

Public Inspection



RSM US LLP

United Way of East Central Iowa

For the year ending June 30, 2015

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Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2014

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2014 calendar year, or tax year beginning **JUL 1, 2014** and ending **JUN 30, 2015**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <p style="font-size: 1.2em; font-weight: bold;">UNITED WAY OF EAST CENTRAL IOWA, INC.</p> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <p style="font-size: 1.2em;">317 7TH AVENUE SE 401</p> City or town, state or province, country, and ZIP or foreign postal code <p style="font-size: 1.2em;">CEDAR RAPIDS, IA 52401-1604</p>	D Employer identification number <p style="font-size: 1.2em;">42-0861239</p>
	F Name and address of principal officer: LOIS BUNTZ SAME AS C ABOVE	E Telephone number <p style="font-size: 1.2em;">319-398-5372</p>
	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	G Gross receipts \$ 12,757,566.
	J Website: ▶ WWW.UWECI.ORG	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
	K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	H(c) Group exemption number ▶ L Year of formation: 1962 M State of legal domicile: IA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: UNITED WAY OF EAST CENTRAL IOWA WORKS TO ADVANCE THE COMMON GOOD BY FOCUSING ON THE BUILDING BLOCKS 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 32 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 31 5 Total number of individuals employed in calendar year 2014 (Part V, line 2a) 5 64 6 Total number of volunteers (estimate if necessary) 6 250 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. 7b Net unrelated business taxable income from Form 990-T, line 34 7b 0.																									
Revenue	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Prior Year</th> <th style="text-align: center;">Current Year</th> </tr> </thead> <tbody> <tr> <td>8 Contributions and grants (Part VIII, line 1h)</td> <td style="text-align: right;">10,287,853.</td> <td style="text-align: right;">11,525,372.</td> </tr> <tr> <td>9 Program service revenue (Part VIII, line 2g)</td> <td style="text-align: right;">127,166.</td> <td style="text-align: right;">83,356.</td> </tr> <tr> <td>10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)</td> <td style="text-align: right;">77,362.</td> <td style="text-align: right;">400,317.</td> </tr> <tr> <td>11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</td> <td style="text-align: right;">263,333.</td> <td style="text-align: right;">59,522.</td> </tr> <tr> <td>12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)</td> <td style="text-align: right;">10,755,714.</td> <td style="text-align: right;">12,068,567.</td> </tr> </tbody> </table>		Prior Year	Current Year	8 Contributions and grants (Part VIII, line 1h)	10,287,853.	11,525,372.	9 Program service revenue (Part VIII, line 2g)	127,166.	83,356.	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	77,362.	400,317.	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	263,333.	59,522.	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	10,755,714.	12,068,567.							
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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.

Sign Here	Signature of officer <p style="font-size: 1.2em; font-weight: bold;">LOIS BUNTZ, PRESIDENT/CEO</p> Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name <p style="font-weight: bold;">CARLEY UMSTEAD</p>	Preparer's signature Date Check if self-employed <input type="checkbox"/> PTIN <p style="font-weight: bold;">P00982177</p>
	Firm's name ▶ RSM US LLP Firm's address ▶ 221 THIRD AVENUE SE, STE 300 CEDAR RAPIDS, IA 52401-1512	Firm's EIN ▶ 42-0714325 Phone no. 319-298-5333

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
UNITE THE CARING POWER OF COMMUNITIES TO INVEST IN EFFECTIVE SOLUTIONS TO IMPROVE PEOPLE'S LIVES.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes 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 expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ **3,667,538.** including grants of \$ **3,023,877.**) (Revenue \$)
HEALTH: IMPROVING PEOPLE'S HEALTH AND ACCESS TO HEALTHCARE

WOMEN'S LEADERSHIP INITIATIVE: THE WOMEN'S LEADERSHIP INITIATIVE PARTNERS WITH THE COMMUNITY HEALTH FREE CLINIC, EASTERN IOWA HEALTH CENTER AND LINN COUNTY PUBLIC HEALTH TO PROVIDE NEEDED HEALTH CARE SERVICES TO LOW-INCOME, UNINSURED WOMEN. SERVICES INCLUDE PRESCRIPTION ASSISTANCE, EMERGENCY DENTAL CARE, EYE CARE/GLASSES, DIABETIC TESTING SUPPLIES AND OTHER MEDICAL SUPPLIES, HEALTH SCREENINGS AND MEDICAL CO-PAYS.

IN ADDITION TO THIS INITIATIVE, UNITED WAY FUNDS PARTNER AGENCIES THAT INCREASE FACTORS THAT CONTRIBUTE TO LONG-TERM HEALTH, REDUCE CRISIS AND

4b (Code:) (Expenses \$ **2,460,200.** including grants of \$ **2,028,429.**) (Revenue \$)
EDUCATION: HELPING CHILDREN AND YOUTH ACHIEVE THEIR POTENTIAL

YOUTH ACHIEVEMENT AMERICORPS: A PARTNERSHIP WITH LOCAL SCHOOLS AND NONPROFITS THAT LEVERAGES FEDERAL DOLLARS TO PLACE AMERICORPS VOLUNTEERS IN EARLY CHILDHOOD PROGRAMS, ELEMENTARY SCHOOLS, AND MIDDLE SCHOOLS TO SUPPORT YOUTH FROM BIRTH THROUGH MIDDLE SCHOOL IN ACADEMIC AND SOCIAL SKILLS.

READ EVERY DAY (RED) AHEAD: PROVIDES EDUCATIONAL MATERIALS, BOOKS, AND PARENTING RESOURCES TO SERVE ECONOMICALLY DISADVANTAGED FAMILIES HELP THEIR YOUNG CHILDREN, AGES BIRTH TO FIVE, DEVELOP THE EARLY LANGUAGE AND LITERACY SKILLS NEEDED TO BUILD KINDERGARTEN READINESS AND

4c (Code:) (Expenses \$ **1,790,275.** including grants of \$ **1,476,078.**) (Revenue \$)
FINANCIAL STABILITY: PROMOTING FINANCIAL STABILITY AND INDEPENDENCE

FAMILY FINANCIAL STABILITY: UNITED WAY IS HELPING LOW-INCOME FAMILIES INCREASE THEIR INCOME, BUILD SAVINGS AND GAIN AND SUSTAIN ASSETS. STRATEGIES THAT ASSIST FAMILIES IN ACHIEVING FINANCIAL STABILITY AND INDEPENDENCE INCLUDE HOUSING AND FOOD ASSISTANCE, CASE MANAGEMENT, FINANCIAL EDUCATION, CREDIT REPAIR AND DEBT REDUCTION COUNSELING, EMPLOYMENT TRAINING AND SUPPORT, ACCESSING PUBLIC AND EMPLOYER BENEFITS, SAVINGS CAMPAIGNS AND EARNED INCOME TAX CREDIT.

UNITED WAY IS ALSO THE CONVENER OF THE FREE TAX COALITION. THIS TEAM IS MADE UP OF LOCAL, REGIONAL, STATE AND NATIONAL PARTNERS THAT ARE

4d Other program services (Describe in Schedule O.)
(Expenses \$ **2,182,268.** including grants of \$ **1,799,275.**) (Revenue \$ **83,356.**)

4e Total program service expenses **10,100,281.**

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)? <i>If "Yes," complete Schedule A</i>	1	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	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? <i>If "Yes," complete Schedule C, Part I</i>	3		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	X	
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.			
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	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? <i>If "Yes," complete Schedule D, Part VII</i>	11b		X
c 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? <i>If "Yes," complete Schedule D, Part VIII</i>	11c	X	
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	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)? <i>If "Yes," complete Schedule D, Part X</i>	11f	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	12b	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13		X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	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? <i>If "Yes," complete Schedule F, Parts III and IV</i>	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? <i>If "Yes," complete Schedule G, Part I</i>	17		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules *(continued)*

		Yes	No
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	X	
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? <i>If "Yes," complete Schedule I, Parts I and III</i>	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? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</i>	25b		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	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? <i>If "Yes," complete Schedule R, Part I</i>	33		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	X	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	X	

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 50		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	1b 0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
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 64		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a	
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	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

Section A. Governing Body and Management

			Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	1a	32		
b Enter the number of voting members included in line 1a, above, who are independent	1b	31		
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, or trustees, or key employees to a management company or other person?	3			X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6 Did the organization have members or stockholders?	6			X
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			X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?	8a		X	
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 in Schedule O	9			X

Section 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 in 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		X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		X	
13 Did the organization have a written whistleblower policy?	13		X	
14 Did the organization have a written document retention and destruction policy?	14		X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
a The organization's CEO, Executive Director, or top management official	15a		X	
b Other officers or key employees of the organization	15b		X	
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a			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			

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed: ▶ NONE
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: ▶
JASON FISHER - 319-398-5372
317 7TH AVENUE SE #401, CEDAR RAPIDS, IA 52401

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 instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) LOIS BUNTZ PRESIDENT/CEO	50.00	X		X				129,757.	0.	60,427.
(2) BRAD HART BOARD CHAIR	1.00	X		X				0.	0.	0.
(3) KATIE MULHOLLAND BOARD VICE CHAIR	1.00	X		X				0.	0.	0.
(4) JON BANCKS SECRETARY	1.00	X		X				0.	0.	0.
(5) JIM HADDAD TREASURER	1.00	X		X				0.	0.	0.
(6) DAVE BENSON DIRECTOR	1.00	X						0.	0.	0.
(7) GREG BRECHT DIRECTOR	1.00	X						0.	0.	0.
(8) PATRICK DEIGNAN DIRECTOR	1.00	X						0.	0.	0.
(9) CINDY DEITZ DIRECTOR	1.00	X						0.	0.	0.
(10) JACK EVANS DIRECTOR	1.00	X						0.	0.	0.
(11) MATT EVANS DIRECTOR	1.00	X						0.	0.	0.
(12) BEN GOLDING DIRECTOR	1.00	X						0.	0.	0.
(13) STUART HAKER DIRECTOR	1.00	X						0.	0.	0.
(14) JARED HANLIN DIRECTOR	1.00	X						0.	0.	0.
(15) LARRY HELING DIRECTOR	1.00	X						0.	0.	0.
(16) DENNIS JORDAN DIRECTOR	1.00	X						0.	0.	0.
(17) JAMES KLEIN DIRECTOR	1.00	X						0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees *(continued)*

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) KEVIN KNUTSON DIRECTOR	1.00	X					0.	0.	0.	
(19) PAULA LAND DIRECTOR	1.00	X					0.	0.	0.	
(20) LINDA MATTES DIRECTOR	1.00	X					0.	0.	0.	
(21) MARTHA MAY DIRECTOR	1.00	X					0.	0.	0.	
(22) RICK MOYLE DIRECTOR	1.00	X					0.	0.	0.	
(23) MATT O'ROURKE DIRECTOR	1.00	X					0.	0.	0.	
(24) MAUREEN KLER OSAKO DIRECTOR	1.00	X					0.	0.	0.	
(25) DIANE SEELAU DIRECTOR	1.00	X					0.	0.	0.	
(26) JAMES SHELL DIRECTOR	1.00	X					0.	0.	0.	
1b Sub-total							129,757.	0.	60,427.	
c Total from continuation sheets to Part VII, Section A							100,125.	0.	19,037.	
d Total (add lines 1b and 1c)							229,882.	0.	79,464.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **2**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	NONE	(B) Description of services	(C) Compensation

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

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) CHAD SIMMONS DIRECTOR	1.00	X						0.	0.	0.
(28) CATHY TERUKINA DIRECTOR	1.00	X						0.	0.	0.
(29) NATHAN VAN GENDEREN DIRECTOR	1.00	X						0.	0.	0.
(30) TIM WHITE DIRECTOR	1.00	X						0.	0.	0.
(31) MIKE WILKINS DIRECTOR	1.00	X						0.	0.	0.
(32) LASHEILA YATES DIRECTOR	1.00	X						0.	0.	0.
(33) TIMOTHY STILES VP/COO	50.00		X					100,125.	0.	19,037.
Total to Part VII, Section A, line 1c								100,125.	19,037.	19,037.

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a 26,671.					
	b Membership dues	1b					
	c Fundraising events	1c 16,479.					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f 11,482,222.					
	g Noncash contributions included in lines 1a-1f: \$	74,960.					
	h Total. Add lines 1a-1f		11,525,372.				
	Program Service Revenue	2 a DONOR DESIGNATION FEES	Business Code 900099	55,951.	55,951.		
b SPECIAL EVENT REVENUE		900099	27,405.	27,405.			
c							
d							
e							
f All other program service revenue							
g Total. Add lines 2a-2f			83,356.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		53,361.			53,361.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	(ii) Personal				
		b Less: rental expenses					
		c Rental income or (loss)					
		d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other	261,521.	757,565.		
		b Less: cost or other basis and sales expenses		232,130.	440,000.		
		c Gain or (loss)		29,391.	317,565.		
		d Net gain or (loss)		346,956.			346,956.
	8 a Gross income from fundraising events (not including \$ 16,479. of contributions reported on line 1c). See Part IV, line 18	a		10,803.			
		b Less: direct expenses	b	16,869.			
		c Net income or (loss) from fundraising events		-6,066.			-6,066.
	9 a Gross income from gaming activities. See Part IV, line 19	a					
b Less: direct expenses		b					
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11 a							
	b						
	c						
	d All other revenue	900099	65,588.			65,588.	
	e Total. Add lines 11a-11d		65,588.				
12 Total revenue. See instructions.		12,068,567.	83,356.	0.	459,839.		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	8,327,659.	8,327,659.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	328,195.	81,712.	189,331.	57,152.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,535,069.	843,241.	276,476.	415,352.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	104,540.	52,704.	20,423.	31,413.
9 Other employee benefits	176,859.	84,982.	37,405.	54,472.
10 Payroll taxes	126,940.	66,912.	27,765.	32,263.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	25,475.		25,475.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	9,176.		9,176.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	116,838.	39,801.	73,873.	3,164.
12 Advertising and promotion	118,586.	26,404.	47,061.	45,121.
13 Office expenses	23,658.	9,370.	6,922.	7,366.
14 Information technology	56,312.	39,055.	9,568.	7,689.
15 Royalties				
16 Occupancy	133,381.	61,528.	39,751.	32,102.
17 Travel	43,348.	38,596.	589.	4,163.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	46,191.	17,811.	14,368.	14,012.
20 Interest				
21 Payments to affiliates	100,355.	37,248.	32,233.	30,874.
22 Depreciation, depletion, and amortization	45,717.	20,742.	14,308.	10,667.
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a UNITED WAY INITIATIVES	276,667.	276,667.		
b SPECIAL PROJECTS	103,082.	36,147.	5,167.	61,768.
c DONATED MATERIALS	58,090.	29,831.	28,259.	
d AWARDS	10,040.	1,462.	147.	8,431.
e All other expenses	27,161.	8,409.	8,292.	10,460.
25 Total functional expenses. Add lines 1 through 24e	11,793,339.	10,100,281.	866,589.	826,469.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing	200.	1	10.	
	2 Savings and temporary cash investments	4,990,983.	2	5,014,396.	
	3 Pledges and grants receivable, net	3,852,300.	3	3,968,777.	
	4 Accounts receivable, net	197,944.	4	148,300.	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L			6	
	7 Notes and loans receivable, net	0.	7	557,565.	
	8 Inventories for sale or use		8		
	9 Prepaid expenses and deferred charges	35,756.	9	43,099.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	474,640.			
	10a				
	b Less: accumulated depreciation	260,553.	185,874.	10c	214,087.
	10b				
	11 Investments - publicly traded securities	1,415,418.	11	1,426,557.	
	12 Investments - other securities. See Part IV, line 11	367,431.	12	343,973.	
	13 Investments - program-related. See Part IV, line 11	13,815,480.	13	13,547,736.	
14 Intangible assets		14			
15 Other assets. See Part IV, line 11	453,348.	15	8,544.		
16 Total assets. Add lines 1 through 15 (must equal line 34)	25,314,734.	16	25,273,044.		
Liabilities	17 Accounts payable and accrued expenses	301,157.	17	494,543.	
	18 Grants payable	7,421,252.	18	7,179,413.	
	19 Deferred revenue		19		
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22		
	23 Secured mortgages and notes payable to unrelated third parties		23		
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	402,347.	25	430,796.	
	26 Total liabilities. Add lines 17 through 25	8,124,756.	26	8,104,752.	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	6,980,518.	27	7,857,060.	
	28 Temporarily restricted net assets	9,840,809.	28	8,887,581.	
	29 Permanently restricted net assets	368,651.	29	423,651.	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds		30		
	31 Paid-in or capital surplus, or land, building, or equipment fund		31		
	32 Retained earnings, endowment, accumulated income, or other funds		32		
	33 Total net assets or fund balances	17,189,978.	33	17,168,292.	
	34 Total liabilities and net assets/fund balances	25,314,734.	34	25,273,044.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	12,068,567.
2	Total expenses (must equal Part IX, column (A), line 25)	2	11,793,339.
3	Revenue less expenses. Subtract line 2 from line 1	3	275,228.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	17,189,978.
5	Net unrealized gains (losses) on investments	5	-15,312.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-281,602.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	17,168,292.

Part 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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a		X
b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	X	
c 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? _____ If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	2c	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____	3a		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits _____	3b		

Public Inspection

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

2014

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization UNITED WAY OF EAST CENTRAL IOWA, INC.	Employer identification number 42-0861239
--	---

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 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: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 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.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
 - a **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.**
 - 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.**
 - 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.**
 - d **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.**
 - e 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.
 - f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see Instructions)	(vi) Amount of other support (see Instructions)
			Yes	No		
Total						

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	11,200,033.	11,175,928.	10,724,807.	10,287,853.	11,525,372.	54,913,993.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	11,200,033.	11,175,928.	10,724,807.	10,287,853.	11,525,372.	54,913,993.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						6,343,656.
6 Public support. Subtract line 5 from line 4.						48,570,337.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4	11,200,033.	11,175,928.	10,724,807.	10,287,853.	11,525,372.	54,913,993.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	95,532.	108,139.	81,324.	57,829.	53,361.	396,185.
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.)		15,503.	28,838.	71,811.	65,588.	181,740.
11 Total support. Add lines 7 through 10						55,491,918.
12 Gross receipts from related activities, etc. (see instructions)					12	1,165,204.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	14	87.53 %
15 Public support percentage from 2013 Schedule A, Part II, line 14	15	85.69 %
16a 33 1/3% support test - 2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

(Complete only if you checked the box on line 9 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests - 2014. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>	<input type="checkbox"/>	<input type="checkbox"/>
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>	<input type="checkbox"/>	<input type="checkbox"/>
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>	<input type="checkbox"/>	<input type="checkbox"/>
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>	<input type="checkbox"/>	<input type="checkbox"/>
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>	<input type="checkbox"/>	<input type="checkbox"/>
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>	<input type="checkbox"/>	<input type="checkbox"/>
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>	<input type="checkbox"/>	<input type="checkbox"/>
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)? <i>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.</i>	<input type="checkbox"/>	<input type="checkbox"/>
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) 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).</i>	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
c Substitutions only. Was the substitution the result of an event beyond the organization's control?	<input type="checkbox"/>	<input type="checkbox"/>
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>	<input type="checkbox"/>	<input type="checkbox"/>
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>	<input type="checkbox"/>	<input type="checkbox"/>
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>	<input type="checkbox"/>	<input type="checkbox"/>
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))? <i>If "Yes," provide detail in Part VI.</i>	<input type="checkbox"/>	<input type="checkbox"/>
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>	<input type="checkbox"/>	<input type="checkbox"/>
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>	<input type="checkbox"/>	<input type="checkbox"/>
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer (b) below.</i>	<input type="checkbox"/>	<input type="checkbox"/>
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>	<input type="checkbox"/>	<input type="checkbox"/>

Part IV Supporting Organizations (continued)

		Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?			
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b A family member of a person described in (a) above?	11b		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .	11c		

Section B. Type I Supporting Organizations

		Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		

Section C. Type II Supporting Organizations

		Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		

Section D. Type III Supporting Organizations

		Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 Activities Test. Answer (a) and (b) below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3 Parent of Supported Organizations. Answer (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI .	3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

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

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% 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 .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount		(A) Prior Year	(B) Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	Current Year
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2014:			
a			
b			
c			
d			
e From 2013			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2014 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2015. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c			
d Excess from 2013			
e Excess from 2014			

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

Name of the organization

UNITED WAY OF EAST CENTRAL IOWA, INC.

Employer identification number

42-0861239

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

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

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Public Inspection

Name of organization UNITED WAY OF EAST CENTRAL IOWA, INC.	Employer identification number 42-0861239
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	[Redacted]	\$ 1,091,350.	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 2,002,316.	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 462,399.	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 650,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 313,648.	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 285,668.	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

UNITED WAY OF EAST CENTRAL IOWA, INC.

Employer identification number

42-0861239

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 289,642.	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization UNITED WAY OF EAST CENTRAL IOWA, INC.	Employer identification number 42-0861239
--	---

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
2	AUCTION ITEMS _____ _____ _____	\$ 163.	08/27/14
3	AUCTION ITEM _____ _____ _____	\$ 428.	08/27/14
6	AUCTION ITEM _____ _____ _____	\$ 375.	08/27/14
7	AUCTION PRIZE _____ _____ _____	\$ 2,299.	05/05/15
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____

Name of organization

Employer identification number

UNITED WAY OF EAST CENTRAL IOWA, INC.

42-0861239

Part III

Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

Open to Public Inspection

Name of the organization **UNITED WAY OF EAST CENTRAL IOWA, INC.** Employer identification number **42-0861239**

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included in Form 990, Part VIII, line 1

▶ \$ _____

(ii) Assets included in Form 990, Part X

▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included in Form 990, Part VIII, line 1

▶ \$ _____

b Assets included in Form 990, Part X

▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other _____
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,782,849.	1,609,856.	1,531,503.	1,588,240.	1,241,401.
b Contributions	55,100.	35,953.	50.	6,108.	176,666.
c Net investment earnings, gains, and losses	23,128.	216,635.	142,320.	-598.	218,498.
d Grants or scholarships					
e Other expenditures for facilities and programs	81,370.	73,071.	59,806.	58,127.	44,359.
f Administrative expenses	9,177.	6,524.	4,211.	4,120.	3,966.
g End of year balance	1,770,530.	1,782,849.	1,609,856.	1,531,503.	1,588,240.

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment 35.24 %
 - b** Permanent endowment 23.93 %
 - c** Temporarily restricted endowment 40.83 %
- The percentages in lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|-------------------------------------|-------------------------------------|
| (i) unrelated organizations | <input checked="" type="checkbox"/> | |
| (ii) related organizations | | <input checked="" type="checkbox"/> |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		474,640.	260,553.	214,087.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				214,087.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" to 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 end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" to 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 end-of-year market value
(1) INVESTMENT IN FCFH-IOWA,		
(2) INC.	207,358.	COST
(3) INVESTMENT IN HUMAN		
(4) SERVICES CAMPUS OF EAST		
(5) CENTRAL IOWA	13,340,378.	COST
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶	13,547,736.	

Part IX Other Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) PAYABLE TO FCFH-IOWA, INC.	305,000.	
(3) AMOUNTS HELD ON BEHALF OF OTHERS	125,796.	
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	430,796.	

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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1 Total revenue, gains, and other support per audited financial statements		1	11,158,625.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a Net unrealized gains (losses) on investments	2a	-15,312.	
b Donated services and use of facilities	2b	76,135.	
c Recoveries of prior year grants	2c		
d Other (Describe in Part XIII.)	2d	481,956.	
e Add lines 2a through 2d	2e		542,779.
3 Subtract line 2e from line 1		3	10,615,846.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	9,176.	
b Other (Describe in Part XIII.)	4b	1,443,545.	
c Add lines 4a and 4b	4c		1,452,721.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	12,068,567.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1 Total expenses and losses per audited financial statements		1	11,180,313.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a Donated services and use of facilities	2a	76,135.	
b Prior year adjustments	2b		
c Other losses	2c		
d Other (Describe in Part XIII.)	2d	763,560.	
e Add lines 2a through 2d	2e		839,695.
3 Subtract line 2e from line 1		3	10,340,618.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	9,176.	
b Other (Describe in Part XIII.)	4b	1,443,545.	
c Add lines 4a and 4b	4c		1,452,721.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	11,793,339.

Part XIII Supplemental Information.

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

PART V, LINE 4:

THE ENDOWMENTS OF THE ORGANIZATION CONSIST OF VARIOUS FUNDS ESTABLISHED TO SUPPORT THE GENERAL OPERATING NEEDS OF THE ORGANIZATION. ITS ENDOWMENTS CONSIST OF BOTH DONOR-RESTRICTED ENDOWMENT FUNDS AND FUNDS DESIGNATED BY THE BOARD OF DIRECTORS TO FUNCTION AS ENDOWMENTS. PERMANENTLY RESTRICTED NET ASSETS CONSISTS OF \$423,651 OF ENDOWMENTS WHICH MUST BE INVESTED IN PERPETUITY, THE INCOME FROM WHICH IS EXPENDABLE TO SUPPORT THE OPERATIONS OF THE ORGANIZATION.

PART X, LINE 2:

THE ORGANIZATION IS EXEMPT FROM INCOME TAXES UNDER PROVISIONS OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (IRC). AS SUCH, THE ORGANIZATION IS

Part XIII Supplemental Information (continued)

TAXED ONLY ON ITS UNRELATED BUSINESS INCOME. MANAGEMENT HAS DETERMINED THE ORGANIZATION DID NOT RECEIVE ANY UNRELATED BUSINESS INCOME FOR THE YEARS ENDED JUNE 30, 2015 AND 2014. THE ORGANIZATION IS NOT A PRIVATE FOUNDATION UNDER PROVISIONS OF SECTION 509(A) OF THE IRC.

WHEN TAX RETURNS ARE FILED, IT IS HIGHLY CERTAIN THAT SOME POSITIONS TAKEN WOULD BE SUSTAINED UPON EXAMINATION BY THE TAXING AUTHORITIES, WHILE OTHERS ARE SUBJECT TO UNCERTAINTY ABOUT THE MERITS OF THE POSITION TAKEN OR THE AMOUNT OF THE POSITION THAT WOULD ULTIMATELY BE SUSTAINED. THE BENEFIT OF A TAX POSITION IS RECOGNIZED IN THE FINANCIAL STATEMENTS IN THE PERIOD DURING WHICH, BASED UPON ALL AVAILABLE EVIDENCE, MANAGEMENT BELIEVES IT IS MORE LIKELY THAN NOT THAT THE POSITION WILL BE SUSTAINED UPON EXAMINATION, INCLUDING THE RESOLUTION OF APPEALS OR LITIGATION PROCESSES, IF ANY. THE ORGANIZATION HAD NO UNRECOGNIZED TAX BENEFITS AS OF AND FOR THE YEARS ENDED JUNE 30, 2015 AND 2014. THE ORGANIZATION IS NO LONGER SUBJECT TO EXAMINATIONS BY FEDERAL AUTHORITIES FOR YEARS ENDED BEFORE JUNE 30, 2012 AND HAS NOT BEEN NOTIFIED OF ANY IMPENDING EXAMINATIONS AND NO EXAMINATIONS ARE CURRENTLY IN PROCESS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN BENEFICIAL INTEREST IN COMMUNITY FOUNDATION:	-13,858.
REVENUE OF SUBSIDIARY - FCFH-IOWA, INC.	481,751.
REVENUE OF SUBSIDIARY - HUMAN SERVICES CAMPUS OF EAST CENTRAL IOWA	460,927.
ELIMINATIONS OF REVENUE FOR CONSOLIDATION	-446,864.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	481,956.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

Part XIII Supplemental Information (continued)

DONOR OPTION ALLOCATIONS NETTED AGAINST REVENUE FOR AUDIT	1,460,414.
FUNDRAISING EXPENSES	-16,869.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	1,443,545.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

EXPENSE OF SUBSIDIARY - FCFH-IOWA, INC.	482,137.
EXPENSE OF SUBSIDIARY - HUMAN SERVICES CAMPUS OF EAST CENTRAL IOWA	728,287.
ELIMINATIONS OF EXPENSE FOR CONSOLIDATION	-446,864.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	763,560.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

DONOR OPTION ALLOCATIONS NETTED AGAINST REVENUE FOR AUDIT	1,460,414.
FUNDRAISING EXPENSES	-16,869.
TOTAL TO SCHEDULE D, PART XII, LINE 4B	1,443,545.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities
Complete if the organization answered "Yes" to Form 990, Part IV, lines 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.
▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

Open to Public Inspection

Name of the organization **UNITED WAY OF EAST CENTRAL IOWA, INC.** Employer identification number **42-0861239**

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a** Mail solicitations
 - b** Internet and email solicitations
 - c** Phone solicitations
 - d** In-person solicitations
 - e** Solicitation of non-government grants
 - f** Solicitation of government grants
 - g** Special fundraising events
- 2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total				▶		

- 3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____

Part II Fundraising Events. Complete if the organization answered "Yes" to 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.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		POWER OF THE PURSE		NONE	
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts	27,282.			27,282.
	2 Less: Contributions	16,479.			16,479.
	3 Gross income (line 1 minus line 2)	10,803.			10,803.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	14,329.			14,329.
	6 Rent/facility costs				
	7 Food and beverages	1,144.			1,144.
	8 Entertainment				
	9 Other direct expenses	1,396.			1,396.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				16,869.
11 Net income summary. Subtract line 10 from line 3, column (d)				-6,066.	

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
	2 Cash prizes				
Direct Expenses	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
Revenue	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> 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)				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain: _____

- 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 An outside facility | 13b | % |
- 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** 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:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

17 Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- 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 Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

**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" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

Open to Public
Inspection

Name of the organization

UNITED WAY OF EAST CENTRAL IOWA, INC.

Employer identification number
42-0861239

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ABBE CENTER FOR COMMUNITY MENTAL HEALTH - 520 11TH STREET NW - CEDAR RAPIDS, IA 52405	42-1045257	501(C)(3)	200,000.	0.			PROGRAM FUNDING: HEALTH
AGING SERVICES, INC. 317 7TH AVE SE STE 302B CEDAR RAPIDS, IA 52401-1604	23-7085316	501(C)(3)	589,539.	0.			PROGRAM FUNDING: HEALTH
AGING SERVICES, INC. 317 7TH AVE SE STE 302B CEDAR RAPIDS, IA 52401-1604	23-7085316	501(C)(3)	10,730.	0.			DONOR DESIGNATION SUPPORT
ALZHEIMER'S ASSOCIATION EAST CENTRAL IOWA CHAPTER - 317 7TH AVE SE STE 402 - CEDAR RAPIDS, IA 52401	42-1333384	501(C)(3)	26,255.	0.			DONOR DESIGNATION SUPPORT
AMERICAN CANCER SOCIETY C.R. 4080 FIRST AVENUE NE CEDAR RAPIDS, IA 52402	42-0680353	501(C)(3)	15,349.	0.			DONOR DESIGNATION SUPPORT
AMERICAN RED CROSS GRANT WOOD AREA CHAPTER - 6300 ROCKWELL DRIVE NE - CEDAR RAPIDS, IA 52402-7220	53-0196605	501(C)(3)	5,722.	0.			DONOR DESIGNATION SUPPORT

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **78.**
- 3** Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) (2014)

UNITED WAY OF EAST CENTRAL IOWA, INC.

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II).

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AREA SUBSTANCE ABUSE COUNCIL 3601 16TH AVENUE SW CEDAR RAPIDS, IA 52404	42-1114396	501(C)(3)	492,000.	0.			PROGRAM FUNDING: HEALTH
AREA SUBSTANCE ABUSE COUNCIL 3601 16TH AVENUE SW CEDAR RAPIDS, IA 52404	42-1114396	501(C)(3)	50,000.	0.			PROGRAM FUNDING: HEALTH (WOMEN'S LEADERSHIP INITIATIVE)
BENTON COUNTY VOLUNTEER PROGRAM 1309 FIFTH AVENUE BELLE PLAINE, IA 52208	42-1023730	501(C)(3)	18,415.	0.			PROGRAM FUNDING: FINANCIAL STABILITY
BIG BROTHERS/BIG SISTERS 3150 E AVE NW SUITE 103 CEDAR RAPIDS, IA 52405	42-1170475	501(C)(3)	62,903.	0.			DONOR DESIGNATION SUPPORT
BIG BROTHERS/BIG SISTERS 3150 E AVE NW SUITE 103 CEDAR RAPIDS, IA 52405	42-1170475	501(C)(3)	195,000.	0.			PROGRAM FUNDING: EDUCATION
BOY SCOUT TROOP 766 660 32ND AVENUE SW CEDAR RAPIDS, IA 52404	42-0680304	501(C)(3)	5,749.	0.			DONOR DESIGNATION SUPPORT
BOY SCOUTS OF AMERICA - HAWKEYE AREA COUNCIL - 660 32ND AVENUE SW - CEDAR RAPIDS, IA 52404	42-0680304	501(C)(3)	70,000.	0.			PROGRAM FUNDING: EDUCATION
BOY SCOUTS OF AMERICA - HAWKEYE AREA COUNCIL - 660 32ND AVENUE SW - CEDAR RAPIDS, IA 52404	42-0680304	501(C)(3)	37,087.	0.			DONOR DESIGNATION SUPPORT
BOYS & GIRLS CLUB OF CEDAR RAPIDS 420 6TH ST. SE SUITE 240 CEDAR RAPIDS, IA 52401	42-1434056	501(C)(3)	145,000.	0.			PROGRAM FUNDING: EDUCATION

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOYS & GIRLS CLUB OF CEDAR RAPIDS 420 6TH ST. SE SUITE 240 CEDAR RAPIDS, IA 52401	42-1434056	501(C)(3)	40,043.	0.			DONOR DESIGNATION SUPPORT
BRIDGEHAVEN PREGNANCY SUPPORT CENTER - 701 CENTER POINT RD. NE - CEDAR RAPIDS, IA 52402	42-1203675	501(C)(3)	16,863.	0.			DONOR DESIGNATION SUPPORT
BRUCEMORE 2160 LINDEN DRIVE SE CEDAR RAPIDS, IA 52403	42-1170531	501(C)(3)	10,680.	0.			DONOR DESIGNATION SUPPORT
CAMP WAPSIE Y 207 SEVENTH AVENUE SE CEDAR RAPIDS, IA 52401	42-0680306	501(C)(3)	9,685.	0.			DONOR DESIGNATION SUPPORT
CATHERINE MCAULEY CENTER 866 FOURTH AVENUE SE CEDAR RAPIDS, IA 52401	42-1342872	501(C)(3)	22,090.	0.			DONOR DESIGNATION SUPPORT
CATHERINE MCAULEY CENTER 866 FOURTH AVENUE SE CEDAR RAPIDS, IA 52401	42-1342872	501(C)(3)	127,000.	0.		PROGRAM FUNDING: FINANCIAL STABILITY	
CEDAR RAPIDS MUSEUM OF ART 410 3RD AVE SE CEDAR RAPIDS, IA 52401	42-0680248	501(C)(3)	6,100.	0.			DONOR DESIGNATION SUPPORT
CEDAR RAPIDS OPERA THEATRE 1120 2ND AVE. SE CEDAR RAPIDS, IA 52403-2406	42-1476568	501(C)(3)	46,500.	0.			DONOR DESIGNATION SUPPORT
CEDAR RAPIDS SYMPHONY ORCHESTRA ASSOCIATION, INC - 119 THIRD AVENUE SE - CEDAR RAPIDS, IA 52401	42-0772544	501(C)(3)	10,800.	0.			DONOR DESIGNATION SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II).

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CEDAR VALLEY HABITAT FOR HUMANITY PO BOX 1244 CEDAR RAPIDS, IA 52406-1244	42-1320296	501(C)(3)	14,456.	0.			DONOR DESIGNATION SUPPORT
CEDAR VALLEY HUMANE SOCIETY 7411 MOUNT VERNON RD SE CEDAR RAPIDS, IA 52403	42-0814023	501(C)(3)	6,685.	0.			DONOR DESIGNATION SUPPORT
CEDAR VALLEY UNITED WAY 425 CEDAR STREET SUITE 300 WATERLOO, IA 50701	42-0801846	501(C)(3)	6,304.	0.			DONOR DESIGNATION SUPPORT
CHILD PROTECTION CENTER C/O ST LUKE'S HOSPITAL - 1026 A AVE NE - CEDAR RAPIDS, IA 50402	42-0504780	501(C)(3)	7,479.	0.			DONOR DESIGNATION SUPPORT
CHILD PROTECTION CENTER C/O ST LUKE'S HOSPITAL - 1026 A AVE NE - CEDAR RAPIDS, IA 50402	42-0504780	501(C)(3)	50,000.	0.		PROGRAM FUNDING: EDUCATION	PROGRAM FUNDING: EDUCATION
COMMUNITY CORRECTIONS IMPROVEMENT ASSOCIATION - PO BOX 9303 - CEDAR RAPIDS, IA 52404	42-1382341	501(C)(3)	43,750.	0.			PROGRAM FUNDING: EDUCATION
COMMUNITY HEALTH FREE CLINIC 947 14TH AVENUE SE CEDAR RAPIDS, IA 52403	13-4228071	501(C)(3)	97,500.	0.			PROGRAM FUNDING: HEALTH (WOMEN'S LEADERSHIP INITIATIVE)
COMMUNITY HEALTH FREE CLINIC 947 14TH AVENUE SE CEDAR RAPIDS, IA 52403	13-4228071	501(C)(3)	10,274.	0.			DONOR DESIGNATION SUPPORT
EASTERN IOWA HEALTH CENTER 1201 3RD AVE SE CEDAR RAPIDS, IA 52403	20-2405575	501(C)(3)	71,165.	0.			PROGRAM FUNDING: HEALTH (WOMEN'S LEADERSHIP INITIATIVE)

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II).

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FIRST CALL FOR HELP - 211 317 7TH AVE STE 401 CEDAR RAPIDS, IA 52401	42-0861239	501(C)(3)	307,889.	17,286.	FAIR MARKET VALUE	ADMINISTRATIVE SERVICES	CASH: INITIATIVE PROGRAM; NONCASH: TO ASSIST WITH ADMINISTRATIVE COSTS
FIRST LUTHERAN CHURCH 1000 THIRD AVENUE SE CEDAR RAPIDS, IA 52403	39-1897287	501(C)(3)	14,328.	0.			DONOR DESIGNATION SUPPORT
FIRST PRESBYTERIAN CHURCH - SE 310 5TH ST SE CEDAR RAPIDS, IA 52401	42-0680489	501(C)(3)	5,750.	0.			DONOR DESIGNATION SUPPORT
FOUNDATION II 1714 JOHNSON AVENUE NW CEDAR RAPIDS, IA 52405	42-1078444	501(C)(3)	7,975.	0.			DONOR DESIGNATION SUPPORT
FOUNDATION II 1714 JOHNSON AVENUE NW CEDAR RAPIDS, IA 52405	42-1078444	501(C)(3)	612,500.	0.			PROGRAM FUNDING: HEALTH
FOUR OAKS FAMILY AND CHILDREN SERVICES - 5400 KIRKWOOD BOULEVARD SW - CEDAR RAPIDS, IA 52404	42-0998726	501(C)(3)	55,201.	0.			DONOR DESIGNATION SUPPORT
GIRL SCOUTS OF EASTERN IOWA & WESTERN ILLINOIS - 317 7TH AVENUE SE SUITE 201 - CEDAR RAPIDS, IA 52401-1604	42-1008848	501(C)(3)	8,267.	0.			DONOR DESIGNATION SUPPORT
GOODWILL INDUSTRIES OF THE HEARTLAND - 1441 BLAIRS FERRY ROAD NE - CEDAR RAPIDS, IA 52402	42-0923563	501(C)(3)	100,000.	0.			PROGRAM FUNDING: FINANCIAL STABILITY
GOODWILL INDUSTRIES OF THE HEARTLAND - 1441 BLAIRS FERRY ROAD NE - CEDAR RAPIDS, IA 52402	42-0923563	501(C)(3)	7,397.	0.			DONOR DESIGNATION SUPPORT

Schedule I (Form 990)

UNITED WAY OF EAST CENTRAL IOWA, INC.

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II).

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GRACE COMMUNITY CHURCH OF NORTH LIBERTY - 2707 DUBUQUE ST NE - NORTH LIBERTY, IA 52317	42-1192395	501(C)(3)	10,288.	0.			DONOR DESIGNATION SUPPORT
GREATER CEDAR RAPIDS COMMUNITY FOUNDATION - 324 3RD ST SE - CEDAR RAPIDS, IA 52401	42-6053860	501(C)(3)	8,550.	0.			DONOR DESIGNATION SUPPORT
HALL-PERRINE CANCER CENTER (MERCY MEDICAL CENTER) - 701 10TH ST SE - CEDAR RAPIDS, IA 52403	42-0698295	501(C)(3)	6,000.	0.			DONOR DESIGNATION SUPPORT
HAWKEYE AREA COMMUNITY ACTION PROGRAM - P.O. BOX 490 - HIAWATHA, IA 52233-0490	42-0898405	501(C)(3)	150,000.	0.		PROGRAM FUNDING: EDUCATION (RED AHEAD PROGRAM)	
HAWKEYE AREA COMMUNITY ACTION PROGRAM - P.O. BOX 490 - HIAWATHA, IA 52233-0490	42-0898405	501(C)(3)	573,679.	0.		PROGRAM FUNDING: EDUCATION	
HAWKEYE AREA COMMUNITY ACTION PROGRAM - P.O. BOX 490 - HIAWATHA, IA 52233-0490	42-0898405	501(C)(3)	7,325.	0.			DONOR DESIGNATION SUPPORT
HEARTLAND VINEYARD CHRISTIAN FELLOWSHIP OF CEDAR FALLS AND WATERLOO - 1405 GREENHILL ROAD - CEDAR FALLS, IA 50613	42-1321006	501(C)(3)	18,300.	0.			DONOR DESIGNATION SUPPORT
HILLSIDE WESLEYAN CHURCH 2600 FIRST AVENUE NW CEDAR RAPIDS, IA 52405	42-1111974	501(C)(3)	10,200.	0.			DONOR DESIGNATION SUPPORT
HORIZONS, A FAMILY SERVICE ALLIANCE - PO BOX 667 - CEDAR RAPIDS, IA 52406	42-1135083	501(C)(3)	743,500.	0.			PROGRAM FUNDING: HEALTH

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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HORIZONS, A FAMILY SERVICE ALLIANCE - PO BOX 667 - CEDAR RAPIDS, IA 52406	42-1135083	501(C)(3)	16,128.	0.			DONOR DESIGNATION SUPPORT
HUMAN SERVICES CAMPUS 317 7TH AVE STE 401 CEDAR RAPIDS, IA 52401	27-0487331	501(C)(3)	0.	13,687.	FAIR MARKET VALUE	ADMINISTRATIVE SERVICES	NONCASH: TO ASSIST WITH ADMINISTRATIVE COSTS
IMAGINE MISSIONS, INC. 236 MILLER AVE DENNISON, OH 44621	27-3309011	501(C)(3)	7,680.	0.			DONOR DESIGNATION SUPPORT
INDIAN CREEK NATURE CENTER 6665 OTIS ROAD SE CEDAR RAPIDS, IA 52403	23-7260197	501(C)(3)	20,600.	0.			DONOR DESIGNATION SUPPORT
IOWA LEGAL AID 317 7TH AVENUE SE SUITE 404 CEDAR RAPIDS, IA 52401	42-1079227	501(C)(3)	195,000.	0.			PROGRAM FUNDING: FINANCIAL STABILITY
IOWA LEGAL AID 317 7TH AVENUE SE SUITE 404 CEDAR RAPIDS, IA 52401	42-1079227	501(C)(3)	5,120.	0.			DONOR DESIGNATION SUPPORT
JANE BOYD COMMUNITY HOUSE 943 14TH AVENUE SE CEDAR RAPIDS, IA 52403	42-0680359	501(C)(3)	360,000.	0.			PROGRAM FUNDING: EDUCATION
JANE BOYD COMMUNITY HOUSE 943 14TH AVENUE SE CEDAR RAPIDS, IA 52403	42-0680359	501(C)(3)	24,609.	0.			DONOR DESIGNATION SUPPORT
JUNIOR ACHIEVEMENT OF EAST CENTRAL IOWA - 324 THIRD ST SE #200 - CEDAR RAPIDS, IA 52401-1841	42-0919209	501(C)(3)	16,284.	0.			DONOR DESIGNATION SUPPORT

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KIDS FIRST LAW CENTER 420 6TH STREET SE SUITE 160 CEDAR RAPIDS, IA 52401	20-2199649	501(C)(3)	71,000.	0.			PROGRAM FUNDING: EDUCATION
KIDS FIRST LAW CENTER 420 6TH STREET SE SUITE 160 CEDAR RAPIDS, IA 52401	20-2199649	501(C)(3)	10,675.	0.			DONOR DESIGNATION SUPPORT
KIRKWOOD COMMUNITY COLLEGE FOUNDATION - PO BOX 2068 - CEDAR RAPIDS, IA 52406	23-7076632	501(C)(3)	8,335.	0.			DONOR DESIGNATION SUPPORT
LINN COUNTY PUBLIC HEALTH 501 13TH STREET NW CEDAR RAPIDS, IA 52405	42-6004338	LINN COUNTY, IA	18,160.	0.			PROGRAM FUNDING: HEALTH (WOMEN'S LEADERSHIP INITIATIVE)
LINN MAR SCHOOL FOUNDATION 2999 NORTH 10TH STREET MARION, IA 52302	42-1267125	501(C)(3)	5,777.	0.			DONOR DESIGNATION SUPPORT
MERCY MEDICAL CENTER FOUNDATION 701 10TH STREET SE CEDAR RAPIDS, IA 52403-1251	51-0233180	501(C)(3)	6,016.	0.			DONOR DESIGNATION SUPPORT
MISSISSIPPI VALLEY CHILD PROTECTION CENTER - 1600 MULBERRY AVE - MUSCATINE, IA 52761	36-2937848	501(C)(3)	16,000.	0.			PROGRAM FUNDING: HEALTH
MOUNT MERCY UNIVERSITY 1330 ELMHURST DRIVE NE CEDAR RAPIDS, IA 52402	42-0681046	501(C)(3)	35,900.	0.			DONOR DESIGNATION SUPPORT
NEW COVENANT BIBLE CHURCH 3090 N CENTER POINT RD CEDAR RAPIDS, IA 52411	51-0139200	501(C)(3)	8,945.	0.			DONOR DESIGNATION SUPPORT

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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PLANNED PARENTHOOD OF THE HEARTLAND EAST CENTRAL IOWA - 210 SECOND AVENUE SE SUITE 500 - CEDAR RAPIDS, IA 52401	42-1132892	501(C)(3)	6,119.	0.			DONOR DESIGNATION SUPPORT
RONALD McDONALD HOUSE C/O ST. LUKE'S HEALTHCARE FOUNDATION - 855 A AVENUE NE #105 - CEDAR RAPIDS, IA 52402	42-1106819	501(C)(3)	5,000.	0.			DONOR DESIGNATION SUPPORT
RURAL EMPLOYMENT ALTERNATIVES, INC. - P.O. BOX 24 - CONROY, IA 52220-0024	42-1150011	501(C)(3)	35,000.	0.		PROGRAM FUNDING: FINANCIAL STABILITY	
SOUTHEAST LINN COMMUNITY CENTER 108 SOUTH WASHINGTON LISBON, IA 52253	43-1406317	501(C)(3)	16,970.	0.		PROGRAM FUNDING: HEALTH	
SOUTHEAST LINN COMMUNITY CENTER 108 SOUTH WASHINGTON LISBON, IA 52253	43-1406317	501(C)(3)	6,214.	0.		DONOR DESIGNATION SUPPORT	
ST. JOHN OF THE CROSS CATHOLIC WORKER HOUSE - 1027 5TH AVE SE - CEDAR RAPIDS, IA 52403	42-1307304	501(C)(3)	5,003.	0.		DONOR DESIGNATION SUPPORT	
ST. LUKE'S HEALTH CARE FOUNDATION 855 A AVENUE NE #105 CEDAR RAPIDS, IA 52402	42-1106819	501(C)(3)	104,000.	0.		PROGRAM FUNDING: HEALTH	
ST. LUKE'S HEALTH CARE FOUNDATION 855 A AVENUE NE #105 CEDAR RAPIDS, IA 52402	42-1106819	501(C)(3)	22,950.	0.		DONOR DESIGNATION SUPPORT	
ST. MATTHEWS CATHOLIC CHURCH 2310 FIRST AVENUE NE CEDAR RAPIDS, IA 52402	42-0730342	501(C)(3)	8,300.	0.		DONOR DESIGNATION SUPPORT	

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
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ST. PIUS X CATHOLIC CHURCH 4901 COUNCIL ST NE CEDAR RAPIDS, IA 52402	42-1505488	501(C)(3)	12,552.	0.			DONOR DESIGNATION SUPPORT
ST. PIUS X SCHOOL 4901 COUNCIL ST NE CEDAR RAPIDS, IA 52402	42-1505488	501(C)(3)	5,300.	0.			DONOR DESIGNATION SUPPORT
ST. THOMAS MORE CATHOLIC CHURCH 3000 12TH AVE CORALVILLE, IA 52241	42-0680432	501(C)(3)	6,000.	0.			DONOR DESIGNATION SUPPORT
STONEBRIDGE CHURCH 1829 STONEY POINT RD SW CEDAR RAPIDS, IA 52404	42-1113923	501(C)(3)	19,356.	0.			DONOR DESIGNATION SUPPORT
TANAGER PLACE 2309 C ST SW CEDAR RAPIDS, IA 52404	42-0688079	501(C)(3)	7,621.	0.			DONOR DESIGNATION SUPPORT
THE ARC OF EAST CENTRAL IOWA 680 2ND ST SE SUITE 200 CEDAR RAPIDS, IA 52401	42-0805377	501(C)(3)	200,000.	0.			PROGRAM FUNDING: FINANCIAL STABILITY
THE ARC OF EAST CENTRAL IOWA 680 2ND ST SE SUITE 200 CEDAR RAPIDS, IA 52401	42-0805377	501(C)(3)	47,620.	0.			DONOR DESIGNATION SUPPORT
THE SALVATION ARMY 1000 C AVENUE NW CEDAR RAPIDS, IA 52405	36-2167910	501(C)(3)	30,000.	0.			PROGRAM FUNDING: FINANCIAL STABILITY
THE SALVATION ARMY 1000 C AVENUE NW CEDAR RAPIDS, IA 52405	36-2167910	501(C)(3)	15,068.	0.			DONOR DESIGNATION SUPPORT

Schedule I (Form 990)

UNITED WAY OF EAST CENTRAL IOWA, INC.

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THEATRE CEDAR RAPIDS 102 THIRD STREET SE CEDAR RAPIDS, IA 52401	42-0890913	501(C)(3)	13,775.	0.			DONOR DESIGNATION SUPPORT
UNITED WAY OF JOHNSON & WASHINGTON COUNTIES, INC - 1150 5TH ST STE 290 - CORALVILLE, IA 52241-2933	42-6062055	501(C)(3)	18,242.	0.			DONOR DESIGNATION SUPPORT
UNITED WAY OF PENNSYLVANIA COUNTY PO BOX 53 BREVARD, NC 28712-0053	23-7145022	501(C)(3)	8,000.	0.			DONOR DESIGNATION SUPPORT
VOLUNTEER SERVICES OF CEDAR COUNTY PO BOX 307 TIPTON, IA 52772	42-1341650	501(C)(3)	17,734.	0.		PROGRAM FUNDING: HEALTH	
WASHINGTON UNIVERSITY IN ST. LOUIS ONE BROOKINGS DRIVE BOX 1228 ST LOUIS, MO 63130	43-0653611	501(C)(3)	12,500.	0.			DONOR DESIGNATION SUPPORT
WAYPOINT SERVICES FOR WOMEN, CHILDREN & FAMILIES - 318 FIFTH STREET SE - CEDAR RAPIDS, IA 52401	42-0680307	501(C)(3)	655,663.	0.		PROGRAM FUNDING: FINANCIAL STABILITY	
WAYPOINT SERVICES FOR WOMEN, CHILDREN & FAMILIES - 318 FIFTH STREET SE - CEDAR RAPIDS, IA 52401	42-0680307	501(C)(3)	46,039.	0.			DONOR DESIGNATION SUPPORT
WILLIS DADY EMERGENCY SHELTER 1247 FOURTH AVENUE SE CEDAR RAPIDS, IA 52403	42-1311668	501(C)(3)	12,501.	0.			DONOR DESIGNATION SUPPORT
WILLIS DADY EMERGENCY SHELTER 1247 FOURTH AVENUE SE CEDAR RAPIDS, IA 52403	42-1311668	501(C)(3)	115,000.	0.		PROGRAM FUNDING: FINANCIAL STABILITY	

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II).

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
XAVIER FOUNDATION PO BOX 10956 CEDAR RAPIDS, IA 52410	42-1479238	501(C)(3)	16,068.	0.			DONOR DESIGNATION SUPPORT
YMCA OF THE CEDAR RAPIDS METROPOLITAN AREA - 207 SEVENTH AVENUE SE - CEDAR RAPIDS, IA 52401	42-0680306	501(C)(3)	50,000.	0.			PROGRAM FUNDING: EDUCATION
YMCA OF THE CEDAR RAPIDS METROPOLITAN AREA - 207 SEVENTH AVENUE SE - CEDAR RAPIDS, IA 52401	42-0680306	501(C)(3)	14,711.	0.			DONOR DESIGNATION SUPPORT
YOUNG PARENTS NETWORK 420 6TH STREET SE SUITE 260 CEDAR RAPIDS, IA 52401	42-1355480	501(C)(3)	320,000.	0.			PROGRAM FUNDING: EDUCATION
YOUNG PARENTS NETWORK 420 6TH STREET SE SUITE 260 CEDAR RAPIDS, IA 52401	42-1355480	501(C)(3)	23,565.	0.			DONOR DESIGNATION SUPPORT
YOUTH ACHIEVEMENT CORPS 317 7TH AVENUE SE CEDAR RAPIDS, IA 52401	52-0971471	US GOVERNMENT	45,966.	0.			DONOR DESIGNATION SUPPORT

Part III

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

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

Part IV

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

PART I, LINE 2:

PROGRAM FUNDING: PARTNER AGENCIES ARE REQUIRED TO SUBMIT WRITTEN MID-YEAR AND END-OF-YEAR REPORTS WHERE THEY DESCRIBE THEIR PROGRESS TOWARDS THE OUTCOME GOALS THEY COMMITTED TO UPON RECEIPT OF FUNDING. AGENCIES REPORT NUMBER SERVED, ACTIVITIES AND OUTCOMES FOR THE TARGET POPULATION (I.E., NUMBER WHO EXPERIENCED A MEASURED CHANGE IN CONDITION DURING THE FUNDING PERIOD.) AGENCIES ALSO SUBMIT FINANCIAL STATEMENTS AND IRS FORM 990 DOCUMENTS THAT ARE REVIEWED BY VOLUNTEER TEAMS DURING EACH FUNDED PERIOD.

Part IV Supplemental Information

DONOR DESIGNATIONS SUPPORT: 501(C)(3) TAX DETERMINATION LETTERS AND ANTI-TERRORISM COMPLIANCE (PATRIOT ACT) FORMS ARE REQUIRED FOR ALL AGENCIES BEFORE PAYOUT IS ISSUED. IRS WATCH LIST WEBSITES ARE REVIEWED TO VERIFY AGENCY IS NOT INVOLVED IN OR SUPPORTIVE OF TERROIST ACTIVITY.

Multiple horizontal lines for supplemental information.

**SCHEDULE J
(Form 990)**

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

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Department of the Treasury
Internal Revenue Service

Name of the organization

UNITED WAY OF EAST CENTRAL IOWA, INC.

Employer identification number

42-0861239

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|---|--|
| <input type="checkbox"/> First-class or charter travel
<input type="checkbox"/> Travel for companions
<input type="checkbox"/> Tax indemnification and gross-up payments
<input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Housing allowance or residence for personal use
<input type="checkbox"/> Payments for business use of personal residence
<input type="checkbox"/> Health or social club dues or initiation fees
<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |
|---|--|

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee
<input type="checkbox"/> Independent compensation consultant
<input checked="" type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Written employment contract
<input checked="" type="checkbox"/> Compensation survey or study
<input checked="" type="checkbox"/> Approval by the board or compensation committee |
|---|---|

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

a Receive a severance payment or change-of-control payment?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

a The organization?

b Any related organization?

If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

a The organization?

b Any related organization?

If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) LOIS BUNTZ PRESIDENT/CEO	129,757.	0.	0.	49,073.	11,354.	190,184.	0.
(i)	0.	0.	0.	0.	0.	0.	0.
(ii)							
(i)							
(ii)							
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(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2014

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Inspection

Department of the Treasury
Internal Revenue Service

- ▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
- ▶ **Attach to Form 990.**
- ▶ **Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.**

Name of the organization Employer identification number
42-0861239
UNITED WAY OF EAST CENTRAL IOWA, INC.

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (<u>ADVERTISING</u>)	X	2	58,332.	FMV
26 Other ▶ (<u>AUCTION ITEMS</u>)	X	64	14,329.	FMV
27 Other ▶ (<u>PRIZE ITEMS</u>)	X	1	2,299.	FMV
28 Other ▶ ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 0

		Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a		X
b If "Yes," describe the arrangement in Part II.			
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		X
b If "Yes," describe in Part II.			
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.			

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

Schedule M (Form 990) (2014)

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTIONS.

SCHEDULE O
(Form 990 or 990-EZ)

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 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

Open to Public
Inspection

Name of the organization

UNITED WAY OF EAST CENTRAL IOWA, INC.

Employer identification number

42-0861239

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

WE ALL NEED FOR A GOOD LIFE: EDUCATION, FINANCIAL STABILITY, AND

HEALTH. UNITED WAY'S GOAL IS TO CREATE POSITIVE, LASTING CHANGE THAT

PREVENTS PROBLEMS FROM HAPPENING IN THE FIRST PLACE. OUR EFFORTS

EDUCATE RESIDENTS ABOUT NEEDS IN THE COMMUNITY AND INSPIRE PEOPLE TO BE

GENEROUS AND CARING. UNITED WAY INVESTS DONOR DOLLARS IN QUALITY

PROGRAMS SERVING THE AREA'S LOW-INCOME RESIDENTS AND EDUCATIONALLY

AT-RISK CHILDREN. ITS COMMUNITY GOALS ARE:

1. BY 2020, INCREASE BY 30% (754 CHILDREN) THE NUMBER OF LOW-INCOME

CHILDREN IN OUR 5 COUNTY AREA WHO ARE ON TRACK ACADEMICALLY AND

DEVELOPMENTALLY BY 4TH GRADE.

2. BY 2020, INCREASE THE NUMBER OF FINANCIALLY STABLE HOUSEHOLDS BY 15%

(1,430 HOUSEHOLDS).

3. BY 2020, IMPROVE SOCIAL CONNECTEDNESS AND MENTAL HEALTH FUNCTION OF

LOW-INCOME ADULTS BY 10% (395 ADULTS).

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

TRAUMA, IMPROVE MENTAL HEALTH, AND BUILD RESILIENCY AND INCREASE SOCIAL

SUPPORTS THAT IMPROVE INDEPENDENCE AND THE ABILITY TO LIVE AND FUNCTION

WITHIN THE COMMUNITY.

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

LIFE-LONG LEARNING.

IN ADDITION TO THESE INITIATIVES, UNITED WAY FUNDS PARTNER AGENCIES

THAT PROVIDE CHILDCARE, PARENT EDUCATION AND QUALITY IMPROVEMENT

Name of the organization

UNITED WAY OF EAST CENTRAL IOWA, INC.

Employer identification number

42-0861239

SERVICES FOCUSED ON FAMILIES WITH CHILDREN UNDER FIVE AND AGENCIES WHO SUPPORT YOUTH ENGAGEMENT, SOCIAL-EMOTIONAL SKILLS, AND ACADEMIC GROWTH TO OLDER YOUTH.

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

WORKING TO INCREASE AND SUPPORT THE NUMBER OF LOW AND MODERATE INCOME FAMILIES THAT CAN TAKE ADVANTAGE OF FREE TAX PREPARATION AND ACCESS TAX CREDITS THAT INCREASE THEIR HOUSEHOLD INCOME. 2-1-1 CONTINUES TO CONNECT INDIVIDUALS TO FREE TAX PREPARATION SITES AND SCHEDULES TAX ASSISTANCE APPOINTMENTS FOR AARP AND VITA. IN 2014, VOLUNTEER TAX PREPARERS ASSISTED WITH FILING OVER 3,600 TAX RETURNS AND OVER 1.6 MILLION DOLLARS WAS CLAIMED IN EARNED INCOME TAX CREDITS.

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

OTHER PROGRAM SERVICES AND UNITED WAY INITIATIVES:

DONOR DESIGNATED FUNDS: DONORS TO UNITED WAY MAY DESIGNATE CONTRIBUTIONS TO ANY QUALIFIED 501(C)(3) ORGANIZATION, INCLUDING UNITED WAY PARTNER AGENCIES AND NON-PARTNER AGENCIES. DURING THE YEAR, UNITED WAY REVIEWED, PROCESSED, AND DISTRIBUTED OVER 1.4 MILLION DOLLARS OF DONOR DESIGNATED FUNDS.

VOLUNTEER ENGAGEMENT: THE VOLUNTEER ENGAGEMENT TEAM CONNECTS INDIVIDUALS TO MEANINGFUL VOLUNTEER OPPORTUNITIES TO HELP MEET COMMUNITY NEEDS. THROUGH DAYS OF SERVICE, THE WORKPLACE VOLUNTEER COUNCIL AND THE 55+ INITIATIVE UWEI ENGAGES INDIVIDUALS THROUGHOUT THEIR LIFESPAN. UNITED WAY ALSO MANAGES THE VOLUNTEER NOW WEBSITE, CONNECTING PEOPLE ONLINE TO VOLUNTEER OPPORTUNITIES AT NONPROFIT ORGANIZATIONS IN THE

Name of the organization

UNITED WAY OF EAST CENTRAL IOWA, INC.

Employer identification number

42-0861239

AREA. UNITED WAY'S SIGNATIVE ANNUAL "DAY OF CARING" PROJECT BRINGS TOGETHER MORE THAN 1,300 VOLUNTEERS AND OVER 10 SERVICE PROJECTS AT LOCAL NOT FOR PROFIT ORGANIZATIONS.

UNITED WAY 2-1-1: SINCE LAUNCHING IN EARLY 2004, OVER 512,000 CALLS HAVE BEEN PLACED TO THE UNITED WAY 2-1-1 SYSTEM. THE MAJORITY OF CALLERS REQUEST INFORMATION ABOUT HOUSING/UTILITIES, INCOME SUPPORT/ASSISTANCE, INFORMATION AND REFERRAL, FOOD/MEALS, INDIVIDUAL/FAMILY SUPPORTS, HEALTHCARE AND LEGAL/CONSUMER/PUBLIC SAFETY. DURING THE 2008 FLOODS, UNITED WAY 2-1-1 BECAME A VITAL RESOURCE FOR PERSONS IN NEED OF DISASTER ASSISTANCE AND RECOVERY INFORMATION. IN 2012, UNITED WAY 2-1-1 LAUNCHED A NEW SEARCHABLE 2-1-1 WEBSITE. IN THE LAST 18 MONTHS OVER 41,000 SEARCHES HAVE BEEN LOGGED ON THAT WEBSITE.

UNITED WAY OF EAST CENTRAL IOWA COORDINATES THE 2-1-1 SERVICE, WORKING IN COLLABORATION WITH CEDAR VALLEY UNITED WAY, UNITED WAY OF JOHNSON AND WASHINGTON COUNTIES, UNITED WAY OF NORTH CENTRAL IOWA, UNITED WAY OF WAPELLO COUNTY AND THE WAVERLY-SHELL ROCK UNITED WAY. THIS BRINGS 2-1-1 SERVICES TO OVER 1 MILLION RESIDENTS LIVING IN 39 COUNTIES IN IOWA.

UNITED WAY 2-1-1 PARTNERS WITH LINN COUNTY, BENTON COUNTY, BLACK HAWK COUNTY, BUCHANAN COUNTY, CEDAR COUNTY, JOHNSON COUNTY AND JONES COUNTY EMERGENCY MANAGEMENT AGENCIES. THESE PARTNERSHIPS ALLOW 2-1-1 TO BE A RESOURCE TO COMMUNITIES IN THE EVENT OF A DISASTER. INDIVIDUALS CAN CALL 2-1-1 TO RECEIVE ACCURATE AND TIMELY INFORMATION DURING A DISASTER, SUCH AS A FLOOD, TORNADO OR AN EMERGENCY AT DUANE ARNOLD

Name of the organization

UNITED WAY OF EAST CENTRAL IOWA, INC.

Employer identification number

42-0861239

ENERGY CENTER.

LABOR COMMUNITY SERVICES: UNITED WAY'S LABOR LIAISON EDUCATES LOCAL UNION WORKERS ABOUT AVAILABLE AREA SERVICES AND ASSISTS THEM IN ACCESSING THESE SERVICES.

KIDS ON COURSE: THE PURPOSE OF THIS PROGRAM IS TO PROMOTE AND PROVIDE RICH CULTURAL EXPERIENCES AND ENRICHMENT OPPORTUNITIES TO STUDENTS AND FAMILIES IN THE CEDAR RAPIDS COMMUNITY SCHOOL DISTRICT. THE PROGRAM WILL ADVOCATE FOR STUDENTS BY NURTURING THEIR INTERESTS AND PROVIDING OPPORTUNITIES TO FOSTER CONFIDENCE AND REALIZE ACADEMIC AND INDIVIDUAL POTENTIAL.

55+ INITIATIVE: (FORMERLY KNOW AS THE RSVP OF LINN AND JONES COUNTIES) ENGAGES ADULTS, AGE 55 AND OLDER, IN VOLUNTEER SERVICES WHICH MEET THE CRITICAL COMMUNITY NEEDS THAT IMPACT CITIZENS OF ALL AGES, WHILE PROVIDING A HIGH QUALITY EXPERIENCE THAT WILL ENRICH THE LIVES OF VOLUNTEERS. THE 55+ INITIATIVE HAS APPROXIMATELY 450 MEMBERS WHO VOLUNTEER FOR OVER 90 PARTNER AGENCIES IN A WIDE VARIETY OF JOBS, CONTRIBUTING NEARLY 47,345 HOURS OF SERVICE IN FISCAL 2015.

JONES COUNTY VOLUNTEER CENTER: ENGAGES INDIVIDUALS OF ALL AGES IN VOLUNTEER SERVICE TO MEET CRITICAL COMMUNITY NEED THAT IMPACT AND BENEFIT CITIZENS OF JONES COUNTY. VOLUNTEERS PROVIDE TRANSPORTATION TO ELDERLY CLIENTS, TAX ASSISTANCE, MEDICAL INSURANCE COUNCILING AND HOME WEATHERIZATION IMPROVING LIVES FOR INDIVIDUALS IN THIS RURAL COMMUNITY. EXPENSES \$ 2,182,268. INCLUDING GRANTS OF \$ 1,799,275. REVENUE \$ 83,356

Name of the organization

UNITED WAY OF EAST CENTRAL IOWA, INC.

Employer identification number

42-0861239

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

JACK EVANS, DIRECTOR, AND MATT EVANS, DIRECTOR, HAVE A FAMILY RELATIONSHIP.

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

THE CONTROLLER WILL DIRECT THE COMPLETION OF THE FORM 990 AND WILL BE RESPONSIBLE FOR ENSURING THAT THE RETURN IS FILED WITHIN THE IRS PRESCRIBED 135 DAYS FOLLOWING THE CLOSE OF THE FISCAL YEAR, OR IF NEEDED, AN APPLICATION FOR EXTENSION OF TIME IS FILED WITH THE IRS. MEMBERS OF THE UWECI BOARD OF DIRECTORS, WITH ASSISTANCE FROM THE FINANCE & ADMINISTRATION AND AUDIT COMMITTEES, ARE STEWARDS OF THE ORGANIZATION'S FINANCIAL RESOURCES AND ARE RESPONSIBLE FOR ENSURING THAT THESE RESOURCES ARE USED TO FURTHER CHARITABLE PURPOSES. IN ADDITION, BOARD AND COMMITTEE MEMBERS SHOULD MAINTAIN PROPER FINANCIAL OVERSIGHT MAKING SURE THAT THE ORGANIZATION'S FUNDS ARE APPROPRIATELY ACCOUNTED FOR BY RECEIVING AND REVIEWING UP TO DATE FINANCIAL INFORMATION INCLUDING THE ANNUAL FORM 990. TO FACILITATE ADEQUATE FINANCIAL OVERSIGHT, A DRAFT VERSION OF THE IRS FORM 990 WILL BE REVIEWED BY THE UWECI AUDIT COMMITTEE. THE PREPARERS OF THE IRS FORM 990 WILL PROVIDE A BRIEF REVIEW AND DISCUSSION OF THE FORM 990 POINTING OUT THE SIGNIFICANT AREAS AND HOW THE NUMBERS RELATE TO THE AUDITED FINANCIAL STATEMENTS. AFTER AUDIT COMMITTEE APPROVAL OF THE DRAFT AND SUBSEQUENT CHANGES, IF NECESSARY, A FINAL COPY OF THE IRS FORM 990 WILL BE REVIEWED BY THE UWECI BOARD OF DIRECTORS PRIOR TO SUBMISSION TO THE IRS. THE FORM 990 WILL BE DISTRIBUTED ELECTRONICALLY TO ALL BOARD MEMBERS AND WILL BE PRESENTED TO THE BOARD OF DIRECTORS ANNUALLY AT THE BOARD MEETING WHICH MOST CLOSELY CORRESPONDS WITH THE COMPLETION OF THE IRS FORM 990.

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

THE CONFLICT OF INTEREST POLICY IS REVIEWED BY THE UNITED WAY BOARD OF

Name of the organization

UNITED WAY OF EAST CENTRAL IOWA, INC.

Employer identification number

42-0861239

DIRECTORS EVERY THREE YEARS. UNITED WAY OF AMERICA (UNITED WAY WORLD WIDE) REQUIRES A CONFLICT OF INTEREST POLICY AS PART OF THE ANNUAL CERTIFICATION PROCESS. IN ADDITION THE IOWA PRINCIPLES AND PRACTICES FOR CHARITABLE NONPROFIT EXCELLENCE RECOMMENDS THIS POLICY FOR GOOD NONPROFIT PRACTICE. IT IS THE POLICY OF UNITED WAY OF EAST CENTRAL IOWA THAT CONFLICTS OF INTEREST SHOULD BE DISCLOSED AND RESOLVED AT THE EARLIEST POSSIBLE TIME. EVERY UNITED WAY BOARD MEMBER, FINANCE OR COMMUNITY BUILDING COMMITTEE MEMBER AND EMPLOYEE IS REQUIRED TO SIGN A CONFLICT OF INTEREST POLICY ANNUALLY. THESE ARE COLLECTED AND FILED BY THE EXECUTIVE ASSISTANT. EACH VOLUNTEER AND EMPLOYEE MUST DESIGNATE CONFLICTS THAT RELATE TO PARTNER AGENCY RELATIONSHIPS, BUSINESS AFFILIATIONS OR NEPOTISM. VOLUNTEERS THAT HAVE A CONFLICT OF INTEREST REGARDING A UNITED WAY ALLOCATION OR VENDOR RELATIONSHIP CANNOT SERVE IN A DECISION-MAKING CAPACITY. THESE INDIVIDUALS MUST RECUSE THEMSELVES FROM ANY VOTING. THESE ACTIONS ARE DOCUMENTED IN THE MINUTES OF THE MEETINGS.

IF ANY VOLUNTEER OR EMPLOYEE HAS A CONCERN ABOUT A POTENTIAL OR ACTUAL CONFLICT OF INTEREST AND HOW IT HAS BEEN RESOLVED, THE INDIVIDUAL IS REQUESTED TO NOTIFY THE PRESIDENT/CEO. THE DISCUSSION AND RESOLUTION OF THIS ISSUE WILL BE ADDRESSED BY THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS AND A RESPONSE WILL BE DOCUMENTED.

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

EXECUTIVE COMPENSATION REVIEW:

THE COMPENSATION OF THE PRESIDENT/CEO IS REVIEWED BY THE BOARD CHAIR, PAST BOARD CHAIR, AND BOARD VICE CHAIR. INFORMATION FROM THE ANNUAL UNITED WAY OF AMERICA ("UWA") COMPENSATION SURVEY ALONG WITH INFORMATION FROM THE FORM 990 OF OTHER ORGANIZATIONS IS UTILIZED TO FORM THE BASIS FOR THE CEO'S

Public Inspection

Schedule O (Form 990 or 990-EZ) (2014)

Page 2

Name of the organization

UNITED WAY OF EAST CENTRAL IOWA, INC.

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COMPENSATION. THE COMPENSATION OF THE PRESIDENT/CEO IS A RECOMMENDATION FROM THE BOARD CHAIR, PAST BOARD CHAIR AND BOARD VICE CHAIR AND MUST BE APPROVED BY THE UWECI BOARD OF DIRECTORS.

OTHER OFFICER/KEY EMPLOYEE COMPENSATION REVIEW:

THE COMPENSATION AND BENEFIT PROGRAMS ARE REVIEWED BY THE HUMAN RESOURCE COMMITTEE OF THE BOARD OF DIRECTORS. SALARY SCHEDULES ARE REVIEWED ANNUALLY WITH DATA FROM UWA AND LOCAL FIRMS.

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

THE ORGANIZATION PUBLISHES ITS ANNUAL REPORT AND MOST RECENTLY FILED FORM 990 ON ITS EXTERNAL WEBSITE AT WWW.UWECI.ORG. THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN BENEFICIAL INTEREST IN COMMUNITY FOUNDATION	-13,858.
NET INCOME OF SUBSIDIARY - FCFH-IOWA, INC.	-386.
NET INCOME OF SUBSIDIARY - HUMAN SERVICES CAMPUS OF EAST CENTRAL IOWA	-267,358.
TOTAL TO FORM 990, PART XI, LINE 9	-281,602.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

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Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
HUMAN SERVICES CAMPUS OF EAST CENTRAL IOWA - 27-0487331, 317 7TH AVE SE #401, CEDAR RAPIDS, IA 52401	FACILITY TO HOUSE MULTIPLE NON-PROFIT AGENCIES IN CENTRAL DOWNTOWN LOCATION	IOWA	501(C)(3)	LINE 7	UNITED WAY OF EAST CENTRAL IOWA		X
FCFH-IOWA, INC. - 20-0936954 317 7TH AVE SE #401 CEDAR RAPIDS, IA 52401	HEALTH AND HUMAN SERVICES INFORMATION AND REFERRAL HELPLINE	IOWA	501(C)(3)	LINE 7	UNITED WAY OF EAST CENTRAL IOWA		X

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	(k) Percentage ownership
							Yes	No			

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)	X	
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)	X	
m Performance of services or membership or fundraising solicitations by related organization(s)	X	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses	X	
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) FCFH-IOWA, INC.	B	305,000.CASH	
(2) HUMAN SERVICES CAMPUS OF EAST CENTRAL IOWA	K	102,200.PER SQ FT/EQUAL TO OTHER TENANTS	
(3) FCFH-IOWA, INC.	Q	72,748.ACTUAL EXPENSES	
(4)			
(5)			
(6)			

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec. 501(c)(3) orgs.?		(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions).

Lined area for supplemental information.