

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

**2015**  
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](http://www.irs.gov/form990).

**A** For the 2015 calendar year, or tax year beginning **JUL 1, 2015** and ending **JUN 30, 2016**

<b>B</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	<b>C</b> Name of organization <p align="center"><b>UNITED WAY OF EAST CENTRAL IOWA, INC.</b></p> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <p><b>317 7TH AVENUE SE 401</b></p> City or town, state or province, country, and ZIP or foreign postal code <p><b>CEDAR RAPIDS, IA 52401-1604</b></p> <b>F</b> Name and address of principal officer: <b>LOIS BUNTZ</b> <b>SAME AS C ABOVE</b>	<b>D</b> Employer identification number <p align="center"><b>42-0861239</b></p> <b>E</b> Telephone number <p align="center"><b>319-398-5372</b></p> <b>G</b> Gross receipts \$ <b>11,078,005.</b> <b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶
<b>I</b> 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		
<b>J</b> Website: ▶ <b>WWW.UWECI.ORG</b>		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
<b>L</b> Year of formation: <b>1962</b>		<b>M</b> State of legal domicile: <b>IA</b>

**Part I Summary**

<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>UNITED WAY OF EAST CENTRAL IOWA WORKS TO ADVANCE THE COMMON GOOD BY FOCUSING ON THE BUILDING BLOCKS</b>	
<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>32</b>
<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>31</b>
<b>5</b>	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	<b>69</b>
<b>6</b>	Total number of volunteers (estimate if necessary)	<b>200</b>
<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>0.</b>
<b>7b</b>	Net unrelated business taxable income from Form 990-T, line 34	<b>0.</b>
<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>11,525,372.</b>
<b>9</b>	Program service revenue (Part VIII, line 2g)	<b>83,356.</b>
<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>400,317.</b>
<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>59,522.</b>
<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>12,068,567.</b>
<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>8,327,659.</b>
<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>
<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>2,271,603.</b>
<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	<b>0.</b>
<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>903,506.</b>	
<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>1,194,077.</b>
<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>11,793,339.</b>
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	<b>275,228.</b>
<b>20</b>	Total assets (Part X, line 16)	<b>25,273,044.</b>
<b>21</b>	Total liabilities (Part X, line 26)	<b>8,104,752.</b>
<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	<b>17,168,292.</b>

**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.

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

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 [X]

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 [X] No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by 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 \$ 3,467,040. including grants of \$ 2,987,863. ) (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 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 \$ 2,302,971. including grants of \$ 1,984,679. ) (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 \$ 1,828,841. including grants of \$ 1,576,078. ) (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 \$ 1,750,888. including grants of \$ 1,508,900. ) (Revenue \$ 89,139. )

4e Total program service expenses 9,349,740.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> 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> .....	<b>X</b>	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors?</i> .....	<b>X</b>	
<b>3</b> 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> .....		<b>X</b>
<b>4 Section 501(c)(3) organizations.</b> 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> .....		<b>X</b>
<b>5</b> 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> .....		<b>X</b>
<b>6</b> 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> .....		<b>X</b>
<b>7</b> 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> .....		<b>X</b>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....		<b>X</b>
<b>9</b> 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> .....		<b>X</b>
<b>10</b> 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> .....	<b>X</b>	
<b>11</b> 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.		
<b>a</b> 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> .....	<b>X</b>	
<b>b</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> .....		<b>X</b>
<b>c</b> 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> .....		<b>X</b>
<b>d</b> 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> .....		<b>X</b>
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....	<b>X</b>	
<b>f</b> 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> .....	<b>X</b>	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....		<b>X</b>
<b>b</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> .....	<b>X</b>	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		<b>X</b>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....		<b>X</b>
<b>b</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> .....		<b>X</b>
<b>15</b> 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> .....		<b>X</b>
<b>16</b> 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> .....		<b>X</b>
<b>17</b> 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> .....		<b>X</b>
<b>18</b> 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> .....	<b>X</b>	
<b>19</b> 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> .....		<b>X</b>

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....		
<b>21</b> 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> .....	X	
<b>22</b> 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> .....		X
<b>23</b> 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> .....	X	
<b>24a</b> 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> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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> .....		X
<b>b</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> .....		X
<b>26</b> 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> .....		X
<b>27</b> 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> .....		X
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> 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> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> 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> .....		X
<b>33</b> 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> .....		X
<b>34</b> 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> .....	X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....	X	
<b>b</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> .....	X	
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>37</b> 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> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? .....	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

Input box for Schedule O

Main table with columns for question numbers (1a-14b), Yes, and No. Includes rows for backup withholding, employee reporting, foreign accounts, prohibited transactions, and charitable contributions.

**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
<b>1a</b>	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.		
	<b>1a</b> 32		
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent		
	<b>1b</b> 31		
<b>2</b>	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?		X
<b>3</b>	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?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	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?		X
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	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		X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		X
<b>b</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?		
<b>10b</b>			
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
<b>12c</b>		X	
<b>13</b>	Did the organization have a written whistleblower policy?	X	
<b>14</b>	Did the organization have a written document retention and destruction policy?	X	
<b>15</b>	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?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	X	
<b>b</b>	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>b</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?		
<b>16b</b>			

**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				146,723.	0.	60,457.
(2) KATIE MULHOLLAND BOARD CHAIR	1.00	X		X				0.	0.	0.
(3) JON BANCKS BOARD VICE CHAIR	1.00	X		X				0.	0.	0.
(4) CATHY TERUKINA SECRETARY	1.00	X		X				0.	0.	0.
(5) JIM HADDAD TREASURER	1.00	X		X				0.	0.	0.
(6) JIM BEARDSWORTH DIRECTOR	1.00	X						0.	0.	0.
(7) PATRICK DEIGNAN DIRECTOR	1.00	X						0.	0.	0.
(8) CINDY DEITZ DIRECTOR	1.00	X						0.	0.	0.
(9) MATT EVANS DIRECTOR	1.00	X						0.	0.	0.
(10) BEN GOLDING DIRECTOR	1.00	X						0.	0.	0.
(11) JARED HANLIN DIRECTOR	1.00	X						0.	0.	0.
(12) BRAD HART DIRECTOR	1.00	X						0.	0.	0.
(13) LARRY HELLING DIRECTOR	1.00	X						0.	0.	0.
(14) KATHY HORAN DIRECTOR	1.00	X						0.	0.	0.
(15) DENNIS JORDAN DIRECTOR	1.00	X						0.	0.	0.
(16) JAMES KLEIN DIRECTOR	1.00	X						0.	0.	0.
(17) NATE 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) LINDA MATTES DIRECTOR	1.00	X					0.	0.	0.	
(20) MARTHA MAY DIRECTOR	1.00	X					0.	0.	0.	
(21) PAUL MORF DIRECTOR	1.00	X					0.	0.	0.	
(22) RICK MOYLE DIRECTOR	1.00	X					0.	0.	0.	
(23) MAUREEN KLER OSAKO DIRECTOR	1.00	X					0.	0.	0.	
(24) TRACE PICKERING 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.	
<b>1b Sub-total</b>							146,723.	0.	60,457.	
<b>c Total from continuation sheets to Part VII, Section A</b>							107,819.	0.	17,780.	
<b>d Total (add lines 1b and 1c)</b>							254,542.	0.	78,237.	

**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
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
<b>4</b> 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	
<b>5</b> 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	(B) Description of services	(C) Compensation
NONE		

**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 VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b> 20,850.					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b> 13,685.					
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b> 10,284,782.					
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ .....	62,882.					
	<b>h Total.</b> Add lines 1a-1f .....	▶	10,319,317.				
<b>Program Service Revenue</b>	<b>2 a</b> DONOR DESIGNATION FEES .....	<b>Business Code</b> 900099	73,268.	73,268.			
	<b>b</b> SPECIAL EVENT REVENUE .....	900099	15,871.	15,871.			
	<b>c</b> .....						
	<b>d</b> .....						
	<b>e</b> .....						
	<b>f</b> All other program service revenue .....						
	<b>g Total.</b> Add lines 2a-2f .....	▶	89,139.				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....	▶	83,185.			83,185.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....	▶					
	<b>5</b> Royalties .....	▶					
	<b>6 a</b> Gross rents .....	(i) Real	(ii) Personal				
		<b>b</b> Less: rental expenses .....					
		<b>c</b> Rental income or (loss) .....					
		<b>d</b> Net rental income or (loss) .....	▶				
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	(i) Securities	(ii) Other				
		520,869.					
		<b>b</b> Less: cost or other basis and sales expenses .....	476,327.				
		<b>c</b> Gain or (loss) .....	44,542.				
	<b>d</b> Net gain or (loss) .....	▶	44,542.			44,542.	
	<b>8 a</b> Gross income from fundraising events (not including \$ 13,685. of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b>	10,315.				
		<b>b</b> Less: direct expenses .....	<b>b</b> 13,854.				
		<b>c</b> Net income or (loss) from fundraising events .....	▶	-3,539.			-3,539.
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>a</b>	14,681.					
	<b>b</b> Less: direct expenses .....	<b>b</b> 8,902.					
	<b>c</b> Net income or (loss) from gaming activities .....	▶	5,779.			5,779.	
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>a</b>						
	<b>b</b> Less: cost of goods sold .....	<b>b</b>					
	<b>c</b> Net income or (loss) from sales of inventory .....	▶					
<b>Miscellaneous Revenue</b>		<b>Business Code</b>					
<b>11 a</b> .....							
	<b>b</b> .....						
	<b>c</b> .....						
	<b>d</b> All other revenue .....	900099	40,499.			40,499.	
<b>e Total.</b> Add lines 11a-11d .....	▶	40,499.					
<b>12 Total revenue.</b> See instructions. .....	▶	10,578,922.	89,139.	0.	170,466.		

**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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	8,057,519.	8,057,519.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	314,270.	85,125.	133,544.	95,601.
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	1,377,956.	608,677.	338,031.	431,248.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	100,677.	37,080.	29,695.	33,902.
<b>9</b> Other employee benefits	156,593.	51,550.	47,818.	57,225.
<b>10</b> Payroll taxes	114,204.	48,394.	29,182.	36,628.
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal	267.		267.	
<b>c</b> Accounting	29,550.		29,550.	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees	6,215.		6,215.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	88,996.	46,823.	38,781.	3,392.
<b>12</b> Advertising and promotion	109,066.	25,316.	23,322.	60,428.
<b>13</b> Office expenses	26,798.	8,670.	7,044.	11,084.
<b>14</b> Information technology	72,520.	39,522.	17,799.	15,199.
<b>15</b> Royalties				
<b>16</b> Occupancy	144,566.	63,342.	42,271.	38,953.
<b>17</b> Travel	37,017.	35,971.	484.	562.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	30,664.	15,310.	12,112.	3,242.
<b>20</b> Interest				
<b>21</b> Payments to affiliates	108,912.	35,239.	37,214.	36,459.
<b>22</b> Depreciation, depletion, and amortization	51,261.	23,008.	14,397.	13,856.
<b>23</b> Insurance				
<b>24</b> 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.)				
<b>a</b> SPECIAL PROJECTS	105,690.	17,925.	31,065.	56,700.
<b>b</b> UNITED WAY INITIATIVES	101,430.	101,430.		
<b>c</b> DONATED MATERIALS	40,126.	31,499.	8,627.	
<b>d</b> AWARDS	10,959.	7,248.	154.	3,557.
<b>e</b> All other expenses	46,805.	10,092.	31,243.	5,470.
<b>25</b> Total functional expenses. Add lines 1 through 24e	11,132,061.	9,349,740.	878,815.	903,506.
<b>26</b> 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
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	10.	<b>1</b>	200.
	<b>2</b> Savings and temporary cash investments .....	5,014,396.	<b>2</b>	5,846,286.
	<b>3</b> Pledges and grants receivable, net .....	3,968,777.	<b>3</b>	3,582,332.
	<b>4</b> Accounts receivable, net .....	148,300.	<b>4</b>	156,710.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>	
	<b>6</b> 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 .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....	557,565.	<b>7</b>	424,292.
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	43,099.	<b>9</b>	51,551.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 14,467,022.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 2,059,915.		
	<b>11</b> Investments - publicly traded securities .....	214,087.	<b>10c</b>	12,407,107.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	1,426,557.	<b>11</b>	1,421,504.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....	343,973.	<b>12</b>	323,899.
	<b>14</b> Intangible assets .....	13,547,736.	<b>13</b>	212,926.
	<b>15</b> Other assets. See Part IV, line 11 .....		<b>14</b>	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	8,544.	<b>15</b>	9,943.	
	25,273,044.	<b>16</b>	24,436,750.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	494,543.	<b>17</b>	634,221.
	<b>18</b> Grants payable .....	7,179,413.	<b>18</b>	7,202,403.
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> 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 .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> 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 .....	430,796.	<b>25</b>	305,000.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	8,104,752.	<b>26</b>	8,141,624.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets .....	7,857,060.	<b>27</b>	7,413,524.
	<b>28</b> Temporarily restricted net assets .....	8,887,581.	<b>28</b>	8,447,952.
	<b>29</b> Permanently restricted net assets .....	423,651.	<b>29</b>	433,650.
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>	
<b>33</b> <b>Total net assets or fund balances</b> .....	17,168,292.	<b>33</b>	16,295,126.	
<b>34</b> <b>Total liabilities and net assets/fund balances</b> .....	25,273,044.	<b>34</b>	24,436,750.	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	10,578,922.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	11,132,061.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-553,139.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	17,168,292.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-25,098.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	-294,929.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	16,295,126.

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	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.			
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
<b>b</b>	Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:			
<input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
<b>c</b>	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?	X	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
<b>3a</b>	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?		X
<b>b</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		



**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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	11,175,928.	10,724,807.	10,287,853.	11,525,372.	10,319,317.	54,033,277.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...						
<b>4 Total.</b> Add lines 1 through 3 .....	11,175,928.	10,724,807.	10,287,853.	11,525,372.	10,319,317.	54,033,277.
<b>5</b> 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) .....						5,478,354.
<b>6 Public support.</b> Subtract line 5 from line 4.						48,554,923.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>7</b> Amounts from line 4 .....	11,175,928.	10,724,807.	10,287,853.	11,525,372.	10,319,317.	54,033,277.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...	108,139.	81,324.	57,829.	53,361.	83,185.	383,838.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on ...						
<b>10</b> 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.	53,080.	234,820.
<b>11 Total support.</b> Add lines 7 through 10						54,651,935.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	1,044,541.
<b>13 First five years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	88.84 %
<b>15</b> Public support percentage from 2014 Schedule A, Part II, line 14 .....	<b>15</b>	87.53 %
<b>16a 33 1/3% support test - 2015.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2014.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2015.</b> 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 <b>stop here.</b> 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>b 10% -facts-and-circumstances test - 2014.</b> 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 <b>stop here.</b> 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>18 Private foundation.</b> 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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (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**

<b>15</b> Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2014 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2014 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2015.** 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 - 2014.** 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 in line 11 on 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
<b>1</b> 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>		
<b>2</b> 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>		
<b>3a</b> 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>		
<b>b</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>		
<b>c</b> 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>		
<b>4a</b> 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>		
<b>b</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>		
<b>c</b> 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>		
<b>5a</b> 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>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> 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 or 990-EZ).</i>		
<b>9a</b> 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>		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
<b>b</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>		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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 <b>Part VI</b> 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.		
<b>2</b> 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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b> 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 <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>3</b> 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 <b>Part VI</b> the role the organization's supported organizations played in this regard.		

**Section E. Type III Functionally-Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).			
<b>2</b> Activities Test. Answer (a) and (b) below.		Yes	No
<b>a</b> 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 <b>Part VI</b> 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.			
<b>b</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 <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.			
<b>a</b> 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 <b>Part VI</b> .			
<b>b</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 <b>Part VI</b> the role played by the organization in this regard.			

**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.

<b>Section A - Adjusted Net Income</b>		(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	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	8	

<b>Section B - Minimum Asset Amount</b>		(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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>		(A) Prior Year	Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> 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
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2015 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
<b>1</b> Distributable amount for 2015 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
<b>3</b> Excess distributions carryover, if any, to 2015:			
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b> From 2013			
<b>e</b> From 2014			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2015 distributable amount			
<b>i</b> Carryover from 2010 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2015 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2015 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
<b>6</b> Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
<b>7 Excess distributions carryover to 2016.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b>			
<b>b</b>			
<b>c</b> Excess from 2013			
<b>d</b> Excess from 2014			
<b>e</b> Excess from 2015			



**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](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015**

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) (2015)

Name of organization  <b>UNITED WAY OF EAST CENTRAL IOWA, INC.</b>	Employer identification number  <b>42-0861239</b>
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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	_____ _____ _____	\$ <u>1,007,572.</u>	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____ _____ _____	\$ <u>2,242,188.</u>	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____ _____ _____	\$ <u>350,361.</u>	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____ _____ _____	\$ <u>600,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	_____ _____ _____	\$ <u>305,511.</u>	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6	_____ _____ _____	\$ <u>324,953.</u>	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>UNITED WAY OF EAST CENTRAL IOWA, INC.</b>	Employer identification number  <b>42-0861239</b>
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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
7	<hr/> <hr/> <hr/> <hr/>	\$ <u>326,542.</u>	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization  <b>UNITED WAY OF EAST CENTRAL IOWA, INC.</b>	Employer identification number  <b>42-0861239</b>
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**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
5	AUCTION ITEMS _____ _____ _____	\$ 305.	01/31/16
7	AUCTION PRIZE _____ _____ _____	\$ 2,299.	02/29/16
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____

Name of organization  <b>UNITED WAY OF EAST CENTRAL IOWA, INC.</b>	Employer identification number  <b>42-0861239</b>
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**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" on 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

2015

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" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, total number and acreage, number of easements on historic structures, and monitoring details.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include reporting requirements for art and historical treasures.

**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" on 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 on Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" on 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	1,770,530.	1,782,849.	1,609,856.	1,531,503.	1,588,240.
b Contributions	29,874.	55,100.	35,953.	50.	6,108.
c Net investment earnings, gains, and losses	32,667.	23,128.	216,635.	142,320.	-598.
d Grants or scholarships					
e Other expenditures for facilities and programs	82,258.	81,370.	73,071.	59,806.	58,127.
f Administrative expenses	5,410.	9,177.	6,524.	4,211.	4,120.
g End of year balance	1,745,403.	1,770,530.	1,782,849.	1,609,856.	1,531,503.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment  35.22 %
- b Permanent endowment  24.85 %
- c Temporarily restricted endowment  39.93 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3a(ii)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3b	<input type="checkbox"/>	<input type="checkbox"/>

b If "Yes" on line 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" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,555,609.		1,555,609.
b Buildings		12,318,796.	1,737,266.	10,581,530.
c Leasehold improvements				
d Equipment		592,617.	322,649.	269,968.
e Other				

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)  12,407,107.

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely-held equity interests .....		
(3) Other .....		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) PAYABLE TO FCFH-IOWA, INC.	305,000.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	305,000.

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" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	9,933,372.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-25,098.	
b	Donated services and use of facilities	2b	78,177.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	459,139.	
e	Add lines 2a through 2d	2e		512,218.
3	Subtract line 2e from line 1		3	9,421,154.
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	6,215.	
b	Other (Describe in Part XIII.)	4b	1,151,553.	
c	Add lines 4a and 4b	4c		1,157,768.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	10,578,922.

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

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

1	Total expenses and losses per audited financial statements		1	10,806,538.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	78,177.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	754,068.	
e	Add lines 2a through 2d	2e		832,245.
3	Subtract line 2e from line 1		3	9,974,293.
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	6,215.	
b	Other (Describe in Part XIII.)	4b	1,151,553.	
c	Add lines 4a and 4b	4c		1,157,768.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	11,132,061.

**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 \$433,650 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, 2016 AND 2015. 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, 2016 AND 2015. THE ORGANIZATION IS NO LONGER SUBJECT TO EXAMINATIONS BY FEDERAL AUTHORITIES FOR YEARS ENDED BEFORE JUNE 30, 2013 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:	-11,802.
REVENUE OF SUBSIDIARY - FCFH-IOWA, INC.	467,909.
REVENUE OF SUBSIDIARY - HUMAN SERVICES CAMPUS OF EAST CENTRAL IOWA	465,061.
ELIMINATIONS OF REVENUE FOR CONSOLIDATION	-462,029.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	459,139.

## PART XI, LINE 4B - OTHER ADJUSTMENTS:

**Part XIII** Supplemental Information (continued)

DONOR OPTION ALLOCATIONS NETTED AGAINST REVENUE FOR AUDIT 1,174,309.

FUNDRAISING EXPENSES -13,854.

RAFFLE EXPENSES -8,902.

TOTAL TO SCHEDULE D, PART XI, LINE 4B 1,151,553.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

EXPENSE OF SUBSIDIARY - FCFH-IOWA, INC. 462,341.

EXPENSE OF SUBSIDIARY - HUMAN SERVICES CAMPUS OF EAST

CENTRAL IOWA 753,756.

ELIMINATIONS OF EXPENSE FOR CONSOLIDATION -462,029.

TOTAL TO SCHEDULE D, PART XII, LINE 2D 754,068.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

DONOR OPTION ALLOCATIONS NETTED AGAINST REVENUE FOR AUDIT 1,174,309.

FUNDRAISING EXPENSES -13,854.

RAFFLE EXPENSES -8,902.

TOTAL TO SCHEDULE D, PART XII, LINE 4B 1,151,553.





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

		(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 .....	24,000.		24,000.
	2	Less: Contributions .....	13,685.		13,685.
	3	Gross income (line 1 minus line 2) .....	10,315.		10,315.
Direct Expenses	4	Cash prizes .....			
	5	Noncash prizes .....	7,543.		7,543.
	6	Rent/facility costs .....			
	7	Food and beverages .....	1,708.		1,708.
	8	Entertainment .....			
	9	Other direct expenses .....	4,603.		4,603.
	10	Direct expense summary. Add lines 4 through 9 in column (d) .....			13,854.
	11	Net income summary. Subtract line 10 from line 3, column (d) .....			-3,539.

**Part III Gaming.** Complete if the organization answered "Yes" on 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 .....			
	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:
- |                                      |            |   |
|--------------------------------------|------------|---|
| <b>a</b> The organization's facility | <b>13a</b> | % |
| <b>b</b> An outside facility         | <b>13b</b> | % |
- 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).

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_



**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

**2015**

**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" on 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.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ABBE CENTER FOR COMM. MENTAL HEALTH - 740 N 15TH AVE STE A - HIAWATHA, IA 52233	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)	7,694.	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)	18,797.	0.			DONOR DESIGNATION SUPPORT
AMERICAN CANCER SOCIETY C.R. 4080 FIRST AVENUE NE CEDAR RAPIDS, IA 52402	42-0680353	501(C)(3)	9,971.	0.			DONOR DESIGNATION SUPPORT
AREA SUBSTANCE ABUSE COUNCIL 3601 16TH AVENUE SW CEDAR RAPIDS, IA 52404	42-1114396	501(C)(3)	492,000.	0.			PROGRAM FUNDING: HEALTH

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **69.**
- 3** Enter total number of other organizations listed in the line 1 table **0.**

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

Schedule I (Form 990) (2015)

**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)	50,000.	0.			PROGRAM FUNDING: HEALTH (WOMEN'S LEADERSHIP INITIATIVE)
AREA SUBSTANCE ABUSE COUNCIL 3601 16TH AVENUE SW CEDAR RAPIDS, IA 52404	42-1114396	501(C)(3)	8,631.	0.			DONOR DESIGNATION SUPPORT
BENTON COUNTY VOLUNTEER PROGRAM 1309 FIFTH AVENUE BELLE PLAINE, IA 52208	42-1023730	501(C)(3)	18,415.	0.			PROGRAM FUNDING: INCOME
BIG BROTHERS BIG SISTERS 3150 E AVE NW SUITE 103 CEDAR RAPIDS, IA 52405	42-1170475	501(C)(3)	58,763.	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
BIRTHRIGHT OF CEDAR RAPIDS, INC 375 COLLINS RD NE STE 107 CEDAR RAPIDS, IA 52402	23-7378146	501(C)(3)	5,385.	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)	23,300.	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

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
BOYS & GIRLS CLUB OF CEDAR RAPIDS 420 6TH ST. SE, SUITE 240 CEDAR RAPIDS, IA 52401	42-1434056	501(C)(3)	36,432.	0.			DONOR DESIGNATION SUPPORT
BRIDGEHAVEN PREGNANCY SUPPORT CENTER - 701 CENTER POINT RD NE - CEDAR RAPIDS, IA 52402	42-1203675	501(C)(3)	10,584.	0.			DONOR DESIGNATION SUPPORT
BRUCEMORE 2160 LINDEN DRIVE SE CEDAR RAPIDS, IA 52403	42-1170531	501(C)(3)	6,500.	0.			DONOR DESIGNATION SUPPORT
CAMP COURAGEOUS PO BOX 418 MONTICELLO, IA 52310	23-7210932	501(C)(3)	7,822.	0.			DONOR DESIGNATION SUPPORT
CAMP WAPSIE Y 2174 WAPSIE ROAD COGGON, IA 52218	42-0680306	501(C)(3)	7,874.	0.			DONOR DESIGNATION SUPPORT
CATHERINE MCAULEY CENTER 866 FOURTH AVENUE SE CEDAR RAPIDS, IA 52401	42-1342872	501(C)(3)	16,696.	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: INCOME
CEDAR RAPIDS MUSEUM OF ART 410 THIRD AVENUE SE CEDAR RAPIDS, IA 52401	42-0680248	501(C)(3)	7,250.	0.			DONOR DESIGNATION SUPPORT
CEDAR VALLEY HABITAT FOR HUMANITY PO BOX 1244 CEDAR RAPIDS, IA 52406-1244	42-1320296	501(C)(3)	13,463.	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 HUMANE SOCIETY 7411 MOUNT VERNON RD SE CEDAR RAPIDS, IA 52403	42-0814023	501(C)(3)	8,531.	0.			DONOR DESIGNATION SUPPORT
CHILD PROTECTION CENTER C/O ST LUKE'S HOSPITAL - PO BOX 3026 - CEDAR RAPIDS, IA 52406-3026	42-0504780	501(C)(3)	6,791.	0.			DONOR DESIGNATION SUPPORT
CHILD PROTECTION CENTER C/O ST LUKE'S HOSPITAL - PO BOX 3026 - CEDAR RAPIDS, IA 52406-3026	42-0504780	501(C)(3)	50,000.	0.			PROGRAM FUNDING: EDUCATION
COE COLLEGE FOUNDATION 1220 FIRST AVENUE NE CEDAR RAPIDS, IA 52402	42-0686467	501(C)(3)	18,815.	0.			DONOR DESIGNATION SUPPORT
COMMUNITY HEALTH FREE CLINIC 947 14TH AVENUE SE CEDAR RAPIDS, IA 52403	13-4228071	501(C)(3)	114,500.	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)	10,215.	0.			DONOR DESIGNATION SUPPORT
EASTERN IOWA HEALTH CLINIC 1201 3RD AVE SE CEDAR RAPIDS, IA 52403	20-2405575	501(C)(3)	139,120.	0.			PROGRAM FUNDING: HEALTH (WOMEN'S LEADERSHIP INITIATIVE)
MERCY MEDICAL CENTER - ESPECIALLY FOR YOU - 701 10TH STREET SE - CEDAR RAPIDS, IA 52403	42-0698295	501(C)(3)	5,100.	0.			DONOR DESIGNATION SUPPORT
FIRST CALL FOR HELP - 211 317 7TH AVE STE 401 CEDAR RAPIDS, IA 52401	42-0861239	501(C)(3)	305,000.	29,591.	FAIR MARKET VALUE	ADMINISTRATIVE SERVICES	CASH: INITIATIVE PROGRAM; NONCASH: TO ASSIST WITH ADMINISTRATIVE COSTS

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 LUTHERAN CHURCH 1000 THIRD AVENUE SE CEDAR RAPIDS, IA 52403	39-1897287	501(C)(3)	13,500.	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 2 1714 JOHNSON AVENUE NW CEDAR RAPIDS, IA 52405	42-1078444	501(C)(3)	612,500.	0.			PROGRAM FUNDING: HEALTH
FOUNDATION 2 1714 JOHNSON AVENUE NW CEDAR RAPIDS, IA 52405	42-1078444	501(C)(3)	6,784.	0.			DONOR DESIGNATION SUPPORT
FOUR OAKS FAMILY AND CHILDREN SERVICES - 210 2ND ST SE 3RD FLOOR - CEDAR RAPIDS, IA 52403	42-0998726	501(C)(3)	16,022.	0.			DONOR DESIGNATION SUPPORT
GOODWILL INDUSTRIES OF THE HEARTLAND - 1410 SOUTH FIRST AVE. - IOWA CITY, IA 52244	42-0923563	501(C)(3)	100,000.	0.			PROGRAM FUNDING: INCOME
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)	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)	6,299.	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
HEIFER PROJECT INTERNATIONAL 1 WORLD AVENUE LITTLE ROCK, AR 72202	35-1019477	501(C)(3)	5,000.	0.			DONOR DESIGNATION SUPPORT
HILLSIDE WESLEYAN CHURCH 2600 FIRST AVENUE NW CEDAR RAPIDS, IA 52405	42-1111974	501(C)(3)	10,704.	0.			DONOR DESIGNATION SUPPORT
HORIZONS, A FAMILY SERVICE ALLIANCE - PO BOX 667 - CEDAR RAPIDS, IA 52406	42-1135083	501(C)(3)	643,500.	0.			PROGRAM FUNDING: HEALTH
HORIZONS, A FAMILY SERVICE ALLIANCE - PO BOX 667 - CEDAR RAPIDS, IA 52406	42-1135083	501(C)(3)	11,960.	0.			DONOR DESIGNATION SUPPORT
IMAGINE MISSIONS, INC. 236 MILLER AVE DENNISON, OH 44621	27-3309011	501(C)(3)	8,568.	0.			DONOR DESIGNATION SUPPORT
INDIAN CREEK NATURE CENTER 6665 OTIS ROAD SE CEDAR RAPIDS, IA 52403	23-7260197	501(C)(3)	11,693.	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: INCOME
JANE BOYD COMMUNITY HOUSE 943 14TH AVENUE SE CEDAR RAPIDS, IA 52403	42-0680359	501(C)(3)	360,000.	0.			PROGRAM FUNDING: EDUCATION
JUNIOR ACHIEVEMENT OF EAST CENTRAL IOWA - 324 THIRD ST SE #200 - CEDAR RAPIDS, IA 52401-1841	42-0919209	501(C)(3)	16,827.	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
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)	12,425.	0.			DONOR DESIGNATION SUPPORT
KIRKWOOD COMMUNITY COLLEGE FOUNDATION - PO BOX 2068 - CEDAR RAPIDS, IA 52406	23-7076632	501(C)(3)	9,092.	0.			DONOR DESIGNATION SUPPORT
LINN MAR SCHOOL FOUNDATION 2999 NORTH 10TH STREET MARION, IA 52302	42-1267125	501(C)(3)	5,208.	0.			DONOR DESIGNATION SUPPORT
MATTHEW 25 MINISTRY HUB 201 3RD AVE SW CEDAR RAPIDS, IA 52404	26-0467321	501(C)(3)	9,661.	0.			DONOR DESIGNATION SUPPORT
MERCY MEDICAL CENTER FOUNDATION 701 10TH STREET SE CEDAR RAPIDS, IA 52403-1251	51-0233180	501(C)(3)	8,576.	0.			DONOR DESIGNATION SUPPORT
MISSISSIPPI VALLEY CHILD PROTECTION CTR - 524 15TH STREET - MOLINE, IL 61265	36-2937848	501(C)(3)	16,000.	0.			PROGRAM FUNDING: HEALTH
MOUNT MERCY UNIVERSITY 1330 ELMHURST DR NE CEDAR RAPIDS, IA 52402	42-0681046	501(C)(3)	45,700.	0.			DONOR DESIGNATION SUPPORT
NEIGHBORHOOD TRANSPORATION SERVICE INC - PO BOX 667 - CEDAR RAPIDS, IA 52406	26-1306253	501(C)(3)	100,000.	0.			PROGRAM FUNDING: INCOME

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
PLANNED PARENTHOOD OF THE HEARTLAND EAST CENTRAL IOWA - 1171 7TH ST - DES MOINES, IA 50314	42-1132892	501(C)(3)	7,974.	0.			DONOR DESIGNATION SUPPORT
PRAIRIE SCHOOL FOUNDATION 401 76TH AVE SW CEDAR RAPIDS, IA 52404	42-1171215	501(C)(3)	6,454.	0.			DONOR DESIGNATION SUPPORT
ROLLING GREEN ELEMENTARY PARENT TEACHER ORGANIZATION - 8100 AIRLINE AVE - URBANDALE, IA 50322	42-1443047	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: INCOME
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)	7,560.	0.			DONOR DESIGNATION SUPPORT
ST. ELIZABETH ANN SETON PARISH 1350 LYNTHURST DRIVE HIAWATHA, IA 52233	42-1338119	501(C)(3)	6,463.	0.			DONOR DESIGNATION SUPPORT
ST. JOHN XXIII PARISH 8100 RONCALLI DR CEDAR RAPIDS, IA 52404	27-4562472	501(C)(3)	5,381.	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

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
ST. LUKE'S HEALTH CARE FOUNDATION 855 A AVENUE NE #105 CEDAR RAPIDS, IA 52402	42-1106819	501(C)(3)	16,267.	0.			DONOR DESIGNATION SUPPORT
ST. PAULS UNITED METHODIST CHURCH 1340 - 3RD AVENUE SE CEDAR RAPIDS, IA 52403	42-0680303	501(C)(3)	23,600.	0.			DONOR DESIGNATION SUPPORT
STONEBRIDGE CHURCH 1829 STONEY POINT RD SW CEDAR RAPIDS, IA 52404	42-1113923	501(C)(3)	20,498.	0.			DONOR DESIGNATION SUPPORT
TANAGER PLACE 2309 C STREET SW CEDAR RAPIDS, IA 52404	42-0688079	501(C)(3)	26,879.	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: INCOME
THE ARC OF EAST CENTRAL IOWA 680 2ND ST SE SUITE 200 CEDAR RAPIDS, IA 52401	42-0805377	501(C)(3)	33,970.	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: INCOME
THE SALVATION ARMY 1000 C AVENUE NW CEDAR RAPIDS, IA 52405	36-2167910	501(C)(3)	10,221.	0.			DONOR DESIGNATION SUPPORT
THEATRE CEDAR RAPIDS 102 THIRD STREET SE CEDAR RAPIDS, IA 52401	42-0890913	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.)

(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
UNITED WAY OF JOHNSON & WASHINGTON COUNTIES, INC. - 1150 5TH ST, STE 290 - CORALVILLE, IA 52241-2933	42-6062055	501(C)(3)	17,351.	0.			DONOR DESIGNATION SUPPORT
UNIVERSITY OF SOUTH DAKOTA FOUNDATION - PO BOX 5555 - VERMILLION, SD 57069	46-6018891	501(C)(3)	7,500.	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)	5,000.	0.			DONOR DESIGNATION SUPPORT
WAYPOINT SERVICES FOR WOMEN, CHILDREN & FAMILIES - 318 5TH ST SE - CEDAR RAPIDS, IA 52401	42-0680307	501(C)(3)	655,663.	0.			PROGRAM FUNDING: INCOME
WAYPOINT SERVICES FOR WOMEN, CHILDREN & FAMILIES - 318 5TH ST SE - CEDAR RAPIDS, IA 52401	42-0680307	501(C)(3)	42,523.	0.			DONOR DESIGNATION SUPPORT
WILLIS DADY EMERGENCY SHELTER 1247 FOURTH AVENUE SE CEDAR RAPIDS, IA 52403	42-1311668	501(C)(3)	5,603.	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: INCOME
XAVIER FOUNDATION PO BOX 10956 CEDAR RAPIDS, IA 52410	42-1479238	501(C)(3)	13,501.	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
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)	14,161.	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)	18,933.	0.			DONOR DESIGNATION SUPPORT

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on 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 RECIEPT 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.





**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2015**

Open to Public Inspection

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](http://www.irs.gov/form990).

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 on 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"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees   |
| <input type="checkbox"/> Discretionary spending account            | <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"/> Written employment contract                                |
| <input type="checkbox"/> Independent compensation consultant        | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |
- 4** During the year, did any person listed on 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 on 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 on 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" on line 6a or 6b, describe in Part III.
- 7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....
- 8** Were any amounts reported on 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
<b>1b</b>		
<b>2</b>		
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>	X	
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2015

**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 on 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 on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) LOIS BUNTZ PRESIDENT/CEO	(i)	136,723.	10,000.	0.	49,473.	10,984.	207,180.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(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.

PART I, LINE 7:

LOIS BUNTZ, PRESIDENT/CEO RECEIVED A \$10,000 DISCRETIONARY BONUS APPROVED  
BY THE BOARD OF DIRECTORS.

**SCHEDULE M  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

OMB No. 1545-0047

**2015**

Open To Public  
Inspection

- ▶ 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](http://www.irs.gov/form990).

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

**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 ▶ ( <b>ADVERTISING</b> )	X	2	50,023.FMV	
26 Other ▶ ( <b>AUCTION ITEMS</b> )	X	81	8,060.FMV	
27 Other ▶ ( <b>PRIZE ITEMS</b> )	X	36	4,799.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? .....		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? .....	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .....		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) (2015)



**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](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015**

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

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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 2015, VOLUNTEER TAX PREPARERS ASSISTED WITH FILING OVER 5,000 TAX RETURNS AND OVER 2.45 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



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AREA. UNITED WAY'S SIGNATIVE ANNUAL "DAY OF CARING" PROJECT BRINGS TOGETHER ALMOST 1,300 VOLUNTEERS AND OVER 103 SERVICE PROJECTS AT LOCAL NOT FOR PROFIT ORGANIZATIONS. THE VOLUNTEER ENGAGEMENT TEAM PROVIDES AND CONNECTS NONPROFITS TO TRAINING TO HELP THEM EFFECTIVELY UTILIZE VOLUNTEERS.

UNITED WAY 2-1-1: SINCE LAUNCHING IN EARLY 2004, OVER 518,000 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 WHICH HAS LED TO OVER 130,000 SEARCHES SINCE IT'S INCEPTION.

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, UNITED WAY OF DUBUQUE TRI-STATES, AND THE WAVERLY-SHELL ROCK UNITED WAY. THIS BRINGS 2-1-1 SERVICES TO OVER 1 MILLION RESIDENTS LIVING IN 42 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

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DISASTER, SUCH AS A FLOOD, TORNADO OR AN EMERGENCY AT DUANE ARNOLD 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.

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 ENRICHES THE LIVES OF VOLUNTEERS. THE 55+ INITIATIVE HAS APPROXIMATELY 360 MEMBERS WHO VOLUNTEER FOR OVER 90 PARTNER AGENCIES IN A WIDE VARIETY OF JOBS, CONTRIBUTING NEARLY 39,623 HOURS OF SERVICE IN FISCAL 2016.

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.

TOTALS FOR ALL OTHER PROGRAM SERVICES AND UNITED WAY INITIATIVES DETAILED ABOVE FOR FORM 990, PART III, LINE 4D:  
EXPENSES \$ 1,750,888. INCLUDING GRANTS OF \$ 1,508,900. REVENUE \$ 89,139

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

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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 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

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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 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

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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	-11,802.
NET INCOME OF SUBSIDIARY - FCFH-IOWA, INC.	5,568.
NET INCOME OF SUBSIDIARY - HUMAN SERVICES CAMPUS OF EAST CENTRAL IOWA	-288,695.
TOTAL TO FORM 990, PART XI, LINE 9	-294,929.

**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](http://www.irs.gov/form990).

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Open to Public Inspection

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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
HUMAN SERVICES CAMPUS, LLC 317 7TH AVENUE SE CEDAR RAPIDS, IA 52401	OWNS AND OPERATES A FACILITY LEASED TO LOCAL NONPROFITS	IOWA	0.	13,051,683.	UNITED WAY OF EAST CENTRAL IOWA, INC.

**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	

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

Schedule R (Form 990) 2015



**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
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....	X	
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....		X
<b>d</b> Loans or loan guarantees to or for related organization(s) .....		X
<b>e</b> Loans or loan guarantees by related organization(s) .....		X
<b>f</b> Dividends from related organization(s) .....		X
<b>g</b> Sale of assets to related organization(s) .....		X
<b>h</b> Purchase of assets from related organization(s) .....		X
<b>i</b> Exchange of assets with related organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....	X	
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....	X	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....	X	
<b>o</b> Sharing of paid employees with related organization(s) .....	X	
<b>p</b> Reimbursement paid to related organization(s) for expenses .....		X
<b>q</b> Reimbursement paid by related organization(s) for expenses .....	X	
<b>r</b> Other transfer of cash or property to related organization(s) .....		X
<b>s</b> 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	103,660.	PER SQ FT/EQUAL TO OTHER TENANTS
(3) FCFH-IOWA, INC.	Q	80,009.	ACTUAL EXPENSES
(4) HUMAN SERVICES CAMPUS OF EAST CENTRAL IOWA	S	13,051,683.	COST
(5)			
(6)			





**Part VII** Supplemental Information

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

PART V, 1S, OTHER TRANSFER OF CASH OR PROPERTY FROM RELATED ORGANIZATION(S)  
THE NET ASSETS OF HUMAN SERVICES CAMPUS OF EAST CENTRAL IOWA WERE  
TRANSFERRED TO UNITED WAY OF EAST CENTRAL IOWA, INC., THE CONTROLLING  
ORGANIZATION, EFFECTIVE 06/30/16.