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Part III

Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III ☒

1

Briefly describe the organization’s mission

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

2

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

If “Yes,” describe these new services on Schedule O

3

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

If “Yes,” describe these changes on Schedule O

4

Describe the 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 \$ 2,567,652 including grants of \$ 2,361,023) (Revenue \$)

EDUCATION HELPING CHILDREN AND YOUTH ACHIEVE THEIR POTENTIALCOMMUNITY STRATEGIES PLAY & LEARN PLAY & LEARN GROUPS ARE FACILITATED WEEKLY GROUPS FOR YOUNG CHILDREN (AGES BIRTH-FIVE) AND THEIR PARENTS OR OTHER CAREGIVERS PARENTS AND CAREGIVERS ARE PROVIDED WITH TOOLS TO LEARN HOW TO SUPPORT THEIR CHILDREN'S LANGUAGE, SOCIAL-EMOTIONAL, COGNITIVE & PHYSICAL DEVELOPMENT THROUGH EVERYDAY ACTIVITIES, LINKED TO RESOURCES THAT MEET THEIR NEEDS, AND SUPPORT AND LEARN FROM EACH OTHER THE UWECI YOUNG LEADERS SOCIETY IS SPONSORING PLAY & LEARN QUALITY 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 \$ 2,049,969 including grants of \$ 1,885,000) (Revenue \$)

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 4,180 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 WASHINGTON COUNTY - IN 2011, VOLUNTEER TAX PREPARERS ASSISTED WITH FILING OVER 4,180 TAX RETURNS - IN 2011, OVER 1 6 MILLION DOLLARS WAS CLAIMED IN EARNED INCOME TAX CREDITS

4c

(Code) (Expenses \$ 2,417,392 including grants of \$ 2,222,855) (Revenue \$)

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 \$ 2,346,781 including grants of \$ 2,157,928) (Revenue \$ 95,354)

4e

Total program service expenses \$ 9,381,794

Part IV

Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i> 	1	Yes
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? 	2	Yes
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i> 	3	No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i> 	4	Yes
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i>	5	
6	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? <i>If "Yes," complete Schedule D, Part I.</i> 	6	No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II.</i> 	7	No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i> 	8	No
9	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? <i>If "Yes," complete Schedule D, Part IV.</i> 	9	No
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i> 	10	Yes
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i> 	11a	Yes
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i> 	11b	No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i> 	11c	Yes
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i> 	11d	No
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> 	11e	Yes
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i> 	11f	Yes
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i> 	12a	No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.</i> 	12b	Yes
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>	13	No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
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? <i>If "Yes," complete Schedule F, Parts I and IV.</i>	14b	No
15	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 ? <i>If "Yes," complete Schedule F, Parts II and IV.</i>	15	No
16	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 ? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	16	No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I (see instructions)</i>	17	No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i>	18	Yes
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>	19	No
20a	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i>	20a	No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b	

Part IV

Checklist of Required Schedules (continued)

21	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>	21	Yes	
22	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>	22		No
23	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>	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b–24d and complete Schedule K. If "No," go to line 25</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	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>	26		No
27	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>	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	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>	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35	Yes	
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance					
Check if Schedule O contains a response to any question in this Part V <input type="checkbox"/>					
			Yes	No	
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a	16		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return.	2a	35		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b	Yes		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a			No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			No
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7 Organizations that may receive deductible contributions under section 170(c).					
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?					
8					
9 Sponsoring organizations maintaining donor advised funds.					
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			
10 Section 501(c)(7) organizations. Enter					
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b			
11 Section 501(c)(12) organizations. Enter					
a	Gross income from members or shareholders.	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?					
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.					
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b			
c	Enter the amount of reserves on hand.	13c			
14a Did the organization receive any payments for indoor tanning services during the tax year?					
14a					
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b			No

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.
Check if Schedule O contains a response to any question in this Part VI ☒

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	40	
b	Enter the number of voting members included in line 1a, above, who are independent	1b	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?	2	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?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	Yes	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	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	9		No

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

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
b	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?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	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?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)	15b	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?	16a		No
b	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?	16b		

Section C. Disclosure

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. <input checked="" type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> 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 317 7TH AVENUE SE NO 401 CEDAR RAPIDS, IA 524011604 (319) 398-5372

Check if Schedule O contains a response to any question in this Part VII ☐ ☒

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

Form **990** (2010)

Part VII

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
See Additional Data Table										
1b	Sub-Total									
c	Total from continuation sheets to Part VII, Section A									
d	Total (add lines 1b and 1c)							204,555	0	26,767

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

3

Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*

3

No

4

For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? *If "Yes," complete Schedule J for such individual*

4

No

5

Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*

5

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		
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a	21,562				
	b	Membership dues	1b					
	c	Fundraising events	1c	8,409				
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	98,156				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	11,072,406				
	g	Noncash contributions included in lines 1a-1f \$		81,665				
	h	Total. Add lines 1a-1f		11,200,533				
	Program Service Revenue			Business Code				
2a		DONOR DESIGNATION FEES	900099	91,166	91,166			
b		SPECIAL EVENT REVENUE	900099	4,188	4,188			
c								
d								
e								
f		All other program service revenue						
g		Total. Add lines 2a-2f		95,354				
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		95,532			95,532	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6a	Gross Rents	(i) Real	(ii) Personal				
		b	Less rental expenses					
		c	Rental income or (loss)					
		d	Net rental income or (loss)					
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b	Less cost or other basis and sales expenses					
		c	Gain or (loss)					
		d	Net gain or (loss)					
	8a	Gross income from fundraising events (not including \$ 8,409 of contributions reported on line 1c) See Part IV, line 18						
		a		9,498				
		b	Less direct expenses	b	11,459			
	c	Net income or (loss) from fundraising events			-1,961			-1,961
	9a	Gross income from gaming activities See Part IV, line 19	a					
		b	Less direct expenses	b				
		c	Net income or (loss) from gaming activities					
	10a	Gross sales of inventory, less returns and allowances	a					
		b	Less cost of goods sold	b				
c		Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code						
11a	SPONSORSHIPS	900099	117,365				117,365	
b								
c								
d	All other revenue							
e	Total. Add lines 11a-11d			117,365				
12	Total revenue. See Instructions			11,546,693	95,354	0	250,806	

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
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	8,626,806	8,626,806		
2	Grants and other assistance to individuals in the U S See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	236,765	69,585	107,733	59,447
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	906,772	353,811	219,826	333,135
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	71,014	28,527	12,208	30,279
9	Other employee benefits	122,213	52,790	31,779	37,644
10	Payroll taxes	80,154	29,095	22,836	28,223
a	Fees for services (non-employees) Management				
b	Legal	2,393		2,393	
c	Accounting	26,650		26,650	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees	3,967		3,967	
g	Other	58,745	20,596	26,717	11,432
12	Advertising and promotion	99,655	17,759	40,284	41,612
13	Office expenses	20,390	5,764	6,593	8,033
14	Information technology	30,592	16,593	6,550	7,449
15	Royalties				
16	Occupancy	105,792	40,486	34,856	30,450
17	Travel	34,552	33,369	256	927
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	18,001	9,426	3,169	5,406
20	Interest				
21	Payments to affiliates	103,886	37,686	30,809	35,391
22	Depreciation, depletion, and amortization	33,189	12,740	10,854	9,595
23	Insurance				
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	SPECIAL PROJECTS	59,161	18,326	14,167	26,668
b	MISCELLANEOUS	18,404	6,046	5,098	7,260
c	DONATED MATERIALS	11,758		11,758	0
d	AWARDS	3,273	1,397	113	1,763
e	ORGANIZATIONAL DUES	2,881	992	422	1,467
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	10,677,013	9,381,794	619,038	676,181
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) 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
Assets	1	Cash—non-interest-bearing			50,120	1	100
	2	Savings and temporary cash investments			4,341,001	2	4,745,031
	3	Pledges and grants receivable, net			3,924,883	3	4,246,236
	4	Accounts receivable, net			59,884	4	366,970
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees <i>Complete Part II of Schedule L</i>				5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) <i>Schedule L</i>				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			27,944	9	24,304
	10a	Land, buildings, and equipment <i>cost or other basis Complete Part VI of Schedule D</i>	10a	350,015			
	b	Less accumulated depreciation	10b	114,929	62,601	10c	235,086
	11	Investments—publicly traded securities			1,129,234	11	1,284,429
	12	Investments—other securities <i>See Part IV, line 11</i>			112,167	12	303,811
	13	Investments—program-related <i>See Part IV, line 11</i>			14,036,922	13	14,364,126
	14	Intangible assets				14	
	15	Other assets <i>See Part IV, line 11</i>			450,837	15	449,425
	16	Total assets. Add lines 1 through 15 (must equal line 34)			24,195,593	16	26,019,518
Liabilities	17	Accounts payable and accrued expenses			213,003	17	218,885
	18	Grants payable			6,960,787	18	7,330,442
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability <i>Complete Part IV of Schedule D</i>				21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons <i>Complete Part II of Schedule L</i>				22	
	23	Secured mortgages and notes payable to unrelated third parties				23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities <i>Complete Part X of Schedule D</i>			252,000	25	382,453
	26	Total liabilities. Add lines 17 through 25			7,425,790	26	7,931,780
Net Assets or Fund Balances		Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets			1,271,670	27	6,392,561
	28	Temporarily restricted net assets			15,154,482	28	11,351,526
	29	Permanently restricted net assets			343,651	29	343,651
		Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			16,769,803	33	18,087,738
	34	Total liabilities and net assets/fund balances			24,195,593	34	26,019,518

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	11,546,693
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,677,013
3	Revenue less expenses Subtract line 2 from line 1	3	869,680
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	16,769,803
5	Other changes in net assets or fund balances (explain in Schedule O)	5	448,255
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	18,087,738

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII ☐

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
b	Were the organization's financial statements audited by an independent accountant?	Yes	
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	Yes	
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 separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> 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?		No
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		

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2010

Open to Public
Inspection

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

Part I

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

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

- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☒

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 10

☐

An organization organized and operated exclusively to test for public safety See**section 509(a)(4).**
- 11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box 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)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization 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
			Yes	No	Yes	No	Yes	No	
Total									

Part II

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

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

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	9,177,636	10,689,952	11,787,491	10,075,307	11,200,033	52,930,419
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	9,177,636	10,689,952	11,787,491	10,075,307	11,200,033	52,930,419
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						7,998,447
6 Public Support. Subtract line 5 from line 4						44,931,972

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	9,177,636	10,689,952	11,787,491	10,075,307	11,200,033	52,930,419
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	160,949	323,630	130,227	88,319	95,532	798,657
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	127,130	270,227	119,884	102,565	126,863	746,669
11 Total support (Add lines 7 through 10)						54,475,745
12 Gross receipts from related activities, etc. (See instructions.)					12	419,219
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		
14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f))	14	82.480 %
15 Public Support Percentage for 2009 Schedule A, Part II, line 14	15	58.430 %
16a 33 1/3% support test—2010. 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—2009. 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—2010. 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—2009. 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 Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) 	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6)						

Section B. Total Support						
Calendar year (or fiscal year beginning in) 	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11 and 12.)						
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here 						

Section C. Computation of Public Support Percentage		
15 Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2010. 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—2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization 		
20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions 		

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶ **Complete if the organization is described below.**
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No 1545-0047

2010

Open to Public Inspection

If the organization answered “Yes,” to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, 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, Part V, line 35a (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
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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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> 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 funtion 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments 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	

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing Organization's Totals	(b) Affiliated Group Totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)															
d Other exempt purpose expenditures															
e Total exempt purpose expenditures (add lines 1c and 1d)															
f Lobbying nontaxable amount Enter the amount from the following table in both columns															
<table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><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></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														
g Grassroots nontaxable amount (enter 25% of line 1f)															
h Subtract line 1g from line 1a If zero or less, enter -0-															
i Subtract line 1f from line 1c If zero or less, enter -0-															
j 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.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f 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
1	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			
	a Volunteers?		No	
	b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
	c Media advertisements?		No	
	d Mailings to members, legislators, or the public?		No	
	e Publications, or published or broadcast statements?		No	
	f Grants to other organizations for lobbying purposes?		No	
	g Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
	h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
	i Other activities? If "Yes," describe in Part IV	Yes		0
j Total lines 1c through 1i				0
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
	b If "Yes," enter the amount of any tax incurred under section 4912			
	c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
	d 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
1	Were substantially all (90% or more) dues received nondeductible by members?	1	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3	

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".

1	Dues, assessments and similar amounts from members	1	
	2 Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	2a	
	a Current year		
	b Carryover from last year		
c	Total	2c	
	3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	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?	4	
	5 Taxable amount of lobbying and political expenditures (see instructions)		

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 1i. Also, complete this part for any additional information.

Identifier	Return Reference	Explanation
EXPLANATION OF OTHER LOBBYING ACTIVITIES	PART II-B, LINE 1I	DURING THE FISCAL YEAR, THE ORGANIZATION HAD ONE CONSULTANT WHO PERFORMED THE CONCLUSION OF LOBBYING SERVICES UNDER AN AGREEMENT FROM THE PRIOR YEAR. EXPENDITURES FOR THE CONSULTANT'S SERVICES WERE PAID AND EXPENSED DURING THE PRIOR FISCAL YEAR AND WERE PROPERLY REPORTED ON THE ORGANIZATION'S PRIOR YEAR FORM 990, SCHEDULE C. 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. HOWEVER, SINCE THIS LOBBYING ACTIVITY IS NOT CARRIED ON DIRECTLY BY THE FILING ORGANIZATION, THE LOBBYING PORTION OF ASSOCIATION DUES IS NOT REFLECTED IN THE AMOUNT OF LOBBYING EXPENDITURES IN PART II-B.

SCHEDULE D
(Form 990)

Supplemental Financial Statements

▶ 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.

OMB No 1545-0047

2010

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

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

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

1

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

☐ Preservation of land for public use (e g , recreation or pleasure)

☐ Preservation of an historically importantly land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

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

	Held at the End of the Year
2a	Total number of conservation easements
2b	Total acreage restricted by conservation easements
2c	Number of conservation easements on a certified historic structure included in (a)
2d	Number of conservation easements included in (c) acquired after 8/17/06

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?

☐ Yes ☐ No

6

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

7

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

8

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

☐ Yes ☐ No

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

▶ \$ _____

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

Cat No 52283D

Schedule D (Form 990) 2010

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

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
1a Beginning of year balance	1,241,401	1,114,513	1,413,926		
b Contributions	176,666	2,950	400		
c Investment earnings or losses	218,498	177,288	-252,483		
d Grants or scholarships					
e Other expenditures for facilities and programs	44,359	49,058	44,046		
f Administrative expenses	3,966	4,292	3,284		
g End of year balance	1,588,240	1,241,401	1,114,513		

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶ 35 160 %

b

Permanent endowment ▶ 43 200 %

c

Term endowment ▶ 21 640 %

3a

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

(i) unrelated organizations

3a(i)

Yes

No

(ii) related organizations

3a(ii)

No

b

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

3b

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
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		350,015	114,929	235,086
e Other				
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				235,086

Schedule D (Form 990) 2010

Part XIReconciliation of Change in Net Assets from Form 990 to Financial Statements			
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	11,546,693
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	10,677,013
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	869,680
4	Net unrealized gains (losses) on investments	4	101,872
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	346,383
9	Total adjustments (net) Add lines 4 - 8	9	448,255
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	1,317,935

Part XIIReconciliation of Revenue per Audited Financial Statements With Revenue per Return			
1	Total revenue, gains, and other support per audited financial statements	1	11,085,059
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	101,872
b	Donated services and use of facilities	2b	126,475
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	672,692
e	Add lines 2a through 2d	2e	901,039
3	Subtract line 2e from line 1	3	10,184,020
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	3,967
b	Other (Describe in Part XIV)	4b	1,358,706
c	Add lines 4a and 4b	4c	1,362,673
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	11,546,693

Part XIIIReconciliation of Expenses per Audited Financial Statements With Expenses per Return			
1	Total expenses and losses per audited financial statements	1	9,767,124
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	126,475
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	337,768
e	Add lines 2a through 2d	2e	464,243
3	Subtract line 2e from line 1	3	9,302,881
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	3,967
b	Other (Describe in Part XIV)	4b	1,370,165
c	Add lines 4a and 4b	4c	1,374,132
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	10,677,013

Part XIVSupplemental 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
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	THE ENDOWMENTS OF THE ORGANIZATION CONSIST OF VARIOUS FUNDS ESTABLISHED TO SUPPORT THE GENERAL OPERATING NEEDS OF THE ORGANIZATION. ITS ENDOWMENTS CONSIST OF BOTH DONOR-RESTRICTED ENDOWMENT FUNDS AND FUNDS DESIGNATED BY THE BOARD OF DIRECTORS TO FUNCTION AS ENDOWMENTS. PERMANENTLY RESTRICTED NET ASSETS CONSISTS OF \$343,651 OF ENDOWMENTS WHICH MUST BE INVESTED IN PERPETUITY, THE INCOME FROM WHICH IS EXPENDABLE TO SUPPORT THE OPERATIONS OF THE ORGANIZATION.
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	THE ORGANIZATION IS EXEMPT FROM INCOME TAXES UNDER PROVISIONS OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. AS SUCH, THE ORGANIZATION IS TAXED ONLY ON ITS UNRELATED BUSINESS INCOME. MANAGEMENT HAS DETERMINED THE ORGANIZATION DID NOT RECEIVE ANY UNRELATED BUSINESS INCOME FOR THE YEARS ENDED JUNE 30, 2011 AND 2010. THE ORGANIZATION IS NOT A PRIVATE FOUNDATION UNDER PROVISIONS OF SECTION 509(A) OF THE INTERNAL REVENUE CODE. WHEN TAX RETURNS ARE FILED, IT IS HIGHLY CERTAIN THAT SOME POSITIONS TAKEN WOULD BE SUSTAINED UPON EXAMINATION BY THE TAXING AUTHORITIES, WHILE OTHERS ARE SUBJECT TO UNCERTAINTY ABOUT THE MERITS OF THE POSITION TAKEN OR THE AMOUNT OF THE POSITION THAT WOULD ULTIMATELY BE SUSTAINED. THE BENEFIT OF A TAX POSITION IS RECOGNIZED IN THE FINANCIAL STATEMENTS IN THE PERIOD DURING WHICH, BASED UPON ALL AVAILABLE EVIDENCE, MANAGEMENT BELIEVES IT IS MORE LIKELY THAN NOT THAT THE POSITION WILL BE SUSTAINED UPON EXAMINATION, INCLUDING THE RESOLUTION OF APPEALS OR LITIGATION PROCESSES, IF ANY. THE ORGANIZATION HAD NO UNRECOGNIZED TAX BENEFITS AS OF AND FOR THE YEARS ENDED JUNE 30, 2011 AND 2010. THE ORGANIZATION IS NO LONGER SUBJECT TO EXAMINATIONS BY FEDERAL OR STATE AUTHORITIES FOR YEARS ENDING BEFORE JUNE 30, 2008. NOR HAVE WE BEEN NOTIFIED OF ANY IMPENDING EXAMINATIONS AND NO EXAMINATIONS ARE CURRENTLY IN PROCESS.
PART XI, LINE 8 - OTHER ADJUSTMENTS		CHANGE IN BENEFICIAL INTEREST IN COMMUNITY FOUNDATION 19,179. NET INCOME OF SUBSIDIARY - FCFH-IOWA, INC -61,983. NET INCOME OF SUBSIDIARY - HUMAN SERVICES CAMPUS OF EAST CENTRAL IOWA 389,187.
PART XII, LINE 2D - OTHER ADJUSTMENTS		CHANGE IN BENEFICIAL INTEREST IN COMMUNITY FOUNDATION 19,179. REVENUE OF SUBSIDIARY - FCFH-IOWA, INC 344,368. REVENUE OF SUBSIDIARY - HUMAN SERVICES CAMPUS OF EAST CENTRAL IOWA 836,109. ELIMINATIONS OF REVENUE FOR CONSOLIDATION - 526,964.
PART XII, LINE 4B - OTHER ADJUSTMENTS		DONOR OPTION ALLOCATIONS NETTED AGAINST REVENUE FOR AUDIT 1,370,165. SPECIAL EVENT EXPENSE -11,459.
PART XIII, LINE 2D - OTHER ADJUSTMENTS		EXPENSE OF SUBSIDIARY - FCFH-IOWA, INC 406,351. EXPENSE OF SUBSIDIARY - HUMAN SERVICES CAMPUS OF EAST CENTRAL IOWA 446,922. ELIMINATIONS OF EXPENSE FOR CONSOLIDATION -526,964. SPECIAL EVENT EXPENSE 11,459.
PART XIII, LINE 4B - OTHER ADJUSTMENTS		DONOR OPTION ALLOCATIONS NETTED AGAINST REVENUE FOR AUDIT 1,370,165.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

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

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization
UNITED WAY OF EAST CENTRAL IOWA INC

Employer identification number
42-0861239

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

- 1

Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a

☐

Mail solicitations

e

☐

Solicitation of non-government grants

b

☐

Internet and e-mail solicitations

f

☐

Solicitation of government grants

c

☐

Phone solicitations

g

☐

Special fundraising events

d

☐

In-person solicitations
- 2a

Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes

☐ No
- b

If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

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

- 3

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

Part II Fundraising Events.

Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

Revenue			(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events	
			POWER OF THE PURSE			(Add col (a) through col (c))	
			(event type)	(event type)	(total number)		
1	Gross receipts	. . .	17,907			17,907	
2	Less Charitable contributions	. . .	8,409			8,409	
3	Gross income (line 1 minus line 2)	. . .	9,498			9,498	
Direct Expenses	4	Cash prizes	. . .				
	5	Non-cash prizes	. .	8,409		8,409	
	6	Rent/facility costs	. .				
	7	Food and beverages	. .				
	8	Entertainment	. . .				
	9	Other direct expenses	.	3,050		3,050	
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶					11,459
	11	Net income summary Combine lines 3 and 10 in column (d). ▶					-1,961

Part III Gaming.

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

Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
						(Add col (a) through col (c))
Direct Expenses	1	Gross revenue				
	2	Cash prizes				
	3	Non-cash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	<div><div><input type="checkbox"/> Yes %</div><div><input type="checkbox"/> No</div></div>	<div><div><input type="checkbox"/> Yes %</div><div><input type="checkbox"/> No</div></div>	<div><div><input type="checkbox"/> Yes %</div><div><input type="checkbox"/> No</div></div>	
	7	Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8	Net gaming income summary Combine lines 1 and 7 in column (d) ▶				

9

Enter the state(s) in which the organization operates gaming activities

a

Is the organization licensed to operate gaming activities in each of these states?

☐ Yes

☐ No

b

If "No," Explain

10a

Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

☐ Yes

☐ No

b

If "Yes," Explain

11

Does the organization operate gaming activities with nonmembers?

Yes

No

12

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

Yes

No

13

Indicate the percentage of gaming activity operated in

a	The organization's facility	13a
b	An outside facility	13b

14

Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name

Address

15a

Does the organization have a contract with a third party from whom the organization receives gaming revenue?

Yes

No

b

If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$

c

If "Yes," enter name and address

Name

Address

16 Gaming manager information

Name

Gaming manager compensation \$

Description of services provided

Director/officer

Employee

Independent contractor

17

Mandatory distributions

a

Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

Yes

No

b

Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
------------	-----------------	-------------

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
UNITED WAY OF EAST CENTRAL IOWA INC

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

OMB No 1545-0047

2010

Open to Public
Inspection

Employer identification number
42-0861239

Part I

General Information on Grants and Assistance

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

Part II

Grants and Other Assistance to 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. Part II can be duplicated if additional space is needed. ☐

1 (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
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations 78

3 Enter total number of other organizations

Part III

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Use Schedule I-1 (Form 990) if additional space is needed.

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

Part IV

Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 PROGRAM FUNDING PARTNER AGENCIES ARE REQUIRED TO SUBMIT WRITTEN MID-YEAR AND END-OF-YEAR REPORTS WHERE THEY DESCRIBE THEIR PROGRESS TOWARDS THE OUTCOME GOALS THEY COMMITTED TO UPON RECIEPT OF FUNDING AGENCIES REPORT NUMBER SERVED, ACTIVITIES AND OUTCOMES FOR THE TARGET POPULATION (I E , NUMBER WHO EXPERIENCED A MEASURED CHANGE IN CONDITION DURING THE FUNDING PERIOD) AGENCIES ALSO SUBMIT FINANCIAL STATEMENTS AND IRS FORM 990 DOCUMENTS THAT ARE REVIEWED BY VOLUNTEER TEAMS DURING EACH FUNDED PERIOD DONOR DESIGNATIONS SUPPORT 501(C)(3) TAX DETERMINATION LETTERS AND ANTI-TERRORISM COMPLIANCE (PATRIOT ACT) FORMS ARE REQUIRED FOR ALL AGENCIES BEFORE PAYOUT IS ISSUED IRS WATCH LIST WEBSITES ARE REVIEWED TO VERIFY AGENCY IS NOT INVOLVED IN OR SUPPORTIVE OF TERROIST ACTIVITY

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
KIDS FIRST LAW CENTER 420 6TH STREET SE SUITE 160 CEDAR RAPIDS,IA 52401	20-2199649	501(C)(3)	5,209		N/A	N/A	DONOR DESIGNATION SUPPORT
ANTIOCH CHRISTIAN CHURCH1120 7TH AVENUE SUITE C MARION,IA 52302	42-1023557	501(C)(3)	5,231		N/A	N/A	DONOR DESIGNATION SUPPORT
ST MARY'S CATHOLIC CHURCH1749 RACINE AVENUE NE SOLON,IA 52333	42-0805379	501(C)(3)	5,748		N/A	N/A	DONOR DESIGNATION SUPPORT
FIRST PRESBYTERIAN CHURCH - SE310 5TH ST SE CEDAR RAPIDS,IA 52401	42-0680489	501(C)(3)	5,793		N/A	N/A	DONOR DESIGNATION SUPPORT
TANAGER PLACE2309 C STREET SW CEDAR RAPIDS,IA 52404	42-0688079	501(C)(3)	5,838		N/A	N/A	DONOR DESIGNATION SUPPORT
FRIENDS OF CEDAR RAPIDS ANIMAL SHELTER PO BOX 10111 CEDAR RAPIDS,IA 52410	26-2821920	501(C)(3)	5,913		N/A	N/A	DONOR DESIGNATION SUPPORT
BENTON COUNTY VOLUNTEER PROGRAM 1309 FIFTH AVENUE BELLE PLAINE,IA 52208	42-1023730	501(C)(3)	6,069		N/A	N/A	DONOR DESIGNATION SUPPORT
HAWKEYE AREA COMMUNITY ACTION PROGRAM1515 HAWKEYE DRIVE HIAWATHA,IA 52233	42-0898405	501(C)(3)	6,149		N/A	N/A	DONOR DESIGNATION SUPPORT
COE COLLEGE FOUNDATION1220 FIRST AVENUE NE CEDAR RAPIDS,IA 52402	42-0686467	501(C)(3)	6,549		N/A	N/A	DONOR DESIGNATION SUPPORT
FIRST LUTHERAN CHURCH 1000 THIRD AVENUE SE CEDAR RAPIDS,IA 52403	39-1897287	501(C)(3)	6,899		N/A	N/A	DONOR DESIGNATION SUPPORT
GOODWILL INDUSTRIES OF THE HEARTLAND1441 BLAIRS FERRY ROAD NE CEDAR RAPIDS,IA 52402	42-0923563	501(C)(3)	6,948		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)	6,991		N/A	N/A	DONOR DESIGNATION SUPPORT

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FOUNDATION 21714 JOHNSON AVENUE NW CEDAR RAPIDS,IA 52405	42-1078444	501(C)(3)	7,259		N/A	N/A	DONOR DESIGNATION SUPPORT
UNIVERSITY OF IOWA FOUNDATIONPO BOX 4550 IOWA CITY,IA 52244	42-0796760	501(C)(3)	7,365		N/A	N/A	DONOR DESIGNATION SUPPORT
HILLSIDE WESLEYAN CHURCH2600 FIRST AVENUE NW CEDAR RAPIDS,IA 52405	42-1111974	501(C)(3)	7,440		N/A	N/A	DONOR DESIGNATION SUPPORT
CEDAR VALLEY HABITAT FOR HUMANITY560 6TH AVENUE SE CEDAR RAPIDS,IA 52401	42-1320296	501(C)(3)	7,509		N/A	N/A	DONOR DESIGNATION SUPPORT
LINN MAR SCHOOL FOUNDATION2999 NORTH 10TH STREET MARION,IA 52302	42-1267125	501(C)(3)	7,692		N/A	N/A	DONOR DESIGNATION SUPPORT
REBUILDING PALO FUND INC2293 BURT ROAD PALO,IA 52324	80-0216696	501(C)(3)	8,095		N/A	N/A	DONOR DESIGNATION SUPPORT
STONEBRIDGE CHURCH 1829 STONEY POINT RD SW CEDAR RAPIDS,IA 52404	42-1113923	501(C)(3)	8,363		N/A	N/A	DONOR DESIGNATION SUPPORT
ST PIUS X CATHOLIC CHURCH4949 COUNCIL STREET NE CEDAR RAPIDS,IA 52402	42-0859572	501(C)(3)	8,806		N/A	N/A	DONOR DESIGNATION SUPPORT
AREA SUBSTANCE ABUSE COUNCIL3601 16TH AVENUE SW CEDAR RAPIDS,IA 52404	42-1114396	501(C)(3)	8,945		N/A	N/A	DONOR DESIGNATION SUPPORT
UNITED WAY OF PENNSYLVANIA CTYPO BOX 53 BREVARD,NC 28712	23-7145022	501(C)(3)	9,000		N/A	N/A	DONOR DESIGNATION SUPPORT
INDIAN CREEK NATURE CENTER6665 OTIS ROAD SE CEDAR RAPIDS,IA 52403	23-7260197	501(C)(3)	9,242		N/A	N/A	DONOR DESIGNATION SUPPORT
BRUCEMORE2160 LINDEN DRIVE SE CEDAR RAPIDS,IA 52403	42-1170531	501(C)(3)	9,250		N/A	N/A	DONOR DESIGNATION SUPPORT

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COMMUNITY HEALTH FREE CLINIC947 14TH AVENUE SE CEDAR RAPIDS, IA 52403	13-4228071	501(C)(3)	9,471		N/A	N/A	DONOR DESIGNATION SUPPORT
THEATRE CEDAR RAPIDS 102 THIRD STREET SE CEDAR RAPIDS, IA 52401	42-0890913	501(C)(3)	9,475		N/A	N/A	DONOR DESIGNATION SUPPORT
WILLIS DADY EMERGENCY SHELTER1247 FOURTH AVENUE SE CEDAR RAPIDS, IA 52403	42-1311668	501(C)(3)	9,621		N/A	N/A	DONOR DESIGNATION SUPPORT
SOUTHEAST LINN COMMUNITY CENTER108 SOUTH WASHINGTON LISBON, IA 52253	43-1406317	501(C)(3)	9,847		N/A	N/A	DONOR DESIGNATION SUPPORT
KIND CARE INC802 FRANKLIN ST WILLIAMSBURG, IA 52361	42-1401217	501(C)(3)	10,000		N/A	N/A	PROGRAM FUNDING EDUCATION
WILLIAMSBURG COMMUNITY CHILD CARE CENTER802 FRANKLIN STREET 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
ST ELIZABETH ANN SETON CATHLOIC CHURCH1350 LYNDHURST DRIVE HIAWATHA, IA 52233	42-1338119	501(C)(3)	10,118		N/A	N/A	DONOR DESIGNATION SUPPORT
VARIETY THE CHILDREN'S CHARITY610 8TH ST SE CEDAR RAPIDS, IA 52403	42-6077108	501(C)(3)	10,472		N/A	N/A	DONOR DESIGNATION SUPPORT
CEDAR RAPIDS MUSEUM OF ART410 THIRD AVENUE SE CEDAR RAPIDS, IA 52401	42-0680248	501(C)(3)	10,750		N/A	N/A	DONOR DESIGNATION SUPPORT
AGING SERVICES INC317 7TH AVE SE STE 302B CEDAR RAPIDS, IA 52401	23-7085316	501(C)(3)	10,920		N/A	N/A	DONOR DESIGNATION SUPPORT
CEDAR RAPIDS OPERA THEATRE1120 2ND AVE SE CEDAR RAPIDS, IA 52403	42-1476568	501(C)(3)	11,250		N/A	N/A	DONOR DESIGNATION SUPPORT

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MERCY MEDICAL CENTER FOUNDATION701 10TH STREET SE CEDAR RAPIDS,IA 52403	51-0233180	501(C)(3)	11,768		N/A	N/A	DONOR DESIGNATION SUPPORT
XAVIER FOUNDATION6300 42ND STREET NE CEDAR RAPIDS,IA 52411	42-1479238	501(C)(3)	11,880		N/A	N/A	DONOR DESIGNATION SUPPORT
GIRL SCOUTS OF EASTERN IOWA & WESTERN IL317 7TH AVENUE SE SUITE 201 CEDAR RAPIDS,IA 52401	42-1008848	501(C)(3)	12,233		N/A	N/A	DONOR DESIGNATION SUPPORT
VOLUNTEER SERVICES OF CEDAR COUNTYPO BOX 307 TIPTON,IA 52772	42-1341650	501(C)(3)	12,461		N/A	N/A	PROGRAM FUNDING HEALTH
JANE BOYD COMMUNITY HOUSE943 14TH AVENUE SE CEDAR RAPIDS,IA 52403	42-0680359	501(C)(3)	13,319		N/A	N/A	DONOR DESIGNATION SUPPORT
JUNIOR ACHIEVEMENT OF EAST CENTRAL IOWA315 THIRD AVENUE SE 209 CEDAR RAPIDS,IA 52401	42-0919209	501(C)(3)	13,408		N/A	N/A	DONOR DESIGNATION SUPPORT
AID TO WOMEN701 CENTER POINT RD NE CEDAR RAPIDS,IA 52402	42-1203675	501(C)(3)	13,904		N/A	N/A	DONOR DESIGNATION SUPPORT
YMCA OF THE CEDAR RAPIDS METROPOLITAN AREA207 SEVENTH AVENUE SE CEDAR RAPIDS,IA 52401	42-0680306	501(C)(3)	13,995		N/A	N/A	DONOR DESIGNATION SUPPORT
FOUR OAKS FAMILY AND CHILDREN SERVICES5400 KIRKWOOD BOULEVARD SW CEDAR RAPIDS,IA 52404	42-0998726	501(C)(3)	14,280		N/A	N/A	DONOR DESIGNATION SUPPORT
CEDAR RAPIDS SYMPHONY 119 3RD AVENUE SE CEDAR RAPIDS,IA 52401	42-0772544	501(C)(3)	15,000		N/A	N/A	DONOR DESIGNATION SUPPORT
SOUTHEAST LINN COMMUNITY CENTER108 SOUTH WASHINGTON LISBON,IA 52253	43-1406317	501(C)(3)	15,000		N/A	N/A	PROGRAM FUNDING HEALTH
HEARTLAND VINEYARD CHRISTIAN FELLOWSHIP OF CEDAR FALLS AND WATERLOO 1405 GREENHILL ROAD CEDAR FALLS,IA 50613	42-1321006	501(C)(3)	15,436		N/A	N/A	DONOR DESIGNATION SUPPORT

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UNITED WAY OF JOHNSON COUNTY1150 FIFTH STREET SUITE 290 CORALVILLE,IA 52241	42-6062055	501(C)(3)	17,192		N/A	N/A	DONOR DESIGNATION SUPPORT
AMERICAN CANCER SOCIETY CR4080 FIRST AVENUE NE CEDAR RAPIDS,IA 52402	42-0680353	501(C)(3)	19,646		N/A	N/A	DONOR DESIGNATION SUPPORT
YOUNG PARENTS NETWORK420 6TH STREET SE SUITE 260 CEDAR RAPIDS,IA 52401	42-1355480	501(C)(3)	19,911		N/A	N/A	DONOR DESIGNATION SUPPORT
AMERICAN RED CROSS - GRANT WOOD AREA6300 ROCKWELL DRIVE NE CEDAR RAPIDS,IA 52402	53-0196605	501(C)(3)	20,000		N/A	N/A	PROGRAM FUNDING EDUCATION
IOWA STATE UNIVERSITY EXTENSION3279 7TH AVENUE MARION,IA 52302	42-6021446	GOVERNMENT	22,023		N/A	N/A	PROGRAM FUNDING EDUCATION
ST LUKE'S HEALTH CARE FOUNDATION855 A AVENUE NE 105 CEDAR RAPIDS,IA 52402	42-1106819	501(C)(3)	22,052		N/A	N/A	DONOR DESIGNATION SUPPORT
LINN COUNTY PUBLIC HEALTH501 13TH STREET NW CEDAR RAPIDS,IA 52405	42-6004336	GOVERNMENT	25,797		N/A	N/A	PROGRAM FUNDING HEALTH
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
HORIZONS A FAMILY SERVICE ALLIANCE819 FIFTH STREET SE CEDAR RAPIDS,IA 52403	42-1135083	501(C)(3)	26,361		N/A	N/A	DONOR DESIGNATION SUPPORT
AMERICAN RED CROSS - GRANT WOOD AREA6300 ROCKWELL DRIVE NE CEDAR RAPIDS,IA 52402	53-0196605	501(C)(3)	26,723		N/A	N/A	DONOR DESIGNATION SUPPORT
FAMILIES INC233 S 2ND ST WEST BRANCH,IA 52358	42-1023208	501(C)(3)	30,000		N/A	N/A	PROGRAM FUNDING HEALTH
KIRKWOOD COMMUNITY COLLEGE FOUNDATION 6301 KIRKWOOD BLVD SW CEDAR RAPIDS,IA 52404	23-7076632	501(C)(3)	30,000		N/A	N/A	PROGRAM FUNDING INCOME

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RURAL EMPLOYMENT ALTERNATIVES495 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)	30,174		N/A	N/A	DONOR DESIGNATION SUPPORT
RAPE VICTIM ADVOCACY PROGRAM332 S LINN ST SUITE 100 IOWA CITY,IA 52240	42-6004813	501(C)(3)	32,000		N/A	N/A	PROGRAM FUNDING EDUCATION
COMMUNITY CORRECTIONS IMPROVEMENT ASSOC951 29TH AVENUE SW CEDAR RAPIDS,IA 52404	42-1382341	501(C)(3)	35,000		N/A	N/A	PROGRAM FUNDING INCOME
HAWKEYE AREA COMMUNITY ACTION PROGRAM1515 HAWKEYE DRIVE HIAWATHA,IA 52233	42-0898405	501(C)(3)	35,000		N/A	N/A	PROGRAM FUNDING INCOME
CATHERINE MCAULEY CENTER866 FOURTH AVENUE SE CEDAR RAPIDS,IA 52401	42-1342872	501(C)(3)	35,235		N/A	N/A	DONOR DESIGNATION SUPPORT
LINN COMMUNITY CARE 1201 3RD AVENUE SE CEDAR RAPIDS,IA 52403	20-2405575	501(C)(3)	36,000		N/A	N/A	PROGRAM FUNDING HEALTH
ABBE CENTER FOR COMMUNITY MENTAL HEALTH520 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 CENTRALIA317 7TH AVE SE STE 402 CEDAR RAPIDS,IA 52401	42-1333384	501(C)(3)	42,643		N/A	N/A	DONOR DESIGNATION SUPPORT
ALZHEIMER'S ASSOCIATION - EAST CENTRALIA317 7TH AVE SE STE 402 CEDAR RAPIDS,IA 52401	42-1333384	501(C)(3)	45,000		N/A	N/A	PROGRAM FUNDING HEALTH
MECCA430 SOUTHGATE IOWA CITY,IA 52240	42-0946031	501(C)(3)	45,000		N/A	N/A	PROGRAM FUNDING HEALTH
THE ARC OF EAST CENTRAL IOWA680 2ND ST SE CEDAR RAPIDS,IA 52401	42-0805377	501(C)(3)	48,544		N/A	N/A	DONOR DESIGNATION SUPPORT

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BOYS & GIRLS CLUBPO BOX 8866 CEDAR RAPIDS,IA 52408	42-1434056	501(C)(3)	52,555		N/A	N/A	DONOR DESIGNATION SUPPORT
BIG BROTHERS BIG SISTERS3150 E AVE NW SUITE 103 CEDAR RAPIDS,IA 52405	42-1170475	501(C)(3)	54,907		N/A	N/A	DONOR DESIGNATION SUPPORT
GIRL SCOUTS OF EASTERN IOWA & WESTERN IL317 7TH AVENUE SE SUITE 201 CEDAR RAPIDS,IA 52401	42-1008848	501(C)(3)	55,000		N/A	N/A	PROGRAM FUNDING EDUCATION
VISITING NURSE ASSOCIATION600 BOYSON ROAD NE SUITE 2 CEDAR RAPIDS,IA 52402	36-3052939	501(C)(3)	57,000		N/A	N/A	PROGRAM FUNDING HEALTH
WAYPOINT SERVICES318 FIFTH STREET SE CEDAR RAPIDS,IA 52401	42-0680307	501(C)(3)	59,887		N/A	N/A	DONOR DESIGNATION SUPPORT
NEIGHBORHOOD TRANSPORTATION SERVICE INC317 7TH AVENUE SE SUITE 205 CEDAR RAPIDS,IA 52401	26-1306253	501(C)(3)	60,000		N/A	N/A	PROGRAM FUNDING INCOME
KIDS FIRST LAW CENTER 420 6TH STREET SE SUITE 160 CEDAR RAPIDS,IA 52401	20-2199649	501(C)(3)	63,000		N/A	N/A	PROGRAM FUNDING EDUCATION
THE SAFE PLACE FOUNDATION527 SIXTH AVENUE SE CEDAR RAPIDS,IA 52401	42-1348441	501(C)(3)	65,000		N/A	N/A	PROGRAM FUNDING INCOME
BOY SCOUTS OF AMERICA-HAWKEYE AREA660 32ND AVENUE SW CEDAR RAPIDS,IA 52404	42-0680304	501(C)(3)	65,394		N/A	N/A	DONOR DESIGNATION SUPPORT
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
COMMUNITY HEALTH FREE CLINIC947 14TH AVENUE SE CEDAR RAPIDS,IA 52403	13-4228071	501(C)(3)	75,058		N/A	N/A	PROGRAM FUNDING HEALTH
JANE BOYD COMMUNITY HOUSE943 14TH AVENUE SE CEDAR RAPIDS,IA 52403	42-0680359	501(C)(3)	90,000		N/A	N/A	PROGRAM FUNDING INCOME

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WILLIS DADY EMERGENCY SHELTER1247 FOURTH AVENUE SE CEDAR RAPIDS,IA 52403	42-1311668	501(C)(3)	90,000		N/A	N/A	PROGRAM FUNDING INCOME
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
WITWER CENTER605 SECOND AVE SE CEDAR RAPIDS,IA 52401	42-1153156	501(C)(3)	100,000		N/A	N/A	PROGRAM FUNDING HEALTH
HORIZONS A FAMILY SERVICE ALLIANCE819 FIFTH STREET SE CEDAR RAPIDS,IA 52403	42-1135083	501(C)(3)	104,000		N/A	N/A	PROGRAM FUNDING INCOME
CATHERINE MCAULEY CENTER866 FOURTH AVENUE SE CEDAR RAPIDS,IA 52401	42-1342872	501(C)(3)	119,000		N/A	N/A	PROGRAM FUNDING INCOME
HAWKEYE AREA COMMUNITY ACTION PROGRAM1515 HAWKEYE DRIVE HIAWATHA,IA 52233	42-0898405	501(C)(3)	122,000		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
GOODWILL INDUSTRIES OF THE HEARTLAND1441 BLAIRS FERRY ROAD NE CEDAR RAPIDS,IA 52402	42-0923563	501(C)(3)	143,000		N/A	N/A	PROGRAM FUNDING INCOME
BOYS & GIRLS CLUBPO 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 AREA207 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 AREA6300 ROCKWELL DRIVE NE CEDAR RAPIDS,IA 52402	53-0196605	501(C)(3)	145,000		N/A	N/A	PROGRAM FUNDING INCOME
IOWA LEGAL AID317 7TH AVENUE SE SUITE 404 CEDAR RAPIDS,IA 52401	42-1079227	501(C)(3)	145,000		N/A	N/A	PROGRAM FUNDING INCOME

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BIG BROTHERS BIG SISTERS3150 E AVE NW SUITE 103 CEDAR RAPIDS,IA 52405	42-1170475	501(C)(3)	155,000		N/A	N/A	PROGRAM FUNDING EDUCATION
WAYPOINT SERVICES318 FIFTH STREET SE CEDAR RAPIDS,IA 52401	42-0680307	501(C)(3)	181,500		N/A	N/A	PROGRAM FUNDING EDUCATION
THE ARC OF EAST CENTRAL IOWA680 2ND ST SE CEDAR RAPIDS,IA 52401	42-0805377	501(C)(3)	200,000		N/A	N/A	PROGRAM FUNDING INCOME
COMMUNITY CORRECTIONS IMPROVEMENT ASSOC951 29TH AVENUE SW CEDAR RAPIDS,IA 52404	42-1382341	501(C)(3)	200,000		N/A	N/A	PROGRAM FUNDING EDUCATION
JANE BOYD COMMUNITY HOUSE943 14TH AVENUE SE CEDAR RAPIDS,IA 52403	42-0680359	501(C)(3)	245,000		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
YOUNG PARENTS NETWORK420 6TH STREET SE SUITE 260 CEDAR RAPIDS,IA 52401	42-1355480	501(C)(3)	297,000		N/A	N/A	PROGRAM FUNDING EDUCATION
WAYPOINT SERVICES318 FIFTH STREET SE CEDAR RAPIDS,IA 52401	42-0680307	501(C)(3)	340,000		N/A	N/A	PROGRAM FUNDING INCOME
HAWKEYE AREA COMMUNITY ACTION PROGRAM1515 HAWKEYE DRIVE HIAWATHA,IA 52233	42-0898405	501(C)(3)	402,000		N/A	N/A	PROGRAM FUNDING EDUCATION
AREA SUBSTANCE ABUSE COUNCIL3601 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 ALLIANCE819 FIFTH STREET SE CEDAR RAPIDS,IA 52403	42-1135083	501(C)(3)	455,000		N/A	N/A	PROGRAM FUNDING HEALTH

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AGING SERVICES INC317 7TH AVE SE STE 302B CEDAR RAPIDS,IA 52401	23-7085316	501(C)(3)	489,539		N/A	N/A	PROGRAM FUNDING HEALTH
FCFH-IOWA INC317 7TH AVENUE SE SUITE 401 CEDAR RAPIDS,IA 52401	20-0936954	501(C)(3)	292,000	18,051	FAIR MARKET VALUE	ADMINISTRATIVE SERVICES	CASH INITIATIVE FUND, NONCASH TO ASSIST WITH ADMINISTRATIVE COSTS
HUMAN SERVICES CAMPUS OF EAST CENTRAL IOWA317 7TH AVENUE SE SUITE 401 CEDAR RAPIDS,IA 52401	27-0487331	501(C)(3)		71,013	FAIR MARKET VALUE	ADMINISTRATIVE SERVICES	TO ASSIST WITH ADMINISTRATIVE COSTS

SCHEDULE M
(Form 990)

NonCash Contributions

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
UNITED WAY OF EAST CENTRAL IOWA INC

Employer identification number
42-0861239

Part ITypes of Property

	(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining oncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles .				
7 Boats and planes				
8 Intellectual property . .				
9 Securities—Publicly traded	X	13	61,498	NET SALES PROCEEDS
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests .				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other . .				
15 Real estate—Residential .				
16 Real estate—Commercial				
17 Real estate—Other . .				
18 Collectibles				
19 Food inventory	X	1	250	FMV
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts . .				
23 Scientific specimens . .				
24 Archeological artifacts .				
PRIZE				
25 Other ▶ (ITEMS)	X	4	10,000	FMV
AUCTION				
26 Other ▶ (ITEMS)	X	54	8,409	FMV
27 Other ▶ (AWARDS)	X	1	1,008	FMV
28 Other ▶ (ENVELOPES)	X	1	500	FMV
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

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

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)	QUANTITIES REPORTED REFLECT THE NUMBER OF CONTRIBUTIONS

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization

UNITED WAY OF EAST CENTRAL IOWA INC

Employer identification number

42-0861239

Identifier	Return Reference	Explanation
NEW PROGRAM SERVICES	FORM 990, PART III, LINE 2	KIDS ON COURSE - THE PURPOSE OF THIS PROGRAM IS TO PROMOTE AND PROVIDE RICH CULTURAL EXPERIENCES AND ENRICHMENT OPPORTUNITIES TO STUDENTS AND FAMILIES IN THE CEDAR RAPIDS COMMUNITY SCHOOL DISTRICT THE PROGRAM WILL ADVOCATE FOR STUDENTS BY NURTURING THEIR INTERESTS AND PROVIDING OPPORTUNITIES TO FOSTER CONFIDENCE AND REALIZE ACADEMIC AND INDIVIDUAL POTENTIAL THE ACTIVITY OF KIDS ON COURSE IS REPORTED WITHIN THE EDUCATION PROGRAM SERVICES CATEGORY ON FORM 990, PART III, LINE 4A RSVP - RETIRED SENIOR VOLUNTEER PROGRAM - RSVP OF LINN AND JONES COUNTIES ENGAGES ADULTS, AGE 55 AND OLDER, IN VOLUNTEER SERVICES WHICH MEET THE CRITICAL COMMUNITY NEEDS THAT IMPACT CITIZENS OF ALL AGES, WHILE PROVIDING A HIGH QUALITY EXPERIENCE THAT WILL ENRICH THE LIVES OF VOLUNTEERS RSVP HAS APPROXIMATELY 500 MEMBERS WHO VOLUNTEER FOR NEARLY 80 PARTNER AGENCIES IN A WIDE VARIETY OF JOBS, CONTRIBUTING OVER 75,000 HOURS OF SERVICE ANNUALLY THE ACTIVITY OF THE RSVP PROGRAM IS REPORTED AS A COMPONENT OF VOLUNTEER MANAGEMENT WITHIN THE OTHER PROGRAM SERVICES CATEGORY ON FORM 990, PART III, LINE 4D

Identifier	Return Reference	Explanation
CHANGES IN PROGRAM SERVICES	FORM 990, PART III, LINE 3	FLOOD RECOVERY THE WORK OF THE LINN AREA LONG TERM RECOVERY COALITION CAME TO AN END EARLY IN FY2011 AS A RESULT, OUR ROLE IN DIRECTING AREAS OF WORK AS WELL AS SERVING AS THE FISCAL AGENT CAME TO A CLOSE LESSONS LEARNED FROM THE FLOODS OF 2008 HAVE BEEN TRANSITIONED TO THE LINN AREA COMMUNITY ORGANIZATIONS ACTIVE IN DISASTER THIS STANDING GROUP WILL ACTIVATE AT THE POINT OF A DISASTER AND MEETS PERIODICALLY TO DISCUSS BEST PRACTICES

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 1		IN GENERAL, EACH DIRECTOR HAS EQUAL VOTING RIGHTS OF ONE VOTE PER DIRECTOR THE FOLLOWING ARE EXCEPTIONS - BARRY AND GILDA BOYER CO-OCCUPY ONE SEAT ON THE BOARD AND TOGETHER HAVE ONE COMBINED VOTE - MARK AND CATHY GULLICKSON CO-OCCUPY ONE SEAT ON THE BOARD AND TOGETHER HAVE ONE COMBINED VOTE

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2		1 BARRY BOYER, DIRECTOR AND GILDA BOYER, DIRECTOR HAVE A FAMILY RELATIONSHIP 2 MARK GULLICKSON, DIRECTOR AND CATHY GULLICKSON, DIRECTOR HAVE A FAMILY RELATIONSHIP 3 GARY CHADICK, DIRECTOR AND CINDY DIETZ, BOARD CHAIR HAVE A BUSINESS RELATIONSHIP 4 GARY CHADICK, DIRECTOR AND MELODEE WEBB, DIRECTOR HAVE A BUSINESS RELATIONSHIP

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 4		SIGNIFICANT CHANGES TO THE BY LAWS OF UNITED WAY OF EAST CENTRAL IOWA -THE MINIMUM AND MAXIMUM NUMBER OF DIRECTORS WAS REDUCED FROM 24-48 TO 20-40 -THE NUMBER OF TIMES A DIRECTOR MAY BE ABSENT FROM MEETINGS BEFORE TRIGGERING AN AUTOMATIC RESIGNATION BY THAT DIRECTOR WAS CHANGED FROM ABSENCE AT 3 CONSECUTIVE MEETINGS TO ABSENCE AT OVER 50% OF MEETINGS - THE OFFICER POSITIONS OF PRESIDENT AND CORPORATE SECRETARY CAN NO LONGER BE FULFILLED SIMULTANEOUSLY BY THE SAME INDIVIDUAL -THE OFFICER RESPONSIBLE FOR HOLDING THE ORIGINAL COPIES OF THE BY LAWS WAS CHANGED FROM THE SECRETARY TO THE PRESIDENT/CEO -A MAJORITY OF THE FULL BOARD IS NOW REQUIRED TO ADOPT ANY CHANGES TO THE ARTICLES OF INCORPORATION OR THE BY LAWS

Identifier	Return Reference	Explanation
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.

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	THE CONFLICT OF INTEREST POLICY PROVIDES THAT ANY DIRECTOR, PRINCIPAL OFFICER, OR MEMBER OF A COMMITTEE WITH GOVERNING BOARD DELEGATED POWERS MUST DISCLOSE ANY ACTUAL OR POSSIBLE CONFLICT OF INTEREST WITH REGARD TO ANY PROPOSED TRANSACTION OR ARRANGEMENT ADHERENCE TO THE CONFLICT OF INTEREST POLICY AND PROCEDURES IS MONITORED THROUGH REVIEW OF SIGNED ANNUAL STATEMENTS REQUIRED FROM EACH DIRECTOR, PRINCIPAL OFFICER, AND MEMBER OF A COMMITTEE WITH GOVERNING BOARD DELEGATED POWERS THE ORGANIZATION ALSO CONDUCTS PERIODIC REVIEWS TO ENSURE THAT, AT A MINIMUM, ALL COMPENSATION ARRANGEMENTS, ARRANGEMENTS WITH MANAGEMENT ORGANIZATIONS, AND PARTICIPATION IN PARTNERSHIPS AND/OR JOINT VENTURES ARE REASONABLE, ADHERE TO THE ORGANIZATION'S WRITTEN POLICIES, AND ARE PROPERLY DOCUMENTED AND RECORDED

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	EXECUTIVE COMPENSATION REVIEW THE COMPENSATION OF THE CEO IS REVIEWED BY THE BORAD CHAIR, PAST BOARD CHAIR AND BOARD VICE CHAIR INFORMATION FROM THE ANNUAL UNITED WAY OF AMERICA COMPENSATION SURVEY ALONG WITH INFORMATION FROM THE FORM 990 OF OTHER ORGANIZATIONS IS UTILIZED TO FORM THE BASIS FOR THE CEO'S COMPENSATION THE COMPENSATION OF THE CEO IS A RECOMMENDATION FROM THE THE BOARD CHAIR, PAST BOARD CHAIR AND BOARD VICE CHAIR AND MUST BE APPROVED BY THE UWECI BOARD OF DIRECTORS OTHER OFFICER/KEY EMPLOYEE COMPENSATION REVIEW THE COMPENSATION AND BENEFIT PROGRAMS ARE REVIEWED BY THE HUMAN RESOURCE COMMITTEE OF THE BOARD OF DIRECTORS SALARY SCHEDULES ARE REVIEWED ANNUALLY WITH DATA FROM UNITED WAY OF AMERICA AND LOCAL FIRMS

Identifier	Return Reference	Explanation
	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, THE CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS CAN BE MADE AVAILABLE TO THE PUBLIC AT THEIR REQUEST.

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 101,872 CHANGE IN BENEFICIAL INTEREST IN COMMUNITY FOUNDATION 19,179 NET INCOME OF SUBSIDIARY - FCFH-IOWA, INC -61,983 NET INCOME OF SUBSIDIARY - HUMAN SERVICES CAMPUS OF EAST CENTRAL IOWA 389,187 TOTAL TO FORM 990, PART XI, LINE 5 448,255

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ 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.

OMB No 1545-0047

2010

Open to Public Inspection

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

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
(1) HUMAN SERVICES CAMPUS OF EAST CENTRAL IOWA 317 7TH AVE SE 401 CEDAR RAPIDS, IA 52401 27-0487331	FACILITY TO HOUSE MULTIPLE NON-PROFIT ENTITIES IN CENTRAL DOWNTOWN LOCATION	IA	501(C)(3)	LINE 11A, I	N/A	Yes	
(2) FCFH-IOWA INC 317 7TH AVE SE 401 CEDAR RAPIDS, IA 52401 20-0936954	HEALTH AND HUMAN SERVICES INFORMATION AND REFERRAL HELPLINE	IA	501(C)(3)	LINE 7	N/A	Yes	

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) Disproporionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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

Part V

Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, 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

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

No

No

No

No

No

No

No

No

No

No

Yes

No

Yes

Yes

No

No

No

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	(d) Method of determining amount involved
(1) FCFH-IOWA INC	B	292,000	CASH
(2) HUMAN SERVICES CAMPUS OF EAST CENTRAL IOWA	N	58,638	COST OF SALARIES AND BENEFITS
(3)			
(4)			
(5)			
(6)			

Schedule R (Form 990) 2010

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.

[illegible]

Part VII **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation
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Additional Data

Software ID:

Software Version:

EIN: 42-0861239

Name: UNITED WAY OF EAST CENTRAL IOWA INC

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			
MAUREEN OSAKO 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
JON BANCKS DIRECTOR	1 00	X						0	0	0
GARY CHADICK DIRECTOR	1 00	X						0	0	0
BRAD HART DIRECTOR	1 00	X						0	0	0
DAVE BENSON 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
KARL CASSELL DIRECTOR	1 00	X						0	0	0
DENNIS JORDAN DIRECTOR	1 00	X						0	0	0
JIM HADDAD 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
BETH MALICKI DIRECTOR	1 00	X						0	0	0
DICK MEISTERLING DIRECTOR	1 00	X						0	0	0
KYLE DECKER DIRECTOR	1 00	X						0	0	0
DAVE POHLMAN 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
MATT O'ROURKE 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			
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
MELODEE WEBB DIRECTOR	1 00	X						0	0	0
MIKE WILKINS DIRECTOR	1 00	X						0	0	0
MARK GULLICKSON DIRECTOR	1 00	X						0	0	0
CATHY GULLICKSON DIRECTOR	1 00	X						0	0	0
LARRY HELLING DIRECTOR	1 00	X						0	0	0
CINDY DIETZ BOARD CHAIR	1 00	X		X				0	0	0
KEVIN KNUTSON BOARD VICE CHAIR	1 00	X		X				0	0	0
MARY ANN OSBORN BOARD SECRETARY	1 00	X		X				0	0	0
DICK LORENZ BOARD TREASURER	1 00	X		X				0	0	0
LOIS BUNTZ PRESIDENT/CEO	50 00	X		X				129,326	0	20,031
KRISTINE RILEY VICE PRESIDENT/CFO	50 00			X				75,229	0	6,736

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

4d. Other program services					
(Code) (Expenses \$	2,346,781	including grants of \$	2,157,928) (Revenue \$	95,354)
VOLUNTEER MANAGEMENT UWECI EMPLOYS A FULL-TIME COMMUNITY VOLUNTEER COORDINATOR WHO OVERSEES WORK DONE THROUGH THE EAST CENTRAL IOWA VOLUNTEER CENTER WE ALSO MANAGE THE CORRIDOR VOLUNTEERS WEBSITE, CONNECTING PEOPLE ONLINE TO VOLUNTEER OPPORTUNITIES AT NONPROFIT ORGANIZATIONS THROUGHOUT THE STATE UWECI HOSTS THE ANNUAL "DAY OF CARING" PROJECT WHICH BRINGS TOGETHER MORE THAN 1,300 VOLUNTEERS AND NEARLY 100 SERVICE PROJECTS AT LOCAL NOT FOR PROFIT ORGANIZATIONS 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 WAY2-1-1 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					

Form

4562

Depreciation and Amortization
(Including Information on Listed Property)

OMB No 1545-0172

2010

Attachment
Sequence No 67

Department of the Treasury
Internal Revenue Service (99)

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	1	500,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000
4	Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property Enter the amount from line 29	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2009 Form 4562	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2011 Add lines 9 and 10, less line 12 .	13	

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)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

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 2010	17	33,189
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		

Section B—Assets Placed in Service During 2010 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
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2010 Tax Year Using the Alternative Depreciation System

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

Part IV Summary (see instructions)

21	Listed property Enter amount from line 28	21	
22	Total. 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	22	33,189
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V

Listed Property (Include automobiles, certain other vehicles, 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? <input type="checkbox"/> Yes <input type="checkbox"/> No						24b If "Yes," is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> No			
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation/ deduction	(i) Elected section 179 cost	
25Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)						25			
26 Property used more than 50% in a qualified business use									
		%							
		%							
		%							
27 Property used 50% or less in a qualified business use									
		%				S/L -			
		%				S/L -			
		%				S/L -			
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1						28			
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1							29		

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

30 Total business/investment miles driven during the year (do not include commuting miles)	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
31 Total commuting miles driven during the year												
32 Total other personal(noncommuting) miles driven												
33 Total miles driven during the year Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

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)

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions)		
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles		

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) A mortization period or percentage	(f) A mortization for this year
42 A mortization of costs that begins during your 2010 tax year (see instructions)					
43 A mortization of costs that began before your 2010 tax year				43	
44 Total. Add amounts in column (f) See the instructions for where to report				44	