

Form **8879-TE****IRS e-file Signature Authorization  
for a Tax Exempt Entity**

OMB No. 1545-0047

For calendar year 2022, or fiscal year beginning OCT 1, 2022, and ending SEP 30, 2023**2022**Department of the Treasury  
Internal Revenue Service**Do not send to the IRS. Keep for your records.****Go to [www.irs.gov/Form8879TE](http://www.irs.gov/Form8879TE) for the latest information.**Name of filer **HAWKEYE AREA COMMUNITY ACTION  
PROGRAM, INC.**EIN or SSN  
**42-0898405**Name and title of officer or person subject to tax **JANE DRAPEAUX  
CHIEF EXECUTIVE OFFICER****Part I Type of Return and Return Information**

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b**, 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 one line in Part I.

<b>1a</b> Form 990 check here <input checked="" type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990, Part VIII, column (A), line 12) .....	<b>1b</b> <u>54,492,934.</u>
<b>2a</b> Form 990-EZ check here <input type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990-EZ, line 9) .....	<b>2b</b> _____
<b>3a</b> Form 1120-POL check here <input type="checkbox"/>	<b>b</b> Total tax (Form 1120-POL, line 22) .....	<b>3b</b> _____
<b>4a</b> Form 990-PF check here <input type="checkbox"/>	<b>b</b> Tax based on investment income (Form 990-PF, Part V, line 5) .....	<b>4b</b> _____
<b>5a</b> Form 8868 check here <input type="checkbox"/>	<b>b</b> Balance due (Form 8868, line 3c) .....	<b>5b</b> _____
<b>6a</b> Form 990-T check here <input type="checkbox"/>	<b>b</b> Total tax (Form 990-T, Part III, line 4) .....	<b>6b</b> _____
<b>7a</b> Form 4720 check here <input type="checkbox"/>	<b>b</b> Total tax (Form 4720, Part III, line 1) .....	<b>7b</b> _____
<b>8a</b> Form 5227 check here <input type="checkbox"/>	<b>b</b> FMV of assets at end of tax year (Form 5227, Item D) .....	<b>8b</b> _____
<b>9a</b> Form 5330 check here <input type="checkbox"/>	<b>b</b> Tax due (Form 5330, Part II, line 19) .....	<b>9b</b> _____
<b>10a</b> Form 8038-CP check here <input type="checkbox"/>	<b>b</b> Amount of credit payment requested (Form 8038-CP, Part III, line 22) .....	<b>10b</b> _____

**Part II Declaration and Signature Authorization of Officer or Person Subject to Tax**

Under penalties of perjury, I declare that ☒ I am an officer of the above entity or ☐ I am a person subject to tax with respect to (name of entity) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the 2022 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 electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the 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 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 electronic return and, if applicable, the consent to electronic funds withdrawal.

**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 tax year 2022 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 or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 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.

Signature of officer or person subject to tax

Date

**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.

**39431954403****Do not enter all zeros**

I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return 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 QUINN DUGAN Date 03/24/25

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

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2022)

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

OMB No. 1545-0047

► **File a separate application for each return.**  
► **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**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/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/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>  File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. <b>HAWKEYE AREA COMMUNITY ACTION PROGRAM, INC.</b>	Taxpayer identification number (TIN) <b>42-0898405</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>1515 HAWKEYE DRIVE</b>	
	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 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
Form 990-T (corporation)	07		

**JASON FISHER**

- 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 TINs of all members the extension is for.

- 1 I request an automatic 6-month extension of time until **AUGUST 15, 2024**, 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, 2022**, and ending **SEP 30, 2023**.

- 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

<b>3a</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	<b>0.</b>
<b>b</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.	<b>3b</b>	\$	<b>0.</b>
<b>c 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.	<b>3c</b>	\$	<b>0.</b>

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

LHA **For Privacy Act and Paperwork Reduction Act Notice, see instructions.**Form **8868** (Rev. 1-2022)

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

Form **990**Department of the Treasury  
Internal Revenue Service**Return of Organization Exempt From Income Tax**

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

Do not enter social security numbers on this form as it may be made public.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**Open to Public  
Inspection**A** For the 2022 calendar year, or tax year beginning **OCT 1, 2022** and ending **SEP 30, 2023****B** Check if applicable:

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Final return/terminated  
☒ Amended return  
☐ Application pending

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

Doing business as

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

**1515 HAWKEYE DRIVE**

City or town, state or province, country, and ZIP or foreign postal code

**HIAWATHA, IA 52233****F** Name and address of principal officer: **JANE DRAPEAUX****SAME AS C ABOVE****D** Employer identification number**42-0898405****E** Telephone number**319-393-7811****G** Gross receipts \$**54,492,934.****H(a)** Is this a group returnfor subordinates? ..... ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. See instructions

**H(c)** Group exemption number**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: **WWW.HACAP.ORG****K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other**L** Year of formation: **1965****M** State of legal domicile: **IA****Part I Summary**

<b>Activities &amp; Governance</b>	<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.
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a) <b>20</b>
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b) <b>20</b>
	<b>5</b>	Total number of individuals employed in calendar year 2022 (Part V, line 2a) <b>420</b>
	<b>6</b>	Total number of volunteers (estimate if necessary) <b>3134</b>
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12 <b>0.</b>
<b>7b</b>	Net unrelated business taxable income from Form 990-T, Part I, line 11 <b>0.</b>	
<b>Revenue</b>	<b>8</b>	Contributions and grants (Part VIII, line 1h) <b>61,762,989.</b>
	<b>9</b>	Program service revenue (Part VIII, line 2g) <b>1,657,532.</b>
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d) <b>13,606.</b>
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) <b>0.</b>
	<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) <b>63,434,127.</b>
	<b>Expenses</b>	<b>13</b>
<b>14</b>		Benefits paid to or for members (Part IX, column (A), line 4) <b>0.</b>
<b>15</b>		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) <b>17,032,130.</b>
<b>16a</b>		Professional fundraising fees (Part IX, column (A), line 11e) <b>186,658.</b>
<b>b</b>		Total fundraising expenses (Part IX, column (D), line 25) <b>573,959.</b>
<b>17</b>		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) <b>11,867,158.</b>
<b>18</b>		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) <b>62,494,297.</b>
<b>19</b>		Revenue less expenses. Subtract line 18 from line 12 <b>939,830.</b>
<b>Net Assets or Fund Balances</b>	<b>20</b>	Total assets (Part X, line 16) <b>14,892,193.</b>
	<b>21</b>	Total liabilities (Part X, line 26) <b>5,671,152.</b>
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20 <b>9,221,041.</b>

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer		Date	
	<b>JANE DRAPEAUX, CHIEF EXECUTIVE OFFICER</b>			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN
	<b>QUINN DUGAN</b>	<b>QUINN DUGAN</b>	<b>03/24/25</b>	<b>P02267768</b>
<b>Firm's name</b>	<b>WIPFLI LLP</b>		<b>Firm's EIN 39-0758449</b>	
	<b>Firm's address 2501 W BELTLINE HWY, STE 501 MADISON, WI 53713</b>		<b>Phone no. 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.

Form 990 (2022)

42-0898405 Page 2

**Part III** Statement of Program Service Accomplishments

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

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 ☒ No

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

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

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 20,792,400. including grants of \$ 13,680,900. ) (Revenue \$ 696,029. )

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 \$ 14,344,581. including grants of \$ 9,824,035. ) (Revenue \$ 0. )

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.

4c (Code: ) (Expenses \$ 12,213,490. including grants of \$ 18,920. ) (Revenue \$ 30,201. )

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.

4d Other program services (Describe on Schedule O.)

(Expenses \$ 4,647,658. including grants of \$ 1,203,510. ) (Revenue \$ 893,809. )

4e Total program service expenses 51,998,129.

Form 990 (2022)

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

Form 990 (2022)

42-0898405 Page **3**

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	<b>X</b>	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	<b>X</b>	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		<b>X</b>
<b>4</b> <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>		<b>X</b>
<b>5</b> 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 Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		<b>X</b>
<b>6</b> 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>		<b>X</b>
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		<b>X</b>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		<b>X</b>
<b>9</b> 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>		<b>X</b>
<b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	<b>X</b>	
<b>11</b> 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.		
<b>a</b> 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>	<b>X</b>	
<b>b</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>		<b>X</b>
<b>c</b> 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>		<b>X</b>
<b>d</b> 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>	<b>X</b>	
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<b>X</b>	
<b>f</b> 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>	<b>X</b>	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	<b>X</b>	
<b>b</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>		<b>X</b>
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		<b>X</b>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?		<b>X</b>
<b>b</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>		<b>X</b>
<b>15</b> 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>		<b>X</b>
<b>16</b> 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>		<b>X</b>
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I. See instructions</i>	<b>X</b>	
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		<b>X</b>
<b>19</b> 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>		<b>X</b>
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		<b>X</b>
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
<b>21</b> 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>	<b>X</b>	

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

Form 990 (2022)

42-0898405 Page **4**

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

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

**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
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable .....	<b>1a</b> 900	
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable .....	<b>1b</b> 0	
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	<b>1c</b>	

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

Form 990 (2022)

42-0898405 Page **5**

**Part V** **Statements Regarding Other IRS Filings and Tax Compliance** (continued)

		Yes	No
<b>2a</b> 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> 420		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		<b>X</b>	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?			<b>X</b>
<b>b</b> If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>			
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			<b>X</b>
<b>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>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			<b>X</b>
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			<b>X</b>
<b>c</b> If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?			<b>X</b>
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			<b>X</b>
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?			
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			<b>X</b>
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			<b>X</b>
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			<b>X</b>
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			
<b>8 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>9 Sponsoring organizations maintaining donor advised funds.</b>			
<b>a</b> Did the sponsoring organization make any taxable distributions under section 4966?			
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			
<b>10 Section 501(c)(7) organizations.</b> Enter:			
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>		
<b>11 Section 501(c)(12) organizations.</b> Enter:			
<b>a</b> Gross income from members or shareholders	<b>11a</b>		
<b>b</b> Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?			
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
<b>a</b> 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>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>		
<b>c</b> Enter the amount of reserves on hand	<b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?			<b>X</b>
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>			
<b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.			<b>X</b>
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.			<b>X</b>
<b>17 Section 501(c)(21) organizations.</b> Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.			

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

Form 990 (2022)

42-0898405 Page **6**

**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 on Schedule O. See instructions.

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year	<b>1a</b> 20		
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 on Schedule O.			
<b>b</b> Enter the number of voting members included on line 1a, above, who are independent	<b>1b</b> 20		
<b>2</b> 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?	<b>2</b>		<b>X</b>
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	<b>3</b>		<b>X</b>
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<b>4</b>		<b>X</b>
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?	<b>5</b>		<b>X</b>
<b>6</b> Did the organization have members or stockholders?	<b>6</b>		<b>X</b>
<b>7a</b> 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?	<b>7a</b>		<b>X</b>
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>7b</b>		<b>X</b>
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
<b>a</b> The governing body?	<b>8a</b>	<b>X</b>	
<b>b</b> Each committee with authority to act on behalf of the governing body?	<b>8b</b>	<b>X</b>	
<b>9</b> 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 on Schedule O	<b>9</b>		<b>X</b>

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

		Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates?	<b>10a</b>		<b>X</b>
<b>b</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?	<b>10b</b>		
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<b>11a</b>	<b>X</b>	
<b>b</b> Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13	<b>12a</b>	<b>X</b>	
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>12b</b>	<b>X</b>	
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	<b>12c</b>	<b>X</b>	
<b>13</b> Did the organization have a written whistleblower policy?	<b>13</b>	<b>X</b>	
<b>14</b> Did the organization have a written document retention and destruction policy?	<b>14</b>	<b>X</b>	
<b>15</b> 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?			
<b>a</b> The organization's CEO, Executive Director, or top management official	<b>15a</b>	<b>X</b>	
<b>b</b> Other officers or key employees of the organization	<b>15b</b>	<b>X</b>	
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	<b>16a</b>		<b>X</b>
<b>b</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?	<b>16b</b>		

**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 (1024 or 1024-A, 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 on Schedule O)

**19** Describe on 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  
**JASON FISHER - 319-393-7811**  
**1515 HAWKEYE DRIVE, HIAWATHA, IA 52233**



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

Form 990 (2022)

42-0898405 Page **7**

**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 ☒ X

**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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.
- See the instructions for the order in which to list the persons above.

☐ 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) JANE DRAPEAUX CHIEF EXECUTIVE OFFICER	40.00			X				163,016.	0.	26,811.
(2) MITCHEL FINN DEPUTY EXECUTIVE DIRECTOR	40.00			X				127,784.	0.	34,952.
(3) JAMES MCGOLDRICK CHIEF FINANCIAL OFFICER	40.00			X				101,682.	0.	35,000.
(4) JOHN BRANDT PRESIDENT	1.00	X		X				0.	0.	0.
(5) RAE ANN GORDON VICE-PRESIDENT	1.00	X		X				0.	0.	0.
(6) WAYNE MANTERNACH TREASURER	1.00	X		X				0.	0.	0.
(7) LYNETTE JACOBY SECRETARY	1.00	X		X				0.	0.	0.
(8) GARY BIRSCHENK BOARD MEMBER	1.00	X						0.	0.	0.
(9) KAREN BREITBACH BOARD MEMBER	1.00	X						0.	0.	0.
(10) RON COLLINS BOARD MEMBER	1.00	X						0.	0.	0.
(11) NICK D'AMIOCO BOARD MEMBER	1.00	X						0.	0.	0.
(12) JULIE GRIEP BOARD MEMBER	1.00	X						0.	0.	0.
(13) BEN HAMEL BOARD MEMBER	1.00	X						0.	0.	0.
(14) BRITTNEY MANTERNACH BOARD MEMBER	1.00	X						0.	0.	0.
(15) SUSAN O'CONNOR BOARD MEMBER	1.00	X						0.	0.	0.
(16) STEVE PACE BOARD MEMBER, SEE SCH O	1.00	X						0.	0.	0.
(17) JASMIN POTTEBAUM BOARD MEMBER	1.00	X						0.	0.	0.

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

Form 990 (2022)

42-0898405 Page **8**

**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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) LEAH RODENBERG BOARD MEMBER	1.00	X						0.	0.	0.
(19) NED ROHWEDDER BOARD MEMBER	1.00	X						0.	0.	0.
(20) LAURA ROUSSELL BOARD MEMBER	1.00	X						0.	0.	0.
(21) DAVID THIELEN BOARD MEMBER	1.00	X						0.	0.	0.
(22) HEATHER WHITE BOARD MEMBER	1.00	X						0.	0.	0.
(23) KRISTEN WUBBEN BOARD MEMBER	1.00	X						0.	0.	0.
(24) BOB YODER BOARD MEMBER	1.00	X						0.	0.	0.
<b>1b Subtotal</b>								392,482.	0.	96,763.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								392,482.	0.	96,763.

**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 **3**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		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
UPH FINACE DEPARTMENT P.O. BOX 83381, CHICAGO, IL 60691	MEDICAL AND DENTAL SERVICES	320,731.
LINN CO. COMMUNITY SERVICES 1240 26TH AVE COURT, CEDAR RAPIDS, IA 52404	CHILDCARE SERVICES	281,520.
RKD ALPHA DOG 8001 SOUTH 13TH ST., LINCOLN, NE 68512	CONTRACTED PROFESSIONAL SERVICE	271,293.
DHI ROOFING, 536 SE STATE ROUTE 291, LEES SUMMIT, MO 64063	ROOFING CONTRACTOR	261,697.
CRAWFORD HEATING & COOLING CO 1306 MILL STREET, ROCK ISLAND, IL 61201	HVAC CONTRACTOR	229,892.

**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 **14**

Form **990** (2022)

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

Form 990 (2022)

42-0898405 Page **9**

**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
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>	302,988.				
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>					
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>	37,635,669.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	14,908,668.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 13,140,322.				
	<b>h Total.</b> Add lines 1a-1f .....						
<b>Program Service Revenue</b>	<b>2 a</b> HOMELESSNESS REVENUE	<b>Business Code</b> 624200		893,809.	893,809.		
	<b>b</b> FOOD & NUTRITION REVENUE	624210		696,029.	696,029.		
	<b>c</b> CHILDREN REVENUE	624100		30,201.	30,201.		
	<b>d</b> .....						
	<b>e</b> .....						
	<b>f</b> All other program service revenue .....						
	<b>g Total.</b> Add lines 2a-2f .....			1,620,039.			
	<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....			24,998.		
<b>4</b> Income from investment of tax-exempt bond proceeds							
<b>5</b> Royalties .....							
<b>6 a</b> Gross rents .....		<b>6a</b>	(i) Real (ii) Personal				
<b>b</b> Less: rental expenses ...		<b>6b</b>					
<b>c</b> Rental income or (loss)		<b>6c</b>					
<b>d</b> Net rental income or (loss) .....							
<b>7 a</b> Gross amount from sales of assets other than inventory		<b>7a</b>	(i) Securities (ii) Other				
<b>b</b> Less: cost or other basis and sales expenses .....		<b>7b</b>					
<b>c</b> Gain or (loss) .....		<b>7c</b>					
<b>d</b> Net gain or (loss) .....							
<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....		<b>8a</b>					
<b>b</b> Less: direct expenses .....		<b>8b</b>					
<b>c</b> Net income or (loss) from fundraising events .....							
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....		<b>9a</b>					
<b>b</b> Less: direct expenses .....	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>						
<b>b</b> Less: cost of goods sold .....	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory .....							
<b>Miscellaneous Revenue</b>	<b>11 a</b> .....	<b>Business Code</b>					
	<b>b</b> .....						
	<b>c</b> .....						
	<b>d</b> All other revenue .....	900099		572.			572.
	<b>e Total.</b> Add lines 11a-11d .....			572.			
	<b>12 Total revenue.</b> See instructions .....			54,492,934.	1,620,039.	0.	25,570.

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

Form 990 (2022)

42-0898405 Page **10**

**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 ☒ **X**

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	17,310,712.	17,310,712.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....	7,416,653.	7,416,653.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	476,812.		428,073.	48,739.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....	11,314,543.	10,635,063.	501,655.	177,825.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) .....	247,640.	239,673.	5,848.	2,119.
<b>9</b> Other employee benefits .....	3,805,957.	3,462,409.	296,790.	46,758.
<b>10</b> Payroll taxes .....	1,280,065.	1,141,987.	122,107.	15,971.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....				
<b>b</b> Legal .....				
<b>c</b> Accounting .....				
<b>d</b> Lobbying .....				
<b>e</b> Professional fundraising services. See Part IV, line 17	127,221.			127,221.
<b>f</b> Investment management fees .....				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	6,931,641.	6,658,756.	118,588.	154,297.
<b>12</b> Advertising and promotion .....				
<b>13</b> Office expenses .....	236,315.	217,457.	18,858.	
<b>14</b> Information technology .....	184,114.	184,114.		
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	1,622,197.	894,103.	728,094.	
<b>17</b> Travel .....	460,382.	451,375.	9,007.	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....	111,369.	80,392.	30,977.	
<b>20</b> Interest .....				
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	290,959.	290,959.		
<b>23</b> Insurance .....	257,355.	142,010.	115,345.	
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
<b>a</b> <b>PROGRAM SUPPLIES</b>	2,597,191.	2,564,954.	32,237.	
<b>b</b> <b>EQUIPMENT AND REPAIRS</b>	116,499.	115,923.	576.	
<b>c</b> <b>MEMBERSHIPS</b>	57,765.	29,072.	28,693.	
<b>d</b> _____				
<b>e</b> All other expenses _____	195,503.	162,517.	31,957.	1,029.
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	55,040,893.	51,998,129.	2,468,805.	573,959.
<b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

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

Form 990 (2022)

42-0898405 Page **11**

**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
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	5,449,744.	<b>1</b>	3,491,220.
	<b>2</b> Savings and temporary cash investments .....	1,009,776.	<b>2</b>	1,516,203.
	<b>3</b> Pledges and grants receivable, net .....	3,438,167.	<b>3</b>	3,024,543.
	<b>4</b> Accounts receivable, net .....	94,351.	<b>4</b>	74,267.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....	617,135.	<b>8</b>	787,158.
	<b>9</b> Prepaid expenses and deferred charges .....	962,831.	<b>9</b>	422,532.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	15,601,115.		
	<b>b</b> Less: accumulated depreciation .....	11,397,410.		
		3,269,888.	<b>10c</b>	4,203,705.
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	50,301.	<b>12</b>	50,476.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
<b>15</b> Other assets. See Part IV, line 11 .....	0.	<b>15</b>	933,145.	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	14,892,193.	<b>16</b>	14,503,249.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	3,796,162.	<b>17</b>	2,674,535.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	972,090.	<b>19</b>	641,168.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	834,940.	<b>23</b>	1,457,442.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> 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 .....	67,960.	<b>25</b>	1,057,022.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	5,671,152.	<b>26</b>	5,830,167.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	4,386,469.	<b>27</b>	4,478,593.
	<b>28</b> Net assets with donor restrictions .....	4,834,572.	<b>28</b>	4,194,489.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> <b>Total net assets or fund balances</b> .....	9,221,041.	<b>32</b>	8,673,082.
	<b>33</b> <b>Total liabilities and net assets/fund balances</b> .....	14,892,193.	<b>33</b>	14,503,249.

Form **990** (2022)

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

Form 990 (2022)

42-0898405 Page **12**

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	54,492,934.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	55,040,893.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-547,959.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	9,221,041.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	8,673,082.

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	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 on Schedule O.		
<b>2a</b>	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	<b>2a</b>	<b>X</b>
<b>b</b>	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	<b>2b</b>	<b>X</b>
<b>c</b>	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 on Schedule O.	<b>2c</b>	<b>X</b>
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____	<b>3a</b>	<b>X</b>
<b>b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____	<b>3b</b>	<b>X</b>

Form **990** (2022)

**SCHEDULE A**  
**(Form 990)**

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.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

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).)
- 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 on 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  
PROGRAM, INC.**

Schedule A (Form 990) 2022

42-0898405 Page 2

**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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	35386791.	42708813.	47542447.	61762989.	52847325.	240248365
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	35386791.	42708813.	47542447.	61762989.	52847325.	240248365
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						240248365

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>7</b> Amounts from line 4 .....	35386791.	42708813.	47542447.	61762989.	52847325.	240248365
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	1,786.	2,936.	13,181.	13,606.	24,998.	56,507.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....					572.	572.
<b>11 Total support.</b> Add lines 7 through 10						240305444
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	7,276,767.
<b>13 First 5 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**

<b>14</b> Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	99.98	%
<b>15</b> Public support percentage from 2021 Schedule A, Part II, line 14 .....	<b>15</b>	99.99	%
<b>16a 33 1/3% support test - 2022.</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 - 2021.</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"/>
<b>17a 10% -facts-and-circumstances test - 2022.</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 - 2021.</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"/>
<b>18 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"/>

Schedule A (Form 990) 2022



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

Schedule A (Form 990) 2022

42-0898405 Page 3

**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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First 5 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**

<b>15</b> Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2021 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for <b>2022</b> (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2021</b> Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2022.** 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 - 2021.** 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 on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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 (as 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).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</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 on 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 on 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 line 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>		

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

Schedule A (Form 990) 2022

42-0898405 Page 5

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>2</b> 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? <i>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.</i>		
<b>1</b>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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)? <i>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).</i>		
<b>1</b>		

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

	Yes	No
<b>1</b> 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?		
<b>2</b> 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b> By reason of the relationship described on line 2, above, 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
<b>1</b>		
<b>2</b>		
<b>3</b>		

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

	Yes	No
<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
<b>2</b> Activities Test. Answer lines 2a and 2b below.		
<b>a</b> 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? <i>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.</i>		
<b>b</b> Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i>		
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.		
<b>a</b> 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? <i>If "Yes" or "No" provide details in Part VI.</i>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
<b>2a</b>		
<b>2b</b>		
<b>3a</b>		
<b>3b</b>		

**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 ( <i>explain in detail in Part VI</i> ):		
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 0.015 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 0.035.	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 0.85 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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990) 2022

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

Schedule A (Form 990) 2022

42-0898405 Page 7

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

Section D - Distributions		Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>	
<b>4</b> Amounts paid to acquire exempt-use assets	<b>4</b>	
<b>5</b> Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>	
<b>6</b> Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>	
<b>9</b> Distributable amount for 2022 from Section C, line 6	<b>9</b>	
<b>10</b> Line 8 amount divided by line 9 amount	<b>10</b>	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
<b>1</b> Distributable amount for 2022 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2022 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2022			
<b>a</b> From 2017			
<b>b</b> From 2018			
<b>c</b> From 2019			
<b>d</b> From 2020			
<b>e</b> From 2021			
<b>f Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2022 distributable amount			
<b>i</b> Carryover from 2017 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2022 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2022 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7 Excess distributions carryover to 2023.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2018			
<b>b</b> Excess from 2019			
<b>c</b> Excess from 2020			
<b>d</b> Excess from 2021			
<b>e</b> Excess from 2022			

Schedule A (Form 990) 2022

## Part VI

**Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.  
(See instructions.)

**Schedule B**  
(Form 990)Department of the Treasury  
Internal Revenue Service**Schedule of Contributors**Attach to Form 990 or Form 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

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 foundationCheck 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), 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 (entering "N/A" in column (b) instead of the contributor name and address), 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), 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).

Name of organization <b>HAWKEYE AREA COMMUNITY ACTION PROGRAM, INC.</b>	Employer identification number <b>42-0898405</b>
--	---

**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 HEALTH AND HUMAN SERVICES  200 INDEPENDENCE AVE., S.W.  WASHINGTON, DC 20201	\$ 25,088,516.	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	\$ 5,845,691.	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 20571	\$ 1,584,137.	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.)





Name of organization

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

Employer identification number

**42-0898405****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
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(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.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**Open to Public  
InspectionName of the organization **HAWKEYE AREA COMMUNITY ACTION  
PROGRAM, INC.**Employer identification number  
**42-0898405****Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the  
organization answered "Yes" 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? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> 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? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Part II 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).

<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> 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 July 25, 2006, 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 FASB 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 FASB 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 FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ..... \$ .....

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

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

Schedule D (Form 990) 2022

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

**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
<b>1a</b> Beginning of year balance	50,301.	45,501.	36,874.	36,029.	37,013.
<b>b</b> Contributions		12,500.			
<b>c</b> Net investment earnings, gains, and losses	2,320.	-7,485.	8,833.	1,012.	-825.
<b>d</b> Grants or scholarships	1,803.				
<b>e</b> Other expenditures for facilities and programs					
<b>f</b> Administrative expenses	342.	215.	206.	167.	159.
<b>g</b> End of year balance	50,476.	50,301.	45,501.	36,874.	36,029.

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

- a** Board designated or quasi-endowment 100 %  
**b** Permanent endowment .0000 %  
**c** Term endowment .0000 %

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
<b>3a(i)</b>	X	
<b>3a(ii)</b>		X
<b>3b</b>		

**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
<b>1a</b> Land		1,420,766.		1,420,766.
<b>b</b> Buildings		12,609,927.	9,855,414.	2,754,513.
<b>c</b> Leasehold improvements				
<b>d</b> Equipment		1,570,422.	1,541,996.	28,426.
<b>e</b> Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				4,203,705.

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

Schedule D (Form 990) 2022

42-0898405 Page **3**

**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) RIGHT-OF-USE ASSETS - OPERATING	933,145.
(2) .....	
(3) .....	
(4) .....	
(5) .....	
(6) .....	
(7) .....	
(8) .....	
(9) .....	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	933,145.

**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	72,031.
(3) LEASE LIABILITY - OPERATING	984,991.
(4) .....	
(5) .....	
(6) .....	
(7) .....	
(8) .....	
(9) .....	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	1,057,022.

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... ☒

Schedule D (Form 990) 2022

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

Schedule D (Form 990) 2022

42-0898405 Page **4**

**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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements .....	<b>1</b>	54,492,934.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments .....	<b>2a</b>	
<b>b</b>	Donated services and use of facilities .....	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants .....	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) .....	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> .....	<b>2e</b>	0.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> .....	<b>3</b>	54,492,934.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b .....	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.) .....	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> .....	<b>4c</b>	0.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) .....	<b>5</b>	54,492,934.

**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.

<b>1</b>	Total expenses and losses per audited financial statements .....	<b>1</b>	55,040,893.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities .....	<b>2a</b>	
<b>b</b>	Prior year adjustments .....	<b>2b</b>	
<b>c</b>	Other losses .....	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) .....	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> .....	<b>2e</b>	0.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> .....	<b>3</b>	55,040,893.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b .....	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.) .....	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> .....	<b>4c</b>	0.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) .....	<b>5</b>	55,040,893.

**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

**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.

Blank lined area for supplemental information.

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.**

**Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

# 2022

**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 GROUP - PO BOX 843595, DALLAS, TX 75284-3595	ORGANIZE DIRECT MAIL & EMAIL CAMPAIGN		X	748,618.	127,221.	621,397.
<b>Total</b>				748,618.	127,221.	621,397.

- 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



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

Schedule G (Form 990) 2022

42-0898405 Page 2

**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 (add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts .....				
	2 Less: Contributions .....				
	3 Gross income (line 1 minus line 2) .....				
Direct Expenses	4 Cash prizes .....				
	5 Noncash prizes .....				
	6 Rent/facility costs .....				
	7 Food and beverages .....				
	8 Entertainment .....				
	9 Other direct expenses .....				
	10 Direct expense summary. Add lines 4 through 9 in column (d) .....				
11 Net income summary. 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))
Revenue	1 Gross revenue .....				
Direct Expenses	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? ☐ Yes ☐ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13** Indicate the percentage of gaming activity conducted in:
- |                                      |            |   |
|--------------------------------------|------------|---|
| <b>a</b> The organization's facility | <b>13a</b> | % |
| <b>b</b> An outside facility         | <b>13b</b> | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name \_\_\_\_\_

Address \_\_\_\_\_

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

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

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

Name \_\_\_\_\_

Address \_\_\_\_\_

- 16** Gaming manager information:

Name \_\_\_\_\_

Gaming manager compensation \$ \_\_\_\_\_

Description of services provided \_\_\_\_\_

☐ Director/officer ☐ Employee ☐ Independent contractor

- 17** Mandatory distributions:

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

**b** Enter the amount of distributions required under state law 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.

<b>Part IV</b>	<b>Supplemental Information</b> <i>(continued)</i>
----------------	--

[illegible]

**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.  
**Attach to Form 990.**  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

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

**Employer identification number**  
**42-0898405**

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

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

**Part II** **Grants and Other Assistance to 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.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
1ST CHURCH OF OPEN BIBLE PANTRY 1911 E AVE. NW CEDAR RAPIDS, IA 52405	42-1217762	501(C)(3)	0.	6,443.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
4C'S HOME TIES 405 MYRTLE AVENUE IOWA CITY, IA 52246	23-7351124	501(C)(3)	0.	22,123.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
5 SEASONS MOBILE 1225 42ND ST SE CEDAR RAPIDS, IA 52404		501(C)(3)	0.	30,913.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
AGAPE CAFE AT OLD BRICK 26 E MARKET STREET IOWA CITY, IA 52245	42-0703277	501(C)(3)	0.	16,941.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
AINSWORTH COMMUNITY PRESBYTERIAN CHURCH - 322 WASHINGTON STREET - AINSWORTH, IA 52201	42-1206238	501(C)(3)	0.	9,233.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
AMANA COMMUNITY FOOD PANTRY 1112 26TH AVE MIDDLE, IA 52307	42-6069150	501(C)(3)	0.	18,979.	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 ..... **157.**
- 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) 2022**

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

Schedule I (Form 990)

**42-0898405**

Page 1

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
APOSTOLIC ASSEMBLY FOOD PANTRY 9527 HWY 151 ANAMOSA, IA 52205	43-0679185	501(C)(3)	0.	38,611.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
AREA SUBSTANCE ABUSE COUNCIL, INC. 3601 16TH AVE. SW CEDAR RAPIDS, IA 52404	42-1114396	501(C)(3)	0.	17,615.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
BELLE PLAINE MOBILE PANTRY 1309 5TH AVE BELLE PLAINE, IA 52208		501(C)(3)	0.	117,785.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
BELLE PLAINE SENIOR DINING 1309 5TH AVE BELLE PLAINE, IA 52208		501(C)(3)	0.	14,320.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
BENNETT AMBULANCE MOBILE PANTRY 145 MAIN STREET BENNETT, IA 52721		501(C)(3)	0.	32,554.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
BENTON COUNTY FOOD PANTRIES 303 1ST AVE. VINTON, IA 52349	42-1261407	501(C)(3)	0.	184,649.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
BETHANY LUTHERAN FOOD PANTRY 2202 FOREST DR SE CEDAR RAPIDS, IA 52403	42-0932114	501(C)(3)	0.	66,508.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
BLAIRS FERRY MOBILE DROP 830 BLAIRSFERRY ROAD MARION, IA 52302		501(C)(3)	0.	18,033.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
BOYS & GIRLS CLUB OF CEDAR RAPIDS 420 6TH ST. SE SUITE 240 CEDAR RAPIDS, IA 52401	42-1434056	501(C)(3)	0.	12,919.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED

Schedule I (Form 990)

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

Schedule I (Form 990)

**42-0898405**

Page 1

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BRIDGE UNDER THE BRIDGE 355 8TH AVE CEDAR RAPIDS, IA 52404	85-3556350	501(C)(3)	0.	13,734.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
BRIDGEHAVEN PREGNANCY SUPPORT CENTER - 4250 GLASS RD NE STE 100 - CEDAR RAPIDS, IA 52402	42-1203675	501(C)(3)	0.	242,277.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
BRIGHT STAR DAYCARE 212 ACT CIRCLE IOWA CITY, IA 52245	47-1007857	501(C)(3)	0.	6,731.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
BRIGHTON COMMUNITY CHURCH PANTRY 101 S MECHANIC ST BRIGHTON, IA 52540	83-1714507	501(C)(3)	0.	15,925.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
BRIGHTON MOBILE PANTRY 203 W MAIN STREET BRIGHTON, IA 52540		501(C)(3)	0.	66,958.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
CAMP COURAGEOUS OF IOWA 12007 190TH ST MONTICELLO, IA 52310	23-7210932	501(C)(3)	0.	24,054.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
CATHERINE MCAULEY CENTER, INC. 1220 5TH AVE CEDAR RAPIDS, IA 52403	42-1342872	501(C)(3)	0.	125,400.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
CATHERINE'S CUPBOARD 701 10TH ST NE CEDAR RAPIDS, IA 52403		501(C)(3)	0.	44,951.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
CEDAR HILLS COMMUNITY CHURCH, OPEN HANDS FOOD PANTRY - 6455 E AVE. NW - CEDAR RAPIDS, IA 52405	42-1015013	501(C)(3)	0.	93,621.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED

Schedule I (Form 990)

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

Schedule I (Form 990)

**42-0898405**

Page 1

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CEDAR TERRACE MOBILE PANTRY 1834 GRETCHEN DR SW CEDAR RAPIDS, IA 52404		501(C)(3)	0.	85,999.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
CEDAR VALLEY RANCH, INC. 2591 61ST ST. LANE VINTON, IA 52349	42-1367193	501(C)(3)	0.	19,477.	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.	285,829.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
CHURCH OF GOD 7TH DAY 1691 MARION AIRPORT RD MARION, IA 52302	32-0297742	501(C)(3)	0.	748,727.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
CHURCHES OF MARION 864 12TH ST MARION, IA 52302	42-0718481	501(C)(3)	0.	50,302.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
COE COLLEGE FOOD PANTRY 5008 1220 1ST AVE NE CEDAR RAPIDS, IA 52402		501(C)(3)	0.	19,617.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
COMMUNITY 1121 GILBERT COURT IOWA CITY, IA 52240	42-0955992	501(C)(3)	0.	3,101,460.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
CORAL RIDGE HEAD START 2441 10TH ST CORALVILLE, IA 52241		501(C)(3)	0.	59,618.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
CORALVILLE COMMUNITY FOOD PANTRY PO BOX 5523 CORALVILLE, IA 52241	42-1136292	501(C)(3)	0.	995,993.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED

Schedule I (Form 990)

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

Schedule I (Form 990)

**42-0898405**

Page 1

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CRV FOOD PANTRY 4845 JOHNSON AVE NW CEDAR RAPIDS, IA 52405	83-3969366	501(C)(3)	0.	73,873.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
DOMESTIC VIOLENCE INTERVENTION PROGRAM - 1105 S GILBERT CT STE 300 - IOWA CITY, IA 52240	42-1124902	501(C)(3)	0.	47,183.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
ECUMENICAL TOWERS 320 E WASHINGTON STREET IOWA CITY, IA 52240		501(C)(3)	0.	21,739.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
ELY FRIENDS OF THE PUBLIC LIBRARY 1595 DOWS ST ELY, IA 52227	42-1217277	501(C)(3)	0.	50,540.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
EMPOWERING YOUTHS OF IOWA 1800 1ST AVE SE STE 201 CEDAR RAPIDS, IA 52402	86-1621619	501(C)(3)	0.	7,145.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
FAIRVIEW MENNONITE CHURCH PANTRY 1516 HWY. 22 WELLMAN, IA 52356	31-6087106	501(C)(3)	0.	13,835.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
FAITH ACADEMY 1030 CROSS PARK AVE IOWA CITY, IA 52240	82-3695813	501(C)(3)	0.	29,813.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
FIRST BAPTIST CHURCH, 29TH STREET MISSION - 1260 29TH STREET - MARION, IA 52302	42-1138398	501(C)(3)	0.	78,976.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
FIRST LUTHERAN CHURCH, SATURDAY EVENING MEAL PROGRAM - 1000 3RD AVE. SE - CEDAR RAPIDS, IA 52403	42-0752621	501(C)(3)	0.	74,857.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED

Schedule I (Form 990)



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

Schedule I (Form 990)

**42-0898405**

Page 1

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FIRST PRESBYTERIAN CHURCH - CR - SUNDAY EVENING MEAL - 10 5TH ST SE - CEDAR RAPIDS, IA 52401	42-0680489	501(C)(3)	0.	12,250.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
FIRST PRESBYTERIAN CHURCH- IOWA CO 504 S HIGHLAND ST WILLIAMSBURG, IA 52361	42-1033236	501(C)(3)	0.	15,135.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
FIRST UNITED CHURCH OF CHRIST TIPTON - 600 MULBERRY STREET - TIPTON, IA 52772	42-0746014	501(C)(3)	0.	14,414.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
FIRST UNITED METHODIST CHURCH, NORTH LIBERTY COMMUNITY PANTRY - 85 NORTH JONES BLVD. - NORTH LIBERTY, IA 52317	42-1333284	501(C)(3)	0.	606,243.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
FLY- UNITED METHODIST CHURCH 5050 REC DR MARION, IA 52302	42-0772550	501(C)(3)	0.	6,793.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
FOOD RESERVOIR - EMERGENCY BOXES 1515 HAWKEYE DRIVE HIAWATHA, IA 52233		501(C)(3)	0.	389,032.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
FOOD RESERVOIR - HACAP 1515 HAWKEYE DRIVE HIAWATHA, IA 52233		501(C)(3)	0.	32,011.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
FOUR OAKS FAMILY AND CHILDREN'S SERVICES - 5400 KIRKWOOD BLVD. SW - CEDAR RAPIDS, IA 52404	42-0998726	501(C)(3)	0.	57,869.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
FREE LUNCH PROGRAM OF IOWA CITY 1105 S. GILBERT CT. #100 IOWA CITY, IA 52240	26-4722790	501(C)(3)	0.	42,394.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED

Schedule I (Form 990)

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

Schedule I (Form 990)

42-0898405

Page 1

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FREEDOM FOUNDATION 609 CENTER POINT RD NE CEDAR RAPIDS, IA 52402	46-3280693	501(C)(3)	0.	6,338.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
GARRISON LIBRARY FOOD PANTRY 201 PINE STREET GARRISON, IA 52229	42-6004701	501(C)(3)	0.	5,563.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
GOOD SHEPHERD CENTER 603 GREENWOOD DR IOWA CITY, IA 52246	42-1185362	501(C)(3)	0.	9,447.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
GOOSE TOWN PANTRY 310 N JOHNSON STREET IOWA CITY, IA 52245		501(C)(3)	0.	85,143.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
GREEN SQUARE MEALS, INC. 605 2ND AVE SE CEDAR RAPIDS, IA 52401	42-1307429	501(C)(3)	0.	64,030.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
HACAP WASHINGTON COUNTY 2175 LEXINGTON BLVD WASHINGTON, IA 52353		501(C)(3)	0.	126,030.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
HARVEST CHRISTIAN DAYCARE AND LEARNING CENTER INC. - 4070 22ND AVE SW - CEDAR RAPIDS, IA 52404	26-3900028	501(C)(3)	0.	12,501.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
HERITAGE AREA AGENCY ON AGING 6301 KIRKWOOD BLVD SW CEDAR RAPIDS, IA 52406	83-0545648	501(C)(3)	0.	25,714.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
HIAWATHA FOOD PANTRY 603 EMMONS STREET HIAWATHA, IA 52233		501(C)(3)	0.	43,772.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED

Schedule I (Form 990)

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

Schedule I (Form 990)

**42-0898405**

Page 1

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HIAWATHA PUBLIC LIBRARY 150 WILLMAN STREET HIAWATHA, IA 52233		501(C)(3)	0.	43,133.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
HILL TOP MOBILE DROP 439 LINDALE DRIVE MARION, IA 52302		501(C)(3)	0.	31,658.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
HILLSIDE WESLEYAN CHURCH FOOD PANTRY - 2600 1ST. AVE. NW - CEDAR RAPIDS, IA 52405	42-1111974	501(C)(3)	0.	33,869.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
HLV FOOD PANTRY 402 5TH ST CEDAR RAPIDS, IA 52347		501(C)(3)	0.	24,091.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
HOOVER COMMUNITY SCHOOL PANTRY 4141 JOHNSON AVE NW CEDAR RAPIDS, IA 52404		501(C)(3)	0.	28,681.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
HOPE MATTERS 115 1ST AVE E WALFORD, IA 52351	46-4018138	501(C)(3)	0.	48,994.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
IC COMPASSIONS FOOD PANTRY 1035 WADE STREET IOWA CITY, IA 52240	42-0996859	501(C)(3)	0.	284,367.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
IOWA CITY HEAD START BLOOMINGTON 318 E BLOOMINGTON IOWA CITY, IA 52245		501(C)(3)	0.	33,155.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
JONES COUNTY COMMUNITY FOOD BANK 105 BROADWAY PLACE ANAMOSA, IA 52205	42-0940030	501(C)(3)	0.	144,046.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED

Schedule I (Form 990)

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

Schedule I (Form 990)

**42-0898405**

Page 1

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KINGDOM ENCOUNTER CHURCH PANTRY 701 25TH ST NE CEDAR RAPIDS, IA 52402	85-3170739	501(C)(3)	0.	130,400.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
KINGS KITCHEN 355 19TH ST SE CEDAR RAPIDS, IA 52403	42-1463671	501(C)(3)	0.	7,213.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
KIRKWOOD COMMUNITY COLLEGE PANTRY 6301 KIRKWOOD BLVD SW CEDAR RAPIDS, IA 52404		501(C)(3)	0.	148,370.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
LADD LIBRARY MOBILE PANTRY 3750 WILLIAMS BLVD SW CEDAR RAPIDS, IA 52404		501(C)(3)	0.	50,625.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
LIGHTHOUSE BAPTIST CHURCH 503 WEST MAIN ST ANAMOSA, IA 52205	80-0265953	501(C)(3)	0.	9,798.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
LIGHTHOUSE CENTER 604 S IOWA AVE WASHINGTON, IA 52353	81-1212600	501(C)(3)	0.	57,550.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
LINN COMMUNITY FOOD BANK 310 5TH ST SE CEDAR RAPIDS, IA 52401	20-0076420	501(C)(3)	0.	198,570.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
LITTLE CREATIONS ACADEMY, INC. 2929 E COURT STREET IOWA CITY, IA 52245	81-1630688	501(C)(3)	0.	17,149.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
LITTLE LION LEARNING CENTER 206 MAPLE STREET OLIN, IA 52320	42-1450391	501(C)(3)	0.	19,556.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED

Schedule I (Form 990)

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

Schedule I (Form 990)

**42-0898405**

Page 1

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MARENGO FOOD DISTRIBUTION PANTRY 185 W DILLIN STREET MARENGO, IA 52302	42-1150011	501(C)(3)	0.	17,817.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
MARENGO LIBRARY MOBILE PANTRY 1015 COURT AVE MARENGO, IA 52301		501(C)(3)	0.	49,267.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
MARION HEAD START 3405 7TH AVE MARION, IA 52302		501(C)(3)	0.	28,117.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
MARION PUBLIC LIBRARY MOBILE PANTRY - 1095 6TH AVE - MARION, IA 52302		501(C)(3)	0.	18,739.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
MARION SENIOR MOBILE DROP 5960 E KACENA AVE MARION, IA 52302		501(C)(3)	0.	97,051.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
MARION VILLAGE MOBILE PANTRY 750 35TH STREET MARION, IA 52302		501(C)(3)	0.	85,781.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
MCKINLEY STEAM ACADEMY 620 10TH ST SE CEDAR RAPIDS, IA 52403		501(C)(3)	0.	10,367.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
MECHANICSVILLE COMMUNITY CUPBOARD 307 EAST 1ST STREET MECHANICSVILLE, IA 52306	42-1228797	501(C)(3)	0.	22,179.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
MERCER PARK MOBILE PANTRY 2701 BRANDFORD DR IOWA CITY, IA 52240		501(C)(3)	0.	36,260.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED

Schedule I (Form 990)

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

Schedule I (Form 990)

**42-0898405**

Page 1

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
METRO CATHOLIC OUTREACH 420 6TH STREET SE CEDAR RAPIDS, IA 52401	53-0196617	501(C)(3)	0.	417,757.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
MID-PRAIRIE FOOD PROGRAM 713 F AVE KALONA, IA 52247		501(C)(3)	0.	7,325.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
MIKE WOOD MEMORIAL PALO FOOD PANTRY - PALO UNITED METHODIST - PALO, IA 52324	42-1221855	501(C)(3)	0.	36,382.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
MISSION OF HOPE 1700 B AVE NE CEDAR RAPIDS, IA 52402	42-1514642	501(C)(3)	0.	130,320.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
MONTICELLO MINISTERIAL ASSOCIATION 211 WEST FIRST STREET MONTICELLO, IA 52310	42-1393508	501(C)(3)	0.	82,006.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
MONTICELLO MOBILE PANTRY 700 N MAPLE STRET MONTICELLO, IA 52310		501(C)(3)	0.	94,129.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
MOUNT MERCY MUSTANG MARKET 1330 ELMHURST DR NE CEDAR RAPIDS, IA 52402		501(C)(3)	0.	6,867.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
NEIGHBORHOOD CENTERS OF JOHNSON COUNTY - 2651 ROBERTS RD. - IOWA CITY, IA 52246	42-1060964	501(C)(3)	0.	56,258.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
NORTH BENTON SENIOR DINING 202 E 4TH STREET VINTON, IA 52349		501(C)(3)	0.	24,497.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED

Schedule I (Form 990)

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

Schedule I (Form 990)

**42-0898405**

Page 1

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTH ENGLISH COMMUNITY CENTER, INC. - 210 SOUTH MAIN ST. - NORTH ENGLISH, IA 52316	42-1105354	501(C)(3)	0.	40,480.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
NORTH ENGLISH MOBILE PANTRY 210 S MAIN STREET NORTH ENGLISH, IA 52316		501(C)(3)	0.	66,664.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
NORTH LIBERTY BAPTIST CHURCH 1215 JORDAN STREET STE 5 NORTH LIBERTY, IA 52317	45-4129691	501(C)(3)	0.	51,112.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
NORTH LIBERTY SNACKS AT THE LIBRARY - 520 W CHERRY STREET - NORTH LIBERTY, IA 52317	42-1278297	501(C)(3)	0.	6,194.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
NORTHEAST LINN FOOD PANTRY 137 NORTH 4TH ST. CENTRAL CITY, IA 52214	42-1084802	501(C)(3)	0.	38,791.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
OLIN MOBILE PANTRY 212 TRILNY STREET OLIN, IA 52320		501(C)(3)	0.	94,197.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
OLIVET PRESBYTERIAN CHURCH, OLIVET NEIGHBORHOOD MISSION - 230 10TH ST. NW - CEDAR RAPIDS, IA 52405	42-0757412	501(C)(3)	0.	2,067,389.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
ONSLOW MOBILE PANTRY 304 SUMMIT STREET ONSLOW, IA 52321		501(C)(3)	0.	59,795.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
OTHER - JOHNSON COUNTY 1515 HAWKEYE DRIVE HIAWATHA, IA 52233		501(C)(3)	0.	9,362.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED

Schedule I (Form 990)

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

Schedule I (Form 990)

**42-0898405**

Page 1

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OTHER - JONES COUNTY 1515 HAWKEYE DRIVE HIAWATHA, IA 52233		501(C)(3)	0.	20,338.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
OTHER BENTON - COUNTY 1515 HAWKEYE DRIVE HIAWATHA, IA 52233		501(C)(3)	0.	33,630.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
OTHER LINN - COUNTY 1515 HAWKEYE DRIVE HIAWATHA, IA 52233		501(C)(3)	0.	63,668.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
OXFORD JUNCTION FOOD PANTRY 102 WEST CHURCH ST. OXFORD JUNCTION, IA 52323	42-0996712	501(C)(3)	0.	44,479.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
PEACE CHURCH COMMUNITY FOOD PANTRY 414 MAPLE STREET BENNETT, IA 52721	42-0815852	501(C)(3)	0.	59,196.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
PRAIRIE CARES MARKET 401 76TH AVE SW CEDAR RAPIDS, IA 52404		501(C)(3)	0.	49,209.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
RESOURCES FOR HUMAN DEVELOPMENT 1146 BLAIRS FERRY RD NE STE 2 CEDAR RAPIDS, IA 52402	23-1727133	501(C)(3)	0.	7,022.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
RESURRECTION ASSEMBLY OF GOD 1330 KEOKUK ST IOWA CITY, IA 52240	82-3961024	501(C)(3)	0.	18,851.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
RIVER OF LIFE MINISTRIES 3801 BLAIRS FERRY RD NE CEDAR RAPIDS, IA 52402	42-1332316	501(C)(3)	0.	117,855.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED

Schedule I (Form 990)



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

Schedule I (Form 990)

**42-0898405**

Page 1

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RIVERSIDE FOOD PANTRY 360 N WASHBURN ST RIVERSIDE, IA 52327	47-0877747	501(C)(3)	0.	9,665.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
RIVERSIDE MOBILE PANTRY 220 SCHNOEBELEN STREET RIVERSIDE, IA 52327		501(C)(3)	0.	12,433.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
ROOSEVELT FAMILY FOOD PANTRY 300 13TH ST NW CEDAR RAPIDS, IA 52403		501(C)(3)	0.	16,034.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
SACRED HEART FOOD PANTRY- WALKER 302 ELY STREET WALKER, IA 52352	53-0196617	501(C)(3)	0.	9,526.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
SAINT JAMES DAY CARE 1430 ELLIS BLVD NW CEDAR RAPIDS, IA 52405	42-6035945	501(C)(3)	0.	5,935.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
SENIOR GROCERY SACK 608 FIRST AVE. VINTON, IA 52349	42-0688084	501(C)(3)	0.	13,523.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
SHELTER HOUSE COMMUNITY SHELTER AND TRANSITION SERVICES - 429 SOUTHGATE - IOWA CITY, IA 52240	42-1231451	501(C)(3)	0.	87,558.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
SOCIETY OF ST. VINCENT DEPAUL PARTICULAR COUNCIL OF CEDAR RAPIDS - 928 7TH ST SE - CEDAR RAPIDS, IA 52401	42-0862588	501(C)(3)	0.	109,977.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
SOLON COMMUNITY FOOD PANTRY 122 N WEST STREET SOLON, IA 52233	51-0445095	501(C)(3)	0.	27,720.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED

Schedule I (Form 990)

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

Schedule I (Form 990)

**42-0898405**

Page 1

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTHEAST LINN COMMUNITY CENTER CORPORATION - 108 SOUTH WASHINGTON STREET - LISBON, IA 52253	43-1406317	501(C)(3)	0.	66,453.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
ST. ANDREW PRESBYTERIAN CHURCH 140 GATHERING PLACE LANE IOWA CITY, IA 52246	23-6393377	501(C)(3)	0.	36,389.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
ST. JOHN'S UNITED CHURCH OF CHRIST FOOD PANTRY - 402 9TH AVE - CLARENCE, IA 52216	42-0794367	501(C)(3)	0.	51,686.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
ST. JOSEPH'S FOOD PANTRY 2089 BRADY STREET HILLS, IA 52235	42-0991736	501(C)(3)	0.	23,152.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
ST. MARKS UNITED METHODIST CHURCH 4700 JOHNSON AVE NW CEDAR RAPIDS, IA 52405	42-1017080	501(C)(3)	0.	94,417.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
SUCCESSFUL LIVING SUPPORTIVE HOUSING PROGRAM - 2406 TOWNCREST DR - IOWA CITY, IA 52240	42-1470339	501(C)(3)	0.	46,124.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
TABLE TO TABLE FOOD DISTRIBUTION NETWORK - 840 SOUTH CAPITAL - IOWA CITY, IA 52240	42-1457219	501(C)(3)	0.	34,542.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
TANAGER PLACE 2309 C STREET SW CEDAR RAPIDS, IA 52404	42-0688079	501(C)(3)	0.	7,300.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
THE ARC OF EAST CENTRAL IOWA 680 2ND ST. SE CEDAR RAPIDS, IA 52401	42-0805377	501(C)(3)	0.	5,031.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED

Schedule I (Form 990)

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

Schedule I (Form 990)

**42-0898405**

Page 1

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE SALVATION ARMY 5550 PRAIRIE STONE PARKWAY HOFFMAN ESTATES, IL 60192	36-2167910	501(C)(3)	0.	285,757.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
TIPTON CALVARY FOURSQUARE CHURCH, BREAD OF LIFE - 1100 HIGHWAY 38 NORTH - TIPTON, IA 52772	94-2867223	501(C)(3)	0.	22,073.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
TIPTON UMC MOBILE PANTRY 607 LYNN STREET TIPTON, IA 52772		501(C)(3)	0.	46,742.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
TOGETHER WE ACHIEVE 1150 27TH AVE SW CEDAR RAPIDS, IA 52404	85-3107151	501(C)(3)	0.	1,383,277.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
TRI-COUNTRY PANTRY OLIN 102 W LOCUST STREET OLIN, IA 52320	26-0038804	501(C)(3)	0.	63,677.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
UNITED ACTION FOR YOUTH 170 S 1ST AVE SUITE 14 IOWA CITY, IA 52240	42-0954860	501(C)(3)	0.	7,116.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
UNITED CHURCH OF CHRIST, ST. JOHNS UCC & CENTRAL CITY PANTRIES - 38 5TH STREET NORTH - CENTRAL CITY, IA 52214	42-0794367	501(C)(3)	0.	25,769.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
UNITED WE MARCH FORWARD 1700 B AVE NE CEDAR RAPIDS, IA 52402	83-0902832	501(C)(3)	0.	42,184.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
UNIVERSITY OF IOWA FOOD PANTRY IOWA MEMORIAL UNION, ROOM 212 IOWA CITY, IA 52242		501(C)(3)	0.	149,219.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED

Schedule I (Form 990)

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

Schedule I (Form 990)

**42-0898405**

Page 1

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
URBAN DREAMS FOOD PANTRY AT LADD LIBRARY - 3750 WILLIAMS BLVD SW - CEDAR RAPIDS, IA 52404	42-1225264	501(C)(3)	0.	166,838.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
WACO SCHOOL PANTRY 105 N CHESTNUT CRAWFORDSVILLE, IA 52621		501(C)(3)	0.	23,152.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
WASHINGTON (CR) HIGH SCHOOL 2205 FORREST DRIVE SE CEDAR RAPIDS, IA 52403		501(C)(3)	0.	22,802.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
WASHINGTON COUNTY DEVELOPMENT CENTER INC. - 1425 W 5TH STREET - WASHINGTON, IA 52353	42-0985163	501(C)(3)	0.	7,273.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
WASHINGTON MOBILE PANTRY 209 E MAIN STREET WASHINGTON, IA 52404		501(C)(3)	0.	39,358.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
WATERFRONT HEAD START CENTER 367 SOUTHGATE AVE IOWA CITY, IA 52240		501(C)(3)	0.	66,041.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
WAYPOINT SERVICES FOR WOMEN CHILDREN & FAMILIES - 318 5TH STREET SE - CEDAR RAPIDS, IA 52401	42-0680307	501(C)(3)	0.	5,146.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
WESLEY UNITED METHODIST PANTRY 516 2ND AVE VINTON, IA 52349	42-0776456	501(C)(3)	0.	43,790.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
WEST BRANCH MOBILE PANTRY 105 S 2ND STREET WEST BRANCH, IA 52358		501(C)(3)	0.	66,567.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED

Schedule I (Form 990)

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

Schedule I (Form 990)

**42-0898405**

Page 1

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WESTDALE COMMUNITY CHURCH 3211 EDGEWOOD RD SW CEDAR RAPIDS, IA 52404	23-7205272	501(C)(3)	0.	9,227.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
WILLIAMSBURG COMMUNITY SCHOOLS PANTRY - 810 W WALNUT STREET - WILLIAMSBURG, IA 52361		501(C)(3)	0.	17,323.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
WILLIAMSBURG KCC MOBILE PANTRY 200 WEST STREET WILLIAMSBURG, IA 52361		501(C)(3)	0.	42,243.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
WILLIS DADY EMERGENCY SHELTER, INC. - 1247 4TH AVE SE - CEDAR RAPIDS, IA 52403	42-1311668	501(C)(3)	0.	6,652.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
WYOMING METHODIST FOOD PANTRY 107 NORTH WASHINGTON STREET WYOMING, IA 52362	42-1207035	501(C)(3)	0.	13,456.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
YMCA - CAMP WAPSIE 2174 WAPSIE Y RD COGGON, IA 52218	42-0680306	501(C)(3)	0.	11,785.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
YOUTH FOR CHRIST USA, INC. P.O. BOX 4478 ENGLEWOOD, CO 80155	36-2193619	501(C)(3)	0.	51,610.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED

Schedule I (Form 990)

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

Schedule I (Form 990) 2022

**42-0898405**

Page **2**

**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
ENERGY ASSISTANCE	78563	6,194,223.	0.		
HOMELESSNESS ASSISTANCE	336	632,869.	0.		
VETERAN SUPPORT ASSISTANCE	280	570,641.	0.		
CHILDREN ASSISTANCE	650	18,920.	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)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees  
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

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 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

**1b**

**2**

**4a**

**4b**

**4c**

**5a**

**5b**

**6a**

**6b**

**7**

**8**

**9**

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

Schedule J (Form 990) 2022

## Schedule J (Form 990) 2022

Page 2

**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.

Schedule J (Form 990) 2022





**SCHEDULE M  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

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

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

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	11563483	13,140,322.	USDA/FEEDING AMERICA
20 Drugs and medical supplies .....				
21 Taxidermy .....				
22 Historical artifacts .....				
23 Scientific specimens .....				
24 Archeological artifacts .....				
25 Other ( ..... )				
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 V, Donee Acknowledgement ..... **29** 0

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 3 years from the date of the initial contribution, and which isn't required to be used for  
exempt purposes for the entire holding period? .....

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? .....

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash  
contributions? .....

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.

	Yes	No
30a		X
31	X	
32a		X
33		

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

Schedule M (Form 990) 2022

**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):

THE ORGANIZATION ESTIMATES THE NUMBER OF CONTRIBUTIONS OF FOOD BY THE POUND.

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

Name of the organization <b>HAWKEYE AREA COMMUNITY ACTION PROGRAM, INC.</b>	Employer identification number <b>42-0898405</b>
--	---

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 FOR  
EMERGENCY CHILDCARE, HEALTH CARE, PROTECTIVE CLOTHING, AND EDUCATION  
SUPPLIES OR SPECIAL EVENTS.

-PROVIDING SUPPORT TO COMMUNITIES IN LEVERAGING RESOURCES THAT BRING  
TOGETHER VOLUNTEERS AND FAMILIES IN NEED.

-MANAGING A NUMBER OF APARTMENTS AND SINGLE-FAMILY DWELLINGS FOR

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

Schedule O (Form 990) 2022

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

Employer identification number  
**42-0898405**

**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 HOUSING FOR AT RISK POPULATIONS IN FOUR COUNTIES.**

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

**EXPENSES \$ 3,173,465. INCLUDING GRANTS OF \$ 632,869. REVENUE \$ 893,809.**

**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 \$ 1,474,193. INCLUDING GRANTS OF \$ 570,641. 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  
AND ARE REQUIRED TO DISCLOSE ANY RELATIONSHIPS WITH VENDORS IN THAT  
CATEGORY. IF THERE IS A CONFLICT THE EMPLOYEE OR BOARD MEMBER CANNOT HAVE**

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

Employer identification number  
**42-0898405**

**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 VII, SECTION A, LINE 16:**

**STEVE PACE IS NOT A VOTING MEMBER ON THE BOARD OF DIRECTORS.**

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

**CONTRACTED & PROFESSIONAL SERVICES:**

<b>PROGRAM SERVICE EXPENSES</b>	<b>6,658,756.</b>
<b>MANAGEMENT AND GENERAL EXPENSES</b>	<b>118,588.</b>
<b>FUNDRAISING EXPENSES</b>	<b>154,297.</b>
<b>TOTAL EXPENSES</b>	<b>6,931,641.</b>
<b>TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A</b>	<b>6,931,641.</b>

**FORM 990, PART XII, LINE 3B**

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

Employer identification number  
**42-0898405**

THE ORGANIZATION HAD A RANSOMWARE ATTACK ON OCTOBER 27, 2023, SO THE  
AUDIT HAS NOT BEEN CONDUCTED YET AS THE ORGANIZATION IS REBUILDING  
THEIR LEDGER.

FORM 990, PAGE 1, SECTION B

THE RETURN IS BEING AMENDED DUE TO THE COMPLETION OF THE AUDIT. THE  
FOLLOWING AREAS OF THE RETURN CHANGED: 990 PARTS 1, 3, 4, 8, 9, 10, 11,  
12,  
SCHEDULES A, B, D, M, O