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Form 990

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 07-01-2011 and ending 06-30-2012

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Terminated

☐ Amended return

☐ Application pending

C Name of organization

UNITED WAY OF EAST CENTRAL IOWA INC

Doing Business As

Number and street (or P O box if mail is not delivered to street address)

317 7TH AVENUE SE NO 401

Room/suite

City or town, state or country, and ZIP + 4

CEDAR RAPIDS, IA 524011604

F Name and address of principal officer

LOIS BUNTZ
317 7TH AVENUE SE NO 401
CEDAR RAPIDS,IA 524011604

H(a) Is this a group return for affiliates?

☐ Yes ☒ No

H(b) Are all affiliates included?

☐ Yes ☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number

I Tax-exempt status

☒ 501(c)(3) ☐ 501(c) () ☐ (Insert no) ☐ 4947(a)(1) or ☐ 527

J Website:

WWW UWECI ORG

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation

1962

M State of legal domicile

IA

Part I	Summary																																
Activities & Governance	<div><div>1</div><div>Briefly describe the organization's mission or most significant activities UNITED WAY OF EAST CENTRAL IOWA WORKS TO ADVANCE THE COMMON GOOD BY FOCUSING ON THE BUILDING BLOCKS WE ALL NEED FOR A GOOD LIFE EDUCATION, INCOME, AND HEALTH UNITED WAY'S GOAL IS TO CREATE POSITIVE, LASTING CHANGE THAT PREVENTS PROBLEMS FROM HAPPENING IN THE FIRST PLACE OUR EFFORTS EDUCATE RESIDENTS ABOUT NEEDS IN THE COMMUNITY AND INSPIRE PEOPLE TO BE GENEROUS AND CARING UNITED WAY INVESTS DONOR DOLLARS IN QUALITY PROGRAMS SERVING THE AREA'S LOW-INCOME RESIDENTS AND EDUCATIONALLY AT-RISK CHILDREN ITS COMMUNITY GOALS ARE 1 INCREASE THE NUMBER OF LOW-INCOME CHILDREN READY FOR SCHOOL BY 50% 2 INCREASE THE NUMBER OF LOW-INCOME YOUTH WITH 21ST CENTURY SKILLS BY 25% 3 INCREASE THE NUMBER OF FINANCIALLY STABLE HOUSEHOLDS BY 15% 4 INCREASE HEALTHY CHOICES BY 10%5 INCREASE BY 25% THE NUMBER OF OLDER ADULTS WHO ARE ABLE TO MEET THEIR DAILY LIVING NEEDS</div></div>																																
	<div><div>2</div><div>Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets</div></div>																																
	<table><tr><td>3</td><td>Number of voting members of the governing body (Part VI, line 1a)</td><td>3</td><td>30</td></tr><tr><td>4</td><td>Number of independent voting members of the governing body (Part VI, line 1b)</td><td>4</td><td>29</td></tr><tr><td>5</td><td>Total number of individuals employed in calendar year 2011 (Part V, line 2a)</td><td>5</td><td>52</td></tr><tr><td>6</td><td>Total number of volunteers (estimate if necessary)</td><td>6</td><td>250</td></tr><tr><td>7a</td><td>Total unrelated business revenue from Part VIII, column (C), line 12</td><td>7a</td><td>0</td></tr><tr><td>7b</td><td>Net unrelated business taxable income from Form 990-T, line 34</td><td>7b</td><td>0</td></tr></table>	3	Number of voting members of the governing body (Part VI, line 1a)	3	30	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	29	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	52	6	Total number of volunteers (estimate if necessary)	6	250	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0	7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0								
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Expenses	<table><tr><td>13</td><td>Grants and similar amounts paid (Part IX, column (A), lines 1–3)</td><td>8,626,806</td><td>8,403,648</td></tr><tr><td>14</td><td>Benefits paid to or for members (Part IX, column (A), line 4)</td><td>0</td><td>0</td></tr><tr><td>15</td><td>Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)</td><td>1,416,918</td><td>1,680,911</td></tr><tr><td>16a</td><td>Professional fundraising fees (Part IX, column (A), line 11e)</td><td>0</td><td>0</td></tr><tr><td>16b</td><td>Total fundraising expenses (Part IX, column (D), line 25) 700,230</td><td></td><td></td></tr><tr><td>17</td><td>Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)</td><td>633,289</td><td>892,005</td></tr><tr><td>18</td><td>Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)</td><td>10,677,013</td><td>10,976,564</td></tr><tr><td>19</td><td>Revenue less expenses Subtract line 18 from line 12</td><td>869,680</td><td>572,697</td></tr></table>	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	8,626,806	8,403,648	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,416,918	1,680,911	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0	16b	Total fundraising expenses (Part IX, column (D), line 25) 700,230			17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	633,289	892,005	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	10,677,013	10,976,564	19	Revenue less expenses Subtract line 18 from line 12	869,680	572,697
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Part II

Signature Block

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

Sign Here

Signature of officer

LOIS BUNTZ PRESIDENT/CEO

Type or print name and title

2012-11-08

Date

Paid Preparer's Use Only

Preparer's signature

KAY HEGARTY

Date

Check if self-employed

☐

Preparer's taxpayer identification number (see instructions)

P00091057

Firm's name (or yours if self-employed), address, and ZIP + 4

MCGLADREY LLP
221 THIRD AVENUE SE STE 300
CEDAR RAPIDS, IA 524011512

EIN

42-0714325

Phone no

(319) 298-5333

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2011)

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?

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?

If “Yes,” describe these changes on Schedule O

4

Describe the organization’s program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations 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 \$ 2,747,676 including grants of \$ 2,385,216) (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 UNITED WAY 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 \$ 1,902,524 including grants of \$ 1,651,552) (Revenue \$)

INCOME PROMOTING FINANCIAL STABILITY AND INDEPENDENCECOMMUNITY STRATEGIES FAMILY FINANCIAL STABILITY UNITED WAY IS HELPING LOW-INCOME FAMILIES INCREASE THEIR INCOME, BUILD SAVINGS AND GAIN AND SUSTAIN ASSETS STRATEGIES THAT ASSIST FAMILIES IN ACHIEVING FINANCIAL STABILITY AND INDEPENDENCE INCLUDE HOUSING AND FOOD ASSISTANCE, CASE MANAGEMENT, FINANCIAL EDUCATION, CREDIT REPAIR AND DEBT REDUCTION COUNSELING, EMPLOYMENT TRAINING AND SUPPORT, ACCESSING PUBLIC AND EMPLOYER BENEFITS, SAVINGS CAMPAIGNS AND EARNED INCOME TAX CREDIT 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 CREDITSKIRKWOOD PATHWAYS FOR ACADEMIC AND CAREER EDUCATION AND EMPLOYMENT (KPACE) IS A COMMUNITY INITIATIVE THAT STARTED IN THE FALL OF 2011 THE PURPOSE OF THE PROGRAM IS TO HELP LOW SKILL, LOW-INCOME INDIVIDUALS DEVELOP WORKFORCE SKILLS NEEDED BY LOCAL INDUSTRY AND THAT OFFER A WAGE SUFFICIENT TO MEET THE INDIVIDUAL'S/FAMILY'S BASIC EXPENSES THE CAREER PATHWAY PROGRAM OFFERS STUDENTS A CLEAR ROAD MAP FOR BUILDING SKILLS TO PROGRESS IN THEIR FIELD OF INTEREST LEARNERS CAN SEE THE SEQUENCE OF STEPS THAT INCREASES SKILLS AND IMPROVES THE LEARNER'S CAREER AND WAGE EARNING OPPORTUNITIES ACADEMIC AND SOCIAL SUPPORT SERVICES ARE OFFERED TO HELP STUDENTS SUCCEED

4c

(Code) (Expenses \$ 3,060,508 including grants of \$ 2,656,781) (Revenue \$)

HEALTH IMPROVING PEOPLE'S HEALTH AND ACCESS TO HEALTHCARECOMMUNITY STRATEGIES OVER 32,000 PERSONS HAVE NO HEALTH INSURANCE IN OUR 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

(Code) (Expenses \$ 1,969,967 including grants of \$ 1,710,099) (Revenue \$ 122,423)

VOLUNTEER MANAGEMENT UNITED WAY EMPLOYS A FULL-TIME COMMUNITY VOLUNTEER COORDINATOR WHO OVERSEES WORK DONE THROUGH THE EAST CENTRAL IOWA VOLUNTEER CENTER WE ALSO MANAGE THE VOLUNTEER NOW WEBSITE, CONNECTING PEOPLE ONLINE TO VOLUNTEER OPPORTUNITIES AT NONPROFIT ORGANIZATIONS IN THE AREA UNITED WAY HOSTS THE ANNUAL "DAY OF CARING" PROJECT WHICH BRINGS TOGETHER MORE THAN 1,200 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 THE CEDAR VALLEY UNITED WAY, UNITED WAY OF JOHNSON COUNTY, UNITED WAY OF MAHASKA COUNTY, UNITED WAY OF WAPELLO COUNTY AND THE 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 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 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

4d

Other program services (Describe in Schedule O)

(Expenses \$ 1,969,967 including grants of \$ 1,710,099) (Revenue \$ 122,423)



















4e

Total program service expenses

\$ 9,680,675

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 <i>Schedule B, Schedule of Contributors</i> (see instructions)? 	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	No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i> 	6	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 temporarily restricted endowments, permanent endowments, 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, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Part I.</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, Part 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, Part 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.</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	No
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. All Form 990 filers that operated one or more hospitals must attach audited financial statements	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	Yes	
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 questions 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 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	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a	Yes	
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	Yes	
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	13
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, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return.	2a	52
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 or securities 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	No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
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?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state.	13a	
b	Enter the aggregate 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 aggregate amount of reserves on hand.	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b	

Part VI

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to 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	30		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	29
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	Did the organization have members or stockholders?	6	No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	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	Did the organization have local chapters, branches, or affiliates?	10a	No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes
13	Did the organization have a written whistleblower policy?	13	Yes
14	Did 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	15b	Yes
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed ▶ _____
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 made 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 made 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 organizations compensated any current or former officer, director, or trustee

Form **990** (2011)

Part VII

2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization
	1

Section B. Independent Contractors

Section B. Independent Contractors

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

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

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

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	44,450				
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	173,035				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	10,958,443				
	g	Noncash contributions included in lines 1a-1f \$ 123,727						
	h	Total. Add lines 1a-1f						11,175,928
Program Service Revenue			Business Code					
	2a	DONOR DESIGNATION FEES	900099	114,190	114,190			
	b	SPECIAL EVENT REVENUE	900099	8,233	8,233			
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f			122,423			
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		108,139			108,139	
	4	Income from investment of tax-exempt bond proceeds . .						
	5	Royalties						
	6a	(i) Real		(ii) Personal				
	b	Less rental expenses						
	c	Rental income or (loss)						
	d	Net rental income or (loss)						
	7a	(i) Securities		(ii) Other				
		144,065						
		124,672						
		19,393						
	b	Less cost or other basis and sales expenses						
	c	Gain or (loss)						
	d	Net gain or (loss)			19,393			19,393
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18		a				
	b	Less direct expenses		b				
	c	Net income or (loss) from fundraising events . .						
	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	107,875			107,875	
b								
c								
d	All other revenue			15,503			15,503	
e	Total. Add lines 11a-11d			123,378				
12	Total revenue. See Instructions			11,549,261	122,423	0	250,910	

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)

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	8,403,648	8,403,648		
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	246,568	88,140	79,687	78,741
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,133,572	637,945	217,255	278,372
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	54,965	31,969	12,347	10,649
9	Other employee benefits	149,960	83,903	33,928	32,129
10	Payroll taxes	95,846	47,269	23,039	25,538
11	Fees for services (non-employees)				
a	Management				
b	Legal	4,033		4,033	
c	Accounting	27,710		27,710	
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees	4,121		4,121	
g	Other	82,193	42,075	28,623	11,495
12	Advertising and promotion	126,789	27,755	35,848	63,186
13	Office expenses	28,137	11,504	7,788	8,845
14	Information technology	40,674	23,888	9,703	7,083
15	Royalties				
16	Occupancy	125,181	50,429	29,119	45,633
17	Travel	34,592	32,001	738	1,853
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	50,617	35,717	8,650	6,250
20	Interest				
21	Payments to affiliates	103,778	36,806	31,792	35,180
22	Depreciation, depletion, and amortization	40,837	16,457	9,202	15,178
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	106,935	74,850	1,206	30,879
b	DONATED MATERIALS	63,004	17,045	17,644	28,315
c	AWARDS	6,562	3,068	0	3,494
d	ORGANIZATIONAL DUES	3,092	1,112	942	1,038
e					
f	All other expenses	43,750	15,094	12,284	16,372
25	Total functional expenses. Add lines 1 through 24f	10,976,564	9,680,675	595,659	700,230
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			100	1	200
	2	Savings and temporary cash investments			4,745,031	2	5,117,617
	3	Pledges and grants receivable, net			4,246,236	3	4,146,374
	4	Accounts receivable, net			366,970	4	578,162
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L				5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			24,304	9	35,873
	10a	Land, buildings, and equipment, cost or other basis. Complete Part VI of Schedule D	10a	393,587			
	b	Less: accumulated depreciation	10b	157,087	235,086	10c	236,500
	11	Investments—publicly traded securities			1,284,429	11	1,229,564
	12	Investments—other securities. See Part IV, line 11			303,811	12	301,939
	13	Investments—program-related. See Part IV, line 11			14,364,126	13	14,259,764
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			449,425	15	455,074
	16	Total assets. Add lines 1 through 15 (must equal line 34)			26,019,518	16	26,361,067
Liabilities	17	Accounts payable and accrued expenses			218,885	17	197,535
	18	Grants payable			7,330,442	18	7,290,357
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D				21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties				23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D			382,453	25	394,016
	26	Total liabilities. Add lines 17 through 25			7,931,780	26	7,881,908
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			6,392,561	27	7,239,323
	28	Temporarily restricted net assets			11,351,526	28	10,896,185
	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			18,087,738	33	18,479,159
	34	Total liabilities and net assets/fund balances			26,019,518	34	26,361,067

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	11,549,261
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,976,564
3	Revenue less expenses Subtract line 2 from line 1	3	572,697
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	18,087,738
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-181,276
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	18,479,159

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

Name of the organization
UNITED WAY OF EAST CENTRAL IOWA INC

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

2011

Open to Public Inspection

Employer identification number

42-0861239

Part I

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

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

- 1

☐

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

☐

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

☐

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

☐

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

☐

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

☐

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

☒

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

☐

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

☐

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

☐

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

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other
- e

☐

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f

☐

If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
- g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i)

a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?
- h

☐

Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(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 IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	10,689,952	11,787,491	10,075,307	11,200,033	11,175,928	54,928,711
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	10,689,952	11,787,491	10,075,307	11,200,033	11,175,928	54,928,711
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)						8,525,643
6 Public Support. Subtract line 5 from line 4						46,403,068

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	10,689,952	11,787,491	10,075,307	11,200,033	11,175,928	54,928,711
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	323,630	130,227	88,319	95,532	108,139	745,847
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets	270,227	119,884	102,565	126,863	123,378	742,917
11 Total support (Add lines 7 through 10)						56,417,475

12 Gross receipts from related activities, etc (See instructions)

12448,649

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 2011 (line 6 column (f) divided by line 11 column (f))	14	82 250 %
15 Public Support Percentage for 2010 Schedule A, Part II, line 14	15	82 480 %

16a 33 1/3% support test—2011. 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—2010. 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—2011. 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—2010. 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 IIIPart III

Support Schedule for Organizations Described in IRC 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage			
15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15		
16 Public support percentage from 2010 Schedule A, Part III, line 15	16		

Section D. Computation of Investment Income Percentage			
17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17		
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18		
19a 33 1/3% support tests—2011. 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—2010. 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 explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

Additional Data

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

Form 990, Special Condition Description:

Special Condition Description

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

4d. Other program services
(Code) (Expenses \$ 1,969,967 including grants of \$ 1,710,099) (Revenue \$ 122,423)
VOLUNTEER MANAGEMENT UNITED WAY EMPLOYS A FULL-TIME COMMUNITY VOLUNTEER COORDINATOR WHO OVERSEES WORK DONE THROUGH THE EAST CENTRAL IOWA VOLUNTEER CENTER WE ALSO MANAGE THE VOLUNTEER NOW WEBSITE, CONNECTING PEOPLE ONLINE TO VOLUNTEER OPPORTUNITIES AT NONPROFIT ORGANIZATIONS IN THE AREA UNITED WAY HOSTS THE ANNUAL "DAY OF CARING" PROJECT WHICH BRINGS TOGETHER MORE THAN 1,200 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 THE CEDAR VALLEY UNITED WAY, UNITED WAY OF JOHNSON COUNTY, UNITED WAY OF MAHASKA COUNTY, UNITED WAY OF WAPELLO COUNTY AND THE 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 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 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

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

2011

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, line 35c (Proxy Tax), then

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

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

Part I-A

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

1

Provide a description of the organization's direct and indirect political campaign activities on behalf of or in opposition to candidates for public office in Part IV

2

Political expenditures ▶ \$

3

Volunteer hours

Part I-B

Complete if the organization is exempt under section 501(c)(3).

1

Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$

2

Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$

3

If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a

Was a correction made? ☐ Yes ☐ No

b

If "Yes," describe in Part IV

Part I-C

Complete if the organization is exempt under section 501(c) except section 501(c)(3).

1

Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$

2

Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt 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? ☐ Yes ☐ 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 (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- 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) 2008	(b) 2009	(c) 2010	(d) 2011	(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?	Yes		0
	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		3,003
j Total lines 1c through 1i				3,003
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
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	
		2b	
		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)	5	

Part IV

Supplemental Information

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

Identifier	Return Reference	Explanation
EXPLANATION OF LOBBYING ACTIVITIES	PART II-B, LINE 1	CONTRACTED GARY GRANT, L&L MURPHY CONSULTING, TO PROVIDE PUBLIC POLICY SUPPORT SERVICES PART II-B, LINE 1(F) 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, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization

UNITED WAY OF EAST CENTRAL IOWA INC

Employer identification number

42-0861239

Part I

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

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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	<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II

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

1

Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or 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
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06

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

► \$ _____

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	1,588,240	1,241,401	1,114,513	1,413,926	
b Contributions	6,108	176,666	2,950	400	
c Investment earnings or losses	-598	218,498	177,288	-252,483	
d Grants or scholarships					
e Other expenditures for facilities and programs	58,127	44,359	49,058	44,046	
f Administrative expenses	4,120	3,966	4,292	3,284	
g End of year balance	1,531,503	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 ▶ 35 450 %

b

Permanent endowment ▶ 22 440 %

c

Term endowment ▶ 42 110 %

3a

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

(i) unrelated organizations

(ii) related organizations

3a(i)

Yes

No

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

Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		393,587	157,087	236,500
e Other				
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				236,500

Schedule D (Form 990) 2011

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	11,549,261
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	10,976,564
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	572,697
4	Net unrealized gains (losses) on investments	4	-68,636
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-112,640
9	Total adjustments (net) Add lines 4 - 8	9	-181,276
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	391,421

Part XIIReconciliation of Revenue per Audited Financial Statements With Revenue per Return			
1	Total revenue, gains, and other support per audited financial statements	1	10,842,645
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	-68,636
b	Donated services and use of facilities	2b	226,938
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	467,187
e	Add lines 2a through 2d	2e	625,489
3	Subtract line 2e from line 1	3	10,217,156
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	4,121
b	Other (Describe in Part XIV)	4b	1,327,984
c	Add lines 4a and 4b	4c	1,332,105
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	11,549,261

Part XIIIReconciliation of Expenses per Audited Financial Statements With Expenses per Return			
1	Total expenses and losses per audited financial statements	1	10,451,224
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	226,938
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	579,827
e	Add lines 2a through 2d	2e	806,765
3	Subtract line 2e from line 1	3	9,644,459
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	4,121
b	Other (Describe in Part XIV)	4b	1,327,984
c	Add lines 4a and 4b	4c	1,332,105
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	10,976,564

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, 2012 AND 2011. 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, 2012 AND 2011. THE ORGANIZATION IS NO LONGER SUBJECT TO EXAMINATIONS BY FEDERAL AUTHORITIES FOR YEARS ENDED BEFORE JUNE 30, 2009 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 -8,278. NET INCOME OF SUBSIDIARY - FCFH-IOWA, INC 19,141. NET INCOME OF SUBSIDIARY - HUMAN SERVICES CAMPUS OF EAST CENTRAL IOWA - 123,503. TOTAL TO SCHEDULE D, PART XI, LINE 8 - 112,640.
PART XII, LINE 2D - OTHER ADJUSTMENTS		CHANGE IN BENEFICIAL INTEREST IN COMMUNITY FOUNDATION -8,278. REVENUE OF SUBSIDIARY - FCFH-IOWA, INC 444,773. REVENUE OF SUBSIDIARY - HUMAN SERVICES CAMPUS OF EAST CENTRAL IOWA 583,014. ELIMINATIONS OF REVENUE FOR CONSOLIDATION - 552,322.
PART XII, LINE 4B - OTHER ADJUSTMENTS		DONOR OPTION ALLOCATIONS NETTED AGAINST REVENUE FOR AUDIT 1,327,984.
PART XIII, LINE 2D - OTHER ADJUSTMENTS		EXPENSE OF SUBSIDIARY - FCFH-IOWA, INC 425,632. EXPENSE OF SUBSIDIARY - HUMAN SERVICES CAMPUS OF EAST CENTRAL IOWA 706,517. ELIMINATIONS OF EXPENSE FOR CONSOLIDATION -552,322.
PART XIII, LINE 4B - OTHER ADJUSTMENTS		DONOR OPTION ALLOCATIONS NETTED AGAINST REVENUE FOR AUDIT 1,327,984.

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

2011

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. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ▶ ☐

(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 listed in the line 1 table ▶

77

3

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

0

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
COMMUNITY HEALTH FREE CLINIC947 14TH AVENUE SE CEDAR RAPIDS, IA 52403	13-4228071	501(C)(3)	11,179		N/A	N/A	DONOR DESIGNATION SUPPORT
COMMUNITY HEALTH FREE CLINIC947 14TH AVENUE SE CEDAR RAPIDS, IA 52403	13-4228071	501(C)(3)	87,177		N/A	N/A	PROGRAM FUNDING HEALTH

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
AMERICAN HEART ASSOCIATION CR 7272 GREENVILLE DALLAS, TX 752315129	13-5613797	501(C)(3)	6,819		N/A	N/A	DONOR DESIGNATION SUPPORT
KIDS FIRST LAW CENTER420 6TH STREET SE SUITE 160 CEDAR RAPIDS, IA 52401	20-2199649	501(C)(3)	6,308		N/A	N/A	DONOR DESIGNATION SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KIDS FIRST LAW CENTER420 6TH STREET SE SUITE 160 CEDAR RAPIDS, IA 52401	20-2199649	501(C)(3)	63,000		N/A	N/A	PROGRAM FUNDING EDUCATION
LINN COMMUNITY CARE1201 3RD AVENUE SE CEDAR RAPIDS, IA 52403	20-2405575	501(C)(3)	109		N/A	N/A	DONOR DESIGNATION SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LINN COMMUNITY CARE1201 3RD AVENUE SE CEDAR RAPIDS, IA 52403	20-2405575	501(C)(3)	62,516		N/A	N/A	PROGRAM FUNDING HEALTH
JUVENILE DIABETES RESEARCH FOUNDATION OF IOWAPO BOX 3026 CEDAR RAPIDS, IA 52406	23-1907729	501(C)(3)	5,060		N/A	N/A	DONOR DESIGNATION SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KIRKWOOD COMMUNITY COLLEGE FOUNDATIONPO BOX 2068 CEDAR RAPIDS, IA 52406	23-7076632	501(C)(3)	8,815		N/A	N/A	DONOR DESIGNATION SUPPORT
KIRKWOOD COMMUNITY COLLEGE FOUNDATIONPO BOX 2068 CEDAR RAPIDS, IA 52406	23-7076632	501(C)(3)	32,500		N/A	N/A	PROGRAM FUNDING EDUCATION

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

(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
KIRKWOOD COMMUNITY COLLEGE FOUNDATION6301 KIRKWOOD BLVD SW CEDAR RAPIDS, IA 52404	23-7076632	501(C)(3)	32,500		N/A	N/A	PROGRAM FUNDING INCOME
AGING SERVICES INC317 7TH AVE SE STE 302B CEDAR RAPIDS, IA 524011604	23-7085316	501(C)(3)	12,484		N/A	N/A	DONOR DESIGNATION SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AGING SERVICES INC317 7TH AVE SE STE 302B CEDAR RAPIDS, IA 524011604	23-7085316	501(C)(3)	489,539		N/A	N/A	PROGRAM FUNDING HEALTH
UNITED WAY OF TRANSYLVANIA COUNTYPO BOX 53 BREVARD, NC 287120053	23-7145022	501(C)(3)	7,000		N/A	N/A	DONOR DESIGNATION SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INDIAN CREEK NATURE CENTER 6665 OTIS ROAD SE CEDAR RAPIDS, IA 52403	23-7260197	501(C)(3)	6,521		N/A	N/A	DONOR DESIGNATION SUPPORT
CEDAR RAPIDS PUBLIC LIBRARY FOUNDATION 2600 EDGEWOOD RD SW SUITE 330 CEDAR RAPIDS, IA 52404	23-7292786	501(C)(3)	9,066		N/A	N/A	DONOR DESIGNATION SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEIGHBORHOOD TRANSPORTATION SERVICEINCPO BOX 81 CEDAR RAPIDS, IA 524060081	26- 1306253	501(C)(3)	2,788		N/A	N/A	DONOR DESIGNATION SUPPORT
NEIGHBORHOOD TRANSPORTATION SERVICEINCPO BOX 81 CEDAR RAPIDS, IA 524060081	26- 1306253	501(C)(3)	80,000		N/A	N/A	PROGRAM FUNDING INCOME

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IOWA CITY COMMUNITY CHURCH717 KIMBALL AVE IOWA CITY, IA 52245	31-1627188	501(C)(3)	5,400		N/A	N/A	DONOR DESIGNATION SUPPORT
THE SALVATION ARMY1000 C AVENUE NW CEDAR RAPIDS, IA 52405	36-2167910	501(C)(3)	158,000		N/A	N/A	PROGRAM FUNDING INCOME

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE SALVATION ARMY1000 C AVENUE NW CEDAR RAPIDS, IA 52405	36-2167910	501(C)(3)	23,325		N/A	N/A	DONOR DESIGNATION SUPPORT
FIRST LUTHERAN CHURCH1000 THIRD AVENUE SE CEDAR RAPIDS, IA 52403	39-1897287	501(C)(3)	6,651		N/A	N/A	DONOR DESIGNATION SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CEDAR RAPIDS MUSEUM OF ART 410 THIRD AVENUE SE CEDAR RAPIDS, IA 52401	42-0680248	501(C)(3)	7,708		N/A	N/A	DONOR DESIGNATION SUPPORT
BOY SCOUTS OF AMERICA-HAWKEYE AREA 660 32ND AVENUE SW CEDAR RAPIDS, IA 52404	42-0680304	501(C)(3)	57,849		N/A	N/A	DONOR DESIGNATION SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOY SCOUTS OF AMERICA-HAWKEYE AREA660 32ND AVENUE SW CEDAR RAPIDS, IA 52404	42-0680304	501(C)(3)	92,500		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)	11,612		N/A	N/A	DONOR DESIGNATION SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
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
WAYPOINT SERVICES FOR WOMEN CHILDREN & FAMILIES318 5TH ST SE CEDAR RAPIDS, IA 52401	42-0680307	501(C)(3)	521,952		N/A	N/A	PROGRAM FUNDING INCOME

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WAYPOINT SERVICES FOR WOMEN CHILDREN & FAMILIES318 5TH ST SE CEDAR RAPIDS, IA 52401	42-0680307	501(C)(3)	57,815		N/A	N/A	DONOR DESIGNATION SUPPORT
CORNELL COLLEGE FOUNDATION600 FIRST STREET N MOUNT VERNON, IA 52314	42-0680335	501(C)(3)	5,000		N/A	N/A	DONOR DESIGNATION SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN CANCER SOCIETY CR4080 FIRST AVENUE NE CEDAR RAPIDS, IA 52402	42- 0680353	501(C)(3)	18,025		N/A	N/A	DONOR DESIGNATION SUPPORT
JANE BOYD COMMUNITY HOUSE943 14TH AVENUE SE CEDAR RAPIDS, IA 52403	42- 0680359	501(C)(3)	7,128		N/A	N/A	DONOR DESIGNATION SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JANE BOYD COMMUNITY HOUSE943 14TH AVENUE SE CEDAR RAPIDS, IA 52403	42-0680359	501(C)(3)	337,219		N/A	N/A	PROGRAM FUNDING EDUCATION
VISITING NURSE ASSOCIATION600 BOYSON ROAD NE SUITE 2 CEDAR RAPIDS, IA 52402	42-0680491	501(C)(3)	3,438		N/A	N/A	DONOR DESIGNATION SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VISITING NURSE ASSOCIATION600 BOYSON ROAD NE SUITE 2 CEDAR RAPIDS, IA 52402	42-0680491	501(C)(3)	57,000		N/A	N/A	PROGRAM FUNDING HEALTH
COE COLLEGE FOUNDATION1220 FIRST AVENUE NE CEDAR RAPIDS, IA 52402	42-0686467	501(C)(3)	7,009		N/A	N/A	DONOR DESIGNATION SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TANAGER PLACE 2309 C STREET SW CEDAR RAPIDS, IA 52404	42-0688079	501(C)(3)	5,470		N/A	N/A	DONOR DESIGNATION SUPPORT
ST MATTHEWS CATHOLIC CHURCH 2310 FIRST AVENUE NE CEDAR RAPIDS, IA 52402	42-0730342	501(C)(3)	10,406		N/A	N/A	DONOR DESIGNATION SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CEDAR RAPIDS SYMPHONY119 3RD AVENUE SE CEDAR RAPIDS, IA 52401	42-0772544	501(C)(3)	24,188		N/A	N/A	DONOR DESIGNATION SUPPORT
UNIVERSITY OF IOWA FOUNDATIONPO BOX 4550 IOWA CITY, IA 522444550	42-0796760	501(C)(3)	15,241		N/A	N/A	DONOR DESIGNATION SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE ARC OF EAST CENTRAL IOWA680 2ND ST SE SUITE 200 CEDAR RAPIDS, IA 52401	42-0805377	501(C)(3)	200,000		N/A	N/A	PROGRAM FUNDING INCOME
THE ARC OF EAST CENTRAL IOWA680 2ND ST SE SUITE 200 CEDAR RAPIDS, IA 52401	42-0805377	501(C)(3)	42,077		N/A	N/A	DONOR DESIGNATION SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST MARYS CATHOLIC CHURCH - SOLONIA1749 RACINE AVENUE NE SOLON,IA 52333	42-0805379	501(C)(3)	6,221		N/A	N/A	DONOR DESIGNATION SUPPORT
THEATRE CEDAR RAPIDS102 THIRD STREET SE CEDAR RAPIDS, IA 52401	42-0890913	501(C)(3)	9,452		N/A	N/A	DONOR DESIGNATION SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HAWKEYE AREA COMMUNITY ACTION PROGRAMPO BOX 490 HIAWATHA, IA 522330490	42-0898405	501(C)(3)	3,945		N/A	N/A	DONOR DESIGNATION SUPPORT
HAWKEYE AREA COMMUNITY ACTION PROGRAMPO BOX 490 HIAWATHA, IA 522330490	42-0898405	501(C)(3)	641,247		N/A	N/A	PROGRAM FUNDING EDUCATION

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

(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
JUNIOR ACHIEVEMENT OF EAST CENTRAL IOWA315 THIRD AVENUE SE 209 CEDAR RAPIDS, IA 524013221	42-0919209	501(C)(3)	11,773		N/A	N/A	DONOR DESIGNATION SUPPORT
GOODWILL INDUSTRIES OF THE HEARTLAND 1410 SOUTH FIRST AVE IOWA CITY,IA 52244	42-0923563	501(C)(3)	136,850		N/A	N/A	PROGRAM FUNDING INCOME

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GOODWILL OF THE HEARTLAND1410 SOUTH FIRST AVE IOWA CITY, IA 52244	42-0923563	501(C)(3)	5,594		N/A	N/A	DONOR DESIGNATION SUPPORT
MECCA SERVICES430 SOUTHGATE IOWA CITY, IA 52240	42-0946031	501(C)(3)	1,212		N/A	N/A	DONOR DESIGNATION SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MECCA SERVICES 430 SOUTHGATE IOWA CITY, IA 52240	42-0946031	501(C)(3)	37,500		N/A	N/A	PROGRAM FUNDING HEALTH
FOUR OAKS FAMILY AND CHILDREN SERVICES 5400 KIRKWOOD BOULEVARD SW CEDAR RAPIDS, IA 52404	42-0998726	501(C)(3)	9,954		N/A	N/A	DONOR DESIGNATION SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GIRL SCOUTS OF EASTERN IOWA & WESTERN ILLINOIS317 7TH AVENUE SE SUITE 201 CEDAR RAPIDS, IA 524011604	42-1008848	501(C)(3)	12,120		N/A	N/A	DONOR DESIGNATION SUPPORT
GIRL SCOUTS OF EASTERN IOWA & WESTERN ILLINOIS317 7TH AVENUE SE SUITE 201 CEDAR RAPIDS, IA 524011604	42-1008848	501(C)(3)	55,000		N/A	N/A	PROGRAM FUNDING EDUCATION

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

(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
FAMILIESINCPO BOX 130 WEST BRANCH, IA 52358	42- 1023208	501(C)(3)	859		N/A	N/A	DONOR DESIGNATION SUPPORT
FAMILIESINCPO BOX 130 WEST BRANCH, IA 52358	42- 1023208	501(C)(3)	30,000		N/A	N/A	PROGRAM FUNDING HEALTH

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
BENTON COUNTY VOLUNTEER PROGRAM1309 FIFTH AVENUE BELLE PLAINE, IA 52208	42-1023730	501(C)(3)	5,884		N/A	N/A	DONOR DESIGNATION SUPPORT
BENTON COUNTY VOLUNTEER PROGRAM1309 FIFTH AVENUE BELLE PLAINE, IA 52208	42-1023730	501(C)(3)	12,915		N/A	N/A	PROGRAM FUNDING HEALTH

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
ABBE CENTER FOR COMMUNITY MENTAL HEALTH 520 11TH STREET NW CEDAR RAPIDS, IA 52405	42-1045257	501(C)(3)	3,422		N/A	N/A	DONOR DESIGNATION SUPPORT
ABBE CENTER FOR COMMUNITY MENTAL HEALTH 520 11TH STREET NW CEDAR RAPIDS, IA 52405	42-1045257	501(C)(3)	37,000		N/A	N/A	PROGRAM FUNDING HEALTH

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
FOUNDATION 2INC1714 JOHNSON AVENUE NW CEDAR RAPIDS, IA 52405	42- 1078444	501(C)(3)	5,816		N/A	N/A	DONOR DESIGNATION SUPPORT
FOUNDATION 2INC1714 JOHNSON AVENUE NW CEDAR RAPIDS, IA 52405	42- 1078444	501(C)(3)	520,000		N/A	N/A	PROGRAM FUNDING HEALTH

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
IOWA LEGAL AID317 7TH AVENUE SE SUITE 404 CEDAR RAPIDS, IA 52401	42-1079227	501(C)(3)	2,990		N/A	N/A	DONOR DESIGNATION SUPPORT
IOWA LEGAL AID317 7TH AVENUE SE SUITE 404 CEDAR RAPIDS, IA 52401	42-1079227	501(C)(3)	185,000		N/A	N/A	PROGRAM FUNDING INCOME

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DENTAL HEALTH CENTER855 A AVENUE NE CEDAR RAPIDS, IA 52402	42-1106819	501(C)(3)	1,900		N/A	N/A	DONOR DESIGNATION SUPPORT
DENTAL HEALTH CENTER1026 A AVENUE NE CEDAR RAPIDS, IA 52402	42-1106819	501(C)(3)	75,000		N/A	N/A	PROGRAM FUNDING HEALTH

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
ST LUKES HEALTH CARE FOUNDATION855 A AVENUE NE 105 CEDAR RAPIDS, IA 52402	42-1106819	501(C)(3)	14,642		N/A	N/A	DONOR DESIGNATION SUPPORT
HILLSIDE WESLEYAN CHURCH2600 FIRST AVENUE NW CEDAR RAPIDS, IA 52405	42-1111974	501(C)(3)	7,688		N/A	N/A	DONOR DESIGNATION SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
STONEBRIDGE CHURCH1829 STONEY POINT RD SW CEDAR RAPIDS, IA 52404	42-1113923	501(C)(3)	15,977		N/A	N/A	DONOR DESIGNATION SUPPORT
AREA SUBSTANCE ABUSE COUNCIL 3601 16TH AVENUE SW CEDAR RAPIDS, IA 52404	42-1114396	501(C)(3)	8,039		N/A	N/A	DONOR DESIGNATION SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AREA SUBSTANCE ABUSE COUNCIL 3601 16TH AVENUE SW CEDAR RAPIDS, IA 52404	42-1114396	501(C)(3)	465,000		N/A	N/A	PROGRAM FUNDING HEALTH
PLANNED PARENTHOOD OF THE HEARTLAND EAST CENTRAL IOWA 1171 7TH ST DES MOINES, IA 50314	42-1132892	501(C)(3)	5,490		N/A	N/A	DONOR DESIGNATION SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HORIZONSA FAMILY SERVICE ALLIANCEPO BOX 667 CEDAR RAPIDS, IA 52406	42- 1135083	501(C)(3)	17,602		N/A	N/A	DONOR DESIGNATION SUPPORT
HORIZONSA FAMILY SERVICE ALLIANCEPO BOX 667 CEDAR RAPIDS, IA 52406	42- 1135083	501(C)(3)	592,000		N/A	N/A	PROGRAM FUNDING HEALTH

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
RURAL EMPLOYMENT ALTERNATIVESPO BOX 24 CONROY, IA 522200024	42-1150011	501(C)(3)	35,000		N/A	N/A	PROGRAM FUNDING INCOME
RURAL EMPLOYMENT ALTERNATIVESPO BOX 24 CONROY, IA 522200024	42-1150011	501(C)(3)	2,420		N/A	N/A	DONOR DESIGNATION SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WITWER CENTER 605 SECOND AVE SE CEDAR RAPIDS, IA 52401	42-1153156	501(C)(3)	1,528		N/A	N/A	DONOR DESIGNATION SUPPORT
WITWER CENTER 605 SECOND AVE SE CEDAR RAPIDS, IA 52401	42-1153156	501(C)(3)	100,000		N/A	N/A	PROGRAM FUNDING HEALTH

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
BIG BROTHERS BIG SISTERS 3150 E AVE NW SUITE 103 CEDAR RAPIDS, IA 52405	42-1170475	501(C)(3)	57,929		N/A	N/A	DONOR DESIGNATION SUPPORT
BIG BROTHERS BIG SISTERS 3150 E AVE NW SUITE 103 CEDAR RAPIDS, IA 52405	42-1170475	501(C)(3)	155,000		N/A	N/A	PROGRAM FUNDING EDUCATION

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

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BRUCEMORE2160 LINDEN DRIVE SE CEDAR RAPIDS, IA 52403	42- 1170531	501(C)(3)	5,250		N/A	N/A	DONOR DESIGNATION SUPPORT
BRIDGEHAVEN PREGNANCY SUPPORT CENTER 701 CENTER POINT RD NE CEDAR RAPIDS, IA 52402	42- 1203675	501(C)(3)	16,158		N/A	N/A	DONOR DESIGNATION SUPPORT

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

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LINN MAR SCHOOL FOUNDATION2999 NORTH 10TH STREET MARION,IA 52302	42-1267125	501(C)(3)	8,568		N/A	N/A	DONOR DESIGNATION SUPPORT
WILLIS DADY EMERGENCY SHELTER1247 FOURTH AVENUE SE CEDAR RAPIDS,IA 52403	42-1311668	501(C)(3)	115,000		N/A	N/A	PROGRAM FUNDING INCOME

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

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WILLIS DADY EMERGENCY SHELTER1247 FOURTH AVENUE SE CEDAR RAPIDS, IA 52403	42- 1311668	501(C)(3)	10,595		N/A	N/A	DONOR DESIGNATION SUPPORT
HEARTLAND VINEYARD CHRISTIAN FELLOWSHIP OF CEDAR FALLS AND WATERLOO 1405 GREENHILL ROAD CEDAR FALLS, IA 50613	42- 1321006	501(C)(3)	15,340		N/A	N/A	DONOR DESIGNATION SUPPORT

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

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ALZHEIMERS ASSOCIATION EAST CENTRAL IOWA CHAPTER317 7TH AVE SE STE 402 CEDAR RAPIDS, IA 52401	42-1333384	501(C)(3)	42,282		N/A	N/A	DONOR DESIGNATION SUPPORT
ALZHEIMERS ASSOCIATION EAST CENTRAL IOWA CHAPTER317 7TH AVE SE STE 402 CEDARRAPIDS, IA 52401	42-1333384	501(C)(3)	45,000		N/A	N/A	PROGRAM FUNDING HEALTH

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

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ST ELIZABETH ANN SETON CATHLOIC CHURCH1350 LYNDHURST DRIVE HIAWATHA, IA 52233	42-1338119	501(C)(3)	8,350		N/A	N/A	DONOR DESIGNATION SUPPORT
VOLUNTEER SERVICES OF CEDAR COUNTY PO BOX 307 TIPTON, IA 52772	42-1341650	501(C)(3)	56		N/A	N/A	DONOR DESIGNATION SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VOLUNTEER SERVICES OF CEDAR COUNTY PO BOX 307 TIPTON, IA 52772	42-1341650	501(C)(3)	16,046		N/A	N/A	PROGRAM FUNDING HEALTH
CATHERINE MCAULEY CENTER 866 FOURTH AVENUE SE CEDAR RAPIDS, IA 52401	42-1342872	501(C)(3)	24,537		N/A	N/A	DONOR DESIGNATION SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CATHERINE MCAULEY CENTER 866 FOURTH AVENUE SE CEDAR RAPIDS, IA 52401	42-1342872	501(C)(3)	119,000		N/A	N/A	PROGRAM FUNDING INCOME
THE SAFE PLACE FOUNDATION527 SIXTH AVENUE SE CEDAR RAPIDS, IA 52401	42-1348441	501(C)(3)	68,250		N/A	N/A	PROGRAM FUNDING INCOME

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

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THE SAFE PLACE FOUNDATION527 SIXTH AVENUE SE CEDAR RAPIDS, IA 52401	42-1348441	501(C)(3)	3,055		N/A	N/A	DONOR DESIGNATION SUPPORT
YOUNG PARENTS NETWORK420 6TH STREET SE SUITE 260 CEDAR RAPIDS, IA 52401	42-1355480	501(C)(3)	26,543		N/A	N/A	DONOR DESIGNATION SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YOUNG PARENTS NETWORK420 6TH STREET SE SUITE 260 CEDAR RAPIDS, IA 52401	42-1355480	501(C)(3)	297,250		N/A	N/A	PROGRAM FUNDING EDUCATION
COMMUNITY CORRECTIONS IMPROVEMENT ASSOCIATION951 29TH AVENUE SW CEDAR RAPIDS, IA 52404	42-1382341	501(C)(3)	4,734		N/A	N/A	DONOR DESIGNATION SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY CORRECTIONS IMPROVEMENT ASSOCIATION951 29TH AVENUE SW CEDAR RAPIDS, IA 52404	42-1382341	501(C)(3)	295,592		N/A	N/A	PROGRAM FUNDING EDUCATION
KIND CARE INC802 FRANKLIN ST WILLIAMSBURG, IA 52361	42-1401217	501(C)(3)	3,732		N/A	N/A	DONOR DESIGNATION SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KIND CAREINC802 FRANKLIN ST WILLIAMSBURG, IA 52361	42-1401217	501(C)(3)	10,000		N/A	N/A	PROGRAM FUNDING EDUCATION
BOYS & GIRLS CLUB OF CEDAR RAPIDS 420 6TH ST SE SUITE 240 CEDAR RAPIDS, IA 52401	42-1434056	501(C)(3)	46,928		N/A	N/A	DONOR DESIGNATION SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOYS & GIRLS CLUB OF CEDAR RAPIDS420 6TH ST SE SUITE 240 CEDAR RAPIDS, IA 52401	42-1434056	501(C)(3)	145,000		N/A	N/A	PROGRAM FUNDING EDUCATION
CEDAR RAPIDS OPERA THEATRE1120 2ND AVE SE CEDAR RAPIDS, IA 524032406	42-1476568	501(C)(3)	6,450		N/A	N/A	DONOR DESIGNATION SUPPORT

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

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XAVIER FOUNDATION PO BOX 10956 CEDAR RAPIDS, IA 52410	42-1479238	501(C)(3)	12,835		N/A	N/A	DONOR DESIGNATION SUPPORT
LINN COUNTY PUBLIC HEALTH 501 13TH ST NW CEDAR RAPIDS, IA 52405	42-6004336	GOVERNMENT	14,638		N/A	N/A	PROGRAM FUNDING HEALTH

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
RAPE VICTIM ADVOCACY PROGRAM332 S LINN ST SUITE 100 IOWA CITY, IA 52240	42-6004813	501(C)(3)	1,054		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

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
IOWA STATE UNIVERSITY EXTENSION3279 7TH AVENUE MARION,IA 52302	42-6021446	GOVERNMENT	83,908		N/A	N/A	PROGRAM FUNDING EDUCATION
UNITED WAY OF JOHNSON COUNTYINC1150 5TH ST STE 290 CORALVILLE,IA 522412933	42-6062055	501(C)(3)	19,815		N/A	N/A	DONOR DESIGNATION SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE TEMPLE JUDAH TRUST3221 LINDSAY LANE SE CEDAR RAPIDS, IA 52403	42-6148612	501(C)(3)	5,578		N/A	N/A	DONOR DESIGNATION SUPPORT
SOUTHEAST LINN COMMUNITY CENTER108 SOUTH WASHINGTON LISBON,IA 52253	43-1406317	501(C)(3)	8,635		N/A	N/A	DONOR DESIGNATION SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTHEAST LINN COMMUNITY CENTER108 SOUTH WASHINGTON LISBON, IA 52253	43-1406317	501(C)(3)	15,450		N/A	N/A	PROGRAM FUNDING HEALTH
DENNIS AND DONNA OLDORF HOSPICE HOUSE OF MERCY315 18TH AVE HIAWATHA, IA 52233	51-0233180	501(C)(3)	4,077		N/A	N/A	DONOR DESIGNATION SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MERCY MEDICAL CENTER FOUNDATION701 10TH STREET SE CEDAR RAPIDS, IA 524031251	51-0233180	501(C)(3)	6,518		N/A	N/A	DONOR DESIGNATION SUPPORT
AMERICAN RED CROSS GRANT WOOD AREA CHAPTER6300 ROCKWELL DRIVE NE CEDAR RAPIDS, IA 524027220	53-0196605	501(C)(3)	18,791		N/A	N/A	DONOR DESIGNATION SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REBUILDING PALO FUNDINC 2293 BURT ROAD PALO,IA 52324	80-0216696	501(C)(3)	5,495		N/A	N/A	DONOR DESIGNATION SUPPORT
FCFH-IOWA INC 317 7TH AVENUE SE SUITE 401 CEDAR RAPIDS, IA 52401	20-0936954	501(C)(3)	305,000	21,488	FAIR MARKET VALUE	ADMINISTRATIVE SERVICES	CASH INITIATIVE FUND, NONCASH TO ASSIST WITH ADMINISTRATIVE COSTS

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
HUMAN SERVICES CAMPUS OF EAST CENTRAL IOWA 317 7TH AVENUE SE SUITE 401 CEDAR RAPIDS, IA 52401	27-0487331	501(C)(3)		36,035	FAIR MARKET VALUE	ADMINISTRATIVE SERVICES	TO ASSIST WITH ADMINISTRATIVE COSTS

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2011

Open to Public Inspection

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization
UNITED WAY OF EAST CENTRAL IOWA INC

Employer identification number
42-0861239

Part I

Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
1b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply. <div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Written employment contract</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Form 990 of other organizations</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:		
4a	a Receive a severance payment or change-of-control payment?		No
4b	b Participate in, or receive payment from, a supplemental nonqualified retirement plan?		No
4c	c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		No
5	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9. For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
5a	a The organization?		No
5b	b Any related organization? If "Yes," to line 5a or 5b, describe in Part III		No
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
6a	a The organization?		No
6b	b Any related organization? If "Yes," to line 6a or 6b, describe in Part III		No
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III		No
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53.4958-4(a)(3)? If "Yes," describe in Part III		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		

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

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

[illegible]

Part III **Supplemental Information**

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

Identifier	Return Reference	Explanation
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SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
UNITED WAY OF EAST CENTRAL IOWA INC

Employer identification number
42-0861239

Part I Types of Property

	(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining 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	12	60,616	GROSS 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	125	FMV
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
PRIZE				
25 Other ► (ITEMS)	X	8	21,638	FMV
AUCTION				
26 Other ► (ITEMS)	X	1	30,367	FMV
27 Other ► (ADVERTISING)	X	2	8,380	FMV
28 Other ► (TRIPOD)	X	1	50	FMV
PRINTED				
Other ► (MATERIALS)	X	2	2,551	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?	30a			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?	31	Yes		
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?	32a			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

2011

Open to Public
Inspection

Name of the organization UNITED WAY OF EAST CENTRAL IOWA INC	Employer identification number 42-0861239
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Identifier	Return Reference	Explanation
NEW PROGRAM SERVICES	FORM 990, PART III, LINE 2	YOUTH ACHIEVEMENT CORPS - UNITED WAY WAS AWARDED A 3-YEAR FEDERAL GRANT TO BEGIN THE YOUTH ACHIEVEMENT CORPS PROJECT IN SEPTEMBER 2011. COMPOSED OF 10 FULL-TIME AMERICORPS MEMBERS, THIS PROGRAM IS BUILDING A COLLABORATIVE NETWORK OF QUALITY IN AND OUT-OF-SCHOOL TIME EDUCATION AND SOCIAL SUPPORT PROGRAMS FOR LOW INCOME FAMILIES AND STUDENTS, BIRTH THROUGH MIDDLE SCHOOL, TO HELP ADDRESS AN ACHIEVEMENT GAP AND RISING DROP-OUT RATE.

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 IS THE EXCEPTION 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	MARK GULLICKSON, DIRECTOR AND CATHY GULLICKSON, DIRECTOR HAVE A FAMILY 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 ADDED ARTICLE IV, SECTION 9 EMERITUS MEMBERSHIP CAN NOW BE GRANTED TO A FORMER DIRECTOR OR TRUSTEE THE EMERITUS STATUS OFFERS MEMBERS AN OPPORTUNITY TO STAY CONNECTED TO UNITED WAY WITHOUT ACTIVELY PARTICIPATING IN BOARD OF TRUSTEE MEETINGS

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	<p>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.</p>

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	THE CONFLICT OF INTEREST POLICY IS REVIEWED BY THE UNITED WAY BOARD OF DIRECTORS EVERY THREE YEARS. UNITED WAY OF AMERICA (UNITED WAY WORLD WIDE) REQUIRES A CONFLICT OF INTEREST POLICY AS PART OF THE ANNUAL CERTIFICATION PROCESS. IN ADDITION THE IOWA PRINCIPLES AND PRACTICES FOR CHARITABLE NONPROFIT EXCELLENCE RECOMMENDS THIS POLICY FOR GOOD NONPROFIT PRACTICE. IT IS THE POLICY OF UNITED WAY OF EAST CENTRAL IOWA THAT CONFLICTS OF INTEREST SHOULD BE DISCLOSED AND RESOLVED AT THE EARLIEST POSSIBLE TIME. EVERY UNITED WAY BOARD MEMBER, FINANCE OR COMMUNITY IMPACT COMMITTEE MEMBER AND EMPLOYEE IS REQUIRED TO SIGN A CONFLICT OF INTEREST POLICY ANNUALLY. THESE ARE COLLECTED AND FILED BY THE EXECUTIVE ASSISTANT. EACH VOLUNTEER AND EMPLOYEE MUST DESIGNATE CONFLICTS THAT RELATE TO PARTNER AGENCY RELATIONSHIPS, BUSINESS AFFILIATIONS OR NEPOTISM. VOLUNTEERS THAT HAVE A CONFLICT OF INTEREST REGARDING A UNITED WAY ALLOCATION OR VENDOR RELATIONSHIP CAN NOT SERVE IN A DECISION MAKING CAPACITY. THESE INDIVIDUALS MUST RECUSE THEMSELVES FROM ANY VOTING. THESE ACTIONS ARE DOCUMENTED IN THE MINUTES OF THE MEETINGS. IF ANY VOLUNTEER OR EMPLOYEE HAS A CONCERN ABOUT A POTENTIAL OR ACTUAL CONFLICT OF INTEREST AND HOW IT HAS BEEN RESOLVED, THE INDIVIDUAL IS REQUESTED TO NOTIFY THE PRESIDENT/CEO. THE DISCUSSION AND RESOLUTION OF THIS ISSUE WILL BE ADDRESSED BY THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS AND A RESPONSE WILL BE DOCUMENTED.

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	EXECUTIVE COMPENSATION REVIEW THE COMPENSATION OF THE CEO IS REVIEWED BY THE BOARD PRESIDENT, PAST PRESIDENT, AND VICE PRESIDENT 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 BOARD PRESIDENT, PAST PRESIDENT AND VICE PRESIDENT AND MUST BE APPROVED BY THE UWECI BOARD OF DIRECTORS OTHER OFFICER/KEY EMPLOYEE COMPENSATION REVIEW THE COMPENSATION AND BENEFIT PROGRAMS ARE REVIEWED BY THE HUMAN RESOURCE COMMITTEE OF THE BOARD OF DIRECTORS SALARY SCHEDULES ARE REVIEWED ANNUALLY WITH DATA FROM UWA AND LOCAL FIRMS

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 LOSSES ON INVESTMENTS -68,636 CHANGE IN BENEFICIAL INTEREST IN COMMUNITY FOUNDATION -8,278 NET INCOME OF SUBSIDIARY - FCFH-IOWA, INC 19,141 NET INCOME OF SUBSIDIARY - HUMAN SERVICES CAMPUS OF EAST CENTRAL IOWA -123,503 TOTAL TO FORM 990, PART XI, LINE 5 -181,276

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

2011

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 AGENCIES IN CENTRAL DOWNTOWN LOCATION	IA	501(C)(3)	LINE 11A, I	UNITED WAY OF EAST CENTRAL IOWA	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	UNITED WAY OF EAST CENTRAL IOWA	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 related organization(s)

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

f Sale of assets to related organization(s)

g Purchase of assets from related organization(s)

h Exchange of assets with related organization(s)

i Lease of facilities, equipment, or other assets to related organization(s)

j Lease of facilities, equipment, or other assets from related organization(s)

k Performance of services or membership or fundraising solicitations for related organization(s)

l Performance of services or membership or fundraising solicitations by related organization(s)

m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

n Sharing of paid employees with related organization(s)

o Reimbursement paid to related organization(s) for expenses

p Reimbursement paid by related organization(s) for expenses

q Other transfer of cash or property to related organization(s)

r Other transfer of cash or property from related 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	305,000	CASH
(2)			
(3)			
(4)			
(5)			
(6)			

Schedule R (Form 990) 2011

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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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
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 BOARD VICE CHAIR	1 00	X		X				0	0	0
DAVE BENSON DIRECTOR	1 00	X						0	0	0
KEVIN KNUTSON DIRECTOR	1 00	X						0	0	0
KARL CASSELL 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
KYLE DECKER TREASURER	1 00	X		X				0	0	0
DAVE POHLMAN DIRECTOR	1 00	X						0	0	0
KATIE MULHOLLAND SECRETARY	1 00	X		X				0	0	0
GREG NEUMEYER BOARD CHAIR	1 00	X		X				0	0	0
MATT O'ROURKE DIRECTOR	1 00	X						0	0	0
STEVE OVEL DIRECTOR	1 00	X						0	0	0
DICK PILCHER 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
MARY ANN OSBORN DIRECTOR	1 00	X						0	0	0
DICK LORENZ DIRECTOR	1 00	X						0	0	0
LOIS BUNTZ PRESIDENT/CEO	50 00	X		X				129,479	0	21,540

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			
STUART HAKER DIRECTOR	1 00	X						0	0	0
RICK MOYLE DIRECTOR	1 00	X						0	0	0
RON OLSON DIRECTOR	1 00	X						0	0	0
CATHY TERUKINA DIRECTOR	1 00	X						0	0	0
MIKE TRACHTA DIRECTOR	1 00	X						0	0	0
BARBARA GAY DIRECTOR	1 00	X						0	0	0
KRISTINE RILEY VICE PRESIDENT/CFO	50 00			X				78,787	0	7,342