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Part III

Statement of Program Service Accomplishments

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

☐

1

Briefly describe the organization’s mission

THE MISSION OF THE HAWKEYE AREA COMMUNITY ACTION PROGRAM, INC (HACAP) IS TO HELP PEOPLE DEVELOP SKILLS TO BECOME SUCCESSFUL AND BUILD STRONG COMMUNITIES TO ACHIEVE THIS HACAP WILL STRIVE TO IDENTIFY THE CAUSES AND EXTENT OF POVERTY IN OUR COMMUNITIES AND LOCATE INDIVIDUALS IN NEED, IDENTIFY AND MOBILIZE ALL AVAILABLE LOCAL RESOURCES AND COMMUNITY FACILITIES TO ASSIST THE DISADVANTAGED IN SECURING NEEDED SERVICES, PROVIDE MAXIMUM PARTICIPATION OF DISADVANTAGED PEOPLE IN THE PLANNING, OPERATION AND EVALUATION OF HACAP PROGRAMS THROUGH OUR BOARDS AND COUNCILS, TO MAKE THE COMMUNITY AWARE OF HACAP AND THE NEEDS OF DISADVANTAGED PEOPLE, TO PROVIDE DECENT HOUSING THAT IS AFFORDABLE TO LOW-INCOME AND MODERATE-INCOME PERSONS

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☐ Yes ☒ No

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

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☐ Yes ☒ No

If “Yes,” describe these changes on Schedule O

4

Describe the organization’s program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a	(Code) (Expenses \$ 8,354,990 including grants of \$ 3,730,564) (Revenue \$ 371,955)
	SAFE AND AFFORDABLE HOUSING/ENERGY - SERVICES INCLUDE -ENERGY EFFICIENCY EDUCATION, BUDGET COUNSELING, AND INCENTIVES FOR QUALIFIED HOUSEHOLDS -ENERGY CRISIS AND BILL PAYMENT ASSISTANCE TO ELDERLY, DISABLED, AND LOW-INCOME HOUSEHOLDS -MANAGING A NUMBER OF APARTMENTS AND SINGLE-FAMILY DWELLINGS FOR LOW-INCOME FAMILIES WITH CHILDREN THAT PROVIDE THEM WITH SAFE AND STABLE HOUSING -STABILIZING THE CHRONICALLY HOMELESS THROUGH SAFE HOUSING, NEEDS ASSESSMENT, AND CREATING ACTION PLANS FOR RETURNING TO SOCIETY -PROVIDING TRANSITIONAL HOUSING FOR THE HOMELESS IN FOUR COUNTIES -WEATHERIZATION ASSISTANCE PROGRAM TO REDUCE PERSONAL UTILITY COSTS BY IMPROVING THE HOUSING STOCK OF LOW-INCOME INDIVIDUALS AND FAMILIES
4b	(Code) (Expenses \$ 7,266,900 including grants of \$ 34,421) (Revenue \$ 210,776)
	EARLY CHILDHOOD - SERVICES INCLUDE -INCREASE QUALITY CHILD CARE CAPACITY BY PROVIDING TRAINING OPPORTUNITIES TO CHILD CARE CENTERS AND FAMILY DAY CARE HOMES -PROVIDING SAFE SHELTER FOR CHILDREN DURING TIMES OF FAMILY CRISIS -HEAD START AND EARLY HEAD START PROGRAMS TO PROVIDE COMPREHENSIVE CHILD DEVELOPMENT FOR CHILDREN FROM BIRTH TO AGE FIVE, PREGNANT WOMEN, AND THEIR FAMILIES -STRENGTHENING THE QUALITY AND EXPANDING THE AVAILABILITY OF CHILD CARE FOR FAMILIES WITH INFANTS AND TODDLERS -PROVIDING OPPORTUNITIES FOR PARENTS TO STRENGTHEN PARENTING SKILLS
4c	(Code) (Expenses \$ 6,863,699 including grants of \$ 3,958,082) (Revenue \$ 529,706)
	HEALTH AND NUTRITION - SERVICES INCLUDE -CHANNELING DONATED AND PURCHASED FOOD TO VARIOUS COMMUNITY OUTLETS THAT FEED THE NEEDY - REIMBURSING REGISTERED HOME FAMILY DAY CARE PROVIDERS FOR PROVIDING USDA APPROVED MEALS AND SNACKS TO CHILDREN IN THEIR CARE -PROVIDING PRENATAL AND NUTRITIONAL EDUCATION AND SOCIAL ASSESSMENT FOR PREGNANT WOMEN -PROVIDING ASSESSMENT AND OUTREACH FOR LOW-COST OR NO-COST HEALTH INSURANCE -PROVIDING WELL CHILD CARE FOR CHILDREN FROM BIRTH THROUGH 21 YEARS OF AGE -ADMINISTERING THE USDA FUNDED SUPPLEMENTAL NUTRITION PROGRAM FOR WOMEN, INFANTS, AND CHILDREN (WIC) -PROVIDING ORAL HEALTH EDUCATION AND SCREENING FOR CHILDREN FROM BIRTH UP TO AGE 21 -PROVIDING NUTRITIOUS MEALS AND SNACKS THAT MEET DAILY NUTRITIONAL REQUIREMENTS FOR CHILDREN AND SENIORS
	(Code) (Expenses \$ 548,265 including grants of \$ 62,180) (Revenue \$ 23,513)
	ADVOCACY/INFORMATION EXCHANGE - SERVICES INCLUDE -TEMPORARY ASSISTANCE TO HOMELESS CHILDREN BY PROVIDING FUNDS FOR EMERGENCY CHILDCARE, HEALTH CARE, PROTECTIVE CLOTHING, AND EDUCATION SUPPLIES OR SPECIAL EVENTS -PROVIDING MEALS, MEDICAL INFORMATION, MEDICAL EQUIPMENT LOANS, AND SOME PROPERTY MAINTENANCE SERVICES FOR THE ELDERLY -OPERATING THE UNITED WAY OF EAST CENTRAL IOWA "FIRST CALL FOR HELP" CALL CENTER TO DIRECT THOSE IN NEED TO AVAILABLE COMMUNITY RESOURCES -PROVIDING SUPPORT TO COMMUNITIES IN LEVERAGING RESOURCES THAT BRING TOGETHER VOLUNTEERS AND FAMILIES IN NEED EMPLOYMENT AND FAMILY PRESERVATION - SERVICES INCLUDE -WORKING WITH SENIORS INTERESTED IN RETOOLING THEIR JOB SKILLS AND TRAINING IN ORDER TO FOSTER THEIR ECONOMIC SELF-SUFFICIENCY -PROVIDING OPPORTUNITIES FOR AT-RISK YOUTH TO BECOME ENGAGED IN ACTIVITIES THAT WILL ENHANCE THEIR GROWTH AS A FAMILY AND GREATER COMMUNITY MEMBER
4d	Other program services (Describe in Schedule O)
	(Expenses \$ 548,265 including grants of \$ 62,180) (Revenue \$ 23,513)
4e	Total program service expenses ▶ 23,033,854

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)? If "Yes," complete Schedule A 	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (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? If "Yes," complete Schedule C, Part 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? If "Yes," complete Schedule C, Part II	4	No
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? If "Yes," complete Schedule C, Part III	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? If "Yes," complete Schedule D, Part 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? If "Yes," complete Schedule D, Part II 	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 	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? If "Yes," complete Schedule D, Part VI 	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? If "Yes," complete Schedule D, Part VII 	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? If "Yes," complete Schedule D, Part VIII 	11c	No
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? If "Yes," complete Schedule D, Part IX 	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	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)? If "Yes," complete Schedule D, Part X 	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	12a Yes	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 	12b	No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	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? If "Yes," complete Schedule F, Parts I and IV	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 United States? If "Yes," complete Schedule F, Parts II and IV	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 United States? If "Yes," complete Schedule F, Parts III and IV	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? If "Yes," complete Schedule G, Part I (see instructions) 	17 Yes	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization 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	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
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		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
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, highest 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		
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 11b 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

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

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	16	
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent	16	
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	No
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	No
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 this 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. ☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization JASON FISHER 1515 HAWKEYE DRIVE PO BOX 490 HIAWATHA, IA (319) 393-7811

Part VII

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid

List all of the organization's **current** key employees, if any See instructions for definition of "key employee "

List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MARK HIXSON BOARD MEMBER	1 00	X						0	0	0
(2) LYNETTE JACOBY BOARD MEMBER	1 00	X						0	0	0
(3) NATE JENSEMA BOARD MEMBER	1 00	X						0	0	0
(4) WAYNE MANTERNACH BOARD MEMBER	1 00	X						0	0	0
(5) SR SUSAN O'CONNOR BOARD MEMBER	1 00	X						0	0	0
(6) TOM PETERSON BOARD MEMBER	1 00	X						0	0	0
(7) LYNETTE RICHARDS BOARD MEMBER	1 00	X						0	0	0
(8) SUSAN SALTER BOARD MEMBER	1 00	X						0	0	0
(9) JASON SANDERS BOARD MEMBER	1 00	X						0	0	0
(10) MARK SETTERH BOARD MEMBER	1 00	X						0	0	0
(11) DALE WALTER BOARD MEMBER	1 00	X						0	0	0
(12) BOB YODER BOARD MEMBER	1 00	X						0	0	0
(13) JOHN BRANDT PRESIDENT	1 00	X		X				0	0	0
(14) TAMMY WETJEN-KESTERSON VICE-PRESIDENT	1 00	X		X				0	0	0
(15) ED RABER TREASURER	1 00	X		X				0	0	0
(16) DANIELLE KIRKPATRICK SECRETARY	1 00	X		X				0	0	0
(17) JANE DRAPEAUX CHIEF EXECUTIVE OFFICER	40 00			X				118,690	0	5,540

Part VII

1b	Sub-Total	▼			
c	Total from continuation sheets to Part VII, Section A	▼			
d	Total (add lines 1b and 1c)	▼	278,413	0	35,291

2 Total number of individuals (including but not limited to those l
\$100,000 of reportable compensation from the organization►1

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. 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
GRANT WOOD AREA EDUCATION AGENCY 4401 6TH STREET SW CEDAR RAPIDS IA 52404	CONTRACTED PROFESSIONAL SERVICES	173,083
VISITING NURSES ASSOCIATION OF CEDAR RAP 600 BOYSON RD NE CEDAR RAPIDS IA 52402	CONTRACTED PROFESSIONAL SERVICES	157,097
VECTOR CONSTRUCTION INC 250 41ST AVE DR SW CEDAR RAPIDS IA 52404	CONTRACTED CONSTRUCTION	151,984
STEVE'S HEATING AIR CONDITIONING & ELEC 3577 N ALBURNETT RD ALBURNETT IA 52202	WEATHERIZATION CONTRACTOR	151,969
DA STOKES LLC 141 BROADMORE RD NW CEDAR RAPIDS IA 52405	WEATHERIZATION CONTRACTOR	146,288

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 ▶9

Part VIII

Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . .	1a1,082,403				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e18,506,472				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f4,330,738				
	g	Noncash contributions included in lines 1a-1f \$	3,914,824				
	h	Total. Add lines 1a-1f		23,919,613			
Program Service Revenue			Business Code				
	2a	HEALTH & NUTRITION	624210	529,706	529,706		
	b	SAFE HOUSING & ENERGY	531110	371,955	371,955		
	c	EARLY CHILDHOOD DEVELOPMENT	611710	210,776	210,776		
	d	EMPLOYMENT & FAMILY PRESERVATION	624100	23,513	23,513		
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		1,135,950			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		12,584		12,584	
	4	Income from investment of tax-exempt bond proceeds . .					
	5	Royalties					
	6a	Gross rents	(i) Real	(ii) Personal			
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)					
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
				74,373			
				74,458			
				-85			
	d	Net gain or (loss)		-85		-85	
	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							
b							
c							
d	All other revenue		1,845			1,845	
e	Total. Add lines 11a-11d		1,845				
12	Total revenue. See Instructions		25,069,907	1,135,950	0	14,344	

Part IX

Statement of Functional Expenses

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

Check if Schedule O contains a response 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.	3,060,962	3,060,962		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22.	4,724,285	4,724,285		
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.	313,337		260,400	52,937
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.	7,760,923	7,350,077	277,504	133,342
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	590,447	562,327	21,112	7,008
9	Other employee benefits.	1,667,466	1,647,274	14,090	6,102
10	Payroll taxes.	991,936	936,021	42,225	13,690
11	Fees for services (non-employees):				
a	Management.				
b	Legal.	8,697		8,697	
c	Accounting.	40,900		40,900	
d	Lobbying.				
e	Professional fundraising services. See Part IV, line 17.	34,505			34,505
f	Investment management fees.				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	2,746,275	2,557,629	188,646	
12	Advertising and promotion.				
13	Office expenses.	620,107	577,511	42,596	
14	Information technology.	29,060	27,064	1,996	
15	Royalties.				
16	Occupancy.	733,488	683,104	50,384	
17	Travel.	199,048	185,375	13,673	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.	54,505	50,761	3,744	
20	Interest.	75,777		75,777	
21	Payments to affiliates.				
22	Depreciation, depletion, and amortization.	554,390	357	554,033	
23	Insurance.	111,597		111,597	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O).				
a	IN-KIND SUPPLIES & FOOD	391,787	391,787		
b					
c					
d					
e	All other expenses.	299,922	279,320	20,602	
25	Total functional expenses. Add lines 1 through 24e.	25,009,414	23,033,854	1,727,976	247,584
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720).				

Part X

Balance Sheet

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

				(A)		(B)
				Beginning of year		End of year
Assets	1	Cash—non-interest-bearing		403,875	1	405,903
	2	Savings and temporary cash investments		1,338,733	2	887,180
	3	Pledges and grants receivable, net		2,033,471	3	2,625,736
	4	Accounts receivable, net		161,011	4	192,064
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		502,750	8	356,494
	9	Prepaid expenses and deferred charges		382,510	9	382,987
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a12,783,764			
	b	Less accumulated depreciation	10b7,676,333	5,226,340	10c	5,107,431
	11	Investments—publicly traded securities			11	
	12	Investments—other securities See Part IV, line 11		36,663	12	37,144
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		3,675	15	2,775
	16	Total assets. Add lines 1 through 15 (must equal line 34)		10,089,028	16	9,997,714
Liabilities	17	Accounts payable and accrued expenses		1,478,116	17	1,943,144
	18	Grants payable			18	
	19	Deferred revenue		781,507	19	334,712
	20	Tax-exempt bond liabilities		1,377,208	20	1,223,904
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties		698,424	23	671,732
	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		11,537	25	19,412
	26	Total liabilities. Add lines 17 through 25		4,346,792	26	4,192,904
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ☒ and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		4,193,603	27	4,001,569
	28	Temporarily restricted net assets		1,548,633	28	1,803,241
	29	Permanently restricted net assets			29	
	Organizations that do not follow SFAS 117 (ASC 958), check here ☐ 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		5,742,236	33	5,804,810
	34	Total liabilities and net assets/fund balances		10,089,028	34	9,997,714

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	25,069,907
2	Total expenses (must equal Part IX, column (A), line 25)	2	25,009,414
3	Revenue less expenses Subtract line 2 from line 1	3	60,493
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5,742,236
5	Net unrealized gains (losses) on investments	5	2,081
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	5,804,810

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 ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2a	No
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2b	Yes
2c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	Yes

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

OMB No 1545-0047

2012

Open to Public Inspection

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

Name of the organization
HAWKEYE AREA COMMUNITY ACTION PROGRAM INC

Employer identification number
42-0898405

Part I

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

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

- 1

☐

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

☐

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

☐

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

☐

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

☐

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

☐

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

☒

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

☐

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

☐

An organization that normally receives (1) more than 33¹/₃% 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 33¹/₃% 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 - Non-functionally integrated
- 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 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 monetary support
			Yes	No	Yes	No	Yes	No	
Total									

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	29,471,481	29,617,722	26,208,628	26,507,906	23,919,613	135,725,350
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	29,471,481	29,617,722	26,208,628	26,507,906	23,919,613	135,725,350
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						135,725,350

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	29,471,481	29,617,722	26,208,628	26,507,906	23,919,613	135,725,350
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	47,983	33,658	18,816	21,514	12,584	134,555
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support (Add lines 7 through 10)						135,859,905
12 Gross receipts from related activities, etc (see instructions)					12	4,749,434
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 2012 (line 6, column (f) divided by line 11, column (f))	14	99 900 %
15 Public support percentage for 2011 Schedule A, Part II, line 14	15	99 840 %
16a 33 1/3% support test—2012. 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—2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
17a 10%-facts-and-circumstances test—2012. 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—2011. 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 IIISupport Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 2012 (line 8, column (f) divided by line 13, column (f))	15		
16 Public support percentage from 2011 Schedule A, Part III, line 15	16		

Section D. Computation of Investment Income Percentage			
17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17		
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18		
19a 33 1/3% support tests—2012. 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—2011. 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.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
HAWKEYE AREA COMMUNITY ACTION PROGRAM INC

Employer identification number
42-0898405

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? ☐ Yes☐ No	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes☐ No	

Part II

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

1

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

☐ Preservation of land for public use (e g , recreation or education)☐ Preservation of an historically important land area☐ Protection of natural habitat☐ Preservation of a certified historic structure☐ Preservation of open space

2

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

	Held at the End of the 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, and not on a historic structure listed in the National Register

3

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

4

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

5

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

☐ Yes☐ No

6

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

7

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

8

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

☐ Yes☐ No

9

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

Part III

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

1a

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

b

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

(i) 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 (ASC 958) relating to these items

a

Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

b

Assets included in Form 990, Part X

▶ \$ _____

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

Cat No 52283D

Schedule D (Form 990) 2012

Part III

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

3

Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII and complete the following table

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 XIII. Check here if the explanation has been provided in Part XIII

☐

Part V

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

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	36,663	33,011	35,923	34,273	34,765
b Contributions					
c Net investment earnings, gains, and losses	2,648	5,714	285	3,276	-358
d Grants or scholarships	1,600	1,500	2,900	1,430	
e Other expenditures for facilities and programs					
f Administrative expenses	567	562	297	196	134
g End of year balance	37,144	36,663	33,011	35,923	34,273

2

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

a

Board designated or quasi-endowment

100 000 %

b

Permanent endowment

0 %

c

Temporarily restricted endowment

0 %

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

3a

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

(i) unrelated organizations

3a(i)

Yes

No

(ii) related organizations

3a(ii)

No

b

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

3b

4

Describe in Part XIII 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		1,128,656		1,128,656
b Buildings		10,174,277	6,451,116	3,723,161
c Leasehold improvements				
d Equipment		1,480,831	1,225,217	255,614
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				5,107,431

Schedule D (Form 990) 2012

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return				
1	Total revenue, gains, and other support per audited financial statements	1	25,219,383	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains on investments	2a	2,081	
b	Donated services and use of facilities	2b	147,310	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d	2e	149,391	
3	Subtract line 2e from line 1	3	25,069,992	
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		
b	Other (Describe in Part XIII)	4b	-85	
c	Add lines 4a and 4b	4c	-85	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	25,069,907	
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return				
1	Total expenses and losses per audited financial statements	1	25,156,809	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a	147,310	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d	85	
e	Add lines 2a through 2d	2e	147,395	
3	Subtract line 2e from line 1	3	25,009,414	
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		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b	4c	0	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	25,009,414	

Part XIII Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, 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	INTENDED USE OF ENDOWMENT FUNDS IS FOR ASSISTANCE IN WASHINGTON COUNTY
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X, LINE 2	HAWKEYE AREA COMMUNITY ACTION PROGRAM, INC IS REQUIRED TO ASSESS WHETHER IT IS MORE LIKELY THAN NOT THAT A TAX POSITION WILL BE SUSTAINED UPON EXAMINATION ON THE TECHNICAL MERITS OF THE POSITION ASSUMING THE TAXING AUTHORITY HAS FULL KNOWLEDGE OF ALL INFORMATION. IF THE TAX POSITION DOES NOT MEET THE MORE LIKELY THAN NOT RECOGNITION THRESHOLD, THE BENEFIT OF THAT POSITION IS NOT RECOGNIZED IN THE FINANCIAL STATEMENTS. HAWKEYE AREA COMMUNITY ACTION PROGRAM, INC HAS DETERMINED THERE ARE NO AMOUNTS TO RECORD AS ASSETS OR LIABILITIES RELATED TO UNCERTAIN TAX POSITIONS. FEDERAL RETURNS FOR THE FISCAL YEARS ENDED SEPTEMBER 30, 2010 AND BEYOND REMAIN SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE.
PART XI, LINE 4B - OTHER ADJUSTMENTS		LOSS ON SALE OF EQUIPMENT -85
PART XII, LINE 2D - OTHER ADJUSTMENTS		LOSS ON SALE OF EQUIPMENT 85

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding
Fundraising or Gaming Activities

OMB No 1545-0047

2012

Open to Public Inspection

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Form 990-EZ filers are not required to complete this part.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Department of the Treasury
Internal Revenue Service

Name of the organization
HAWKEYE AREA COMMUNITY ACTION PROGRAM INC

Employer identification number
42-0898405

Part I Fundraising Activities.

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

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a ☒ Mail solicitations

b ☒ Internet and email solicitations

c ☐ Phone solicitations

d ☐ In-person solicitations

e ☐ Solicitation of non-government grants

f ☐ Solicitation of government grants

g ☐ Special fundraising events
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☒ Yes ☐ No
- b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
ALPHA DOG MARKETING 9060 ANDERMATT DRIVE LINCOLN, NE 68526	ORGANIZE DIRECT MAIL & EMAIL CAMPAIGN		No	101,730	34,505	67,225
Total ▶				101,730	34,505	67,225

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

IA

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col (a) through col (c))
		(event type)	(event type)	(total number)	
Revenue	1	Gross receipts			
	2	Less Contributions . . .			
	3	Gross income (line 1 minus line 2)			
Direct Expenses	4	Cash prizes			
	5	Noncash prizes . . .			
	6	Rent/facility costs . . .			
	7	Food and beverages .			
	8	Entertainment			
	9	Other direct expenses .			
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶			
	11	Net income summary Combine line 3, column (d), and line 10 ▶			

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

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

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

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

b If "No," explain _____

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

b If "Yes," explain _____

Does the organization operate gaming activities with nonmembers? ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No

13 Indicate the percentage of gaming activity operated in

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

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

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

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

c If "Yes," enter name and address of the third party

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

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

Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Identifier	Return Reference	Explanation
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OMB No 1545-0047

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

Open to Public Inspection

Employer identification number
42-0898405

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. Part II can be duplicated if additional space is needed.

[illegible]

- | | | |
|----------|---|----|
| 2 | Enter total number of section 501(c)(3) and government organizations listed in the line 1 table | 52 |
| 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.
Part III can be duplicated if additional space is needed.

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) CHILD AND FAMILY DEVELOPMENT	38850	63,766			
(2) EMERGENCY ASSISTANCE	14443	709,481			
(3) EMPLOYMENT SUPPORTS	120	534,726			
(4) INDEPENDENT LIVING/FAMILY SUPPORTS	3368	3,416,312			

Part IV

Supplemental Information.

Complete this part to provide the information required in Part I, line 2, Part III, column (b), 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 THE MAJORITY OF THE GRANTS ARE INCOME AND/OR ELIGIBILITY BASED SO THE ORGANIZATION ENSURES THAT IT FOLLOWS THE GUIDELINES OUTLINED IN EACH GRANT

Software ID:

Software Version:

EIN: 42-0898405

Name: HAWKEYE AREA COMMUNITY ACTION PROGRAM 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
ARCHDIOCESE OF DUBUQUE METRO CATHOLIC OUTREACH420 6TH ST SE CEDAR RAPIDS,IA 52401	42-0680409	501(C)(3)		9,324	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
BENTON COUNTY FOOD PANTRYPO BOX 900 SHELLSBURG,IA 52332	42-1261407	501(C)(3)		50,692	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAMP COURAGEOUS OF IOWAPO BOX 418 MONTICELLO,IA 52310	23-7210932	501(C)(3)		23,551	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
CEDAR HILLS COMMUNITY CHURCH OPEN HANDS FOOD PANTRY6455 E AVE NW CEDAR RAPIDS,IA 52405	42-1015013	501(C)(3)		67,296	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED

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 VALLEY RANCH INC2591 61ST ST LANE VINTON,IA 52349	42-1367193	501(C)(3)		7,708	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
CHRIST EPISCOPAL CHURCH LOAVES AND FISHES PANTRY INC220 40TH ST NE CEDAR RAPIDS,IA 52402	39-1879934	501(C)(3)		84,870	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED

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
CHRISTIAN AND MISSIONARY ALLIANCE CHURCH ABUNDANCE OF LOVE PANTRY1622 42ND ST NE CEDAR RAPIDS,IA 52402	84-1175729	501(C)(3)		17,862	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
CONSERVATIVE MENNONITE BOARD OF MISSIONS & CHARITIES FAIRVIEW PANTRY9920 ROSEDALE MILFORD CENTER RD IRWIN,OH 43029	31-6087106	501(C)(3)		6,112	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED

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
CORALVILLE ECUMENICAL PANTRYPO BOX 5523 CORALVILLE,IA 52241	42-1136292	501(C)(3)		30,584	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
CRISIS CENTER1121 GILBERT CT IOWA CITY,IA 52240	42-0955992	501(C)(3)		265,141	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED

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
DIAKONOS MISSION INC CROSSROADS MISSION 1006 2ND ST SW CEDAR RAPIDS,IA 52404	13-4347750	501(C)(3)		58,807	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
ELDER SERVICES INC1556 S FIRST AVE IOWA CITY,IA 52240	42-1146533	501(C)(3)		17,178	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED

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
FIRST ASSEMBLY OF GOD CHURCHPO BOX 493 WASHINGTON,IA 52353	42-1213848	501(C)(3)		10,000	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
FIRST BAPTIST CHURCH 29TH STREET MISSION 1260 9TH ST MARION,IA 52302	42-1138398	501(C)(3)		38,900	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED

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
FIRST PRESBYTERIAN CHURCH OF CEDAR RAPIDS310 5TH ST SE CEDAR RAPIDS,IA 52401	42-0680489	501(C)(3)		7,062	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
FIRST UNITED METHODIST CHURCH FIRST UMC NORTH LIBERTY PANTRY85 NORTH JONES BLVD NORTH LIBERTY,IA 52317	42-1233284	501(C)(3)		156,290	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED

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 2 INC1714 JOHNSON AVE NW CEDAR RAPIDS,IA 52404	42-1078444	501(C)(3)		73,689	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
FOUR OAKS FAMILY AND CHILDRENS SERVICES 5400 KIRKWOOD BLVD SW CEDAR RAPIDS,IA 52404	42-0998726	501(C)(3)		45,935	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED

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
FREE LUNCH PROGRAMPO BOX 2831 IOWA CITY,IA 52244	26-4722790	501(C)(3)		11,959	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
GREEN SQUARE MEALS INC3716 1ST AVE NE CEDAR RAPIDS,IA 52402	42-1307429	501(C)(3)		73,709	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED

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 COUNCIL BOY SCOUTS OF AMERICA 660 32ND AVE SW CEDAR RAPIDS,IA 52404	42-0680304	501(C)(3)		25,063	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
JANE BOYD COMMUNITY HOUSE943 14TH AVE SE CEDAR RAPIDS,IA 52401	42-0680359	501(C)(3)		33,237	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED

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 FOOD BANK INC310 5TH ST SE CEDAR RAPIDS,IA 52401	20-0076420	501(C)(3)		36,020	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
MECHANICSVILLE UNITED METHODIST CHURCH MECHANICSVILLE COMMUNITY CUPBOARD 307 EAST 1ST ST MECHANICSVILLE,IA 52306	42-1228797	501(C)(3)		38,167	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED

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
MIDLAND ELEMENTARY SCHOOL510 3RD AVE N OXFORD JUNCTION,IA 52323	42-6038968	GOVERNMENT		5,677	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
MISSION OF HOPE1537 1ST AVE SE CEDAR RAPIDS,IA 52402	42-1514642	501(C)(3)		25,962	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED

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
NATIONAL COUNCIL OF THE UNITED STATES SOCIETY OF ST VINCENT DEPAUL928 7TH ST SE CEDAR RAPIDS,IA 52401	42-0862588	501(C)(3)		128,315	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
NEIGHBORHOOD CENTERS OF JOHNSON COUNTYPO BOX 2491 IOWA CITY,IA 52244	42-1060964	501(C)(3)		7,744	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED

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
NOAH'S ARK CHILD CARE CE216 COMMERCIAL ST CENTRAL CITY,IA 52214	42-1084802	GOVERNMENT		11,577	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
NORTHEAST LINN FOOD PANTRY137 NORTH 4TH ST CENTRAL CITY,IA 52214	42-1084802	GOVERNMENT		17,114	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED

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
OLIN FOOD PANTRY102 W LOCUST OLIN,IA 52320	42-6089784	GOVERNMENT		15,444	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
OLIVET PRESBYTERIAN CHURCH OLIVET NEIGHBORHOOD MISSION 2000 1ST AVE NW CEDAR RAPIDS,IA 52405	42-0757412	501(C)(3)		148,291	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED

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
OPEN BIBLE STANDARD CHURCHES 1ST CHURCH OF THE OPEN BIBLE PANTRY1911 E AVE NW CEDAR RAPIDS,IA 52405	42-1217762	501(C)(3)		28,340	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
PRESBYTERIAN CHURCH USA ATKINS HELPING HANDS121 MAIN ST ATKINS,IA 52206	42-1075772	501(C)(3)		7,657	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED

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
PRESBYTERIAN CHURCH USA CHURCHES OF MARION PANTRY864 12TH ST MARION,IA 52302	42-0718481	501(C)(3)		9,106	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
RITRATTO DEI INTL INC NEIGHBORHOOD CHURCH PANTRY7510 1ST AVE NW CEDAR RAPIDS,IA 52405	26-0666210	501(C)(3)		94,627	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED

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
RIVER OF LIFE MINISTRIES RIVER OF LIFE FOOD PANTRY3801 BLAIRS FERRY RD NE CEDAR RAPIDS,IA 52402	42-1332316	501(C)(3)		71,978	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
SOUTHEAST LINN COMMUNITY CENTER CORPORATIONPO BOX 511 LISBON,IA 52253	43-1406317	501(C)(3)		9,179	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED

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 JOHN OF THE CROSSPO BOX 2321 CEDAR RAPIDS,IA 52406	42-1307304	501(C)(3)		25,298	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
SUNRISE CHILD CARE INC PO BOX 393 WELLMAN,IA 52356	42-1354150	501(C)(3)		9,044	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED

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
TABLE TO TABLE FOOD DISTRIBUTION NETWORK 20 EAST MARKET ST IOWA CITY,IA 52245	42-1457219	501(C)(3)		1,064,367	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
THE CATHERINE MCAULEY CENTER INC866 4TH AVE SE CEDAR RAPIDS,IA 52403	42-1342872	501(C)(3)		15,520	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED

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 RIVER COMMUNITY CHURCH RIVER COMMUNITY FOOD PANTRY3001 MUSCATINE AVE IOWA CITY,IA 52240	42-0996859	501(C)(3)		26,660	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
THE SALVATION ARMY10 WALGONQUIN DES PLAINES,IL 60016	36-2167910	501(C)(3)		36,531	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED

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
UNITED CHURCH OF CHRIST ST JOHNS UCC PANTRY320 9TH AVE CLARENCE,IA 52216	42-0794367	501(C)(3)		21,591	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
UNITED METHODIST CHURCH ST JAMES DAY CARE1430 ELLIS BLVD CEDAR RAPIDS,IA 52405	42-6035945	501(C)(3)		6,301	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED

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
UNITED METHODIST CHURCH WYOMING METHODIST FOOD PANTRY 107 N WASHINGTON WYOMING,IA 52362	42-1207035	501(C)(3)		30,521	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
UNITED PENTECOSTAL CHURCH OF CHRIST INC CENTRAL CITY UCC PANTRY38 5TH ST N CENTRAL CITY,IA 52214	42-0794367	501(C)(3)		18,536	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED

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
UNITED PRESBYTERIAN CHURCH LOST NATION FOOD CENTER401 MAIN ST LOST NATION,IA 52254	42-1231559	501(C)(3)		14,547	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
VINTON PRESBYTERIAN CHURCH SENIOR GROCERY SACK608 1ST AVE VINTON,IA 52349	42-0688084	501(C)(3)		5,260	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED

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 AVE SECEDAR RAPIDS,IA 52401	42-0680306	501(C)(3)		11,604	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
YOUNG MENS CHRISTIAN ASSOCIATION OF WASHINGTON IOWA121 E MAIN ST WASHINGTON,IA 52353	42-0698186	501(C)(3)		5,015	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
HAWKEYE AREA COMMUNITY ACTION PROGRAM INC

Employer identification number
42-0898405

Part I

Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	CITY OF HIAWATHA IOWA	42-6025060	NONEAVAIL	06-01-2010	1,342,650	REFINANCING BOND		X		X		X
B	CITY OF CORALVILLE IOWA	42-6004814	NONEAVAIL	04-01-2011	346,735	REFINANCING BOND		X		X		X

Part II

Proceeds

		A		B		C		D	
1	Amount of bonds retired	390,787		74,694					
2	Amount of bonds legally defeased								
3	Total proceeds of issue	1,342,650		346,735					
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds								
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds	1,342,650		346,735					
11	Other spent proceeds								
12	Other unspent proceeds								
13	Year of substantial completion	2010		2011					
14	Were the bonds issued as part of a current refunding issue?	Yes	No	Yes	No	Yes	No	Yes	No
		X		X					
15	Were the bonds issued as part of an advance refunding issue?		X		X				
16	Has the final allocation of proceeds been made?	X		X					
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X					

Part III

Private Business Use

		A		B		C		D	
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?	Yes	No	Yes	No	Yes	No	Yes	No
			X		X				
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X		X				

Part III Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?		X		X				
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X				
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	0 00000%		0 00000%		%		%	
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government	0 00000%		0 00000%		%		%	
6	Total of lines 4 and 5	0 00000%		0 00000%		%		%	
7	Does the bond issue meet the private security or payment test?		X		X				
8a	Has there been a sale or disposition of any of the bond financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X				
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of	%		%		%		%	
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?		X		X				

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T?		X		X				
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X		X				
b	Exception to rebate?		X		X				
c	No rebate due?		X		X				
If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed									
3	Is the bond issue a variable rate issue?		X		X				
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X				
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was a hedge terminated?								

Part IV

Arbitrage (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X				
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X		X				
7	Has the organization established written procedures to monitor the requirements of section 148?		X		X				

Part V

Procedures To Undertake Corrective Action

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?		X		X				

Part VI

Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K (see instructions).

Identifier	Return Reference	Explanation
SCHEDULE K, PART I, LINE B	CITY OF CORALVILLE TAX EXEMPT BOND	IN FISCAL YEAR 2011 HAWKEYE AREA COMMUNITY ACTION PROGRAM, INC NEGOTIATED A LOWER INTEREST RATE ON A TAX EXEMPT BOND FROM THE CITY OF CORALVILLE THAT WAS ISSUED PRIOR TO DECEMBER 31, 2002 THE BOND IS BEING LISTED AS THE INTEREST RATE WAS ADJUSTED MORE THAN A 25%

SCHEDULE M
(Form 990)

Noncash Contributions

OMB No 1545-0047

2012

Open to Public Inspection

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

Name of the organization
HAWKEYE AREA COMMUNITY ACTION PROGRAM INC

Employer identification number
42-0898405

Part I

Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory	X	2,303,354	3,892,668	USDA/FEEDING AMERICA
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (<u>SUPPLIES</u>)	X	58	22,157	FMV
26 Other ► (<u> </u>)				
27 Other ► (<u> </u>)				
28 Other ► (<u> </u>)				

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

29

0

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 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?		No
b If "Yes," describe the arrangement in Part II		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	Yes	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		No
b If "Yes," describe in Part II		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II		

Part II

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

Identifier	Return Reference	Explanation
METHOD FOR DETERMINING NUMBER OF CONTRIBUTIONS	PART I, COLUMN (B)	NUMBER OF ITEMS CONTRIBUTED FOR FOOD INVENTORY IS RECORDED BY THE ORGANIZATION IN POUNDS OF DONATED FOOD DONATED SUPPLIES IS RECORDED BY THE ORGANIZATION IN NUMBER OF CONTRIBUTIONS

SCHEDULE O
(Form 990 or 990-EZ)**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.****2012****Open to Public
Inspection**Department of the Treasury
Internal Revenue ServiceName of the organization
HAWKEYE AREA COMMUNITY ACTION PROGRAM INC**Employer identification number**

42-0898405

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	FORM 990 IS REVIEWED AT THE BOARD OF DIRECTORS MEETING PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE
	FORM 990, PART VI, SECTION B, LINE 12C	ANNUALLY, THE BOARD OF DIRECTORS AND ALL HAWKEYE AREA COMMUNITY ACTION PROGRAM, INC STAFF MEMBERS ARE REQUIRED TO REVIEW AND SIGN A CONFLICT OF INTEREST POLICY, COMMITMENT STATEMENT AND CODE OF ETHICS THE BOARD OF DIRECTORS AND SENIOR MANAGEMENT STAFF ANNUALLY REVIEW A LISTING OF VENDORS THAT HAWKEYE AREA COMMUNITY ACTION PROGRAM, INC HAS PAID \$5,000 OR MORE AND ARE REQUIRED TO DISCLOSE ANY RELATIONSHIPS WITH VENDORS IN THAT CATEGORY IF THERE IS A CONFLICT THE EMPLOYEE OR BOARD MEMBER CANNOT HAVE DECISION MAKING POWER REGARDING THE TRANSACTION
	FORM 990, PART VI, SECTION B, LINE 15	ANNUALLY, A WAGE COMPARABILITY STUDY IS CONDUCTED, COMPARING CEO AND KEY POSITIONS' SALARIES AND BENEFITS TO COMPARABLE POSITIONS FROM IOWA WORKFORCE DEVELOPMENT, SIMILAR SIZED COMMUNITY ACTION AGENCIES IN THE STATE AND SIMILAR NON-PROFITS (SIZE AND SCOPE) IN THE CEDAR RAPIDS / IOWA CITY AREA THE DATA IS PRESENTED TO THE STEERING COMMITTEE MEMBERS (LEADERSHIP COMMITTEE OF THE BOARD OF DIRECTORS) FOR APPROVAL
	FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES FINANCIAL STATEMENTS AVAILABLE FOR PUBLIC INSPECTION ON THE ORGANIZATION'S WEBSITE THE ORGANIZATIONS GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE TO THE PUBLIC UPON REQUEST
OTHER FEES	FORM 990, PART IX, LINE 11G	CONTRACTED & PROFESSIONAL SERVICES PROGRAM SERVICE EXPENSES 2,557,629 MANAGEMENT AND GENERAL EXPENSES 188,646 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 2,746,275