

**Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

**2016**  
Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.  
Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

A For the 2016 calendar year, or tax year beginning **OCT 1, 2016** and ending **SEP 30, 2017**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>HAWKEYE AREA COMMUNITY ACTION PROGRAM, INC.</b> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>1515 HAWKEYE DRIVE</b> City or town, state or province, county, and ZIP or foreign postal code <b>HIAWATHA, IA 52233</b> <b>F</b> Name and address of principal officer: <b>JANE DRAPEAUX</b> <b>SAME AS C ABOVE</b>	<b>D</b> Employer identification number <b>42-0898405</b> <b>E</b> Telephone number <b>319-393-7811</b> <b>G</b> Gross receipts \$ <b>33,874,701.</b> <b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J</b> Website: ▶ <b>WWW.HACAP.ORG</b>		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: <b>1965</b> <b>M</b> State of legal domicile: <b>IA</b>

Part I Summary				
	<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>HELPING PEOPLE DEVELOP SKILLS TO BECOME SUCCESSFUL AND BUILD STRONG COMMUNITIES.</b>		
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
Activities & Governance	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	17
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	17
	<b>5</b>	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	<b>5</b>	347
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	2210
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0.
	<b>7b</b>	Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	0.
	Revenue	<b>8</b>	Contributions and grants (Part VIII, line 1h)	Prior Year
<b>9</b>		Program service revenue (Part VIII, line 2g)	30,106,650.	32,644,675.
<b>10</b>		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,051,986.	1,230,026.
<b>11</b>		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	7,253.	0.
<b>12</b>		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	0.	0.
<b>13</b>		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	31,165,889.	33,874,701.
Expenses	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	11,068,079.	13,745,832.
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	12,044,822.	13,380,287.
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>310,033.</b>	153,206.	113,692.
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	8,514,192.	7,464,000.
	<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	31,780,299.	34,703,811.
Net Assets or Fund Balances	<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	-614,410.	-829,110.
	<b>20</b>	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	<b>21</b>	Total liabilities (Part X, line 26)	8,849,776.	7,579,708.
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	3,820,165.	3,377,624.
			5,029,611.	4,202,084.

<b>Part II Signature Block</b>				
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.				
<b>Sign Here</b>	Signature of officer <b>JANE DRAPEAUX, CHIEF EXECUTIVE OFFICER</b>	Date		
	Type or print name and title			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>AMANDA VANNATTA</b>	Preparer's signature <b>AMANDA VANNATTA</b>	Date <b>02/26/18</b>	Check if self-employed <input type="checkbox"/> PTIN <b>P00948755</b>
	Firm's name ▶ <b>WIPFLI, LLP</b>	Firm's EIN ▶ <b>39-0758449</b>		
	Firm's address ▶ <b>PO BOX 8700 MADISON, WI 53708-8700</b>	Phone no. <b>608-274-1980</b>		

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

HAWKEYE AREA COMMUNITY ACTION PROGRAM, INC.

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Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: THE MISSION OF HAWKEYE AREA COMMUNITY ACTION PROGRAM, INC. (HACAP) IS TO HELP PEOPLE DEVELOP THE SKILLS NECESSARY 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

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

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

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 \$ 13,572,140. including grants of \$ 9,230,078.) (Revenue \$ 661,741.) FOOD 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

4b (Code: ) (Expenses \$ 8,890,116. including grants of \$ 308,339.) (Revenue \$ 210,790.) CHILDREN - SERVICES INCLUDE: -INCREASING 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 YOUNG CHILDREN. -PROVIDING OPPORTUNITIES FOR PARENTS TO STRENGTHEN PARENTING SKILLS.

4c (Code: ) (Expenses \$ 6,246,108. including grants of \$ 3,674,533.) (Revenue \$ 33,138.) 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. -WEATHERIZATION ASSISTANCE PROGRAM TO REDUCE PERSONAL UTILITY COSTS BY IMPROVING THE HOUSING STOCK OF LOW-INCOME INDIVIDUALS AND FAMILIES. -HOUSING REHABILITATION TO IMPROVE THE SAFETY OF HOUSING STOCK FOR LOW INCOME HOUSEHOLDS.

4d Other program services (Describe in Schedule O.) (Expenses \$ 3,654,874. including grants of \$ 532,882.) (Revenue \$ 324,357.)

4e Total program service expenses 32,363,238.

HAWKEYE AREA COMMUNITY ACTION PROGRAM, INC.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X

HAWKEYE AREA COMMUNITY ACTION PROGRAM, INC.

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

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	X	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....	X	
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> .....	X	
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 25a</i> .....	X	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		X
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? .....		X
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		X
25a <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> .....		X
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> .....		X
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> .....		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
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> .....		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	X	
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> .....		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
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> .....		X
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> .....		X
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> .....		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
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> .....		
36 <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
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> .....		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? .....	X	

**Note.** All Form 990 filers are required to complete Schedule O

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

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
	<b>1a</b> 409		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	<b>1b</b> 0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
	<b>1c</b>		
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		
	<b>2a</b> 347		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
	<b>2b</b>		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
	<b>3a</b>		
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O		
	<b>3b</b>		
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)?		X
	<b>4a</b>		
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
	<b>4b</b>		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
	<b>5a</b>		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
	<b>5b</b>		
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
	<b>5c</b>		
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?		X
	<b>6a</b>		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	<b>6b</b>		
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
	<b>7a</b>		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
	<b>7b</b>		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
	<b>7c</b>		
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	<b>7d</b>		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
	<b>7e</b>		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
	<b>7f</b>		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
	<b>7g</b>		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
	<b>7h</b>		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
	<b>8</b>		
9	<b>Sponsoring organizations maintaining donor advised funds.</b>		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
	<b>9a</b>		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
	<b>9b</b>		
10	<b>Section 501(c)(7) organizations.</b> Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12		
	<b>10a</b>		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
	<b>10b</b>		
11	<b>Section 501(c)(12) organizations.</b> Enter:		
a	Gross income from members or shareholders		
	<b>11a</b>		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
	<b>11b</b>		
12a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
	<b>12a</b>		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
	<b>12b</b>		
13	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
a	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
	<b>13a</b>		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
	<b>13b</b>		
c	Enter the amount of reserves on hand		
	<b>13c</b>		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
	<b>14a</b>		
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		
	<b>14b</b>		

HAWKEYE AREA COMMUNITY ACTION PROGRAM, INC.

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

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

**Section A. Governing Body and Management**

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year ..... If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	1a	17	
b	Enter the number of voting members included in line 1a, above, who are independent .....		
	1b	17	
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? .....		X
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? .....		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .....		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .....		X
6	Did the organization have members or stockholders? .....		X
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? .....		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? .....		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body? .....	X	
b	Each committee with authority to act on behalf of the governing body? .....	X	
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 .....		X

**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? .....		X
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? .....	X	
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 .....	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? .....	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done .....	X	
	12c	X	
13	Did the organization have a written whistleblower policy? .....	X	
14	Did the organization have a written document retention and destruction policy? .....	X	
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 .....	X	
b	Other officers or key employees of the organization .....	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). ....		
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? .....		X
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 **NONE**
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records: **JAMES MCGOLDRICK - 319-393-7811**  
**1515 HAWKEYE DRIVE, HIAWATHA, IA 52233**

HAWKEYE AREA COMMUNITY ACTION PROGRAM, INC.

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) TERRY HERTLE BOARD MEMBER (THRU DECEMBER)	1.00	X						0.	0.	0.
(2) MARK HIXSON BOARD MEMBER	1.00	X						0.	0.	0.
(3) KARINA HUTCHISON BOARD MEMBER	1.00	X						0.	0.	0.
(4) NEAL HUEDEPOHL BOARD MEMBER	1.00	X						0.	0.	0.
(5) LYNETTE JACOBY BOARD MEMBER	1.00	X						0.	0.	0.
(6) NATE JENSEMA BOARD MEMBER	1.00	X						0.	0.	0.
(7) BETHANY KING BOARD MEMBER	1.00	X						0.	0.	0.
(8) ALEC MEREDITH BOARD MEMBER	1.00	X						0.	0.	0.
(9) MELANIE NOLLSCH BOARD MEMBER	1.00	X						0.	0.	0.
(10) TOM PETERSEN BOARD MEMBER	1.00	X						0.	0.	0.
(11) RICK PRIMMER BOARD MEMBER	1.00	X						0.	0.	0.
(12) LYNETTE RICHARDS BOARD MEMBER	1.00	X						0.	0.	0.
(13) MARK SETTERH BOARD MEMBER	1.00	X						0.	0.	0.
(14) DALE WALTER BOARD MEMBER (THRU DECEMBER)	1.00	X						0.	0.	0.
(15) BOB YODER BOARD MEMBER	1.00	X						0.	0.	0.
(16) JOHN BRANDT PRESIDENT	1.00	X		X				0.	0.	0.
(17) ED RABER TREASURER	1.00	X		X				0.	0.	0.

HAWKEYE AREA COMMUNITY ACTION PROGRAM, INC.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) SR. SUSAN O'CONNOR VICE-PRESIDENT	1.00	X		X				0.	0.	0.
(19) DANIELLE KIRKPATRICK SECRETARY (THRU MAY)	1.00	X		X				0.	0.	0.
(20) WAYNE MANTERNACH SECRETARY (BEGINNING JUNE)	1.00	X		X				0.	0.	0.
(21) JANE DRAPEAUX CHIEF EXECUTIVE OFFICER	40.00			X				130,005.	0.	21,097.
(22) MITCHEL FINN DEPUTY EXECUTIVE DIRECTOR	40.00			X				101,212.	0.	25,899.
(23) JAMES MCGOLDRICK CHIEF FINANCIAL OFFICER	40.00			X				72,806.	0.	41,909.
<b>1b Sub-total</b>								304,023.	0.	88,905.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								304,023.	0.	88,905.

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

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
UNITYPOINT AT HOME, 717 A AVE. N.E., STE. 201, CEDAR RAPIDS, IA 52401	CONTRACTED PROFESSIONAL SERVICE	297,488.
WILLIS DADY EMERGENCY SHELTER 1247 4TH AVE. S.E., CEDAR RAPIDS, IA 52403	CONTRACTED PROFESSIONAL SERVICE	200,303.
LADCO INC., 1035 ROCKFORD RD. S.W., CEDAR RAPIDS, IA 52404	WEATHERIZATION CONTRACTOR	126,024.
RKD ALPHA DOG 8001 SOUTH 13TH ST., LINCOLN, NE 68512	CONTRACTED PROFESSIONAL SERVICE	118,737.
JORDAN'S HEATING & COOLING INC. P.O. BOX 8423, CEDAR RAPIDS, IA 52408	WEATHERIZATION CONTRACTOR	111,215.

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 **6**



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Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a 947,075.					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e 21,709,589.					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 9,988,011.					
	g	Noncash contributions included in lines 1a-1f: \$	8,921,886.					
	h	<b>Total.</b> Add lines 1a-1f		32,644,675.				
Program Service Revenue	2 a	FOOD & NUTRITION REVENUE	Business Code 624210	661,741.	661,741.			
	b	HOMELESSNESS REVENUE	624200	324,357.	324,357.			
	c	CHILDREN REVENUE	624100	210,790.	210,790.			
	d	ENERGY REVENUE	624100	33,138.	33,138.			
	e							
	f	All other program service revenue						
	g	<b>Total.</b> Add lines 2a-2f		1,230,026.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)						
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross rents	(i) Real	(ii) Personal				
	b	Less: rental expenses						
	c	Rental income or (loss)						
	d	Net rental income or (loss)						
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	b	Less: cost or other basis and sales expenses						
	c	Gain or (loss)						
	d	Net gain or (loss)						
8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a						
		b	Less: direct expenses					
		c	Net income or (loss) from fundraising events					
9 a	Gross income from gaming activities. See Part IV, line 19	a						
		b	Less: direct expenses					
		c	Net income or (loss) from gaming activities					
10 a	Gross sales of inventory, less returns and allowances	a						
		b	Less: cost of goods sold					
		c	Net income or (loss) from sales of inventory					
Miscellaneous Revenue			Business Code					
11 a								
b								
c								
d	All other revenue							
e	<b>Total.</b> Add lines 11a-11d							
12	<b>Total revenue.</b> See instructions.			33,874,701.	1,230,026.	0.	0.	

HAWKEYE AREA COMMUNITY ACTION PROGRAM, INC.

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**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	8,322,221.	8,322,221.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	5,423,611.	5,423,611.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	371,708.		324,251.	47,457.
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	8,468,487.	7,895,712.	466,784.	105,991.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	787,585.	711,923.	68,221.	7,441.
9 Other employee benefits	2,459,213.	2,201,113.	234,867.	23,233.
10 Payroll taxes	1,293,294.	1,141,222.	139,853.	12,219.
11 Fees for services (non-employees):				
a Management	8,608.		8,608.	
b Legal	42,600.		42,600.	
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17	113,692.			113,692.
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	4,062,292.	4,027,381.	34,911.	
12 Advertising and promotion				
13 Office expenses	1,340,990.	1,300,668.	40,322.	
14 Information technology	55,058.	55,058.		
15 Royalties				
16 Occupancy	795,233.	280,947.	514,286.	
17 Travel	254,783.	235,169.	19,614.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	85,637.	59,547.	26,090.	
20 Interest	45,851.	29,814.	16,037.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	451,843.	451,843.		
23 Insurance	211,364.	146,341.	65,023.	
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 MEMBERSHIPS	31,023.	12,628.	18,395.	
b MEDICAL & DENTAL SUPPLI	21,839.	21,839.		
c IN-KIND SUPPLIES	21,437.	21,437.		
d				
e All other expenses	35,442.	24,764.	10,678.	
25 Total functional expenses. Add lines 1 through 24e	34,703,811.	32,363,238.	2,030,540.	310,033.
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)

HAWKEYE AREA COMMUNITY ACTION PROGRAM, INC.

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**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	509,581.	1	508,883.
	2	Savings and temporary cash investments	395,147.	2	105,768.
	3	Pledges and grants receivable, net	2,580,189.	3	2,303,514.
	4	Accounts receivable, net	128,812.	4	144,081.
	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 instr). Complete Part II of Sch L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	372,402.	8	310,851.
	9	Prepaid expenses and deferred charges	447,363.	9	243,129.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 13,502,357.		
	b	Less: accumulated depreciation	10b 9,576,759.	10c	3,925,598.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11	33,848.	12	35,109.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	32,978.	15	2,775.
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	8,849,776.	16	7,579,708.	
Liabilities	17	Accounts payable and accrued expenses	2,103,163.	17	1,957,174.
	18	Grants payable		18	
	19	Deferred revenue	378,476.	19	285,533.
	20	Tax-exempt bond liabilities	728,058.	20	549,687.
	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	584,496.	23	553,183.
	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	25,972.	25	32,047.
	26	<b>Total liabilities.</b> Add lines 17 through 25	3,820,165.	26	3,377,624.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	3,430,382.	27	2,772,191.
	28	Temporarily restricted net assets	1,599,229.	28	1,429,893.
	29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	<b>Total net assets or fund balances</b>	5,029,611.	33	4,202,084.	
34	<b>Total liabilities and net assets/fund balances</b>	8,849,776.	34	7,579,708.	

Form 990 (2016)

HAWKEYE AREA COMMUNITY ACTION PROGRAM, INC.

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**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	33,874,701.
2	Total expenses (must equal Part IX, column (A), line 25)	2	34,703,811.
3	Revenue less expenses. Subtract line 2 from line 1	3	-829,110.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5,029,611.
5	Net unrealized gains (losses) on investments	5	1,583.
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	4,202,084.

**Part XII Financial Statements and Reporting**

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
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.	X	
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?	X	
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	X	

Form 990 (2016)

**SCHEDULE A**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

Open to Public Inspection

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 12, 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 (Form 990 or 990-EZ).)
- 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 agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12  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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations

**g Provide the following information about the supported organization(s).**

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

HAWKEYE AREA COMMUNITY ACTION

**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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	23919613.	27305959.	28263006.	30106650.	32644675.	142239903
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 <b>Total.</b> Add lines 1 through 3 .....	23919613.	27305959.	28263006.	30106650.	32644675.	142239903
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 <b>Public support.</b> Subtract line 5 from line 4.						142239903

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7 Amounts from line 4 .....	23919613.	27305959.	28263006.	30106650.	32644675.	142239903
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	12,584.	10,409.	6,573.	7,253.	0.	36,819.
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 VI.) .....						
11 <b>Total support.</b> Add lines 7 through 10						142276722
12 Gross receipts from related activities, etc. (see instructions) .....					12	5,672,925.
13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....	<input type="checkbox"/>					

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

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) .....	14	99.97 %
15 Public support percentage from 2015 Schedule A, Part II, line 14 .....	15	99.96 %
16a <b>33 1/3% support test - 2016.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input checked="" type="checkbox"/>	
b <b>33 1/3% support test - 2015.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
17a <b>10% -facts-and-circumstances test - 2016.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
b <b>10% -facts-and-circumstances test - 2015.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....	<input type="checkbox"/>	

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

(Complete only if you checked the box on line 10 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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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 VI.) .....						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

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

15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f)) .....	15	%
16 Public support percentage from 2015 Schedule A, Part III, line 15 .....	16	%

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

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f)) .....	17	%
18 Investment income percentage from 2015 Schedule A, Part III, line 17 .....	18	%

19a **33 1/3% support tests - 2016.** 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 - 2015.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization .....

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions .....

**Part IV Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		



**Part IV Supporting Organizations** (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.		

**Section B. Type I Supporting Organizations**

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

**Section C. Type II Supporting Organizations**

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

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

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

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

	Yes	No
1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		

HAWKEYE AREA COMMUNITY ACTION

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	

7  Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

HAWKEYE AREA COMMUNITY ACTION

**Part V** Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions	
7 <b>Total annual distributions.</b> Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 2016 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required- explain in Part VI). See instructions			
3 Excess distributions carryover, if any, to 2016:			
a			
b			
c From 2013			
d From 2014			
e From 2015			
f <b>Total</b> of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j <b>Remainder.</b> Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2016 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c <b>Remainder.</b> Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions			
6 Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions			
7 <b>Excess distributions carryover to 2017.</b> Add lines 3j and 4c			
8 Breakdown of line 7:			
a			
b Excess from 2013			
c Excess from 2014			
d Excess from 2015			
e Excess from 2016			



**Schedule B**

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and  
its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

Name of the organization

HAWKEYE AREA COMMUNITY ACTION  
PROGRAM, INC.

Employer identification number

42-0898405

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Name of organization  
**HAWKEYE AREA COMMUNITY ACTION  
PROGRAM, INC.**

Employer identification number

42-0898405

**Part I Contributors** (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	U.S. DEPARTMENT OF HEATH AND HUMAN SERVICES 200 INDEPENDENCE AVE., S.W. WASHINGTON, DC 20201	\$ 12,959,191.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	U.S. DEPARTMENT OF AGRICULTURE 1400 INDEPENDENCE AVE., S.W. WASHINGTON, DC 20250	\$ 2,660,064.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	U.S. DEPARTMENT OF VETERANS AFFAIRS 810 VERMONT AVE., N.W. WASHINGTON, DC 20420	\$ 1,226,646.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT 451 7TH STREET S.W. WASHINGTON, DC 20410	\$ 972,698.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	UNITED WAY OF EAST CENTRAL IOWA 317 7TH AVE. S.E., STE. 401 CEDAR RAPIDS, IA 52401	\$ 927,393.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	IOWA DEPARTMENT OF EDUCATION 400 E. 14TH STREET DES MOINES, IA 50319	\$ 813,582.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  
**HAWKEYE AREA COMMUNITY ACTION  
 PROGRAM, INC.**

Employer identification number

**42-0898405**

**Part I Contributors** (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	IOWA DEPARTMENT OF PUBLIC HEALTH 321 E. 12TH STREET DES MOINES, IA 50319	\$ 694,334.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>HAWKEYE AREA COMMUNITY ACTION PROGRAM, INC.</b>	Employer identification number <b>42-0898405</b>
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**Part II Noncash Property** (See instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
<u>2</u>	COMMODITY FOOD _____ _____ _____	\$ <u>650,383.</u>	<u>09/30/17</u>
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____



Name of organization <b>HAWKEYE AREA COMMUNITY ACTION PROGRAM, INC.</b>	Employer identification number <b>42-0898405</b>
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

**SCHEDULE D**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
▶ Attach to Form 990.

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

OMB No. 1545-0047

**2016**  
Open to Public  
Inspection

Name of the organization **HAWKEYE AREA COMMUNITY ACTION PROGRAM, INC.**

Employer identification number  
**42-0898405**

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate value of contributions to (during year) .....		
3 Aggregate value of 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 III Conservation Easements.** Complete if the organization answered "Yes" on 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 a 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 Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register .....	2d

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, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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" on 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) Revenue included on 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 Revenue included on Form 990, Part VIII, line 1 ..... ▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X ..... ▶ \$ \_\_\_\_\_

HAWKEYE AREA COMMUNITY ACTION PROGRAM, INC.

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

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

- a  Public exhibition
- b  Scholarly research
- c  Preservation for future generations
- d  Loan or exchange programs
- e  Other \_\_\_\_\_

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

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

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

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

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

	Amount
c Beginning balance	
d Additions during the year	
e Distributions during the year	
f Ending balance	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	33,848.	32,952.	37,506.	37,144.	36,663.
b Contributions	100.				
c Net investment earnings, gains, and losses	2,854.	3,000.	-2,293.	2,545.	2,648.
d Grants or scholarships	1,583.	1,600.	1,700.	1,600.	1,600.
e Other expenditures for facilities and programs					
f Administrative expenses	110.	504.	561.	583.	567.
g End of year balance	35,109.	33,848.	32,952.	37,506.	37,144.

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

- a Board designated or quasi-endowment  100.00 %
- b Permanent endowment  .00 %
- c Temporarily restricted endowment  .00 %

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

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

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

	Yes	No
3a(i)	X	
3a(ii)		X
3b		

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

4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,150,106.		1,150,106.
b Buildings		10,736,104.	8,092,921.	2,643,183.
c Leasehold improvements				
d Equipment		1,616,147.	1,483,838.	132,309.
e Other				

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)  3,925,598.

HAWKEYE AREA COMMUNITY ACTION PROGRAM, INC.

**Part VII Investments - Other Securities.**

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

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

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) RENTAL DEPOSITS	32,047.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

HAWKEYE AREA COMMUNITY ACTION PROGRAM, INC.

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

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

1	Total revenue, gains, and other support per audited financial statements		1	33,995,280.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	1,583.	
b	Donated services and use of facilities	2b	122,177.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	-3,181.	
e	Add lines 2a through 2d	2e		120,579.
3	Subtract line 2e from line 1	3		33,874,701.
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		
c	Add lines 4a and 4b	4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		33,874,701.

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

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

1	Total expenses and losses per audited financial statements		1	34,822,807.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	122,177.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e		122,177.
3	Subtract line 2e from line 1	3		34,700,630.
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	3,181.	
c	Add lines 4a and 4b	4c		3,181.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5		34,703,811.

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART V, LINE 4:**

HAWKEYE AREA COMMUNITY ACTION PROGRAM, INC. (HACAP) IS THE BENEFICIARY UNDER AN ENDOWMENT FUND AGREEMENT WITH GREATER CEDAR RAPIDS COMMUNITY FOUNDATION. THE INTENDED USE OF THE ENDOWMENT FUND IS FOR PROVIDING ASSISTANCE IN WASHINGTON COUNTY.

**PART X, LINE 2:**

HAWKEYE AREA COMMUNITY ACTION PROGRAM, INC. (HACAP) 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

HAWKEYE AREA COMMUNITY ACTION  
PROGRAM, INC.

**Part XIII** Supplemental Information (continued)

BENEFIT OF THAT POSITION IS NOT RECOGNIZED IN THE FINANCIAL STATEMENTS.

HACAP HAS DETERMINED THERE ARE NO AMOUNTS TO RECORD AS ASSETS OR

LIABILITIES RELATED TO UNCERTAIN TAX POSITIONS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

INTEREST EXPENSE -3,181.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

INTEREST EXPENSE 3,181.

**SCHEDULE G**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding Fundraising or Gaming Activities**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

Open to Public Inspection

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" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

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

2 a 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 10 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			
RKD ALPHA DOG - 8001 S. 13TH ST., LINCOLN, NE 68512	ORGANIZE DIRECT MAIL & EMAIL CAMPAIGN		X	404,994.	113,692.	291,302.
<b>Total</b>				404,994.	113,692.	291,302.

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

**IA**

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HAWKEYE AREA COMMUNITY ACTION

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

	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
	(event type)	(event type)	(total number)	(add col. (a) through col. (c))
<b>Revenue</b>				
1 Gross receipts .....				
2 Less: Contributions .....				
3 Gross income (line 1 minus line 2) .....				
<b>Direct Expenses</b>				
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. Subtract line 10 from line 3, column (d) .....				

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

	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
<b>Revenue</b>				
1 Gross revenue .....				
<b>Direct Expenses</b>				
2 Cash prizes .....				
3 Noncash prizes .....				
4 Rent/facility costs .....				
5 Other direct expenses .....				
6 Volunteer labor .....	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d) .....				
8 Net gaming income summary. Subtract line 7 from line 1, column (d) .....				

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_  
 a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No  
 b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No  
 b If "Yes," explain: \_\_\_\_\_



HAWKEYE AREA COMMUNITY ACTION PROGRAM, INC.

- 11 Does the organization conduct gaming activities with nonmembers?
12 Is the organization a grantor, beneficiary or trustee of a trust...
13 Indicate the percentage of gaming activity conducted in:
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Form with Yes/No checkboxes and a table for percentages (13a, 13b).

Name
Address

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?
b If "Yes," enter the amount of gaming revenue received by the organization
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?
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year

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

HAWKEYE AREA COMMUNITY ACTION PROGRAM, INC.

Schedule G (Form 990 or 990-EZ)

42-0898405 Page 4

**Part IV** Supplemental Information *(continued)*

Lined area for supplemental information.

**SCHEDULE I**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

OMB No. 1545-0047

**2016**

Open to Public  
Inspection

Name of the organization **HAWKEYE AREA COMMUNITY ACTION PROGRAM, INC.**

Employer identification number  
**42-0898405**

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

Attach to Form 990.

**Part I** General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No

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

**Part II** Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AGING SERVICES INC. 317 7TH AVE. S.E., NO. 302B CEDAR RAPIDS, IA 52401	23-7085316	501(C)(3)	0.	66,308.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
AINSWORTH COMMUNITY PRESBYTERIAN CHURCH - 322 WASHINGTON ST. - AINSWORTH, IA 52201	42-1206238	501(C)(3)	0.	8,495.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
AMANA COMMUNITY FOOD PANTRY 1112 26TH AVE. MIDDLE AMANA, IA 52307	42-6069150	501(C)(3)	0.	5,243.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
AREA SUBSTANCE ABUSE COUNCIL INC. 3601 16TH AVE. S.W. CEDAR RAPIDS, IA 52404	42-1114396	501(C)(3)	0.	30,830.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
BENTON COUNTY FOOD PANTRY P.O. BOX 900 SHELLSBURG, IA 52332	42-1261407	501(C)(3)	0.	32,583.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
BOYS & GIRLS CLUB OF CEDAR RAPIDS 420 6TH ST. S.E., STE. 240 CEDAR RAPIDS, IA 52401	42-1434056	501(C)(3)	0.	14,371.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED

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

3 Enter total number of other organizations listed in the line 1 table **0.**

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

Schedule I (Form 990) (2016)

HAWKEYE AREA COMMUNITY ACTION PROGRAM, INC.

42-0898405

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BRIDGEHAVEN PREGNANCY SUPPORT CENTER - 701 CENTER POINT RD. N.E. - CEDAR RAPIDS, IA 52402	42-1203675	501(C)(3)	0.	136,719.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
CEDAR HILLS COMMUNITY CHURCH, OPEN HANDS FOOD PANTRY - 6455 E. AVE. N.W. - CEDAR RAPIDS, IA 52405	42-1015013	501(C)(3)	0.	88,287.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
CHRIST EPISCOPAL CHURCH, LOAVES AND FISHES PANTRY INC. - 220 40TH ST. N.E. - CEDAR RAPIDS, IA 52402	39-1879934	501(C)(3)	0.	288,271.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
CHURCH OF GOD SEVENTH DAY, CLOTHES CLOSET GIVEAWAY - P.O. BOX 393 - MARION, IA 52302	32-0297742	501(C)(3)	0.	406,797.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
CORALVILLE ECUMENICAL PANTRY 1102 5TH ST. CORALVILLE, IA 52241	42-1136292	501(C)(3)	0.	47,255.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
CRISIS CENTER 1121 GILBERT CT. IOWA CITY, IA 52240	42-0955992	501(C)(3)	0.	327,405.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
FIRST BAPTIST CHURCH, 29TH STREET MISSION - 1260 29TH ST. - MARION, IA 52302	42-1138398	501(C)(3)	0.	87,814.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
FIRST LUTHERAN CHURCH, SATURDAY EVENING MEAL PROGRAM - 1000 3RD AVE. S.E. - CEDAR RAPIDS, IA 52403	42-0752621	501(C)(3)	0.	23,080.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
FIRST PRESBYTERIAN CHURCH OF CEDAR RAPIDS - 310 5TH ST. S.E. - CEDAR RAPIDS, IA 52401	42-0680489	501(C)(3)	0.	34,386.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED

Schedule I (Form 990)

HAWKEYE AREA COMMUNITY ACTION PROGRAM, INC.

42-0898405

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FIRST UNITED METHODIST CHURCH, NORTH LIBERTY COMMUNITY PANTRY - 85 N. JONES BLVD. - NORTH LIBERTY, IA 52317	42-1333284	501(C)(3)	0.	156,682.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
FOUR OAKS FAMILY AND CHILDRENS SERVICES - 5400 KIRKWOOD BLVD. S.W. - CEDAR RAPIDS, IA 52404	42-0998726	501(C)(3)	0.	77,545.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
FREE LUNCH PROGRAM 1105 S. GILBERT CT., STE. 100 IOWA CITY, IA 52240	26-4722790	501(C)(3)	0.	1,211,614.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
GOOSE TOWN PANTRY, HORACE MANN ELEMENTARY SCHOOL - 521 N. DODGE ST. - IOWA CITY, IA 52245	42-1010633	STATE OF IOWA	0.	12,122.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
GREEN SQUARE MEALS INC. P.O. BOX 5303 CEDAR RAPIDS, IA 52406	42-1307429	501(C)(3)	0.	147,549.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
H.D. YOUTH CENTER 1445 MT. VERNON RD. S.E. CEDAR RAPIDS, IA 52403	39-1907548	501(C)(3)	0.	7,824.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
HARVEST CHRISTIAN DAYCARE AND LEARNING CENTER INC. - 4070 22ND AVE. S.W. - CEDAR RAPIDS, IA 53404	26-3900028	501(C)(3)	0.	18,502.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
HAWKEYE AREA COUNCIL BOY SCOUTS OF AMERICA - 660 32ND AVE. S.W. - CEDAR RAPIDS, IA 52404	42-0680304	501(C)(3)	0.	10,270.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
HILLSIDE WESLEYAN CHURCH, HILLSIDE WESLEYAN CHURCH FOOD PANTRY - 2600 1ST AVE. N.W. - CEDAR RAPIDS, IA 52405	42-1111974	501(C)(3)	0.	22,155.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED

Schedule I (Form 990)

HAWKEYE AREA COMMUNITY ACTION PROGRAM, INC.

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HORIZONS - A FAMILY SERVICE ALLIANCE - 819 5TH ST. S.E. - CEDAR RAPIDS, IA 52401	42-1135083	501(C)(3)	0.	87,648.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
JANE BOYD COMMUNITY HOUSE 943 14TH AVE. S.E. CEDAR RAPIDS, IA 52401	42-0680359	501(C)(3)	0.	49,711.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
JONES COUNTY COMMUNITY FOOD BANK 105 BROADWAY PLACE ANAMOSA, IA 52205	42-0940030	JONES COUNTY	0.	89,038.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
LIFEPOINTE CHRISTIAN FAITH CENTER P.O. BOX 5867 CORALVILLE, IA 52241	45-3615067	501(C)(3)	0.	16,703.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
LINN COMMUNITY FOOD BANK INC. 310 5TH ST. S.E. CEDAR RAPIDS, IA 52401	20-0076420	501(C)(3)	0.	14,118.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
MCKINLEY SCHOOL PANTRY, MCKINLEY MIDDLE SCHOOL - 620 10TH ST. S.E. - CEDAR RAPIDS, IA 52403	42-6023551	STATE OF IOWA	0.	5,664.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
MECHANICSVILLE UNITED METHODIST CHURCH - 307 EAST 1ST ST. - MECHANICSVILLE, IA 52306	42-1228797	501(C)(3)	0.	17,939.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
MISSION OF HOPE 1700 B AVE. N.E. CEDAR RAPIDS, IA 52402	42-1514642	501(C)(3)	0.	95,425.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
MONTICELLO MINISTERIAL ASSOCIATION 211 WEST FIRST ST. MONTICELLO, IA 52310	42-1393508	501(C)(3)	0.	10,132.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATIONAL COUNCIL OF THE UNITED STATES SOCIETY OF ST. VINCENT DEPAUL - 928 7TH ST. S.E. - CEDAR RAPIDS, IA 52401	42-0862588	501(C)(3)	0.	713,656.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
NEIGHBORHOOD CENTERS OF JOHNSON COUNTY - P.O. BOX 2491 - IOWA CITY, IA 52244	42-1060964	501(C)(3)	0.	6,255.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
NORTH ENGLISH COMMUNITY CENTER, INC. - 210 S. MAIN ST. - NORTH ENGLISH, IA 52316	42-1105354	501(C)(3)	0.	13,752.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
NORTHEAST IOWA FOOD BANK P.O. BOX 2397 WATERLOO, IA 50704	42-1169648	501(C)(3)	0.	22,522.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
NORTHEAST LINN FOOD PANTRY 137 NORTH 4TH ST. CENTRAL CITY, IA 52214	42-1084802	LINN COUNTY	0.	39,878.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
OLIN UNITED METHODIST CHURCH, TRI-COUNTY PANTRY - 102 W. LOCUST ST. - OLIN, IA 52320	26-0038804	501(C)(3)	0.	25,197.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
OLIVET PRESBYTERIAN CHURCH, OLIVET NEIGHBORHOOD MISSION - 2000 1ST AVE. N.W. - CEDAR RAPIDS, IA 52405	42-0757412	501(C)(3)	0.	319,231.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
OPEN BIBLE STANDARD CHURCHES, 1ST CHURCH OF THE OPEN BIBLE PANTRY - 1911 E. AVE. N.W. - CEDAR RAPIDS, IA 52405	42-1217762	501(C)(3)	0.	24,785.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
PRESBYTERIAN CHURCH USA, CHURCHES OF MARION PANTRY - 864 12TH ST. - MARION, IA 52302	42-0718481	501(C)(3)	0.	29,747.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED

Schedule I (Form 990)

HAWKEYE AREA COMMUNITY ACTION PROGRAM, INC.

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RIVER OF LIFE MINISTRIES, RIVER OF LIFE FOOD PANTRY - 3801 BLAIRS FERRY RD. N.E. - CEDAR RAPIDS, IA 52402	42-1332316	501(C)(3)	0.	41,765.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
RURAL EMPLOYMENT ALTERNATIVES INC. P.O. BOX 24 CONROY, IA 52220	42-1150011	501(C)(3)	0.	10,550.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
SHELTER HOUSE COMMUNITY SHELTER AND TRANSITION SERVICES - 429 SOUTHGATE AVE. - IOWA CITY, IA 52240	42-1231451	501(C)(3)	0.	12,775.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
SOUTHEAST LINN COMMUNITY CENTER CORPORATION - 108 S. WASHINGTON ST. - LISBON, IA 52253	43-1406317	501(C)(3)	0.	8,895.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
ST. JOHN OF THE CROSS, ST. JOHN'S CATHOLIC WORKER HOUSE PANTRY - P.O. BOX 2321 - CEDAR RAPIDS, IA 52406	42-1307304	501(C)(3)	0.	20,353.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
ST. MARKS LUTHERAN CHURCH, OXFORD JUNCTION FOOD PANTRY - 102 W. CHURCH ST. - OXFORD JUNCTION, IA 52323	42-0996712	501(C)(3)	0.	13,047.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
ST. STEPHENS FOOD BANK 3145 CEDAR CREST RIDGE DUBOQUE, IA 52003	42-1222356	501(C)(3)	0.	32,541.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
TABLE TO TABLE FOOD DISTRIBUTION NETWORK - 20 EAST MARKET ST. - IOWA CITY, IA 52245	42-1457219	501(C)(3)	0.	2,488,165.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
TANAGER PLACE 2309 C ST. S.W. CEDAR RAPIDS, IA 52404	42-0688079	501(C)(3)	0.	18,397.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED



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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE ARC OF EAST CENTRAL IOWA 680 2ND ST. S.E., STE. 200 CEDAR RAPIDS, IA 52401	42-0805377	501(C)(3)	0.	9,403.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
THE CATHERINE MCAULEY CENTER INC. 866 4TH AVE. S.E. CEDAR RAPIDS, IA 52403	42-1342872	501(C)(3)	0.	20,807.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
THE FOUNTAIN CHARITABLE FOUNDATION 5195 FARMERS AVE. KALONA, IA 52247	47-2554837	501(C)(3) PF	0.	20,642.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
THE FREEDOM FOUNDATION P.O. BOX 1422 CEDAR RAPIDS, IA 52401	46-3280693	501(C)(3)	0.	9,204.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
THE RIVER COMMUNITY CHURCH, IC COMPASSIONS FOOD PANTRY - 1035 WADE ST. - IOWA CITY, IA 52240	42-0996859	501(C)(3)	0.	108,035.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
THE SALVATION ARMY 10 W. ALGONQUIN DES PLAINES, IL 60016	36-2167910	501(C)(3)	0.	64,790.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
THE SANCTUARY CHURCH 912 18TH AVE. S.W. CEDAR RAPIDS, IA 52404	46-2473356	501(C)(3)	0.	7,276.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
TIPTON CALVARY FOURSQUARE CHURCH, BREAD OF LIFE - P.O. BOX 347 - TIPTON, IA 52772	94-2867223	501(C)(3)	0.	14,546.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
UNITED CHURCH OF CHRIST, ST. JOHNS UCC & CENTRAL CITY UCC PANTRIES - 5609 DOUGLAS AVE. - DES MOINES, IA 50310	42-0794367	501(C)(3)	0.	40,236.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED

Schedule I (Form 990)

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Schedule I (Form 990) Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED METHODIST CHURCH, WYOMING METHODIST FOOD PANTRY - 107 N. WASHINGTON ST. - WYOMING, IA 52362	42-1207035	501(C)(3)	0.	7,539.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
UNITED STATES CONFERENCE OF CATHOLIC BISHOPS, METRO CATHOLIC OUTREACH - 420 4TH ST. N.E. - CEDAR RAPIDS, IA 52401	53-0196617	501(C)(3)	0.	371,797.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
VINTON PRESBYTERIAN CHURCH, SENIOR GROCERY SACK - 608 1ST AVE. - VINTON, IA 52349	42-0688084	501(C)(3)	0.	9,731.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
WASHINGTON CHURCH OF GOD 322 SOUTH AVE. WASHINGTON, IA 52353	42-1213848	501(C)(3)	0.	12,209.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
WAYPOINT SERVICES FOR WOMEN CHILDREN & FAMILIES - 318 5TH ST. S.E. - CEDAR RAPIDS, IA 52401	42-0680307	501(C)(3)	0.	8,352.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
WESLEY UNITED METHODIST CHURCH, WESLEY UNITED METHODIST PANTRY - 516 2ND AVE. - VINTON, IA 52349	42-0776456	501(C)(3)	0.	5,552.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
WESTDALE COMMUNITY CHURCH 14945 VENTURA BLVD. SHERMAN OAKS, CA 91403	23-7205272	501(C)(3)	0.	18,725.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
YMCA OF THE CEDAR RAPIDS METROPOLITAN AREA - 207 SEVENTH AVE. S.E. - CEDAR RAPIDS, IA 52401	42-0680306	501(C)(3)	0.	19,527.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
YOUTH FOR CHRIST USA, INC. 7670 S. VAUGHN CT. ENGLEWOOD, CO 80155	36-2193619	501(C)(3)	0.	20,313.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED

Schedule I (Form 990)

HAWKEYE AREA COMMUNITY ACTION PROGRAM, INC.

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Schedule I (Form 990) (2016)

**Part III** Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
NUTRITION ASSISTANCE	22341	526,308.	650,383.	FMV	FOOD
ENERGY ASSISTANCE	7280	3,674,533.	0.		
CHILDREN ASSISTANCE	34059	39,505.	0.		
VETERAN SUPPORT ASSISTANCE	303	292,886.	0.		
HOMELESSNESS ASSISTANCE	2969	239,996.	0.		

**Part IV** Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

THE MAJORITY OF THE GRANTS ARE INCOME AND/OR ELIGIBILITY BASED SO THE ORGANIZATION ENSURES THAT IT FOLLOWS THE GUIDELINES OUTLINED IN EACH GRANT.

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

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

**2016**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

Name of the organization  
**HAWKEYE AREA COMMUNITY ACTION PROGRAM, INC.**

Employer identification number  
**42-0898405**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |   |
|--|---|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use    |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence    |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees      |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as, maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |  |   |
|--|---|
| <input type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                                |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

HAWKEYE AREA COMMUNITY ACTION PROGRAM, INC.

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

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

Table with columns: (A) Name and Title, (B) Breakdown of W-2 and/or 1099-MISC compensation (i) Base compensation, (ii) Bonus & incentive compensation, (iii) Other reportable compensation, (C) Retirement and other deferred compensation, (D) Nontaxable benefits, (E) Total of columns (B)(i)-(D), (F) Compensation in column (B) reported as deferred on prior Form 990.

**Part III Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

(This area contains horizontal lines for supplemental information.)

**SCHEDULE K**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information on Tax-Exempt Bonds**  
 Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

Attach to Form 990. Information about Schedule K (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

**HAWKEYE AREA COMMUNITY ACTION PROGRAM, INC.**

Employer identification number  
**42-0898405**

OMB No. 1545-0047

**2016**

Open to Public Inspection

**Part I Bond Issues**

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Deceased (h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No
A CITY OF HIAWATHA, IOWA	42-6025060	NONEAVAIL	06/01/10	1,342,650.	REFINANCING BOND		X		X
B CITY OF CORALVILLE, IOWA	42-6004814	NONEAVAIL	04/01/11	346,735.	REFINANCING BOND		X		X
C									
D									

**Part II Proceeds**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Amount of bonds retired			929,596.	210,102.				
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					
	Yes	No	Yes	No	Yes	No	Yes	No
14 Were the bonds issued as part of a current refunding issue?	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	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X				
2 Are there any lease arrangements that may result in private business use of bond-financed property?		X		X				

HAWKEYE AREA COMMUNITY ACTION PROGRAM, INC.

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		.00		.00		%		%
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		.00		.00		%		%
6 Total of lines 4 and 5		.00		.00		%		%
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 non-governmental 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, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		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 "Yes" to 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 the hedge terminated?								



HAWKEYE AREA COMMUNITY ACTION PROGRAM, INC.

Schedule K (Form 990) 2016

42-0898405

**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?		X		X				
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
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 isn't available under applicable regulations?		X		X				

**Part VI Supplemental Information.** Provide additional information for responses to questions on Schedule K. See instructions

SCHEDULE K, PART I, LINE B:  
 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

**2016**

Open To Public Inspection

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization **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	6,352,936	8,900,449	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	61	21,437	COST OF DONATED PROP
26 Other ( _____ )				
27 Other ( _____ )				
28 Other ( _____ )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** **0**

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

HAWKEYE AREA COMMUNITY ACTION

Schedule M (Form 990) (2016)

PROGRAM, INC.

42-0898405

Page 2

**Part II**

**Supplemental Information.**

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.

SCHEDULE M, 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

OMB No. 1545-0047

2016

Open to Public  
Inspection

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

Name of the organization

HAWKEYE AREA COMMUNITY ACTION  
PROGRAM, INC.

Employer identification number  
42-0898405

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

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.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

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.

-PROVIDING MEALS, MEDICAL INFORMATION, MEDICAL EQUIPMENT LOANS, AND

SOME PROPERTY MAINTENANCE SERVICES FOR THE ELDERLY.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

HOMELESSNESS - SERVICES INCLUDE:

-TEMPORARY ASSISTANCE TO HOMELESS CHILDREN BY PROVIDING FUNDS OR

EMERGENCY CHILDCARE, HEALTH CARE, PROTECTIVE CLOTHING, AND EDUCATION

SUPPLIES OR SPECIAL EVENTS.

-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

Name of the organization **HAWKEYE AREA COMMUNITY ACTION PROGRAM, INC.**

Employer identification number  
42-0898405

TOGETHER VOLUNTEERS AND FAMILIES IN NEED.

-MANAGING A NUMBER OF APARTMENTS AND SINGLE-FAMILY DWELLINGS FOR HOMELESS FAMILIES WITH CHILDREN THAT PROVIDE THEM WITH SAFE AND STABLE HOUSING.

-STABILIZING THE HOMELESS THROUGH SAFE HOUSING, NEEDS ASSESSMENT, AND CREATING ACTION PLANS FOR RETURNING TO SOCIETY.

-PROVIDING TRANSITIONAL HOUSING FOR THE HOMELESS IN FOUR COUNTIES.

-PROVIDING PERMANENT HOUSING FOR CHRONICALLY HOMELESS UNACCOMPANIED ADULTS IN LINN COUNTY.

EXPENSES \$ 2,493,735. INCLUDING GRANTS OF \$ 239,996. REVENUE \$ 324,357.

VETERAN SUPPORT - SERVICES INCLUDE:

-TEMPORARY ASSISTANCE TO HOMELESS VETERANS AND THEIR FAMILIES THAT PROVIDE HOUSING AND ECONOMIC STABILITY.

-PROVIDING CASE MANAGEMENT SERVICES TO VETERANS AND THEIR FAMILIES THAT CONNECT THEM WITH COMMUNITY RESOURCES AND VETERAN'S BENEFITS.

EXPENSES \$ 1,161,139. INCLUDING GRANTS OF \$ 292,886. REVENUE \$ 0.

FORM 990, PART VI, SECTION B, LINE 11B:

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

Name of the organization **HAWKEYE AREA COMMUNITY ACTION PROGRAM, INC.**

Employer identification number  
42-0898405

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 CHIEF EXECUTIVE OFFICER 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 ORGANIZATION'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART IX, LINE 11G, OTHER FEES:

CONTRACTED & PROFESSIONAL SERVICES:

PROGRAM SERVICE EXPENSES	4,027,381.
MANAGEMENT AND GENERAL EXPENSES	34,911.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	4,062,292.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	4,062,292.

# Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**  
▶ **Information about Form 8868 and its instructions is at [www.irs.gov/form8868](http://www.irs.gov/form8868).**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile), click on Charities & Non-Profits, and click on *e-file for Charities and Non-Profits*.

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

<b>Type or print</b>	Name of exempt organization or other filer, see instructions. <b>HAWKEYE AREA COMMUNITY ACTION PROGRAM, INC.</b>	<b>Enter filer's identifying number</b> Employer identification number (EIN) or  <b>42-0898405</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>1515 HAWKEYE DRIVE</b>	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>HIAWATHA, IA 52233</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**JAMES MCGOLDRICK**

- The books are in the care of ▶ **1515 HAWKEYE DRIVE - HIAWATHA, IA 52233**  
Telephone No. ▶ **319-393-7811** Fax No. ▶ \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **AUGUST 15, 2018**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶  calendar year \_\_\_\_\_ or  
▶  tax year beginning **OCT 1, 2016**, and ending **SEP 30, 2017**

2 If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c <b>Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

MAIL TO: DEPARTMENT OF THE TREASURY  
INTERNAL REVENUE SERVICE CENTER  
OGDEN, UT 84201-0045

Form **8879-EO**

# IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2016, or fiscal year beginning OCT 1, 2016, and ending SEP 30, 2017

# 2016

Department of the Treasury  
Internal Revenue Service

► Do not send to the IRS. Keep for your records.

► Information about Form 8879-EO and its instructions is at [www.irs.gov/form8879eo](http://www.irs.gov/form8879eo).

Name of exempt organization

**HAWKEYE AREA COMMUNITY ACTION PROGRAM, INC.**

Employer identification number

**42-0898405**

Name and title of officer

**JANE DRAPEAUX  
CHIEF EXECUTIVE OFFICER**

### Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1a	Form 990 check here	► <input checked="" type="checkbox"/>	b	Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	<u>33,874,701.</u>
2a	Form 990-EZ check here	► <input type="checkbox"/>	b	Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here	► <input type="checkbox"/>	b	Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here	► <input type="checkbox"/>	b	Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a	Form 8868 check here	► <input type="checkbox"/>	b	Balance Due (Form 8868, line 3c)	5b	

### Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2016 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize WIPFLI, LLP to enter my PIN 12345  
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2016 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2016 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ► Jane Drapeaux Date ► 2/26/18

### Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

39015554403  
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2016 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ► [Signature] Date ► 02/26/18

**ERO Must Retain This Form - See Instructions  
Do Not Submit This Form To the IRS Unless Requested To Do So**