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Form **990**  
 Department of the Treasury  
 Internal Revenue Service

**Return of Organization Exempt From Income Tax**  
**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)**  
 The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047  
**2009**  
**Open to Public Inspection**

**A For the 2009 calendar year, or tax year beginning 07-01-2009 and ending 06-30-2010**

- B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Terminated  
 Amended return  
 Application pending

**C** Name of organization  
 UNITED WAY OF EAST CENTRAL IOWA INC  
 Doing Business As  
 Number and street (or P O box if mail is not delivered to street address) Room/suite  
 1030 5TH AVE SE No 100  
 City or town, state or country, and ZIP + 4  
 CEDAR RAPIDS, IA 52403

**D** Employer identification number  
 42-0861239  
**E** Telephone number  
 (319) 398-5372  
**G** Gross receipts \$ 10,599,026

**F** Name and address of principal officer  
 LOIS BUNTZ  
 1030 5TH AVE SE No 100  
 CEDAR RAPIDS, IA 52403

**H(a)** Is this a group return for affiliates?  Yes  No  
**H(b)** Are all affiliates included?  Yes  No  
 If "No," attach a list (see instructions)  
**H(c)** Group exemption number

**I** Tax-exempt status  501(c) ( 3 ) (insert no )  4947(a)(1) or  527  
**J** Website: WWW UWECI ORG

**K** Form of organization  Corporation  Trust  Association  Other **L** Year of formation 1962 **M** State of legal domicile IA

**Part I Summary**

**1** Briefly describe the organization's mission or most significant activities  
 UNITED WAY OF EAST CENTRAL IOWA WORKS TO ADVANCE THE COMMON GOOD BY FOCUSING ON THE BUILDING BLOCKS WE ALL NEED FOR A GOOD LIFE EDUCATION, INCOME, AND HEALTH UNITED WAY'S GOAL IS TO CREATE POSITIVE, LONG-LASTING CHANGES THAT PREVENT PROBLEMS FROM HAPPENING IN THE FIRST PLACE OUR EFFORTS EDUCATE RESIDENTS ABOUT NEEDS OF THE COMMUNITY AND INSPIRE PEOPLE TO BE GENEROUS AND CARING UNITED WAY INVESTS DONOR DOLLARS IN THE HIGHEST QUALITY PROGRAMS SERVING THE AREA'S LOW-INCOME RESIDENTS AND EDUCATIONALLY AT-RISK CHILDREN ITS COMMUNITY GOALS ARE CHILDREN WILL BE READY TO ENTER SCHOOL AND HAVE DEVELOPMENTAL SUPPORT SO THEY STAY ON TRACK AND BECOME PRODUCTIVE MEMBERS OF THE COMMUNITY, WORKING SINGLE PARENT HEADED HOUSEHOLDS WITH LOW INCOMES OBTAIN AND SUSTAIN A SUBSISTENCE WAGE THAT SUPPORTS THEIR FAMILIES' ESSENTIAL NEEDS, UNINSURED AND LOW-INCOME FAMILIES AND OLDER ADULTS WILL HAVE ACCESS TO NEEDED HEALTHCARE SERVICES

**2** Check this box  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>3</b>	40
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	39
<b>5</b> Total number of employees (Part V, line 2a)	<b>5</b>	34
<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	250
<b>7a</b> Total gross unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	0

		Prior Year	Current Year
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h)	11,787,490	10,075,307
	<b>9</b> Program service revenue (Part VIII, line 2g)	81,508	88,315
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	65,372	43,682
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	119,884	102,565
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12,054,254	10,309,869
Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)	9,800,866	8,379,204
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		0
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,306,947	1,297,358
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		0
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <b>602,145</b>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	602,082	492,501
<b>18</b> Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	11,709,895	10,169,063	
<b>19</b> Revenue less expenses Subtract line 18 from line 12	344,359	140,806	
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	<b>20</b> Total assets (Part X, line 16)	9,792,827	24,195,593
	<b>21</b> Total liabilities (Part X, line 26)	7,378,425	7,425,790
<b>22</b> Net assets or fund balances Subtract line 21 from line 20	2,414,402	16,769,803	

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Signature of officer: \_\_\_\_\_ Date: 2010-11-08  
 LOIS BUNTZ PRESIDENT/CEO  
 Type or print name and title

**Paid Preparer's Use Only**

Preparer's signature: Kay Hegarty Date: \_\_\_\_\_ Check if self-employed:   
 Preparer's identifying number (see instructions): \_\_\_\_\_  
 Firm's name (or yours if self-employed), address, and ZIP + 4: RSM MCGLADREY INC  
 221 THIRD AVENUE SE SUITE 300  
 CEDAR RAPIDS, IA 524011512  
 EIN: \_\_\_\_\_ Phone no: (319) 298-5333

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

**Part III Statement of Program Service Accomplishments**

**1** Briefly describe the organization's mission

UNITE THE CARING POWER OF COMMUNITIES TO INVEST IN EFFECTIVE SOLUTIONS TO IMPROVE PEOPLE'S LIVES

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

If "Yes," describe these new services on Schedule O

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No

If "Yes," describe these changes on Schedule O

**4** Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 2,646,098 including grants of \$ 2,488,750 ) (Revenue \$ 0 )

EDUCATION Helping children and youth achieve their potentialCommunity Strategies Born Learning Public engagement campaign that helps parents, caregivers, and communities create quality learning opportunities for young children The UWECI Young Leaders Society is sponsoring Born Learning Their accomplishments to date -Distribution of Born Learning materials through St Luke's and Mercy Hospital's newborn home visitation program-Installation of the Born Learning Trail at Bever Park and in Amana-Distribution of Born Learning materials through partner agencies' early childhood programs and area librariesQuality Child Care and Family Support Agency partners are providing opportunities for low income families to access quality child care and family support programs to help young children achieve school readiness Accomplishments thus far include -70 child care center and home providers working towards targeted quality improvements, affecting 2500 children-Over 350 parents participating in regular family support programsReady by 21 - Ready for College, Work, and Life Ready by 21 is a national initiative to insure that young people have the supports, opportunities and services needed to prosper and contribute where they live, work, play and make a difference Local accomplishments include -Youth agency participation in the Youth Program Quality Assessment-Organization of community stakeholders-Surveying and mapping of local youth development programs-Partners provide positive youth development activities

**4b** (Code ) (Expenses \$ 2,014,809 including grants of \$ 1,895,000 ) (Revenue \$ 0 )

INCOME Promoting financial stability and independenceCommunity Strategies Family Financial Stability UWECI 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 (EITC) Earned Income Tax Credit The Earned Income Tax Credit (EITC) is the nation's largest and most effective federal aid program for low-income workers EITC is a state and federal income tax credit available to working individuals and families making less than \$40,000 Nationwide, 63 4% of EITC recipients use their tax credit to pay current bills or debt, 20% use it to gain assets such as a car, house, or education 2-1-1 - Connecting residents to volunteer income tax assistance 2-1-1 continues to be a critical resource to our community, connecting residents to needed services 2-1-1 continues to connect individuals to free tax preparation sites Above that, 2-1-1 schedules tax assistance appointments for AARP and VITA Last year, 2-1-1 scheduled over 3,700 appointments, efficiently connecting low-income families to a service that brings dollars back to our community This year 2-1-1 added tax scheduling services for Blackhawk, Jones and Iowa counties -In 2009, volunteer tax preparers assisted with filing over 3,691 tax returns -In 2009, over 1 4 million dollars was claimed in Earned Income Tax Credits

**4c** (Code ) (Expenses \$ 2,330,055 including grants of \$ 2,191,500 ) (Revenue \$ 0 )

HEALTH Improving people's health and access to healthcareCommunity Strategies Over 32,000 persons have no health insurance in the UWECI service area United Way is committed to improving people's health through funded strategies that offer -Nutritious meals for seniors to remain independent -Access to healthcare services through transportation options-Access to mental health and substance abuse treatment programsWomen's Leadership Initiative Provides financial assistance for women to cover prescription costs, preventative screenings and emergency dental assistance

**4d** Other program services (Describe in Schedule O ) **See also Additional Data for Description**  
(Expenses \$ 1,918,008 including grants of \$ 1,803,954 ) (Revenue \$ 88,315 )

**4e Total program service expenses** \$ 8,908,970

**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)? If "Yes," complete Schedule A <input checked="" type="checkbox"/>	Yes					
<b>2</b>	Is the organization required to complete Schedule B, Schedule of Contributors? <input checked="" type="checkbox"/>	Yes					
<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? If "Yes," complete Schedule C, Part I <input checked="" type="checkbox"/>		No				
<b>4</b>	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II <input checked="" type="checkbox"/>	Yes					
<b>5</b>	<b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III						
<b>6</b>	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I <input checked="" type="checkbox"/>		No				
<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? If "Yes," complete Schedule D, Part II <input checked="" type="checkbox"/>		No				
<b>8</b>	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III <input checked="" type="checkbox"/>		No				
<b>9</b>	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV <input checked="" type="checkbox"/>		No				
<b>10</b>	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V <input checked="" type="checkbox"/>	Yes					
<b>11</b>	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. <input checked="" type="checkbox"/>	Yes					
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.						
	◆ Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.						
	◆ Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.						
	◆ Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.						
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.						
	◆ 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? If "Yes," complete Schedule D, Part X.						
<b>12</b>	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII <input checked="" type="checkbox"/>		No				
<b>12A</b>	Was the organization included in consolidated, independent audited financial statements for the tax year? <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td>Yes</td> <td>No</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table> If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional <input checked="" type="checkbox"/>	Yes	No	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Yes	No						
<input checked="" type="checkbox"/>	<input type="checkbox"/>						
<b>13</b>	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No				
<b>14a</b>	Did the organization maintain an office, employees, or agents outside of the United States?		No				
<b>14b</b>	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I		No				
<b>15</b>	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II		No				
<b>16</b>	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S? If "Yes," complete Schedule F, Part III		No				
<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? If "Yes," complete Schedule G, Part I		No				
<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? If "Yes," complete Schedule G, Part II		No				
<b>19</b>	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		No				
<b>20</b>	Did the organization operate one or more hospitals? If "Yes," complete Schedule H		No				

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

<b>21</b>	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .	<b>21</b>	Yes	
<b>22</b>	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .	<b>22</b>		No
<b>23</b>	Did the organization answer "Yes" to Part VII, Section A, questions 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> . . . . .	<b>23</b>		No
<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 questions 24b-24d and complete Schedule K. If "No," go to line 25</i> . . . . .	<b>24a</b>		No
<b>b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	<b>24b</b>		
<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>24c</b>		
<b>d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	<b>24d</b>		
<b>25a</b>	<b>Section 501(c)(3) and 501(c)(4) 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> . . . . .	<b>25a</b>		No
<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> . . . . .	<b>25b</b>		No
<b>26</b>	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> . . . . .	<b>26</b>		No
<b>27</b>	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i> . . . . .	<b>27</b>		No
<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> . . . . .	<b>28a</b>		No
<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> . . . . .	<b>28b</b>		No
<b>c</b>	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28c</b>		No
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	<b>29</b>	Yes	
<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> . . . . .	<b>30</b>		No
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	<b>31</b>		No
<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> . . . . .	<b>32</b>		No
<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> . . . . .	<b>33</b>		No
<b>34</b>	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> . . . . .	<b>34</b>	Yes	
<b>35</b>	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	<b>35</b>	Yes	
<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> . . . . .	<b>36</b>		No
<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> . . . . .	<b>37</b>		No
<b>38</b>	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	<b>38</b>	Yes	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable . . . . .		
	<b>1a</b> 23		
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .		
	<b>1b</b> 0		
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .		
	<b>1c</b>		
<b>2a</b>	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return . . . . .		
	<b>2a</b> 34		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions) . . . . .	Yes	
	<b>2b</b>		
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . . .		No
	<b>3a</b>		
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O . . . . .		
	<b>3b</b>		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .		No
	<b>4a</b>		
<b>b</b>	If "Yes," enter the name of the foreign country: _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts . . . . .		
	<b>4b</b>		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .		No
	<b>5a</b>		
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . .		No
	<b>5b</b>		
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? . . . . .		
	<b>5c</b>		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? . . . . .		No
	<b>6a</b>		
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .		
	<b>6b</b>		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .		No
	<b>7a</b>		
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .		
	<b>7b</b>		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .		No
	<b>7c</b>		
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year . . . . .		
	<b>7d</b>		
<b>e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .		No
	<b>7e</b>		
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .		No
	<b>7f</b>		
<b>g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . . . .		
	<b>7g</b>		
<b>h</b>	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? . . . . .		
	<b>7h</b>		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . .		
	<b>8</b>		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the organization make any taxable distributions under section 4966? . . . . .		
	<b>9a</b>		
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .		
	<b>9b</b>		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . .	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter		
<b>a</b>	Gross income from members or shareholders . . . . .	<b>11a</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) . . . . .	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . . . .	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . .	<b>12b</b>	

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body (40); 1b Enter the number of voting members that are independent (39); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (Yes); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (No); 4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a material diversion of the organization's assets? (No); 6 Does the organization have members or stockholders? (No); 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? (No); 7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? (No); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (Yes); 8b Each committee with authority to act on behalf of the governing body? (Yes); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (No).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Does the organization have local chapters, branches, or affiliates? (No); 10b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?; 11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11A Describe in Schedule O the process, if any, used by the organization to review the Form 990; 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 (Yes); 12b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done (Yes); 13 Does the organization have a written whistleblower policy? (Yes); 14 Does the organization have a written document retention and destruction policy? (Yes); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official (Yes); 15b Other officers or key employees of the organization (Yes); 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (No); 16b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed; 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply: [X] Own website, [ ] Another's website, [X] Upon request; 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table; 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: KRISTINE RILEY, 1030 5TH AVE SE No 100, CEDAR RAPIDS, IA 52403, (319) 398-5372.





<b>1b Total</b> . . . . .	198,001	0	27,980
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**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **▶**1

	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> . . . . .	<b>3</b>	No
<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> . . . . .	<b>4</b>	No
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .	<b>5</b>	No

**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

(A) Name and business address	(B) Description of services	(C) Compensation

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

**Part VIII Statement of Revenue**

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514		
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1a</b>	Federated campaigns . . . . . <b>1a</b> 46,572						
	<b>b</b>	Membership dues . . . . . <b>1b</b>						
	<b>c</b>	Fundraising events . . . . . <b>1c</b>						
	<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> 10,028,735						
	<b>g</b>	Noncash contributions included in lines 1a-1f \$ 53,474						
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . . <b>▶</b> 10,075,307						
<b>Program Service Revenue</b>	<b>2a</b>	DONOR DESIGNATION FEES	900,099	88,315	88,315			
	<b>b</b>							
	<b>c</b>							
	<b>d</b>							
	<b>e</b>							
	<b>f</b>	All other program service revenue						
	<b>g</b>	<b>Total.</b> Add lines 2a-2f . . . . . <b>▶</b>		88,315				
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest and other similar amounts) . . . . . <b>▶</b>		88,319		88,319		
	<b>4</b>	Income from investment of tax-exempt bond proceeds . . . . . <b>▶</b>						
	<b>5</b>	Royalties . . . . . <b>▶</b>						
	<b>6a</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>▶</b>						
	<b>7a</b>	Gross amount from sales of assets other than inventory	(i) Securities	236,157				
			(ii) Other					
			<b>b</b>	Less cost or other basis and sales expenses	280,794			
			<b>c</b>	Gain or (loss)	-44,637			
<b>d</b>	Net gain or (loss) . . . . . <b>▶</b>		-44,637		-44,637			
<b>8a</b>	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . . <b>a</b>							
<b>b</b>	Less direct expenses . . . . . <b>b</b>							
<b>c</b>	Net income or (loss) from fundraising events . . . . . <b>▶</b>		787		787			
<b>9a</b>	Gross income from gaming activities See Part IV, line 19 . . . . . <b>a</b>							
<b>b</b>	Less direct expenses . . . . . <b>b</b>							
<b>c</b>	Net income or (loss) from gaming activities . . . . . <b>▶</b>							
<b>10a</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>▶</b>							
	Miscellaneous Revenue	Business Code						
<b>11a</b>	SPONSORSHIPS	900,099	101,778		101,778			
<b>b</b>								
<b>c</b>								
<b>d</b>	All other revenue . . . . .							
<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . . <b>▶</b>		101,778					
<b>12</b>	<b>Total revenue.</b> See Instructions . . . . . <b>▶</b>		10,309,869	88,315	0	146,247		

**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) but are not required to complete columns (B), (C), and (D).

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 governments and organizations in the U S See Part IV, line 21	8,379,204	8,379,204		
<b>2</b>	Grants and other assistance to individuals in the U S See Part IV, line 22				
<b>3</b>	Grants and other assistance to governments, organizations, and individuals outside the U S 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 . . . . .	234,650	93,945	109,570	31,135
<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	841,417	224,240	276,764	340,413
<b>8</b>	Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .	69,241	18,126	26,017	25,098
<b>9</b>	Other employee benefits . . . . .	77,138	21,905	25,284	29,949
<b>10</b>	Payroll taxes . . . . .	74,912	22,015	26,163	26,734
<b>11</b>	Fees for services (non-employees)				
<b>a</b>	Management . . . . .				
<b>b</b>	Legal . . . . .	942		942	
<b>c</b>	Accounting . . . . .	30,435		30,435	
<b>d</b>	Lobbying . . . . .	7,000	7,000		
<b>e</b>	Professional fundraising See Part IV, line 17 . . . . .				
<b>f</b>	Investment management fees . . . . .	4,190		4,190	
<b>g</b>	Other . . . . .	43,970	18,126	24,857	987
<b>12</b>	Advertising and promotion . . . . .	66,027	9,625	29,362	27,040
<b>13</b>	Office expenses . . . . .	26,485	4,678	9,662	12,145
<b>14</b>	Information technology . . . . .	32,560	13,921	8,234	10,405
<b>15</b>	Royalties . . . . .				
<b>16</b>	Occupancy . . . . .	74,050	30,232	22,785	21,033
<b>17</b>	Travel . . . . .	5,879	3,500	1,118	1,261
<b>18</b>	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b>	Conferences, conventions, and meetings . . . . .	18,565	7,277	8,925	2,363
<b>20</b>	Interest . . . . .				
<b>21</b>	Payments to affiliates . . . . .	99,181	32,679	32,188	34,314
<b>22</b>	Depreciation, depletion, and amortization . . . . .	16,535	5,447	5,368	5,720
<b>23</b>	Insurance . . . . .				
<b>24</b>	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below )				
<b>a</b>	SPECIAL PROJECTS	45,235	14,519	6,740	23,976
<b>b</b>	MISCELLANEOUS	16,179	2,086	7,093	7,000
<b>c</b>	ORGANIZATIONAL DUES	2,554	260	1,146	1,148
<b>d</b>	AWARDS	1,609	185	0	1,424
<b>e</b>	DONATED MATERIALS	1,105		1,105	
<b>f</b>	All other expenses				
<b>25</b>	<b>Total functional expenses.</b> Add lines 1 through 24f	10,169,063	8,908,970	657,948	602,145
<b>26</b>	<b>Joint costs.</b> Check here <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

**Part X Balance Sheet**

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	100	<b>1</b>	50,120
	<b>2</b> Savings and temporary cash investments . . . . .	3,331,815	<b>2</b>	4,341,001
	<b>3</b> Pledges and grants receivable, net . . . . .	4,783,194	<b>3</b>	3,924,883
	<b>4</b> Accounts receivable, net . . . . .	16,616	<b>4</b>	59,884
	<b>5</b> 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> Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .	17,229	<b>9</b>	27,944
	<b>10a</b> Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D . . . . .	309,860		
	<b>b</b> Less accumulated depreciation . . . . .	247,259	61,819	<b>10c</b> 62,601
	<b>11</b> Investments—publicly traded securities . . . . .	1,008,446	<b>11</b>	1,129,234
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	106,067	<b>12</b>	112,167
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .		<b>13</b>	14,036,922
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	467,541	<b>15</b>	450,837
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	9,792,827	<b>16</b>	24,195,593	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	217,103	<b>17</b>	213,003
	<b>18</b> Grants payable . . . . .	7,161,144	<b>18</b>	6,960,787
	<b>19</b> Deferred revenue . . . . .	178	<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> 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. Complete Part X of Schedule D . . . . .	0	<b>25</b>	252,000
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	7,378,425	<b>26</b>	7,425,790
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	753,645	<b>27</b>	1,271,670
	<b>28</b> Temporarily restricted net assets . . . . .	1,317,106	<b>28</b>	15,154,482
	<b>29</b> Permanently restricted net assets . . . . .	343,651	<b>29</b>	343,651
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> 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> Total net assets or fund balances . . . . .	2,414,402	<b>33</b>	16,769,803	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	9,792,827	<b>34</b>	24,195,593	

**Part XI Financial Statements and Reporting**

**1** Accounting method used to prepare the Form 990  Cash  Accrual  Other \_\_\_\_\_  
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O

**2a** Were the organization's financial statements compiled or reviewed by an independent accountant? . . .

**b** Were the organization's financial statements audited by an independent accountant? . . . . .

**c** If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O . . . .

**d** If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both  
 Separate basis  Consolidated basis  Both consolidated and separated basis

**3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .

**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 . . .

	Yes	No
<b>2a</b>		No
<b>2b</b>	Yes	
<b>2c</b>	Yes	
<b>3a</b>		No
<b>3b</b>		

SCHEDULE A (Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2009

Open to Public Inspection

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

Attach to Form 990 or Form 990-EZ. See separate instructions.

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

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

- 1 A church, convention of churches, or association of churches section 170(b)(1)(A)(i).
2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E )
3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state
5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II )
6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi) (Complete Part II )
8 A community trust described in section 170(b)(1)(A)(vi) (Complete Part II )
9 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III )
10 An organization organized and operated exclusively to test for public safety See section 509(a)(4).
11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h
a Type I b Type II c Type III - Functionally integrated d Type III - Other
e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?
(ii) a family member of a person described in (i) above?
(iii) a 35% controlled entity of a person described in (i) or (ii) above?
h Provide the following information about the supported organization(s)

Table with 2 columns: Yes, No. Rows: 11g(i), 11g(ii), 11g(iii)

Table with 7 main columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization in col (i) listed in your governing document?, (v) Did you notify the organization in col (i) of your support?, (vi) Is the organization in col (i) organized in the U S?, (vii) Amount of support? Includes sub-columns for Yes/No for (iv) and (v).

**Part II Support Schedule for Organizations Described in IRC 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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	8,898,934	9,177,636	10,689,952	11,787,491	10,075,307	50,629,320
<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	8,898,934	9,177,636	10,689,952	11,787,491	10,075,307	50,629,320
<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)						20,165,950
<b>6 Public Support.</b> Subtract line 5 from line 4						30,463,370

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>7</b> Amounts from line 4	8,898,934	160,949	10,689,952	11,787,491	10,075,307	50,629,320
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	103,052	160,949	323,630	130,227	88,319	806,177
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income (Explain in Part IV ) Do not include gain or loss from the sale of capital assets	82,015	127,130	270,227	119,884	102,565	701,821
<b>11 Total support</b> (Add lines 7 through 10)						52,137,318
<b>12</b> Gross receipts from related activities, etc (See instructions )					<b>12</b>	401,693

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

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

<b>14</b> Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f))	<b>14</b>	58 430 %
<b>15</b> Public Support Percentage for 2008 Schedule A, Part II, line 14	<b>15</b>	66 710 %

**16a 33 1/3% support test—2009.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

**b 33 1/3% support test—2008.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

**17a 10%-facts-and-circumstances test—2009.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization

**b 10%-facts-and-circumstances test—2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization

**18 Private Foundation** If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 IV.)						
<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 501(c)(3) organization, check this box and **stop here**

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

<b>15</b> Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	<b>15</b>	
<b>16</b> Public support percentage from 2008 Schedule A, Part III, line 15	<b>16</b>	

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

<b>17</b> Investment income percentage for <b>2009</b> (line 10c column (f) divided by line 13 column (f))	<b>17</b>	
<b>18</b> Investment income percentage from <b>2008</b> Schedule A, Part III, line 17	<b>18</b>	

**19a 33 1/3% support tests—2009.** 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—2008.** 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



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**Part IV** **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

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SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

For Organizations Exempt From Income Tax Under section 501(c) and section 527

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. See separate instructions.

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35a (regarding proxy tax), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization UNITED WAY OF EAST CENTRAL IOWA INC

Employer identification number

42-0861239

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV
2 Political expenditures \$
3 Volunteer hours

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 \$
2 Enter the amount of any excise tax incurred by organization managers under section 4955 \$
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
4a Was a correction made? Yes No
b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c) except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities \$
3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b \$
4 Did the filing organization file Form 1120-POL for this year? Yes No
5 State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

Table with 5 columns: (a) Name, (b) Address, (c) EIN, (d) Amount paid from filing organization's funds, (e) Amount of political contributions received and promptly and directly delivered to a separate political organization.

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

- A** Check  if the filing organization belongs to an affiliated group
- B** Check  if the filing organization checked box A and "limited control" provisions apply

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)	(a) Filing Organization's Totals	(b) Affiliated Group Totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying)														
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying)														
<b>c</b> Total lobbying expenditures (add lines 1a and 1b)														
<b>d</b> Other exempt purpose expenditures														
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d)														
<b>f</b> Lobbying nontaxable amount Enter the amount from the following table in both columns														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%; text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%; text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000													
Over \$17,000,000	\$1,000,000													
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f)														
<b>h</b> Subtract line 1g from line 1a If zero or less, enter -0-														
<b>i</b> Subtract line 1f from line 1c If zero or less, enter -0-														
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

**4-Year Averaging Period Under Section 501(h)**  
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
<b>2a</b> Lobbying non-taxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots non-taxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

**Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
<b>a</b> Volunteers?		No	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
<b>c</b> Media advertisements?		No	
<b>d</b> Mailings to members, legislators, or the public?		No	
<b>e</b> Publications, or published or broadcast statements?		No	
<b>f</b> Grants to other organizations for lobbying purposes?		No	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
<b>i</b> Other activities? If "Yes," describe in Part IV	Yes		17,070
<b>j</b> Total lines 1c through 1i			17,070
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

	Yes	No
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?	<b>1</b>	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	<b>2</b>	
<b>3</b> Did the organization agree to carryover lobbying and political expenditures from the prior year?	<b>3</b>	

**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".**

<b>1</b> Dues, assessments and similar amounts from members	<b>1</b>	
<b>2</b> Section 162(e) non-deductible lobbying and political expenditures ( <b>do not include amounts of political expenses for which the section 527(f) tax was paid</b> ).		
<b>a</b> Current year	<b>2a</b>	
<b>b</b> Carryover from last year	<b>2b</b>	
<b>c</b> Total	<b>2c</b>	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	<b>3</b>	
<b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	<b>4</b>	
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions)	<b>5</b>	

**Part IV Supplemental Information**

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1.  
Also, complete this part for any additional information.

Identifier	Return Reference	Explanation
Part II-B, Line 1i	Explanation of Other Lobbying Activities	The organization has one consultant that is a paid lobbyist. In addition, the organization is a member of a national association of United Ways, United Way Worldwide, as well as a local association of United Ways, United Ways of Iowa, to which it pays annual membership dues. A small portion of the annual dues paid to United Way Worldwide and United Ways of Iowa is expended on lobbying activities.

SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2009

Open to Public Inspection

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. Attach to Form 990. See separate instructions.

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4: Total number at end of year, Aggregate contributions to (during year), Aggregate grants from (during year), Aggregate value at end of year.

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

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

- 1 Purpose(s) of conservation easements held by the organization (check all that apply): Preservation of land for public use, Protection of natural habitat, Preservation of open space, Preservation of an historically important land area, Preservation of a certified historic structure.

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

- a Total number of conservation easements
b Total acreage restricted by conservation easements
c Number of conservation easements on a certified historic structure included in (a)
d Number of conservation easements included in (c) acquired after 8/17/06

Table with 2 columns: Held at the End of the Year. Rows 2a, 2b, 2c, 2d.

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

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

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

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

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

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

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

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

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

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

(i) Revenues included in Form 990, Part VIII, line 1 \$

(ii) Assets included in Form 990, Part X \$

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

a Revenues included in Form 990, Part VIII, line 1 \$

b Assets included in Form 990, Part X \$

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

**3** Using the organization's 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 XIV

**5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

**1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

**b** If "Yes," explain the arrangement in Part XIV and complete the following table

	Amount
<b>1c</b> Beginning balance	
<b>1d</b> Additions during the year	
<b>1e</b> Distributions during the year	
<b>1f</b> Ending balance	

**2a** Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

**b** If "Yes," explain the arrangement in Part XIV

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

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
<b>1a</b> Beginning of year balance . . . . .	1,114,513	1,413,926			
<b>b</b> Contributions . . . . .	2,950	400			
<b>c</b> Investment earnings or losses . . . . .	177,288	-252,483			
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .	49,058	44,046			
<b>f</b> Administrative expenses . . . . .	4,292	3,284			
<b>g</b> End of year balance . . . . .	1,241,401	1,114,513			

**2** Provide the estimated percentage of the year end balance held as

- a** Board designated or quasi-endowment ▶ 26 680 % %
- b** Permanent endowment ▶ 27 680 % %
- c** Term endowment ▶ 45 640 % %

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

	Yes	No
<b>(i)</b> unrelated organizations . . . . .	<b>3a(i)</b> Yes	
<b>(ii)</b> related organizations . . . . .	<b>3a(ii)</b> Yes	
<b>b</b> If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? . . . . .	<b>3b</b>	

**4** Describe in Part XIV the intended uses of the organization's endowment funds

**Part VI Investments—Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .				
<b>b</b> Buildings . . . . .				
<b>c</b> Leasehold improvements . . . . .		66,519	66,519	0
<b>d</b> Equipment . . . . .		243,341	180,740	62,601
<b>e</b> Other . . . . .				
<b>Total.</b> Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) . . . . .				62,601



**Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements**

<b>1</b>	Total revenue (Form 990, Part VIII, column (A), line 12)	<b>1</b>	10,309,869
<b>2</b>	Total expenses (Form 990, Part IX, column (A), line 25)	<b>2</b>	10,169,063
<b>3</b>	Excess or (deficit) for the year Subtract line 2 from line 1	<b>3</b>	140,806
<b>4</b>	Net unrealized gains (losses) on investments	<b>4</b>	164,953
<b>5</b>	Donated services and use of facilities	<b>5</b>	
<b>6</b>	Investment expenses	<b>6</b>	
<b>7</b>	Prior period adjustments	<b>7</b>	
<b>8</b>	Other (Describe in Part XIV)	<b>8</b>	14,049,642
<b>9</b>	Total adjustments (net) Add lines 4 - 8	<b>9</b>	14,214,595
<b>10</b>	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	<b>10</b>	14,355,401

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b>	23,266,458
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
<b>a</b>	Net unrealized gains on investments . . . . .	<b>2a</b>	164,953
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	55,486
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIV) . . . . .	<b>2d</b>	13,964,064
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	14,184,503
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	9,081,955
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	4,190
<b>b</b>	Other (Describe in Part XIV) . . . . .	<b>4b</b>	1,223,724
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	1,227,914
<b>5</b>	Total Revenue Add lines <b>3</b> and <b>4c</b> . (This should equal Form 990, Part I, line 12 ) . . . . .	<b>5</b>	10,309,869

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

<b>1</b>	Total expenses and losses per audited financial statements . . . . .	<b>1</b>	9,153,989
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25		
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	55,486
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>	
<b>c</b>	Other losses . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIV) . . . . .	<b>2d</b>	165,717
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	221,203
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	8,932,786
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	4,190
<b>b</b>	Other (Describe in Part XIV) . . . . .	<b>4b</b>	1,232,087
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	1,236,277
<b>5</b>	Total expenses Add lines <b>3</b> and <b>4c</b> . (This should equal Form 990, Part I, line 18 ) . . . . .	<b>5</b>	10,169,063

**Part XIV Supplemental Information**

Complete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
Part V, Line 4	Description of Intended Use of Endowment Funds	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 \$343,651 OF ENDOWMENTS WHICH MUST BE INVESTED IN PERPETUITY, THE INCOME FROM WHICH IS EXPENDABLE TO SUPPORT THE OPERATIONS OF THE ORGANIZATION
Part XI, Line 8 - Other Adjustments		CHANGE IN BENEFICIAL INTEREST IN COMMUNITY FOUNDATION 12720 NET INCOME OF SUBSIDIARY - FCFH-IOWA, INC -19847 NET INCOME OF SUBSIDIARY - HUMAN SERVICES CAMPUS OF EAST CENTRAL IOWA 13813837 CONTRIBUTION OF NET ASSETS - FCFH-IOWA, INC 242932
Part XII, Line 2d - Other Adjustments		CHANGE IN BENEFICIAL INTEREST IN COMMUNITY FOUNDATION 12720 REVENUE OF SUBSIDIARY - FCFH-IOWA, INC 355672 REVENUE OF SUBSIDIARY - HUMAN SERVICES CAMPUS OF EAST CENTRAL IOWA 13938654 ELIMINATIONS OF REVENUE FOR CONSOLIDATION - 342982
Part XII, Line 4b - Other Adjustments		DONOR OPTION ALLOCATIONS NETTED AGAINST REVENUE FOR AUDIT 1232087 SPECIAL EVENT EXPENSE -8363
Part XIII, Line 2d - Other Adjustments		EXPENSE OF SUBSIDIARY - FCFH-IOWA, INC 375519 EXPENSE OF SUBSIDIARY - HUMAN SERVICES CAMPUS OF EAST CENTRAL IOWA 124817 ELIMINATIONS OF EXPENSE FOR CONSOLIDATION -342982 SPECIAL EVENT EXPENSE 8363
Part XIII, Line 4b - Other Adjustments		DONOR OPTION ALLOCATIONS NETTED AGAINST REVENUE FOR AUDIT 1232087
		SCH D, PART X, LN 2 FIN 48 FOOTNOTE THE ORGANIZATION ADOPTED CERTAIN PROVISIONS OF ASC 740, INCOME TAXES, AS OF JULY 1, 2009 THE PROVISIONS CLARIFY THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN AN ORGANIZATION'S FINANCIAL STATEMENTS AND PRESCRIBE A RECOGNITION THRESHOLD AND MEASUREMENT STANDARD FOR THE FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF AN INCOME TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN THE ORGANIZATION HAS REVIEWED ITS TAX POSITIONS FOR ALL OPEN TAX YEARS AND HAS CONCLUDED THAT THE ADOPTION OF THE PROVISIONS OF ASC 740 DID NOT HAVE AN IMPACT ON THEIR FINANCIAL STATEMENT PRESENTATION UWECI AND FCFH ARE NO LONGER SUBJECT TO EXAMINATIONS FOR THE YEARS BEFORE DECEMBER 31, 2006 AND JUNE 30, 2007, RESPECTIVELY



Schedule I (Form 990)

OMB No 1545-0047

Grants and Other Assistance to Organizations, Governments and Individuals in the United States
Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.
Attach to Form 990

2009

Open to Public Inspection

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 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?
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part III Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC Code 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. Row 1: See Additional Data Table

Summary table with 2 rows: 2 Enter total number of section 501(c)(3) and government organizations (70), 3 Enter total number of other organizations (0)



**Software ID:**  
**Software Version:**  
**EIN:** 42-0861239  
**Name:** UNITED WAY OF EAST CENTRAL IOWA INC

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Aging Services Inc 800 First Street NW CEDAR RAPIDS, IA 52405	23-7085316	501(c)(3)	469,539		N/A	N/A	Program Funding Health
Area Substance Abuse Council 3601 16th Avenue SW CEDAR RAPIDS, IA 52404	42-1114396	501(c)(3)	455,000		N/A	N/A	Program Funding Health
Horizons - A Family Service Alliance 819 Fifth Street SE CEDAR RAPIDS, IA 52403	42-1135083	501(c)(3)	455,000		N/A	N/A	Program Funding Health
Hawkeye Area Community Action Program 1515 Hawkeye Drive Hiawatha, IA 52233	42-0898405	501(c)(3)	402,000		N/A	N/A	Program Funding Education
Waypoint Services 318 Fifth Street SE CEDAR RAPIDS, IA 52401	42-0680307	501(c)(3)	340,000		N/A	N/A	Program Funding Income
Young Parents Network 722 5th Ave SE CEDAR RAPIDS, IA 52401	42-1355480	501(c)(3)	297,000		N/A	N/A	Program Funding Education
Foundation 21714 Johnson Avenue NW CEDAR RAPIDS, IA 52405	42-1078444	501(c)(3)	260,000		N/A	N/A	Program Funding Education
Foundation 21714 Johnson Avenue NW CEDAR RAPIDS, IA 52405	42-1078444	501(c)(3)	260,000		N/A	N/A	Program Funding Health
Jane Boyd Community House 943 14th Avenue SE CEDAR RAPIDS, IA 52403	42-0680359	501(c)(3)	245,000		N/A	N/A	Program Funding Education
Community Corrections Improvement Assoc 951 29th Avenue SW CEDAR RAPIDS, IA 52404	42-1382341	501(c)(3)	200,000		N/A	N/A	Program Funding Education

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code 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
The ARC of East Central Iowa 680 2nd St SE CEDAR RAPIDS, IA 52401	42-0805377	501(c)(3)	200,000		N/A	N/A	Program Funding Income
Waypoint Services 318 Fifth Street SE CEDAR RAPIDS, IA 52401	42-0680307	501(c)(3)	181,500		N/A	N/A	Program Funding Education
Big Brothers Big Sisters 3150 E Ave NW Suite 103 CEDAR RAPIDS, IA 52405	42-1170475	501(c)(3)	155,000		N/A	N/A	Program Funding Education
Boys & Girls Club PO Box 8866 CEDAR RAPIDS, IA 52408	42-1434056	501(c)(3)	145,000		N/A	N/A	Program Funding Education
YMCA of the CEDAR RAPIDS Metropolitan Area 207 Seventh Avenue SE CEDAR RAPIDS, IA 52401	42-0680306	501(c)(3)	145,000		N/A	N/A	Program Funding Education
American Red Cross - Grant Wood Area 6300 Rockwell Drive NE CEDAR RAPIDS, IA 52402	53-0196605	501(c)(3)	145,000		N/A	N/A	Program Funding Income
Iowa Legal Aid 210 Second Street SE 302 CEDAR RAPIDS, IA 52401	42-1079227	501(c)(3)	145,000		N/A	N/A	Program Funding Income
Goodwill Industries of the Heartland 1441 Blairs Ferry Road NE CEDAR RAPIDS, IA 52402	42-0923563	501(c)(3)	143,000		N/A	N/A	Program Funding Income
The Salvation Army 1000 C Avenue NW CEDAR RAPIDS, IA 52405	36-2167910	501(c)(3)	132,000		N/A	N/A	Program Funding Income
Hawkeye Area Community Action Program 1515 Hawkeye Drive Hiawatha, IA 52233	42-0898405	501(c)(3)	122,000		N/A	N/A	Program Funding Income

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Catherine McAuley Center 866 Fourth Avenue SE CEDAR RAPIDS, IA 52401	42-1342872	501(c)(3)	119,000		N/A	N/A	Program Funding Income
YMCA of the CEDAR RAPIDS Metropolitan Area 207 Seventh Avenue SE CEDAR RAPIDS, IA 52401	42-0680306	501(c)(3)	114,750		N/A	N/A	Program Funding Education
Horizons - A Family Service Alliance 819 Fifth Street SE CEDAR RAPIDS, IA 52403	42-1135083	501(c)(3)	104,000		N/A	N/A	Program Funding Income
Witwer Center 605 Second Ave SE CEDAR RAPIDS, IA 52401	42-1153156	501(c)(3)	100,000		N/A	N/A	Program Funding Health
Boy Scouts of America- Hawkeye Area 660 32nd Avenue SW CEDAR RAPIDS, IA 52404	42-0680304	501(c)(3)	92,500		N/A	N/A	Program Funding Education
Jane Boyd Community House 943 14th Avenue SE CEDAR RAPIDS, IA 52403	42-0680359	501(c)(3)	90,000		N/A	N/A	Program Funding Income
Willis Dady Emergency Shelter 1247 Fourth Avenue SE CEDAR RAPIDS, IA 52403	42-1311668	501(c)(3)	90,000		N/A	N/A	Program Funding Income
Dental Health Center 855 A Avenue NE CEDAR RAPIDS, IA 52402	42-1106819	501(c)(3)	75,000		N/A	N/A	Program Funding Health
Jane Boyd Community House 943 14th Avenue SE CEDAR RAPIDS, IA 52403	42-0680359	501(c)(3)	75,000		N/A	N/A	Program Funding Income
The Safe Place Foundation 527 Sixth Avenue SE CEDAR RAPIDS, IA 52401	42-1348441	501(c)(3)	65,000		N/A	N/A	Program Funding Income

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<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code 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
Kids First Law Center 712 5th Ave SE CEDAR RAPIDS, IA 52403	20-2199649	501(c)(3)	63,000		N/A	N/A	Program Funding Education
Waypoint Services 318 Fifth Street SE CEDAR RAPIDS, IA 52401	42-0680307	501(c)(3)	62,001		N/A	N/A	Donor designation support
Boy Scouts of America- Hawkeye Area 660 32nd Avenue SW CEDAR RAPIDS, IA 52404	42-0680304	501(c)(3)	61,653		N/A	N/A	Donor designation support
Neighborhood Transportation Service Inc 404 17th Street SE CEDAR RAPIDS, IA 52403	26-1306253	501(c)(3)	60,000		N/A	N/A	Program Funding Income
Visiting Nurse Association 600 Boyson Road NE Suite 2 CEDAR RAPIDS, IA 52402	36-3052939	501(c)(3)	57,000		N/A	N/A	Program Funding Health
Boys & Girls Club PO Box 8866 CEDAR RAPIDS, IA 52408	42-1434056	501(c)(3)	55,502		N/A	N/A	Donor designation support
Girl Scouts of Eastern Iowa & Western IL 2600 Edgewood Road SW Suite 118 CEDAR RAPIDS, IA 52404	42-1008848	501(c)(3)	55,000		N/A	N/A	Program Funding Education
Big Brothers Big Sisters 3150 E Ave NW Suite 103 CEDAR RAPIDS, IA 52405	42-1170475	501(c)(3)	51,223		N/A	N/A	Donor designation support
Alzheimer's Association - East Central IA 1570 42nd Street NE CEDAR RAPIDS, IA 52402	42-1333384	501(c)(3)	45,000		N/A	N/A	Program Funding Health
MECCA 430 Southgate Iowa City, IA 52240	42-0946031	501(c)(3)	45,000		N/A	N/A	Program Funding Health

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Catherine McAuley Center 866 Fourth Avenue SE CEDAR RAPIDS, IA 52401	42-1342872	501(c)(3)	44,428		N/A	N/A	Donor designation support
The ARC of East Central Iowa 680 2nd St SE CEDAR RAPIDS, IA 52401	42-0805377	501(c)(3)	44,208		N/A	N/A	Donor designation support
American Cancer Society CR 4080 First Avenue NE CEDAR RAPIDS, IA 52402	42-0680353	501(c)(3)	37,441		N/A	N/A	Donor designation support
Abbe Center for Community Mental Health 520 11th Street NW CEDAR RAPIDS, IA 52405	42-1045257	501(c)(3)	37,000		N/A	N/A	Program Funding Health
Alzheimer's Association - East Central IA 1570 42nd Street NE CEDAR RAPIDS, IA 52402	42-1333384	501(c)(3)	36,193		N/A	N/A	Donor designation support
Community Health Free Clinic 947 14th Avenue SE CEDAR RAPIDS, IA 52403	13-4228071	501(c)(3)	35,250		N/A	N/A	Program Funding Health
Boy Scouts of America - Hawkeye Area 660 32nd Avenue SW CEDAR RAPIDS, IA 52404	42-0680304	501(c)(3)	35,000		N/A	N/A	Program Funding Education
Hawkeye Area Community Action Program 1515 Hawkeye Drive Hiawatha, IA 52233	42-0898405	501(c)(3)	35,000		N/A	N/A	Program Funding Health
Community Corrections Improvement Assoc 951 29th Avenue SW CEDAR RAPIDS, IA 52404	42-1382341	501(c)(3)	35,000		N/A	N/A	Program Funding Income
Rape Victim Advocacy Program 332 S Linn St Suite 100 Iowa City, IA 52240	42-6004813	501(c)(3)	32,000		N/A	N/A	Program Funding Education

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Families Inc 233 S 2nd St West Branch, IA 52358	42-1023208	501(c)(3)	30,000		N/A	N/A	Program Funding Health
Retired & Senior Volunteer Program 1026 A Avenue NE CEDAR RAPIDS, IA 52406	42-1106819	501(c)(3)	30,000		N/A	N/A	Program Funding Health
Rural Employment Alternatives 495 4th Avenue Conroy, IA 52220	42-1150011	501(c)(3)	30,000		N/A	N/A	Program Funding Income
The Salvation Army 1000 C Avenue NW CEDAR RAPIDS, IA 52405	36-2167910	501(c)(3)	29,573		N/A	N/A	Donor designation support
Horizons - A Family Service Alliance 819 Fifth Street SE CEDAR RAPIDS, IA 52403	42-1135083	501(c)(3)	28,677		N/A	N/A	Donor designation support
American Red Cross - Grant Wood Area 6300 Rockwell Drive NE CEDAR RAPIDS, IA 52402	53-0196605	501(c)(3)	28,434		N/A	N/A	Donor designation support
The Salvation Army 1000 C Avenue NW CEDAR RAPIDS, IA 52405	36-2167910	501(c)(3)	26,000		N/A	N/A	Program Funding Education
St Luke's Health Care Foundation 855 A Avenue NE 105 CEDAR RAPIDS, IA 52402	42-1106819	501(c)(3)	23,178		N/A	N/A	Donor designation support
American Red Cross - Grant Wood Area 6300 Rockwell Drive NE CEDAR RAPIDS, IA 52402	53-0196605	501(c)(3)	20,000		N/A	N/A	Program Funding Education
Visiting Nurse Association 600 Boyson Road NE Suite 2 CEDAR RAPIDS, IA 52402	36-3052939	501(c)(3)	20,000		N/A	N/A	Program Funding Health



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Young Parents Network 722 5th Ave SE CEDAR RAPIDS, IA 52401	42-1355480	501(c)(3)	18,388		N/A	N/A	Donor designation support
Southeast Linn Community Center 108 South Washington Lisbon, IA 52253	43-1406317	501(c)(3)	15,000		N/A	N/A	Program Funding Health
Heartland Vineyard Christian Fellowship 1405 Greenhill Road Cedar Falls, IA 50613	42-1321006	501(c)(3)	14,896		N/A	N/A	Donor designation support
YMCA of the CEDAR RAPIDS Metropolitan Area 207 Seventh Avenue SE CEDAR RAPIDS, IA 52401	42-0680306	501(c)(3)	13,882		N/A	N/A	Donor designation support
Cedar Rapids Symphony 119 3rd Avenue SE CEDAR RAPIDS, IA 52401	42-0772544	501(c)(3)	13,593		N/A	N/A	Donor designation support
Girl Scouts of Eastern Iowa & Western IL 2600 Edgewood Road SW Suite 118 CEDAR RAPIDS, IA 52404	42-1008848	501(c)(3)	13,061		N/A	N/A	Donor designation support
Stonebridge Church 1829 Stoney Point Rd SW CEDAR RAPIDS, IA 52404	42-1113923	501(c)(3)	13,014		N/A	N/A	Donor designation support
Jane Boyd Community House 943 14th Avenue SE CEDAR RAPIDS, IA 52403	42-0680359	501(c)(3)	12,765		N/A	N/A	Donor designation support
Volunteer Services of Cedar County PO Box 307 Tipton, IA 52772	42-1341650	501(c)(3)	12,461		N/A	N/A	Program Funding Health
United Way of Johnson County 1150 Fifth Street Suite 290 Coralville, IA 52241	42-6062055	501(c)(3)	11,893		N/A	N/A	Donor designation support

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University Of Iowa Foundation PO Box 4550 Iowa City, IA 52244	42-0796760	501(c)(3)	11,307		N/A	N/A	Donor designation support
Xavier Foundation 6300 42nd Street NE CEDAR RAPIDS, IA 52411	42-1479238	501(c)(3)	11,053		N/A	N/A	Donor designation support
Willis Dady Emergency Shelter 1247 Fourth Avenue SE CEDAR RAPIDS, IA 52403	42-1311668	501(c)(3)	10,849		N/A	N/A	Donor designation support
Rebuilding Palo Fund Inc 2293 Burt Road Palo, IA 52324	80-0216696	501(c)(3)	10,440		N/A	N/A	Donor designation support
St Pius X Catholic Church 4949 Council Street NE CEDAR RAPIDS, IA 52402	42-0859572	501(c)(3)	10,126		N/A	N/A	Donor designation support
KIND Care Inc 802 Franklin St Williamsburg, IA 52361	42-1401217	501(c)(3)	10,000		N/A	N/A	Program Funding Education
Williamsburg Community Child Care Center 802 Franklin Street PO Box 837 Williamsburg, IA 52361	42-1401226	501(c)(3)	10,000		N/A	N/A	Program Funding Education
Benton County Volunteer Program 1309 Fifth Avenue Belle Plaine, IA 52208	42-1023730	501(c)(3)	10,000		N/A	N/A	Program Funding Health
Four Oaks Family and Children Services 5400 Kirkwood Boulevard SW CEDAR RAPIDS, IA 52404	42-0998726	501(c)(3)	9,943		N/A	N/A	Donor designation support
St Elizabeth Ann Seton Cathloic Church 1350 Lyndhurst Drive Hiawatha, IA 52233	42-1338119	501(c)(3)	8,913		N/A	N/A	Donor designation support

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Southeast Linn Community Center 108 South Washington Lisbon, IA 52253	43-1406317	501(c)(3)	8,886		N/A	N/A	Donor designation support
American Heart Association CR1035 N Center Point Road Ste B Hiawatha, IA 52233	13-5613797	501(c)(3)	8,567		N/A	N/A	Donor designation support
Area Substance Abuse Council 3601 16th Avenue SW CEDAR RAPIDS, IA 52404	42-1114396	501(c)(3)	8,090		N/A	N/A	Donor designation support
Junior Achievement of East Central Iowa 315 Third Avenue SE 209 CEDAR RAPIDS, IA 52401	42-0919209	501(c)(3)	7,607		N/A	N/A	Donor designation support
Hillside Wesleyan Church 2600 First Avenue NW CEDAR RAPIDS, IA 52405	42-1111974	501(c)(3)	7,606		N/A	N/A	Donor designation support
Coe College Foundation 1220 First Avenue NE CEDAR RAPIDS, IA 52402	42-0686467	501(c)(3)	7,192		N/A	N/A	Donor designation support
Dennis and Donna Oldorf Hospice 701 10th Street SE CEDAR RAPIDS, IA 52403	51-0233180	501(c)(3)	6,711		N/A	N/A	Donor designation support
Aging Services Inc 800 First Street NW CEDAR RAPIDS, IA 52405	23-7085316	501(c)(3)	6,711		N/A	N/A	Donor designation support
Cedar Valley Habitat for Humanity 725 N Center Point Road Hiawatha, IA 52233	42-1320296	501(c)(3)	6,674		N/A	N/A	Donor designation support
Foundation 21714 Johnson Avenue NW CEDAR RAPIDS, IA 52405	42-1078444	501(c)(3)	6,612		N/A	N/A	Donor designation support

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Goodwill Industries of the Heartland 1441 Blairs Ferry Road NE CEDAR RAPIDS, IA 52402	42-0923563	501(c)(3)	6,590		N/A	N/A	Donor designation support
Indian Creek Nature Center 6665 Otis Road SE CEDAR RAPIDS, IA 52403	23-7260197	501(c)(3)	6,398		N/A	N/A	Donor designation support
Aid To Women 701 Center Point Rd NE CEDAR RAPIDS, IA 52402	42-1203675	501(c)(3)	6,284		N/A	N/A	Donor designation support
Bruce more 2160 Linden Drive SE CEDAR RAPIDS, IA 52403	42-1170531	501(c)(3)	6,225		N/A	N/A	Donor designation support
First Lutheran Church 1000 Third Avenue SE CEDAR RAPIDS, IA 52403	39-1897287	501(c)(3)	6,077		N/A	N/A	Donor designation support
Hawkeye Area Community Action Program 1515 Hawkeye Drive Hiawatha, IA 52233	42-0898405	501(c)(3)	5,926		N/A	N/A	Donor designation support
Linn Mar School Foundation 2999 North 10th Street Marion, IA 52302	42-1267125	501(c)(3)	5,818		N/A	N/A	Donor designation support
Theatre CEDAR RAPIDS 102 Third Street SE CEDAR RAPIDS, IA 52401	42-0890913	501(c)(3)	5,787		N/A	N/A	Donor designation support
St Mary's Catholic Church - Solon IA 1749 Racine Avenue NE Solon, IA 52333	42-0805379	501(c)(3)	5,553		N/A	N/A	Donor designation support
First Presbyterian Church - SE 310 5th St SE CEDAR RAPIDS, IA 52401	42-0680489	501(c)(3)	5,467		N/A	N/A	Donor designation support

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Camp Courageous12007 19th St Monticello,IA 52310	23-7210932	501(c)(3)	5,460		N/A	N/A	Donor designation support
Benton County Volunteer Program1309 Fifth Avenue Belle Plaine,IA 52208	42-1023730	501(c)(3)	5,420		N/A	N/A	Donor designation support
Cedar Rapids Museum of Art 410 Third Avenue SE CEDAR RAPIDS,IA 52401	42-0680248	501(c)(3)	5,350		N/A	N/A	Donor designation support
Community Health Free Clinic947 14th Avenue SE CEDAR RAPIDS,IA 52403	13-4228071	501(c)(3)	5,312		N/A	N/A	Donor designation support
Families Inc233 S 2nd St West Branch,IA 52358	42-1023208	501(c)(3)	5,250		N/A	N/A	Program Funding Health
Witwer Center605 Second Ave SE CEDAR RAPIDS,IA 52401	42-1153156	501(c)(3)	5,178		N/A	N/A	Donor designation support
Mercy Medical Center Foundation701 10th Street SE CEDAR RAPIDS,IA 52403	51-0233180	501(c)(3)	5,118		N/A	N/A	Donor designation support
Dubuque County Historical Society350 E 3rd St Dubuque,IA 52001	42-6072050	501(c)(3)	5,000		N/A	N/A	Donor designation support
FCFH-IOWA INC1030 5TH AVE SE CEDAR RAPIDS,IA 52403	20-0936954	501(C)(3)	252,000	6,052	FAIR MARKET VALUE	ADMINISTRATIVE SERVICES	TO ASSIST WITH ADMINISTRATIVE COSTS
HUMAN SERVICES CAMPUS OF EAST CENTRAL IOWA1030 5TH AVE SE CEDAR RAPIDS,IA 52403	27-0487331	501(c)(3)		84,930	FAIR MARKET VALUE	ADMINISTRATIVE SERVICES	TO ASSIST WITH ADMINISTRATIVE COSTS

SCHEDULE M (Form 990)

NonCash Contributions

OMB No 1545-0047

2009

Open to Public Inspection

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

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 Types of Property

Table with 4 columns: (a) Check if applicable, (b) Number of Contributions, (c) Revenues reported on Form 990, Part VIII, line 1g, (d) Method of determining revenues. Rows include Art, Books, Cars, Securities, etc.

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

Table with 3 columns: Question, Yes, No. Rows include 30a, 31, 32a, 33 regarding contribution reporting and policies.

**Part II**

**Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
Method for Determining Number of Contributors	Part I, Column (b)	THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTIONS
Third Party Use	Part I, Line 32b	ALL STOCK CONTRIBUTIONS ARE PROCESSED VIA WELLS FARGO THE DONOR'S STOCK BROKER WILL NOTIFY UNITED WAY OF EAST CENTRAL IOWA AND WELLS FARGO OF THE STOCK GIFT WELLS FARGO IMMEDIATELY SELLS THE STOCK UPON NOTIFICATION OF TRANSFER NET PROCEEDS ARE DIRECTED TO UNITED WAY OF EAST CENTRAL IOWA

**SCHEDULE O**  
(Form 990)

**Supplemental Information to Form 990**

**2009**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.**  
▶ **Attach to Form 990.**

**Name of the organization**  
UNITED WAY OF EAST CENTRAL IOWA INC

**Employer identification number**  
42-0861239

Identifier	Return Reference	Explanation
Form 990, Part III, line 2	New Program Services	A separate 501(c)(3) supporting organization, Human Services Campus of East Central Iowa ("HSCECI"), was formed to oversee ownership, management and operation of the Human Services Campus of East Central Iowa facility. The Human Services Campus, in a central downtown location, will provide a home for multiple 501(c)(3) agencies. The facility will house administrative offices, client service space, and a conference center for meetings and training. United Way of East Central Iowa ("UWECI") has been extensively involved in the formation of the separate 501(c)(3) organization, management of the facility design and construction process, and oversight of the fiscal operations of the Human Services Campus. These administrative services have become part of the day-to-day activities of several key UWECI staff and all UWECI staff time devoted to the HSCECI project has been provided as an in-kind service to HSCECI.
Form 990, Part VI, Section A, line 1		Each director has equal voting rights of one vote per director with the exception of Barry and Gilda Boyer who co-occupy one seat on the board and together have one combined vote on the board of directors.
Form 990, Part VI, Section A, line 2		1 Gary Chadick, Director and Cindy Dietz, Director have a business relationship. 2 Gary Chadick, Director and Melodee Webb, Director have a business relationship. 3 Shannon Meyer, Director and Dennis Jordan, Director have a business relationship.
Form 990, Part VI, Section B, line 11		The VP/CFO will direct the completion of the Form 990 and will be responsible for ensuring that the return is filed within the IRS prescribed 135 days following the close of the fiscal year, or if needed, an application for extension of time is filed with the IRS. Members of the UWECI Board of Directors, with assistance from the Finance & Administration and Audit Committees, are stewards of the organization's financial resources and are responsible for ensuring that these resources are used to further charitable purposes. In addition, board and committee members should maintain proper financial oversight making sure that the organization's funds are appropriately accounted for by receiving and reviewing up to date financial information including the annual Form 990. To facilitate adequate financial oversight, a draft version of the IRS Form 990 will be reviewed by the UWECI Audit Committee. The preparers of the IRS Form 990 will provide a brief review and discussion of the Form 990 pointing out the significant areas and how the numbers relate to the audited financial statements. After Audit Committee approval of the draft and subsequent changes, if necessary, a final copy of the IRS Form 990 will be reviewed by the UWECI Board of Directors prior to submission to the IRS. The Form 990 will be distributed electronically to all Board members and will be presented to the Board of Directors annually at the board meeting which most closely corresponds with the completion of the IRS Form 990.
Form 990, Part VI, Section B, line 12c		The Conflict of Interest policy is reviewed by the United Way Board of Directors every three years. United Way of America (United Way Worldwide) requires a Conflict of Interest policy as part of the annual certification process. In addition the Iowa Principles and Practices for Charitable Nonprofit Excellence recommends this policy for good nonprofit practice. It is the policy of United Way of East Central Iowa that conflicts of interest should be disclosed and resolved at the earliest possible time. Every United Way Board member, Finance or Community Impact 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 can not 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 CEO is reviewed by AN INDEPENDENT COMMITTEE COMPOSED OF the Board President, Past President, and Vice President. Information from the annual United Way of America ("UWA") compensation survey along with information from the Form 990 of other organizations ARE utilized to form the basis for the CEO's compensation. The compensation of the CEO is a recommendation from the Board President, Past President and Vice President and must be approved by the UWECI Board of Directors. Other Officer/Key Employee Compensation Review. The compensation and benefit programs are reviewed by the Human Resource Committee of the Board of Directors. Salary schedules are reviewed annually with data from UWA and local firms.
Form 990, Part VI, Section C, line 19		The organization publishes its annual audited financial statements, most recently filed Form 990, and IRS determination letter on its external website at www.uweci.org. All governing documents, conflicts of interest, and financial statements can be made available to the public at their request.



**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No 1545-0047

**2009**

**Open to Public  
Inspection**

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.**  
▶ **Attach to Form 990.** ▶ **See separate instructions.**

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

(a) Name, address, and EIN 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
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**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
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HUMAN SERVICES CAMPUS OF EAST CENTRAL IOWA

1030 5TH AVE SE  
CEDAR RAPIDS, IA 52403  
27-0487331  
FCFH-IOWA INC

FACILITY TO HOUSE  
MULTIPLE NON-PROFIT  
ENTITIES IN CENTRAL  
DOWNTOWN LOCATION

IA

501(C)(3)

Line 11a, I N/A

1030 5TH AVE SE

CEDAR RAPIDS, IA 52403  
20-0936954

HEALTH AND HUMAN  
SERVICES INFORMATION  
AND REFERRAL HELPLINE

IA

501(C)(3)

Line 7 N/A

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
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**Part V Transactions With Related Organizations** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, or 36.)

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

**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?

- a** Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to other organization(s)
- c** Gift, grant, or capital contribution from other organization(s)
- d** Loans or loan guarantees to or for other organization(s)
- e** Loans or loan guarantees by other organization(s)
  
- f** Sale of assets to other organization(s)
- g** Purchase of assets from other organization(s)
- h** Exchange of assets
- i** Lease of facilities, equipment, or other assets to other organization(s)
  
- j** Lease of facilities, equipment, or other assets from other organization(s)
- k** Performance of services or membership or fundraising solicitations for other organization(s)
- l** Performance of services or membership or fundraising solicitations by other organization(s)
- m** Sharing of facilities, equipment, mailing lists, or other assets
- n** Sharing of paid employees
  
- o** Reimbursement paid to other organization for expenses
- p** Reimbursement paid by other organization for expenses
  
- q** Other transfer of cash or property to other organization(s)
- r** Other transfer of cash or property from other organization(s)

	Yes	No
<b>1a</b>		No
<b>1b</b>	Yes	
<b>1c</b>		No
<b>1d</b>		No
<b>1e</b>		No
<b>1f</b>		No
<b>1g</b>		No
<b>1h</b>		No
<b>1i</b>		No
<b>1j</b>		No
<b>1k</b>	Yes	
<b>1l</b>		No
<b>1m</b>	Yes	
<b>1n</b>	Yes	
<b>1o</b>		No
<b>1p</b>		No
<b>1q</b>		No
<b>1r</b>		No

**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 other organization	(b) Transaction type(a-r)	(c) Amount involved
<b>(1)</b>	FCFH-IOWA INC	B	252,000
<b>(2)</b>	HUMAN SERVICES CAMPUS OF EAST CENTRAL IOWA	N	76,926
<b>(3)</b>			
<b>(4)</b>			
<b>(5)</b>			
<b>(6)</b>			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproportionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Form **4562**

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

OMB No 1545-0172

**2009**

Attachment  
Sequence No **67**

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return UNITED WAY OF EAST CENTRAL IOWA INC	Business or activity to which this form relates Form 990 Page 10	Identifying number 42-0861239
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**Part I Election To Expense Certain Property Under Section 179**  
*Note: If you have any listed property, complete Part V before you complete Part I.*

1 Maximum amount See the instructions for a higher limit for certain businesses . . . . .	<b>1</b>	250,000
2 Total cost of section 179 property placed in service (see instructions) . . . . .	<b>2</b>	
3 Threshold cost of section 179 property before reduction in limitation (see instructions) . . . . .	<b>3</b>	800,000
4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0- . . . . .	<b>4</b>	
5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions . . . . .	<b>5</b>	

6 (a) Description of property	(b) Cost (business use only)	(c) Elected cost
7 Listed property Enter the amount from line 29 . . . . .	<b>7</b>	
8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 . . . . .		<b>8</b>
9 Tentative deduction Enter the smaller of line 5 or line 8 . . . . .		<b>9</b>
10 Carryover of disallowed deduction from line 13 of your 2008 Form 4562 . . . . .		<b>10</b>
11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions) . . . . .		<b>11</b>
12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 . . . . .		<b>12</b>
13 Carryover of disallowed deduction to 2010 Add lines 9 and 10, less line 12 . . . . .	<b>13</b>	

**Note: Do not use Part II or Part III below for listed property. Instead, use Part V.**

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions)**

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	<b>14</b>	
15 Property subject to section 168(f)(1) election . . . . .	<b>15</b>	
16 Other depreciation (including ACRS) . . . . .	<b>16</b>	

**Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**

**Section A**

17 MACRS deductions for assets placed in service in tax years beginning before 2009 . . . . .	<b>17</b>	16,535
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here . . . . .	<input type="checkbox"/>	

**Section B—Assets Placed in Service During 2008 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
<b>19a</b> 3-year property						
<b>b</b> 5-year property						
<b>c</b> 7-year property						
<b>d</b> 10-year property						
<b>e</b> 15-year property						
<b>f</b> 20-year property						
<b>g</b> 25-year property			25 yrs		S/L	
<b>h</b> Residential rental property			27 5 yrs	MM	S/L	
			27 5 yrs	MM	S/L	
<b>i</b> Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

**Section C—Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System**

<b>20a</b> Class life					S/L	
<b>b</b> 12-year			12 yrs		S/L	
<b>c</b> 40-year			40 yrs	MM	S/L	

**Part IV Summary (see instructions)**

21 Listed property Enter amount from line 28 . . . . .	<b>21</b>	
22 <b>Total.</b> Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions . . . . .	<b>22</b>	16,535
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs . . . . .	<b>23</b>	

**Part V Listed Property** (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

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

**Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)**

**24a** Do you have evidence to support the business/investment use claimed?  Yes  No **24b** If "Yes," is the evidence written?  Yes  No

Table with 9 columns: (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation/deduction, (i) Elected section 179 cost. Includes rows 25-29 for special depreciation and business use percentages.

**Section B—Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

Table for Section B with 6 columns: (a) Vehicle 1, (b) Vehicle 2, (c) Vehicle 3, (d) Vehicle 4, (e) Vehicle 5, (f) Vehicle 6. Rows 30-36 cover total miles driven and personal use availability.

**Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions).

Table for Section C with 2 columns: Yes, No. Rows 37-41 cover policy statements and requirements for vehicle use.

**Part VI Amortization**

Table for Section C with 6 columns: (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year. Includes rows 42-44 for amortization details.

# Additional Data

**Software ID:**  
**Software Version:**  
**EIN:** 42-0861239  
**Name:** UNITED WAY OF EAST CENTRAL IOWA INC

## Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

### 4d. Other program services

(Code ) (Expenses \$ 342,939 including grants of \$ 228,885 ) (Revenue \$ )

Volunteer Management UWECI employs a full-time Community Volunteer Coordinator who oversees work done through the East Central Iowa Volunteer Center As part of flood recovery efforts, the Volunteer Center has coordinated the work of thousands of volunteers who have contributed over 121,000 hours of service We also manage the Corridor Volunteers website, connecting people online to volunteer opportunities at nonprofit organizations throughout the state Flood Recovery In addition to our Flood Recovery Fund and Holiday of Hope program, United Way participates on several citywide recovery planning committees We represent the nonprofit sector on the Cedar Rapids Recovery and Reinvestment Coordinating Team UWECI is responsible for creating/organizing the Linn Area Long Term Recovery Coalition, focusing on unmet needs of flood affected individuals and families The coalition is made up of 50 organizations which are working together to find and distribute resources which will assist with recovery and rebuilding United Way staff directed many areas of the Coalition's work for its first 9-12 months We also take an active role in the Community Communications Coalition, getting key flood-related messages properly and clearly distributed to all area residents United Way 2-1-1 Since launching in early 2004, over 183,000 people in eastern Iowa have called 2-1-1 for support The majority of calls request information about utility and housing assistance, information and referral, childcare, and food During the 2008 floods, United Way 2-1-1 became a vital resource for persons in need of disaster assistance and recovery information United Way of East Central Iowa coordinates the 2-1-1 service, working in collaboration with Cedar Valley United Way, United Way of Johnson County, United Way of Mahaska County, United Way of Wapello County and Waverly-Shell Rock United Way This brings 2-1-1 services to 834,000 residents living in 24 eastern and southeastern Iowa counties United Way 2-1-1 partners with Linn County, Benton County, Black Hawk County, Cedar County and Jones County Emergency Management agencies This partnership allows 2-1-1 to be a resource to communities in the event of a disaster Individuals can call 2-1-1 to receive accurate and timely information during a disaster, such as a flood, tornado or an emergency at the 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 We also work with the labor community to coordinate the local Stamp Out Hunger Food Drive which collected nearly 59,000 pounds of food this year

(Code ) (Expenses \$ 1,232,087 including grants of \$ 1,232,087 ) (Revenue \$ 88,315 )

DONOR DESIGNATIONS Certain funds donated to United Way are designated by donors to United Way agencies, nonaffiliated organizations, churches, or other governmental agencies or non-profits The total amount distributed to such designated organizations during the year is \$1,232,087

(Code ) (Expenses \$ 258,052 including grants of \$ 258,052 ) (Revenue \$ )

FCFH-IOWA, INC UNITED WAY OF EAST CENTRAL IOWA PROVIDES ADMINISTRATIVE SERVICES TO FCFH-IOWA, INC 'S 2-1-1 HEALTH AND HUMAN SERVICES INFORMATION AND REFERRAL HELPLINE

(Code ) (Expenses \$ 84,930 including grants of \$ 84,930 ) (Revenue \$ )

HUMAN SERVICES CAMPUS OF EAST CENTRAL IOWA UNITED WAY OF EAST CENTRAL IOWA PROVIDES ADMINISTRATIVE SUPPORT TO HUMAN SERVICES CAMPUS OF EAST CENTRAL IOWA ("HSCECI") WHOSE PRIMARY PURPOSE IS TO PROVIDE quality centrally located office space to community nonprofits at rental rates significantly below market price

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Tom Anderson Director	1 00	X						0	0	0
Joan Aune Director	1 00	X						0	0	0
John Bickel Director	1 00	X						0	0	0
Barry Boyer Director	1 00	X						0	0	0
Gilda Boyer Director	1 00	X						0	0	0
Greg Brecht Director	1 00	X						0	0	0
Lydia Brown Director	1 00	X						0	0	0
Gary Chadick Director	1 00	X						0	0	0
Jack Cosgrove Director	1 00	X						0	0	0
Dwayne Daniels Director	1 00	X						0	0	0
Ray Dochterman Director	1 00	X						0	0	0
Jane Drapeaux Director	1 00	X						0	0	0
Stuart Haker Director	1 00	X						0	0	0
Salma Igram Director	1 00	X						0	0	0
Dennis Jordan Director	1 00	X						0	0	0
Karl Keeler Director	1 00	X						0	0	0
Tim Kintner Director	1 00	X						0	0	0
Doug Kopp Director	1 00	X						0	0	0
Dick Lorenz Director	1 00	X						0	0	0
Beth Malicki Director	1 00	X						0	0	0
Dick Meisterling Director	1 00	X						0	0	0
Shannon Meyer Director	1 00	X						0	0	0
Tom Moore Director	1 00	X						0	0	0
Katie Mulholland Director	1 00	X						0	0	0
Greg Neumeyer Director	1 00	X						0	0	0



**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Matt O'Rourke Director	1 00	X						0	0	0
Steve Ovel Director	1 00	X						0	0	0
Rue Patel Director	1 00	X						0	0	0
Hazel Pegues Director	1 00	X						0	0	0
Dick Pilcher Director	1 00	X						0	0	0
Terry Roemig Director	1 00	X						0	0	0
Marcia Rogers Director	1 00	X						0	0	0
Susan Spivey Director	1 00	X						0	0	0
Dave Storey Director	1 00	X						0	0	0
Melodee Webb Director	1 00	X						0	0	0
Mike Wilkins Director	1 00	X						0	0	0
Lois Buntz President/CEO	50 00	X		X				124,007	0	21,034
Larry Helling CHAIR	1 00	X		X				0	0	0
Cindy Dietz VICE CHAIR	1 00	X		X				0	0	0
Kevin Knutson TREASURER	1 00	X		X				0	0	0
Mary Ann Osborn SECRETARY	1 00	X		X				0	0	0
Kristine Riley VICE PRESIDENT/CFO	50 00			X				73,994	0	6,946

**Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses**

<i>Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
SPECIAL PROJECTS	45,235	14,519	6,740	23,976
MISCELLANEOUS	16,179	2,086	7,093	7,000
ORGANIZATIONAL DUES	2,554	260	1,146	1,148
AWARDS	1,609	185	0	1,424
DONATED MATERIALS	1,105		1,105	