SLANDS U | JNITED WAY I                       | NC.                      |                                  |  |                                       | Employer identification number $04-2271714$                                       |
|--|----------|------------------------------------|--------------------------|----------------------------------|--|---------------------------------------|---|
| Part I General Information on Grants and   |          |                                    |                          |                                  |  |                                       |   |
| Does the organization maintain records to criteria used to award the grants or assist:     Describe in Part IV the organization's proc | ance?    |                                    |                          |                                  |  |                                       |   |
| Part II Grants and Other Assistance to D recipient that received more than \$5   |          |                                    |                          |                                  | anization answered "\  | Yes" on Form 990, Part                | IV, line 21, for any  |
| 1 (a) Name and address of organization or government   | (b) EIN  | (c) IRC section<br>(if applicable) | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of<br>valuation (book,<br>FMV, appraisal,<br>other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance  |
| BIG BROTHERS BIG SISTERS OF CAPE COD & ISLANDS - 684 MAIN STREET - HYANNIS, MA 02601   |          | 501(C)(3)                          | 25,000.                  | 0.                               | FMV  |                                       | SCHOOL-BASED MENTORING<br>PROGRAM   |
| CAPE KID MEALS 280 RTE 130 FORESTDALE, MA 02644  |          | 501(C)(3)                          | 20,000.                  | 0.                               | FMV  |                                       | CAPE KID MEALS -AY<br>BACKPACK PROGRAM  |
| BOYS & GIRLS CLUB OF CAPE COD<br>31 FRANK HICKS DRIVE<br>MASHPEE, MA 02649   |          | 501(C)(3)                          | 15,000.                  | 0.                               | FMV  |                                       | SCHOOL BASED MENTORING<br>PROGRAM   |
| BEHAVIORAL HEALTH INNOVATORS P.O.BOX 583 SOUTH CHATHAM, MA 02659   |          | 501(C)(3)                          | 25,000.                  | 0.                               | FMV  |                                       | TEEN GROUPS FOR YOUTH USING GROUP COUNSELING                                      |
| HOMELESS PRVENTION COUNCIL 14 OLD TOTE ROAD ORLEANS, MA 02653  |          | 501(c)(3)                          | 25,000.                  | 0.                               | FMV  |                                       | COMPREHENSIVE COUNSELING<br>AND GUIDANCE TO THOSE AT<br>RISK OF BECOMING HOMELESS |
| DUFFY HEALTH CENTER  94 MAIN STREET  HYANNIS, MA 02601  2 Enter total number of section 501(c)(3) and                                  |          | 501(c)(3)                          | 10,000.                  | 0.                               | FMV  |                                       | IFTS PROVIDES SHORT TERM MOTEL STAYS DURING SEVERE WEATHER 27.                    |

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

3 Enter total number of other organizations listed in the line 1 table

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) 2022

| Schedule I (Form 990) CAPE AND   | ISLANDS U        | NITED WAY I                   | NC.                      |                                  |  | C                                      | 04-2271714 Page 1  |
|--|------------------|-------------------------------|--------------------------|----------------------------------|--|--|--|
| Part II Continuation of Grants and Other                                     | Assistance to Do | mestic Organizations          | and Domestic Go          | vernments (Sch                   | edule I (Form 990), Pa   | ırt II.)                               |  |
| (a) Name and address of organization or government                           | (b) EIN          | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance   |
| CATHOLIC SOCIAL SERVICES<br>1600 BAY STREET<br>FALLRIVER, MA 02724           |                  | 501(C)(3)                     | 5,833.                   | 0.                               | FMV  |  | HOUSING NAVIGATOR HELPS CLIENTS IDENTIFY AFFORDABLE HOUSING SOLUTIONS                |
| CAPE COD CHILDREN'S PLACE<br>PO BOX 1935<br>NORTH EASTHAM, MA 02651          |                  | 501(C)(3)                     | 20,000.                  | 0.                               | FMV  |  | INTEGRATED EARLY EDUCATION FOR CHILDREN WITH DEVELOPMENTAL DELAYS, DISABILITIES, AND |
| NANTUCKET INTERFAITH COUNCIL<br>PO BOX 2597<br>NANTUCKET, MA 02584           |                  | 501(C)(3)                     | 10,000.                  | 0.                               | FMV  |  | NANTUCKET FOOD PANTRY  |
| A BARY CENTER<br>81 WILLOW AVE<br>HYANNIS, MA 02601                          |                  | 501(C)(3)                     | 25,000.                  | 0.                               | FMV  |  | A BABY CENTER  |
| HARBOR HOMES OF MV<br>PO BOX 4795<br>VINEYARD HAVEN, MA 02568                |                  | 501(C)(3)                     | 25,000.                  | 0.                               | FMV  |  | SRO HOME WITH CM FOR<br>ADULTS WHO ARE HOMELESS                                      |
| FAMILY PANTRY<br>133 QUEEN ANNE ROAD<br>HARWICH, MA 02645                    |                  | 501(C)(3)                     | 15,000.                  | 0.                               | FMV  |  | OPERATE MAIN PANTRY IN<br>HARWICH - FOOD TO<br>ENCOURAGE PROGRAM                     |
| MARTHA'S VINEYARD BOYS & GIRLS<br>CLUB - PO BOX 654 - EDGARTOWN, MA<br>02539 |                  | 501(C)(3)                     | 12,500.                  | 0.                               | FMV  |  | AFTER SCHOOL PROGRAM<br>MENTAL HEALTH  |
| WELLSTRONG<br>180 TEATICKET HWY<br>FALMOUTH, MA 02536                        |                  | 501(C)(3)                     | 10,000.                  | 0.                               | FMV  |  | LONG TERM RECOVERY THROUGH EMPLOYMENT, CONNECTION AND WELLNESS                       |
| ISLAND GROWN INITIATIVE PO BOX 622 VINEYARD HAVEN, MA 02568                  |                  | 501(C)(3)                     | 12,500.                  | 0.                               | FMV  |  | EXPANSIONN OF SOUP DONATIONS/HEALTHY FOOD OPTIONS FOR ELDERLY                        |

Schedule I (Form 990)

| Part II Continuation of Grants and Other A         | toolotanoe to Bo | Theodic Organizations         |                          | Terriments (een                  |  | T                                      |                                    |
|--|------------------|-------------------------------|--------------------------|----------------------------------|--|--|------------------------------------|
| (a) Name and address of organization or government | (b) EIN          | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| HOUSING ASSISTANCE CORPORATION,                    |                  |                               |                          |                                  |  |  | ONE TIME EMERGENCY                 |
| INC 490 WEST MAIN STREET -                         |                  |                               |                          |                                  |  |  | FINANCIAL ASSISTANCE               |
| HYANNIS, MA 02601                                  |                  | 501(C)(3)                     | 20,000.                  | 0                                | FMV  |  | PAYMENTS                           |
| IIIMMIS, IM 02001                                  |                  | 501(0)(3)                     | 20,000.                  | <u> </u>                         | 111  |  | MIMMIS                             |
| ALZHEIMER'S FAMILY SUPPORT CENTER                  |                  |                               |                          |                                  |  |  |                                    |
| OF CAPE COD - 2095 MAIN STREET -                   |                  |                               |                          |                                  |  |  | SUPPORT GROUPS FOR                 |
| BREWSTER, MA 02631                                 |                  | 501(C)(3)                     | 17,000.                  | 0.                               | FMV  |  | ALZHEIMER'S/DEMENTIA               |
|  |                  |                               |                          |                                  |  |  |                                    |
| INDEPENDENCE HOUSE                                 |                  |                               |                          |                                  |  |  |                                    |
| 160 BASSETT LANE                                   |                  |                               |                          |                                  |  |  | EMERGENCY SHELTER WITH             |
| HYANNIS, MA 02601                                  |                  | 501(C)(3)                     | 25,000.                  | 0.                               | FMV  |  | RESOURCES                          |
|  |                  |                               |                          |                                  |  |  |                                    |
| COMMUNITY HEALTH CENTER OF CAPE                    |                  |                               |                          |                                  |  |  |                                    |
| COD - 107 COMMERCIAL STREET -                      |                  |                               |                          | _                                |  |  | COMPLEX CARE TEAM TO               |
| MASHPEE, MA 02649                                  |                  | 501(C)(3)                     | 12,000.                  | 0.                               | FMV  |  | MANAGE CHRONIC DISEASE             |
| HOSPICE OF MARTHA'S VINEYARD                       |                  |                               |                          |                                  |  |  |                                    |
| PO BOX 1748  |                  |                               |                          |                                  |  |  | RESPITE FOR CAREGIVERS             |
| VINEYARD HAVEN, MA 02568                           |                  | 501(C)(3)                     | 9,750.                   | 0                                | FMV  |  | FOR HOSPICE PATIENTS               |
| VINETARD HAVEN, MA 02300                           |                  | 501(0)(5)                     | 3,730.                   | <u> </u>                         | r H v  |  | FOR HOSFICE PATIENTS               |
| HEALTH IMPERATIVES                                 |                  |                               |                          |                                  |  |  |                                    |
| 1019 IYANNOUGH RD                                  |                  |                               |                          |                                  |  |  | MAKING STRIDES FOR                 |
| HYANNIS, MA 02601                                  |                  | 501(C)(3)                     | 10,000.                  | 0.                               | FMV  |  | SELF-SUFFIENCY                     |
|  |                  |                               |                          |                                  |  |  |                                    |
| FOOD4KIDS  |                  |                               |                          |                                  |  |  |                                    |
| 204 MONUMENT RD                                    |                  |                               |                          |                                  |  |  | GENERAL OPERATING FOR ALI          |
| ORLEANS, MA 02653                                  |                  | 501(C)(3)                     | 15,000.                  | 0.                               | FMV  |  | PROGRAMS                           |
|  |                  |                               |                          |                                  |  |  |                                    |
|  |                  |                               |                          |                                  |  |  |                                    |
|  |                  |                               |                          |                                  |  |  |                                    |
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|  |                  |                               |                          |                                  |  |  |                                    |

| Part III Grants and Other Assistance to Domestic Individuals Part III can be duplicated if additional space is needed. | . Complete il trie       | organization answ        | ered res on Forms                     | 90, Part IV, line 22.                                    |                                       |
|--|--------------------------|--------------------------|---------------------------------------|--|---------------------------------------|
| (a) Type of grant or assistance  | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-<br>cash assistance | (e) Method of valuation<br>(book, FMV, appraisal, other) | (f) Description of noncash assistance |
|  | ·                        | <u> </u>                 |                                       |  |                                       |
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| Part IV Supplemental Information. Provide the information req  | uired in Part I, lin     | e 2; Part III, columr    | n (b); and any other ac               | ditional information.                                    |                                       |
| PART I, LINE 2:  |                          |                          |                                       |  |                                       |
| BOARD OF DIRECTORS ESTABLISHES AN A  | ANNUAL AM                | OUNT OF F                | UNDS THAT A                           | RE DONATED   |                                       |
|  |                          |                          |                                       |  |                                       |
| ANNUALLY.  |                          |                          |                                       |  |                                       |
|  |                          |                          |                                       |  |                                       |
| PART II, LINE 1, COLUMN (H):   |                          |                          |                                       |  |                                       |
| NAME OF ORGANIZATION OR GOVERNMENT   | : CAPE CO                | D CHILDREI               | N'S PLACE                             |  |                                       |
| (H) PURPOSE OF GRANT OR ASSISTANCE   |                          |                          |                                       | FOR  |                                       |
|  |                          |                          |                                       |  |                                       |
| CHILDREN WITH DEVELOPMENTAL DELAYS   | , DISABIL                | TTIES, AN                | D LEARNING                            | DISORDERS  |                                       |

#### 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

CAPE AND ISLANDS UNITED WAY INC.

 $\begin{array}{c} \text{Employer identification number} \\ 0.4-2271714 \end{array}$ 

| FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:              |
|---|
| PEOPLE ON CAPE COD AND THE ISLANDS TO CARE FOR ONE ANONTHER AND TO          |
| IMPROVE THE HUMAN CONDITION OF THE REGION.                                  |
|   |
| FORM 990, PART VI, SECTION B, LINE 11B:                                     |
| THE ORGANIZATION'S MANAGEMENT AND BOARD OF DIRECTORS REVIEWS FORM 990 PRIOR |
| TO FILING.  |
|   |
| FORM 990, PART VI, SECTION B, LINE 12C:                                     |
| THE CONFLICT OF INTEREST POLICY IS ENFORCED ANNUALLY BY THE BOARD OF        |
| DIRECTORS.  |
|   |
| FORM 990, PART VI, SECTION B, LINE 15:                                      |
| THE PRESIDENT'S COMPENSATION IS APPROVED BY THE BOARD OF DIRECTORS          |
| ANNUALLY.   |
|   |
| FORM 990, PART VI, SECTION C, LINE 18:                                      |
| THE COMPANY'S TAX FORMS ARE AVAILABLE FOR PUBLIC INSPECTION UPON REQUEST.   |
|   |
| FORM 990, PART VI, SECTION C, LINE 19:                                      |
| THE COMPANY'S TAX FORMS ARE AVAILABLE FOR PUBLIC INSPECTION UPON REQUEST.   |
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|   |

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

Schedule O (Form 990) 2022

#### 2022 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10 990

| Asset<br>No. | Description              | Date<br>Acquired | Method | Life | C o L I | Line<br>No. | Unadjusted<br>Cost Or Basis | Bus<br>%<br>Excl | Section 179<br>Expense | Reduction In<br>Basis | Basis For<br>Depreciation | Beginning<br>Accumulated<br>Depreciation | Current<br>Sec 179<br>Expense | Current Year<br>Deduction | Ending<br>Accumulated<br>Depreciation |
|--------------|--------------------------|------------------|--------|------|---------|-------------|-----------------------------|------------------|------------------------|-----------------------|---------------------------|--|-------------------------------|---------------------------|---------------------------------------|
| 1            | EQUIPMENT (2005 TO 2008) | VARIOUS          | SL     | 5.00 | 1       | 16          | 17,113.                     |                  |                        |                       | 17,113.                   | 17,113.                                  |                               | 0.                        | 17,113.                               |
| 2            | EQUIPMENT (2011)         | 06/01/11         | SL     | 5.00 | 1       | 16          | 7,041.                      |                  |                        |                       | 7,041.                    | 7,041.                                   |                               | 0.                        | 7,041.                                |
| 3            | TABLETS                  | 07/01/14         | SL     | 5.00 | 1       | 16          | 1,493.                      |                  |                        |                       | 1,493.                    | 1,493.                                   |                               | 0.                        | 1,493.                                |
| 4            | COMPUTERS                | 07/01/14         | SL     | 5.00 | 1       | 16          | 2,707.                      |                  |                        |                       | 2,707.                    | 2,707.                                   |                               | 0.                        | 2,707.                                |
| 5            | FURNITURE                | 06/30/14         | SL     | 5.00 | 1       | 16          | 6,935.                      |                  |                        |                       | 6,935.                    | 6,935.                                   |                               | 0.                        | 6,935.                                |
| 7            | PHONES                   | 06/01/16         | SL     | 5.00 | 1       | 16          | 2,160.                      |                  |                        |                       | 2,160.                    | 2,160.                                   |                               | 0.                        | 2,160.                                |
| 8            | COMPUTERS                | 01/01/18         | SL     | 5.00 | 1       | 16          | 3,068.                      |                  |                        |                       | 3,068.                    | 3,068.                                   |                               | 0.                        | 3,068.                                |
| 9            | OFFICE FURNITURE         | 12/01/21         | SL     | 5.00 | 1       | 16          | 25,000.                     |                  |                        |                       | 25,000.                   | 417.                                     |                               | 5,000.                    | 5,417.                                |
| 10           | EQUIPMENT                | 05/04/21         | SL     | 5.00 | 1       | 16          | 6,575.                      |                  |                        |                       | 6,575.                    | 1,083.                                   |                               | 1,315.                    | 2,398.                                |
|              | * TOTAL 990 PAGE 10 DEPR |                  |        |      |         |             | 72,092.                     |                  |                        |                       | 72,092.                   | 42,017.                                  |                               | 6,315.                    | 48,332.                               |
|              |                          |                  |        |      |         |             |                             |                  |                        |                       |                           |  |                               |                           |                                       |
|              |                          |                  |        |      |         |             |                             |                  |                        |                       |                           |  |                               |                           |                                       |
|              |                          |                  |        |      |         |             |                             |                  |                        |                       |                           |  |                               |                           |                                       |
|              |                          |                  |        |      |         |             |                             |                  |                        |                       |                           |  |                               |                           |                                       |
|              |                          |                  |        |      |         |             |                             |                  |                        |                       |                           |  |                               |                           |                                       |
|              |                          |                  |        |      |         |             |                             |                  |                        |                       |                           |  |                               |                           |                                       |
|              |                          |                  |        |      |         |             |                             |                  |                        |                       |                           |  |                               |                           |                                       |
|              |                          |                  |        |      |         |             |                             |                  |                        |                       |                           |  |                               |                           |                                       |

228111 04-01-22

<sup>(</sup>D) - Asset disposed

<sup>\*</sup> ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

# **Depreciation and Amortization** (Including Information on Listed Property)

Attach to your tax return.

990

OMB No. 1545-0172

Department of the Treasury Internal Revenue Service Name(s) shown on return

Go to www.irs.gov/Form4562 for instructions and the latest information. Business or activity to which this form relates

Identifying number

| CAF<br><b>Pa</b> r                        | E AND ISLANDS UNIT   |  |  | ORM 990 P.                                       |                | V boforo ··· | 04-2271714                 |
|---|--|--|--|--|----------------|--------------|----------------------------|
|   |  | erty under Section 17                      | y wote: If you have any  | y listed property, t                             | complete Part  |              |                            |
|   | faximum amount (see instructions)  |  | · · · ·  |  |                |              | 1,080,000.                 |
|   | otal cost of section 179 property place  |  |  |  |                |              | 2,700,000.                 |
|   | hreshold cost of section 179 property  |  |  |  |                |              | 2,700,000                  |
|   | eduction in limitation. Subtract line 3  |  |  |  |                |              |                            |
| <u>5</u> □<br>6                           | ollar limitation for tax year. Subtract line 4 from lin<br>(a) Description of p                |  |  | usiness use only)                                | (c) Elected    |              |                            |
| 0   | (4) 2 333.1,8113.1 31.1  |  | (5) 5551 (5  | ,,   | (5) =100104    | -            |                            |
|   |  |  |  |  |                |              |                            |
|   |  |  |  |  |                |              |                            |
|   |  |  |  |  |                |              |                            |
| 7 1                                       | isted property. Enter the amount fron  | m line 29                                  |  | 7  |                |              |                            |
|   | otal elected cost of section 179 prop  |  |  |  |                | 8            |                            |
|   | entative deduction. Enter the <b>smalle</b>  |  |  |  |                |              |                            |
|   | arryover of disallowed deduction from  |  |  |  |                |              |                            |
|   | usiness income limitation. Enter the   |  |  | \ =  |                |              |                            |
|   | ection 179 expense deduction. Add  |  | •  | ,  |                |              |                            |
|   | carryover of disallowed deduction to 2   |  |  |  |                |              |                            |
|   | : Don't use Part II or Part III below for  |  |  |  |                |              |                            |
| Par                                       | t II Special Depreciation Allow  | ance and Other D                           | epreciation (Don't inc   | lude listed proper                               | ty. <b>)</b>   |              |                            |
| <b>14</b> S                               | pecial depreciation allowance for qua  | alified property (oth                      | ner than listed property)  | placed in service                                | during         |              |                            |
| th  | ne tax year  |  |  |  |                | 14           |                            |
| 15 P                                      | roperty subject to section 168(f)(1) el  |  |  |  |                |              |                            |
|   | other depreciation (including ACRS)  |  |  |  |                |              | 6,315                      |
| Par                                       | t III MACRS Depreciation (Don'   | t include listed pro                       | perty. See instructions.   | )  |                |              |                            |
|   |  |  | Section A  |  |                |              |                            |
| 17 N                                      | ACRS deductions for assets placed  | in service in tax ye                       | ars beginning before 20  | )22  |                | 17           |                            |
| 18 If                                     | you are electing to group any assets placed in ser   | vice during the tax year ir                | nto one or more general asset a  | counts, check here                               |                |              |                            |
|   | Section B - Asset  | s Placed in Servic                         | e During 2022 Tax Yea  | ar Using the Gen                                 | eral Deprecia  | tion Syste   | m                          |
|   | (a) Classification of property   | (b) Month and<br>year placed<br>in service | (c) Basis for depreciation<br>(business/investment use<br>only - see instructions) | (d) Recovery period                              | (e) Convention | (f) Method   | (g) Depreciation deduction |
| 19a                                       | 3-year property  |  |  |  |                |              |                            |
| b   | 5-year property  |  |  |  |                |              |                            |
| С   | 7-year property  |  |  |  |                |              |                            |
| d   | 10-year property   |  |  |  |                |              |                            |
| е   | 15-year property   |  |  |  |                |              |                            |
| f   | 20-year property   |  |  |  |                |              |                            |
| g   | 25-year property   |  |  | 25 yrs.  |                | S/L          |                            |
| h   | Posidential rental property  | /  |  | 27.5 yrs.  | MM             | S/L          |                            |
| h   | Residential rental property  | /  |  | 27.5 yrs.  | MM             | S/L          |                            |
|   | Nonrocidential real property   | /  |  | 39 yrs.  | MM             | S/L          |                            |
| i   | Nonresidential real property   | /  |  |  | MM             | S/L          |                            |
|   | Section C - Assets   | Placed in Service                          | During 2022 Tax Year   | Using the Altern                                 | ative Depreci  | ation Syst   | em                         |
|   |  |  |  |  |                | S/L          |                            |
| 20a                                       | Class life   |  |  | 1  | 1              | L C/I        |                            |
| 20a<br>b                                  | Class life<br>12-year  |  |  | 12 yrs.  |                | S/L          |                            |
|   |  | /  |  | 12 yrs.<br>30 yrs.                               | MM             | S/L<br>S/L   |                            |
| b<br>c<br>d                               | 12-year<br>30-year<br>40-year  | /  |  | <del>-                                    </del> | MM<br>MM       |              |                            |
| b<br>c<br>d                               | 12-year<br>30-year   | / /  |  | 30 yrs.  |                | S/L          |                            |
| b<br>c<br>d<br><b>Par</b>                 | 12-year<br>30-year<br>40-year  |  |  | 30 yrs.  |                | S/L          |                            |
| b<br>c<br>d<br>Par                        | 12-year 30-year 40-year t IV Summary (See instructions.)                                       | ne 28                                      | es 19 and 20 in column   | 30 yrs.<br>40 yrs.                               |                | S/L<br>S/L   |                            |
| b<br>c<br>d<br><b>Par</b><br>21 L<br>22 T | 12-year 30-year 40-year t IV Summary (See instructions.) isted property. Enter amount from lin | ne 28<br>s 14 through 17, lin              |  | 30 yrs.<br>40 yrs.                               | MM             | S/L<br>S/L   | 6,315.                     |

Part V

**Listed Property** (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

|                  | 24b, Columns (  | a) iiiiougii (c  | ) or section A                        | all UI O                      | ection b,               | and Se  | CLIOITO                     | п аррп                    | cable.                 |                                     |                                    |   |           |                                       |  |  |
|------------------|---|------------------|---------------------------------------|-------------------------------|-------------------------|---|-----------------------------|---------------------------|------------------------|-------------------------------------|------------------------------------|---|-----------|---------------------------------------|--|--|
|                  | Section A -   | Depreciation     | on and Other I                        | nforma                        | tion (Cau               | ution: S  | See the i                   | nstruc                    | tions for li           | nits for p                          | passeng                            | er auton                                | nobiles.  | )                                     |  |  |
| <b>24a</b> Do yo | u have evidence to s  | support the bu   | siness/investme                       | nt use cla                    | aimed?                  | Y   | es                          | No                        | <b>24b</b> If "Y       | es," is th                          | e evider                           | nce writt                               | ten?      | Yes                                   | No   |  |
|                  | (a) (b) (c) Pre of property st vehicles first) (b) Date placed in service use percental use percental service use |                  | ge of                                 | (d)<br>Cost or<br>other basis |                         | (e) Basis for depreciation (business/investment use only) |                             | (f)<br>Recovery<br>period | Met                    | <b>(g)</b><br>Method/<br>Convention |                                    | <b>(h)</b><br>Depreciation<br>deduction |           | (i)<br>Elected<br>section 179<br>cost |  |  |
| 25 Specia        | al depreciation allo  | owance for q     | ualified listed                       | oroperty                      | placed i                | n servic  | e during                    | the ta                    | x year and             |                                     |                                    |   |           |                                       |  |  |
| used r           | more than 50% in  | a qualified bu   | usiness use                           |                               |                         |   |                             |                           |                        |                                     | 25                                 |   |           |                                       |  |  |
| 26 Prope         | rty used more tha   | n 50% in a q     | ualified busine                       | ss use:                       |                         |   |                             |                           |                        |                                     |                                    |   |           |                                       |  |  |
|                  |   | 1 1              | 9                                     | 6                             |                         |   |                             |                           |                        |                                     |                                    |   |           |                                       |  |  |
|                  |   | 1 1              |                                       | 6                             |                         |   |                             |                           |                        |                                     |                                    |   |           |                                       |  |  |
|                  |   |                  | · · · · · · · · · · · · · · · · · · · | 6                             |                         |   |                             |                           |                        |                                     |                                    |   |           |                                       |  |  |
| 27 Prope         | rty used 50% or le  | · ·              |                                       |                               |                         |   |                             |                           | Ι                      | l                                   |                                    |   |           |                                       |  |  |
|                  |   | 1 1              |                                       | 6                             |                         |   |                             |                           |                        | S/L -                               |                                    |   |           |                                       |  |  |
|                  |   | i i              |                                       | 6                             |                         |   |                             |                           |                        | S/L -                               |                                    |   |           |                                       |  |  |
| <b>00</b> Add o  | mounto in column  | (b) lines 25     | ·                                     | 6                             | and on                  | line 21   | naga 1                      |                           |                        | S/L -                               | 28                                 |   |           |                                       |  |  |
|                  | mounts in column<br>mounts in column  |                  |                                       |                               |                         |   |                             |                           |                        |                                     |                                    |   | 29        |                                       |  |  |
| 29 Add a         | mounts in column  | (1), 11116 20. E |                                       |                               | r, page i<br>B - Infori |   |                             |                           |                        |                                     |                                    |   | 23        |                                       |  |  |
| Complete         | this section for ve   | hicles used l    |                                       |                               |                         |   |                             |                           |                        | related                             | person.                            | If you pr                               | rovided v | ehicles                               |  |  |
| to your em       | nployees, first ans   | wer the ques     | tions in Section                      | n C to s                      | see if you              | meet a  | n excep                     | tion to                   | completin              | g this se                           | ction fo                           | r those \                               | vehicles. |                                       |  |  |
|                  |   |                  |                                       |                               |                         |   |                             | _                         |                        |                                     |                                    |   |           | <b>.</b>                              |  |  |
|                  |   |                  |                                       | (a)                           |                         |   | (b)                         |                           | (c)                    |                                     | (d)                                |   | (e)       |                                       | (f)  |  |
|                  | O Total business/investment miles driven during the year (don't include commuting miles)  |                  |                                       | Vehicle                       |                         | Vel   | Vehicle                     |                           | Vehicle                |                                     | Vehicle                            |   | Vehicle   |                                       | Vehicle  |  |
|                  |   |                  |                                       |                               |                         |   |                             |                           |                        |                                     |                                    |   |           |                                       |  |  |
|                  | <ul><li>Total commuting miles driven during the year</li><li>Total other personal (noncommuting) miles</li></ul>  |                  |                                       |                               |                         |   |                             |                           |                        |                                     |                                    |   |           |                                       |  |  |
|                  |   |                  |                                       |                               |                         |   |                             |                           |                        |                                     |                                    |   |           |                                       |  |  |
|                  | miles driven during   |                  |                                       |                               |                         |   |                             |                           |                        |                                     |                                    |   |           |                                       |  |  |
|                  | nes 30 through 32   |                  |                                       |                               |                         |   |                             |                           |                        |                                     |                                    |   |           |                                       |  |  |
|                  | he vehicle availab  |                  |                                       | Yes                           | No                      | Yes   | No                          | Yes                       | No                     | Yes                                 | No                                 | Yes                                     | No        | Yes                                   | No   |  |
|                  | g off-duty hours?   |                  |                                       | 100                           | 110                     |   |                             | 1.00                      | 110                    | 100                                 | -110                               | 100                                     | 1.10      | 1.00                                  |  |  |
|                  | he vehicle used pi  |                  |                                       |                               |                         |   |                             |                           |                        |                                     |                                    |   |           |                                       |  |  |
|                  | 5% owner or relate  |                  |                                       |                               |                         |   |                             |                           |                        |                                     |                                    |   |           |                                       |  |  |
| <b>36</b> Is ano | ther vehicle availa   | ble for perso    | nal                                   |                               |                         |   |                             |                           |                        |                                     |                                    |   |           |                                       |  |  |
| use?             |   |                  |                                       |                               |                         |   |                             |                           |                        |                                     |                                    |   |           |                                       |  |  |
|                  |   | Section C        | - Questions f                         | or Empl                       | loyers W                | ho Prov   | ide Ver                     | icles f                   | or Use by              | Their E                             | mploye                             | es                                      |           |                                       |  |  |
| Answer th        | ese questions to o  | determine if y   | ou meet an ex                         | ception                       | to comp                 | leting S  | ection E                    | 3 for ve                  | hicles use             | d by em                             | ployees                            | who <b>a</b>                            | ren't     |                                       |  |  |
|                  | 5% owners or rela   | •                |                                       |                               |                         |   |                             |                           |                        |                                     |                                    |   |           |                                       |  |  |
| •                | 7 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?   |                  |                                       |                               |                         |   |                             |                           |                        |                                     | Yes                                | No                                      |           |                                       |  |  |
| <b>38</b> Do you | u maintain a writte   | en policy stat   | ement that pro                        | ohibits p                     | ersonal ι               | use of ve   | ehicles,                    | except                    | commuti                | ng, by yo                           | our                                |   |           |                                       |  |  |
|                  | yees? See the ins   |                  |                                       |                               |                         | cers, di  | rectors,                    | or 1%                     | or more o              | wners                               |                                    |   |           | -                                     |  |  |
| -                | u treat all use of v  | -                |                                       |                               |                         |   |                             |                           |                        |                                     |                                    |   |           | -                                     |  |  |
|                  | u provide more th   |                  |                                       |                               |                         |   |                             |                           |                        |                                     |                                    |   |           |                                       |  |  |
|                  | se of the vehicles,   |                  |                                       |                               |                         |   |                             |                           |                        |                                     |                                    |   |           | -                                     | <del>                                     </del> |  |
|                  | u meet the require  |                  |                                       |                               |                         |   |                             |                           |                        |                                     |                                    |   |           |                                       |  |  |
| Part VI          |   | 37, 36, 39, 4    | 0,014115 16                           | 5, 0011                       | Comple                  | ie Secil  | 011 101                     | trie co                   | ivered veri            | icies.                              |                                    |   |           |                                       |  |  |
| (a)              |   |                  |                                       | (b)                           |                         | (c)   | (c)<br>mortizable<br>amount |                           | (d)<br>Code<br>section |                                     | (e)<br>Amortizat<br>period or pero |   |           |                                       | (f)<br>nortization<br>this year                  |  |
|                  |   |                  | amortization<br>begins                |                               | Amortizat<br>amount     |   |                             |                           |                        |                                     |                                    |   |           |                                       |  |  |
| 42 Amort         | ization of costs th   | at begins du     | •                                     |                               | ır:                     |   |                             |                           |                        |                                     | Farrage of her                     | - 511 Mgv                               |           | . ,                                   |  |  |
|                  |   |                  |                                       | : :                           |                         |   |                             |                           |                        |                                     |                                    |   |           |                                       |  |  |
|                  |   |                  |                                       | <u> </u>                      |                         |   |                             |                           |                        |                                     |                                    |   |           |                                       |  |  |
| 43 Amort         | ization of costs th   | at began bef     | ore your 2022                         | tax yea                       | r                       |   |                             |                           |                        |                                     |                                    | 43                                      |           |                                       |  |  |
| 44 Total.        | Add amounts in o  | column (f). Se   | ee the instructi                      | ons for                       | where to                | report  |                             |                           |                        |                                     |                                    | 44                                      |           |                                       |  |  |
| 216252 12-08     | 8-22  |                  |                                       |                               |                         |   |                             |                           |                        |                                     |                                    |   | F         | orm <b>4562</b>                       | 2 (2022)   |  |