

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

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

2023

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2023 calendar year, or tax year beginning **OCT 1, 2023** and ending **SEP 30, 2024**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization HAWKEYE AREA COMMUNITY ACTION PROGRAM, INC.		D Employer identification number 42-0898405
	Doing business as		E Telephone number 319-393-7811
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	1515 HAWKEYE DRIVE		G Gross receipts \$ 56,593,714.
	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		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> 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

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: HELPING PEOPLE DEVELOP SKILLS TO BECOME SUCCESSFUL AND BUILD STRONG COMMUNITIES.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	21
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	21
	5 Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	434
	6 Total number of volunteers (estimate if necessary)	6	4984
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	52,847,325.	54,887,183.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,620,039.	1,670,074.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	24,998.	33,417.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	572.	0.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	54,492,934.	56,590,674.
Expenses	14 Benefits paid to or for members (Part IX, column (A), line 4)	24,727,365.	26,859,294.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	17,125,017.	18,304,550.
	b Total fundraising expenses (Part IX, column (D), line 25)	127,221.	284,044.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	580,858.	
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	13,061,290.	11,120,103.
Net Assets or Fund Balances	19 Revenue less expenses. Subtract line 18 from line 12	55,040,893.	56,567,991.
	20 Total assets (Part X, line 16)	-547,959.	22,683.
	21 Total liabilities (Part X, line 26)	Beginning of Current Year	End of Year
	22 Net assets or fund balances. Subtract line 21 from line 20	14,503,249.	14,146,302.
		5,830,167.	5,450,537.
		8,673,082.	8,695,765.

Part II Signature Block

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

Sign Here	Signature of officer		Date		
	JANE DRAPEAUX, CHIEF EXECUTIVE OFFICER Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	QUINN DUGAN	QUINN DUGAN	08/14/25		P02267768
Preparer Use Only	Firm's name	Firm's EIN		Phone no.	
	WIPFLI LLP	39-0758449		608.274.1980	
	Firm's address				
	2501 W BELTLINE HWY, STE 501 MADISON, WI 53713				

May the IRS discuss this return with the preparer shown above? See instructions Yes No

HAWKEYE AREA COMMUNITY ACTION PROGRAM, INC.

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: THE MISSION OF HAWKEYE AREA COMMUNITY ACTION PROGRAM, INC. (HACAP) IS TO HELP PEOPLE DEVELOP THE SKILLS NECESSARY TO BECOME SUCCESSFUL AND BUILD STRONG COMMUNITIES. TO ACHIEVE THIS HACAP WILL STRIVE TO: IDENTIFY THE CAUSES AND EXTENT OF POVERTY IN OUR COMMUNITIES AND

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No 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 [X] 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 \$ 24,863,181. including grants of \$ 17,785,114.) (Revenue \$ 675,652.) 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 CHILDCARE FOR CHILDREN FROM BIRTH THROUGH 21 YEARS OF AGE. -ADMINISTERING THE USDA FUNDED SUPPLEMENTAL NUTRITION PROGRAM FOR

4b (Code:) (Expenses \$ 11,610,592. including grants of \$ 7,013,492.) (Revenue \$ 7,400.) 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 \$ 12,431,584. including grants of \$ 779,561.) (Revenue \$ 13,411.) CHILDREN - SERVICES INCLUDE: -INCREASING QUALITY CHILDCARE CAPACITY BY PROVIDING TRAINING OPPORTUNITIES TO CHILDCARE 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 CHILDCARE FOR FAMILIES WITH YOUNG CHILDREN. -PROVIDING OPPORTUNITIES FOR PARENTS TO STRENGTHEN PARENTING SKILLS.

4d Other program services (Describe on Schedule O.) (Expenses \$ 4,219,297. including grants of \$ 1,281,127.) (Revenue \$ 973,611.)

4e Total program service expenses 53,124,654.

HAWKEYE AREA COMMUNITY ACTION PROGRAM, INC.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

HAWKEYE AREA COMMUNITY ACTION PROGRAM, INC.

Form 990 (2023)

42-0898405 Page 4

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22 X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23 X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	X
26 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>	26	X
27 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>	27	X
28 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):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c 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>	28c	X
29 Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i>	29 X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	38 X	

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a 113	
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b 0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	

HAWKEYE AREA COMMUNITY ACTION PROGRAM, INC.

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

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a		434
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
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>		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	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).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b	
15	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.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X
17	Section 501(c)(21) organizations. 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.	17	

HAWKEYE AREA COMMUNITY ACTION PROGRAM, INC.

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a		21
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b		21
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

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.

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See 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			164,076.	0.	45,474.	
(2) MITCHEL FINN DEPUTY EXECUTIVE DIRECTOR	40.00			X			126,322.	0.	38,462.	
(3) JAMES MCGOLDRICK CFO (THRU JUL 2024)	40.00			X			105,814.	0.	35,933.	
(4) JASON FISHER CHIEF FINANCIAL OFFICER	40.00			X			103,008.	0.	34,997.	
(5) JOHN BRANDT PRESIDENT	1.00	X		X			0.	0.	0.	
(6) RAE ANN GORDON VICE-PRESIDENT	1.00	X		X			0.	0.	0.	
(7) WAYNE MANTERNACH TREASURER	1.00	X		X			0.	0.	0.	
(8) LYNETTE JACOBY SECRETARY	1.00	X		X			0.	0.	0.	
(9) GARY BIERSCHENK BOARD MEMBER	1.00	X					0.	0.	0.	
(10) KAREN BREITBACH BOARD MEMBER	1.00	X					0.	0.	0.	
(11) RON COLLINS BOARD MEMBER	1.00	X					0.	0.	0.	
(12) NICK D'AMIOCO BOARD MEMBER	1.00	X					0.	0.	0.	
(13) JULIE GRIEP BOARD MEMBER	1.00	X					0.	0.	0.	
(14) BEN HAMEL 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	1.00	X					0.	0.	0.	
(17) JASMIN POTTEBAUM BOARD MEMBER	1.00	X					0.	0.	0.	

HAWKEYE AREA COMMUNITY ACTION PROGRAM, INC.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/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) RICK PRIMMER BOARD MEMBER (THRU DEC 2023)	1.00	X						0.	0.	0.
(19) LEAH RODENBERG BOARD MEMBER	1.00	X						0.	0.	0.
(20) NED ROHWEDDER BOARD MEMBER	1.00	X						0.	0.	0.
(21) LAURA ROUSSELL BOARD MEMBER	1.00	X						0.	0.	0.
(22) DENISE RUSHING BOARD MEMBER	1.00	X						0.	0.	0.
(23) MIKE STEINES BOARD MEMBER	1.00	X						0.	0.	0.
(24) DAVID THIELEN BOARD MEMBER	1.00	X						0.	0.	0.
(25) KRISTEN WUBBEN BOARD MEMBER	1.00	X						0.	0.	0.
(26) BOB YODER BOARD MEMBER	1.00	X						0.	0.	0.
1b Subtotal								499,220.	0.	154,866.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								499,220.	0.	154,866.

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 4

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <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
JOHNSON COUNTY PUBLIC HEALTH 855 S DUBUQUE STREET, IOWA CITY, IA 52240	CONTRACTED SERVICES	681,654.
SHARRATT PROVISIONS, INC, 1902 WRIGHT PLACE STE 200, CARLSBAD, CA 92008	FOOD	363,327.
B.G. BRECKE, INC. 4140 F AVENUE NW, CEDAR RAPIDS, IA 52405	HVAC CONTRACTOR	351,027.
LINN CO COMMUNITY SERVICES 1240 26TH AVE COURT, CEDAR RAPIDS, IA 52404	CHILDCARE SERVICES	299,815.
RKD GROUP, LLC 8001 SOUTH 13TH ST., LINCOLN, NE 68512	CONTRACTED PROFESSIONAL SERVICE	284,044.

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 11

HAWKEYE AREA COMMUNITY ACTION PROGRAM, INC.

Form 990 (2023)

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)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	282,781.				
	b	Membership dues					
	c	Fundraising events					
	d	Related organizations					
	e	Government grants (contributions)	37,812,630.				
	f	All other contributions, gifts, grants, and similar amounts not included above	16,791,772.				
	g	Noncash contributions included in lines 1a-1f	16,670,491.				
	h	Total. Add lines 1a-1f		54,887,183.			
Program Service Revenue	2 a	HOMELESSNESS REVENUE	624200	973,611.	973,611.		
	b	FOOD & NUTRITION REVENUE	624210	675,652.	675,652.		
	c	CHILDREN REVENUE	624100	13,411.	13,411.		
	d	ENERGY REVENUE	624200	7,400.	7,400.		
	e						
	f	All other program service revenue	900099				
	g	Total. Add lines 2a-2f		1,670,074.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		36,457.		36,457.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(i) Real				
			(ii) Personal				
	b	Less: rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
	b	Less: cost or other basis and sales expenses		3,040.			
	c	Gain or (loss)		-3,040.			
d	Net gain or (loss)		-3,040.		-3,040.		
8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18						
b	Less: direct expenses						
c	Net income or (loss) from fundraising events						
9 a	Gross income from gaming activities. See Part IV, line 19						
b	Less: direct expenses						
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances						
b	Less: cost of goods sold						
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a						
	b						
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d					
12	Total revenue. See instructions		56,590,674.	1,670,074.	0.	33,417.	

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

Form 990 (2023)

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.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	18,871,238.	18,871,238.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	7,988,056.	7,988,056.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	665,437.		654,858.	10,579.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	12,012,893.	11,325,700.	473,548.	213,645.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,202,304.	1,114,242.	74,241.	13,821.
9 Other employee benefits	3,067,136.	2,869,028.	162,850.	35,258.
10 Payroll taxes	1,356,780.	1,209,291.	131,892.	15,597.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17	284,044.			284,044.
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	6,541,730.	6,391,948.	142,976.	6,806.
12 Advertising and promotion				
13 Office expenses	245,600.	230,490.	15,110.	
14 Information technology	175,550.	175,550.		
15 Royalties				
16 Occupancy	968,406.	416,091.	552,315.	
17 Travel	497,603.	490,401.	7,202.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	127,291.	110,368.	16,923.	
20 Interest	87,354.	87,354.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	254,858.	254,858.		
23 Insurance	296,987.	165,921.	131,066.	
24 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.)				
a PROGRAM SUPPLIES	1,177,394.	1,146,108.	31,286.	
b EQUIPMENT & REPAIRS	142,583.	140,068.	2,515.	
c MEMBERSHIPS	47,508.	15,938.	31,570.	
d _____				
e All other expenses _____	557,239.	122,004.	434,127.	1,108.
25 Total functional expenses. Add lines 1 through 24e	56,567,991.	53,124,654.	2,862,479.	580,858.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

HAWKEYE AREA COMMUNITY ACTION PROGRAM, INC.

Form 990 (2023)

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
Assets	1 Cash - non-interest-bearing	3,491,220.	1	1,305,423.
	2 Savings and temporary cash investments	1,516,203.	2	1,875,692.
	3 Pledges and grants receivable, net	3,024,543.	3	3,535,615.
	4 Accounts receivable, net	74,267.	4	327,376.
	5 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		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	787,158.	8	1,000,134.
	9 Prepaid expenses and deferred charges	422,532.	9	361,527.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 16,668,095.		
	b Less: accumulated depreciation	10b 11,592,937.	10c	5,075,158.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11	50,476.	12	60,489.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	933,145.	15	604,888.
16 Total assets. Add lines 1 through 15 (must equal line 33)	14,503,249.	16	14,146,302.	
Liabilities	17 Accounts payable and accrued expenses	2,674,535.	17	2,867,136.
	18 Grants payable		18	
	19 Deferred revenue	641,168.	19	281,901.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 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		22	
	23 Secured mortgages and notes payable to unrelated third parties	1,457,442.	23	1,565,424.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	1,057,022.	25	736,076.
	26 Total liabilities. Add lines 17 through 25	5,830,167.	26	5,450,537.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	4,478,593.	27	4,732,214.
	28 Net assets with donor restrictions	4,194,489.	28	3,963,551.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	8,673,082.	32	8,695,765.
	33 Total liabilities and net assets/fund balances	14,503,249.	33	14,146,302.

Form 990 (2023)

HAWKEYE AREA COMMUNITY ACTION PROGRAM, INC.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	56,590,674.
2	Total expenses (must equal Part IX, column (A), line 25)	2	56,567,991.
3	Revenue less expenses. Subtract line 2 from line 1	3	22,683.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	8,673,082.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	8,695,765.

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
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	X	
c 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.	X	
3a 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? _____	X	
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 _____	X	

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 for instructions and the latest information.

OMB No. 1545-0047

2023

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		
Total						

HAWKEYE AREA COMMUNITY ACTION PROGRAM, INC.

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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	42708813.	47542447.	61762989.	67089022.	54887183.	273990454
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	42708813.	47542447.	61762989.	67089022.	54887183.	273990454
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						273990454

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	42708813.	47542447.	61762989.	67089022.	54887183.	273990454
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2,936.	13,181.	13,606.	24,823.	36,457.	91,003.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						274081457
12 Gross receipts from related activities, etc. (see instructions)					12	7,168,663.
13 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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))	14	99.97 %
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	99.98 %
16a 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

HAWKEYE AREA COMMUNITY ACTION PROGRAM, INC.

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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 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

15 Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2022 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2022 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2023. 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 - 2022. 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

HAWKEYE AREA COMMUNITY ACTION PROGRAM, INC.

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
1 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>		
2 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>		
3a 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 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>		
c 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>		
4a 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 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>		
c 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>		
5a 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 Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 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>		
7 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>		
8 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>		
9a 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 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>		
c 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>		
10a 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 Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described on line 11a above?		
c 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>		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 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>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <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>		
1		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <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>		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 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>		
1		
2		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <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>	Yes	No
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>		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>		
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>		
2a		
2b		
3a		
3b		

HAWKEYE AREA COMMUNITY ACTION
PROGRAM, INC.

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	Adjusted Net Income (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	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount 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	Minimum Asset Amount (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	Distributable Amount. 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).		

HAWKEYE AREA COMMUNITY ACTION PROGRAM, INC.

Schedule A (Form 990) 2023

42-0898405 Page 7

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2023 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2023 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2023		
a	From 2018		
b	From 2019		
c	From 2020		
d	From 2021		
e	From 2022		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2023 distributable amount		
i	Carryover from 2018 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2023 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2023 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2024. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2019		
b	Excess from 2020		
c	Excess from 2021		
d	Excess from 2022		
e	Excess from 2023		

Schedule A (Form 990) 2023

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

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

Organization type (check one):

Filers of:

Section:

- Form 990 or 990-EZ 501(c)(3) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization
- Form 990-PF 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), 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).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2023)

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ <u>21,100,232.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ <u>7,716,225.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ <u>2,086,269.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ <u>1,454,604.</u>	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.)

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

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
2	FOOD COMMODITIES <hr/> <hr/> <hr/>	\$ 3,708,080.	09/30/24
	<hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/>	\$ _____	_____

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	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization **HAWKEYE AREA COMMUNITY ACTION PROGRAM, INC.** Employer identification number **42-0898405**

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" 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).
 Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included on line 2a	2c
d Number of conservation easements included on line 2c 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?

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 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

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

**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 **d** Loan or exchange program
b Scholarly research **e** Other _____
c Preservation for future generations
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a** Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 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 in Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	50,476.	50,301.	45,501.	36,874.	36,029.
b Contributions			12,500.		
c Net investment earnings, gains, and losses	10,356.	2,320.	-7,485.	8,833.	1,012.
d Grants or scholarships		1,803.			
e Other expenditures for facilities and programs					
f Administrative expenses	343.	342.	215.	206.	167.
g End of year balance	60,489.	50,476.	50,301.	45,501.	36,874.

- 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:
- | | Yes | No |
|---|----------|----------|
| (i) Unrelated organizations? | X | |
| (ii) Related organizations? | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,618,666.		1,618,666.
b Buildings		13,499,245.	10,049,948.	3,449,297.
c Leasehold improvements				
d Equipment		1,550,184.	1,542,989.	7,195.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				5,075,158.

HAWKEYE AREA COMMUNITY ACTION
PROGRAM, INC.

Schedule D (Form 990) 2023

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)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))		

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)		
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))		

Part IX Other Assets

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

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

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	95,584.
(3) OPERATING LEASE OBLIGATION	640,492.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	736,076.

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) 2023

HAWKEYE AREA COMMUNITY ACTION PROGRAM, INC.

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

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

1	Total revenue, gains, and other support per audited financial statements		1	56,621,001.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b	27,287.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	27,287.	
3	Subtract line 2e from line 1	3	56,593,714.	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	-3,040.	
c	Add lines 4a and 4b	4c	-3,040.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	56,590,674.	

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

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

1	Total expenses and losses per audited financial statements		1	56,598,318.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	27,287.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	3,040.	
e	Add lines 2a through 2d	2e	30,327.	
3	Subtract line 2e from line 1	3	56,567,991.	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	0.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	56,567,991.	

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:

HACAP IS REQUIRED TO ASSESS WHETHER IT IS MORE LIKELY THAN NOT THAT A TAX POSITION WILL BE SUSTAINED UPON EXAMINATION OF THE TECHNICAL MERITS OF THE POSITION, ASSUMING THE TAXING AUTHORITY HAS FULL KNOWLEDGE OF ALL INFORMATION. IF THE TAX POSITION DOES NOT MEET THE MORE-LIKELY-THAN-NOT RECOGNITION THRESHOLD, THE BENEFIT OF THAT POSITION IS NOT RECOGNIZED IN

Part XIII Supplemental Information (continued)

THE FINANCIAL STATEMENTS. HACAP HAS DETERMINED THERE ARE NO AMOUNTS TO RECORD AS ASSETS OR LIABILITIES RELATED TO UNCERTAIN TAX POSITIONS.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

LOSS ON ASSET DISPOSAL -3,040.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

LOSS ON ASSET DISPOSAL 3,040.

**SCHEDULE G
(Form 990)**

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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.

2023

Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization **HAWKEYE AREA COMMUNITY ACTION PROGRAM, INC.** Employer identification number **42-0898405**

Part I Fundraising Activities. Complete if the organization answered "Yes" 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		X	779,404.	284,044.	495,360.
Total				779,404.	284,044.	495,360.

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.**

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		(event type)	(event type)	(total number)	(add col. (a) through col. (c))
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))
		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.**

Schedule G (Form 990) 2023

42-0898405 Page 3

- 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:

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name _____

Address _____

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

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

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

Name _____

Address _____

16 Gaming manager information:

Name _____

Gaming manager compensation \$ _____

Description of services provided _____

- Director/officer Employee Independent contractor

17 Mandatory distributions:

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

b Enter the amount of distributions required under state law 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.

**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 for the latest information.

OMB No. 1545-0047

2023

**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.

1 (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 noncash assistance	(h) Purpose of grant or assistance
COMMUNITY CRISIS SERVICES AND FOOD BANK - 1121 GILBERT COURT - IOWA CITY, IA 52240	42-0955992	501(C)(3)	0.	3,079,271.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
CORALVILLE COMMUNITY FOOD PANTRY 804 13TH AVE CORALVILLE, IA 52241-0523	47-3509757	501(C)(3)	0.	1,601,656.	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.	1,285,544.	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.	1,054,130.	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.	819,619.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
UNITED WE MARCH FORWARD 2531 42ND ST NE CEDAR RAPIDS, IA 52402	83-0902832	501(C)(3)	0.	762,411.	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 **156.**

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

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

Schedule I (Form 990) 2023

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 WELL - FOOD AND CLOTHING SOURCE - 1691 MARION AIRPORT RD - MARION, IA 52302	86-2231494	501(C)(3)	0.	599,597.	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.	456,111.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
METRO CATHOLIC OUTREACH 420 6TH STREET SE CEDAR RAPIDS, IA 52401	46-1959452	501(C)(3)	0.	452,379.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
CHRIST EPISCOPAL CHURCH, LOAVES AND FISHES PANTRY, INC. - 1030 5TH AVE SE - CEDAR RAPIDS, IA 52403	39-1879934	501(C)(3)	0.	313,250.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
BENTON COUNTY FOOD PANTRIES PO BOX 3 VINTON, IA 52349	42-1261407	501(C)(3)	0.	311,176.	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.	299,376.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
CHRISTIAN CULTURE COMMUNITY, IC COMPASSIONS FOOD PANTRY - 1035 WADE STREET - IOWA CITY, IA 52240	20-5008629	501(C)(3)	0.	287,211.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
CHURCHES OF MARION 864 12TH ST MARION, IA 52302	42-0718481	501(C)(3)	0.	195,525.	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.	187,943.	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
LINN COMMUNITY FOOD BANK 310 5TH ST SE CEDAR RAPIDS, IA 52401	20-0076420	501(C)(3)	0.	178,702.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
GRANT WOOD ELEMENTARY SCHOOL 645 26TH ST. SE CEDAR RAPIDS, IA 52403	42-1313708	GOV	0.	177,437.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
UNIVERSITY OF IOWA FOOD PANTRY 125 N MADISON ST IOWA CITY, IA 52242		501(C)(3)	0.	165,093.	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.	156,286.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
JONES COUNTY COMMUNITY FOOD BANK 105 BROADWAY PLACE ANAMOSA, IA 52205		501(C)(3)	0.	153,567.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
THE SALVATION ARMY SOUP KITCHEN I.C - 1116 GILBERT CT - IOWA CITY, IA 52240		501(C)(3)	0.	147,308.	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.	133,717.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
HACAP WASHINGTON COUNTY 2175 LEXINGTON BLVD WASHINGTON, IA 52353		501(C)(3)	0.	129,089.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
GOOSETOWN PANTRY 310 N JOHNSON STREET IOWA CITY, IA 52245		501(C)(3)	0.	129,036.	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.	120,227.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
MARK TWAIN - LUCAS FARMS FOOD PANTRY - 1609 DEFOREST AVE - IOWA CITY, IA 52240		501(C)(3)	0.	118,305.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
MARION VILLAGE MOBILE PANTRY 750 35TH STREET MARION, IA 52302		501(C)(3)	0.	117,383.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
CEDAR TERRACE MOBILE PANTRY 1834 GRETCHEN DR SW CEDAR RAPIDS, IA 52404		501(C)(3)	0.	116,340.	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.	114,253.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
THE STOREHOUSE FOOD PANTRY 980 W 5TH ST WASHINGTON, IA 52353		501(C)(3)	0.	111,723.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
CORALVILLE KIRKWOOD REGIONAL CENTER - 2301 OAKDALE BLVD - CORALVILLE, IA 52241		501(C)(3)	0.	110,429.	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.	109,839.	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.	109,160.	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
ANAMOSA MOBILE PANTRY 9201 N FORD ST ANAMOSA, IA 52205		501(C)(3)	0.	107,363.	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.	107,094.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
NORTH ENGLISH MOBILE PANTRY 210 S MAIN STREET NORTH ENGLISH, IA 52316	42-1105354	501(C)(3)	0.	106,280.	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.	106,274.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
MONTICELLO MOBILE PANTRY 700 N MAPLE STRET MONTICELLO, IA 52310		501(C)(3)	0.	101,983.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
OUR KIDS DBA OPEN HEARTLAND PO BOX 3357 IOWA CITY, IA 52240	30-0478917	501(C)(3)	0.	101,065.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
SOUTHEAST LINN COMMUNITY CENTER CORPORATION - 108 SOUTH WASHINGTON STREET - LISBON, IA 52253	43-1406317	501(C)(3)	0.	96,756.	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.	95,316.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
BRIGHTON MOBILE PANTRY 203 W MAIN STREET BRIGHTON, IA 52540		501(C)(3)	0.	93,368.	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
BELLE PLAINE MOBILE PANTRY 1309 5TH AVE BELLE PLAINE, IA 52208		501(C)(3)	0.	91,348.	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.	90,365.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
ST. JOHN'S UNITED CHURCH OF CHRIST FOOD PANTRY - 320 9TH AVE. - CLARENCE, IA 52216		501(C)(3)	0.	89,247.	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.	87,339.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
OLIN MOBILE PANTRY 212 TRILNY STREET OLIN, IA 52320		501(C)(3)	0.	86,548.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
HAWTHORNE HILLS FOOD PANTRY 2283 C ST. SW CEDAR RAPIDS, IA 52404		501(C)(3)	0.	85,640.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
MARION SENIOR MOBILE DROP 5960 E KACENA AVE MARION, IA 52302		501(C)(3)	0.	85,563.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
CRV FOOD PANTRY 4845 JOHNSON AVE NW CEDAR RAPIDS, IA 52405	83-3969366	501(C)(3)	0.	81,961.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
COMMONWEALTH SENIOR MOBILE 1400 2ND AVE SE CEDAR RAPIDS, IA 52403		501(C)(3)	0.	78,428.	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
MT. ZION MISSIONARY BAPTIST CHURCH 6621 C AVE NE CEDAR RAPIDS, IA 52402	42-0957223	501(C)(3)	0.	77,651.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
KINGDOM ENCOUNTER CHURCH PANTRY 701 25TH ST NE CEDAR RAPIDS, IA 52402		501(C)(3)	0.	77,472.	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.	77,005.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
ONSLow MOBILE PANTRY 102 E WYOMING ST ONSLow, IA 52321		501(C)(3)	0.	72,929.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
AFFORDABLE HOUSING NETWORK, INC. 5400 KIRKWOOD BLVD. SW CEDAR RAPIDS, IA 52404	20-8640691	501(C)(3)	0.	72,877.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
BENNETT COMMUNITY SCHOOL DISTRICT 300 CEDAR ST BENNETT, IA 52721		GOV	0.	68,511.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
DURANT IOWA FOOD PANTRY, INC. 807 3RD ST DURANT, IA 52747	93-2884842	501(C)(3)	0.	67,682.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
TIPTON UMC MOBILE PANTRY 607 LYNN STREET TIPTON, IA 52772		501(C)(3)	0.	64,931.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
NORTH LIBERTY BAPTIST CHURCH 1215 JORDAN STREET STE 5 NORTH LIBERTY, IA 52317		501(C)(3)	0.	64,332.	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 MOBILE PANTRY 1042 MARENGO AVE MARENGO, IA 52301		501(C)(3)	0.	62,701.	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.	60,939.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
MONTICELLO FOOD PANTRY 205 FIRST STREET MONTICELLO, IA 52310		501(C)(3)	0.	60,399.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
PRAIRIE CARES MARKET 401 76TH AVE SW CEDAR RAPIDS, IA 52404		501(C)(3)	0.	58,587.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
WELLINGTON HEIGHTS PANTRY AT FCC 361 17TH ST. SE CEDAR RAPIDS, IA 52403	99-0621254	501(C)(3)	0.	58,322.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
OLIVET HEADSTART 230 10TH ST NW CEDAR RAPIDS, IA 52405		501(C)(3)	0.	57,389.	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.	52,022.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
WATERFRONT HEAD START CENTER 367 SOUTHGATE AVE IOWA CITY, IA 52240		501(C)(3)	0.	51,825.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
GREEN SQUARE MEALS, INC. PO BOX 5303 CEDAR RAPIDS, IA 52406	42-1307429	501(C)(3)	0.	51,039.	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
DOMESTIC VIOLENCE INTERVENTION PROGRAM - 1105 S GILBERT CT STE 300 - IOWA CITY, IA 52240	42-1124902	501(C)(3)	0.	49,862.	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.	49,394.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
ANAMOSA HIGH SCHOOL RAIDER MARKET 209 SADIE STREET ANAMOSA, IA 52205		501(C)(3)	0.	49,131.	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.	48,651.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
BOYS & GIRLS CLUB OF THE CORRIDOR 420 6TH ST. SE SUITE 240 CEDAR RAPIDS, IA 52401	42-1434056	501(C)(3)	0.	46,744.	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.	44,396.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
HILLSIDE COMMUNITY CHURCH FOOD PANTRY - 2600 1ST. AVE. NW - CEDAR RAPIDS, IA 52405	42-1111974	501(C)(3)	0.	44,260.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
WILLIAMSBURG COMMUNITY SCHOOLS PANTRY - 810 W WALNUT STREET - WILLIAMSBURG, IA 52361		501(C)(3)	0.	43,958.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
RIVERSIDE MOBILE PANTRY 220 SCHNOEBELEN STREET RIVERSIDE, IA 52327		501(C)(3)	0.	42,710.	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 FOOD PANTRY 603 EMMONS STREET HIAWATHA, IA 52233		501(C)(3)	0.	41,282.	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.	40,679.	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.	40,575.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
NORTH BENTON SENIOR DINING 202 E 4TH STREET VINTON, IA 52349		501(C)(3)	0.	38,870.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
THE SALVATION ARMY PANTRY 1000 C AVE NW CEDAR RAPIDS, IA 52405		501(C)(3)	0.	36,417.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
NEIGHBORHOOD CENTERS OF JOHNSON COUNTY - PO BOX 2491 - IOWA CITY, IA 52244	42-1060964	501(C)(3)	0.	35,357.	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.	35,017.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
TRI-COUNTRY PANTRY OLIN 102 W LOCUST STREET OLIN, IA 52320		501(C)(3)	0.	34,721.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
FIVE SEASONS SENIOR HOUSING 1225 42ND ST SE CEDAR RAPIDS, IA 52404	42-1390985	501(C)(3)	0.	33,320.	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
ANDREW'S CHRISTIAN ACADEMY 2773 EDGEWOOD ROAD CEDAR RAPIDS, IA 52411	42-1521206	501(C)(3)	0.	33,249.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
HIAWATHA PUBLIC LIBRARY FOOD PANTRY - 150 WILLMAN STREET - HIAWATHA, IA 52233		501(C)(3)	0.	32,834.	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.	31,920.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
APOSTOLIC ASSEMBLY FOOD PANTRY 9527 HWY 151 ANAMOSA, IA 52205		501(C)(3)	0.	31,628.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
ST. JOSEPH'S FOOD PANTRY 209 BRADY STREET HILLS, IA 52235		501(C)(3)	0.	31,356.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
FIRST PRESBYTERIAN CHURCH- IOWA CO 504 S HIGHLAND ST WILLIAMSBURG, IA 52361		501(C)(3)	0.	31,221.	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.	30,296.	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.	28,293.	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.	27,636.	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
MARION HEAD START 5650 KACENA AVENUE MARION, IA 52302		501(C)(3)	0.	27,277.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
FAIRFAX PUBLIC LIBRARY 313 VANDERBILT ST. FAIRFAX, IA 52228		GOV	0.	25,851.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
HILL TOP MOBILE DROP 439 LINDALE DRIVE MARION, IA 52302		501(C)(3)	0.	24,954.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
NORTHEAST LINN FOOD PANTRY 38 5TH STREET NORTH CENTRAL CITY, IA 52214		501(C)(3)	0.	23,957.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
CORAL RIDGE HEAD START 2441 10TH ST CORALVILLE, IA 52241		501(C)(3)	0.	23,848.	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.	23,380.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
WACO SCHOOL PANTRY 105 N CHESTNUT CRAWFORDSVILLE, IA 52621		501(C)(3)	0.	23,030.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
NORTH ENGLISH COMMUNITY CENTER, INC. - 210 SOUTH MAIN ST. - NORTH ENGLISH, IA 52316	42-1105354	501(C)(3)	0.	21,903.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
FIRST PRESBYTERIAN CHURCH - CR - SUNDAY EVENING MEAL - 310 5TH ST. SE - CEDAR RAPIDS, IA 52401	42-0680489	501(C)(3)	0.	20,567.	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
EDGEWOOD APARTMENTS MOBILE SENIOR DROP - 3320 QUEEN DR SW - CEDAR RAPIDS, IA 52404		501(C)(3)	0.	20,179.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
WEST BRANCH SCHOOL DISTRICT FOUNDATION - 148 N OLIPHANT ST - WEST BRANCH, IA 52358	47-4695808	501(C)(3)	0.	18,948.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
BELLE PLAINE SENIOR DINING 1309 5TH AVE BELLE PLAINE, IA 52208		501(C)(3)	0.	18,388.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
HLV FOOD PANTRY 402 5TH ST CEDAR RAPIDS, IA 52347		501(C)(3)	0.	18,361.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
WYOMING METHODIST FOOD PANTRY 107 NORTH WASHINGTON STREET WYOMING, IA 52362		501(C)(3)	0.	18,010.	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.	17,821.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
BLAIRS FERRY MOBILE DROP 830 BLAIRSFERRY ROAD MARION, IA 52302		501(C)(3)	0.	17,578.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
WESTDALE COMMUNITY CHURCH 3211 EDGEWOOD RD SW CEDAR RAPIDS, IA 52404	23-7205272	501(C)(3)	0.	16,731.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
MECHANICSVILLE COMMUNITY CUPBOARD 307 EAST 1ST STREET MECHANICSVILLE, IA 52306		501(C)(3)	0.	16,272.	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
LITTLE CREATIONS ACADEMY, INC. 2929 E COURT STREET IOWA CITY, IA 52245	81-1630688	501(C)(3)	0.	16,220.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
MARION PUBLIC LIBRARY MOBILE PANTRY - 1101 6TH AVE - MARION, IA 52302		501(C)(3)	0.	16,216.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
1ST CHURCH OF OPEN BIBLE PANTRY 1911 E AVE. NW CEDAR RAPIDS, IA 52405	42-1217762	501(C)(3)	0.	15,744.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
NORTH ENGLISH SENIOR MARKET 210 SOUTH MAIN ST. NORTH ENGLISH, IA 52316	42-1105354	501(C)(3)	0.	15,494.	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.	15,456.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
COE COLLEGE FOOD PANTRY 1220 1ST AVE NE, GAGE UNION CEDAR RAPIDS, IA 52402		501(C)(3)	0.	14,951.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
UNITED ACTION FOR YOUTH PO BOX 892 IOWA CITY, IA 52244	42-0954860	501(C)(3)	0.	14,644.	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.	14,041.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
LIGHTHOUSE BAPTIST CHURCH 109 SOUTH LINN STREET ANAMOSA, IA 52205	80-0265953	501(C)(3)	0.	13,953.	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
AINSWORTH COMMUNITY PRESBYTERIAN CHURCH - 322 WASHINGTON STREET - AINSWORTH, IA 52201	42-1206238	501(C)(3)	0.	13,607.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
CEDAR COUNTY SENIOR CITIZENS, INC 111 ORANGE STREET TIPTON, IA 52772	42-1180602	501(C)(3)	0.	13,133.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
MARENGO FOOD DISTRIBUTION PANTRY 150 W HILTON ST MARENGO, IA 52301		501(C)(3)	0.	12,292.	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.	12,236.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
MCKINLEY STEAM ACADEMY 620 10TH ST SE CEDAR RAPIDS, IA 52403		501(C)(3)	0.	12,096.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
WASHINGTON SENIOR MARKET 1226 EAST WASHINGTON ST WASHINGTON, IA 52353		501(C)(3)	0.	11,950.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
ALLEN LINCOLN DOUGLAS PROJECT 512 6TH ST. SE CEDAR RAPIDS, IA 52401	84-3599156	501(C)(3)	0.	11,322.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
FAIRVIEW MENNONITE CHURCH PANTRY 2605 540TH ST SW KALONA, IA 52247		501(C)(3)	0.	11,274.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
ECUMENICAL TOWERS 320 E WASHINGTON STREET IOWA CITY, IA 52240		501(C)(3)	0.	11,019.	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
ROOSEVELT FAMILY FOOD PANTRY 300 13TH ST NW CEDAR RAPIDS, IA 52403		501(C)(3)	0.	10,986.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
HORIZONS A FAMILY SERVICE ALLIANCE 819 5TH ST SE CEDAR RAPIDS, IA 52401	42-1135083	501(C)(3)	0.	10,825.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
CORNERSTONE CHURCH 322 SOUTH D AVE WASHINGTON, IA 52353		501(C)(3)	0.	9,220.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
COMMUNITY AND FAMILY RESOURCES 211 AVE M WEST FORT DODGE, IA 50501	42-0938934	501(C)(3)	0.	9,155.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
4C'S HOME TIES 1500 SYCAMORE ST. IOWA CITY, IA 52240	23-7351124	501(C)(3)	0.	8,872.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
CEDAR RIVER ACADEMY 720 7TH AVE. SW CEDAR RAPIDS, IA 52404		GOV	0.	8,619.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
CHRIST HOLINESS APOSTOLIC TEMPLE - KINGS KITCHEN - 355 19TH ST SE - CEDAR RAPIDS, IA 52403	42-1463671	501(C)(3)	0.	7,329.	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.	7,215.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
ST. STEPHEN'S LUTHERAN CHURCH 610 31ST ST. SE CEDAR RAPIDS, IA 52403	42-1102730	501(C)(3)	0.	7,181.	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
HARVEST CHRISTIAN DAYCARE AND LEARNING CENTER INC. - 4070 22ND AVE SW - CEDAR RAPIDS, IA 52404	26-3900028	501(C)(3)	0.	7,033.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
ENGLISH VALLEYS FOOD PANTRY 211 COLLEGE STREET NORTH ENGLISH, IA 52316		501(C)(3)	0.	6,593.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
DURANT SENIOR DINING 606 4TH AVE DURANT, IA 52747		501(C)(3)	0.	6,540.	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.	6,230.	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.	5,992.	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.	5,969.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
MILLERSBURG SENIOR DINING 461 WASHINGTON STREET MILLERSBURG, IA 52308		501(C)(3)	0.	5,944.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
FREEDOM FOUNDATION 4001 CENTER POINT RD NE CEDAR RAPIDS, IA 52402	46-3280693	501(C)(3)	0.	5,831.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
METRO HIGH SCHOOL FOOD AND HYGIENE PANTRY - 1212 7TH ST. SE - CEDAR RAPIDS, IA 52401		501(C)(3)	0.	5,796.	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
LITTLE LION LEARNING CENTER 206 MAPLE STREET OLIN, IA 52320	42-1450391	501(C)(3)	0.	5,725.	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.	5,716.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
CENTER POINT PUBLIC LIBRARY COMMUNITY PANTRY - 720 MAIN STREET - CENTER POINT, IA 52213		501(C)(3)	0.	5,601.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
HOPE MATTERS 115 1ST AVE E WALFORD, IA 52351	46-4018138	501(C)(3)	0.	5,499.	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.	5,343.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED
WYOMING SENIOR MARKET 130 W. MAIN ST WYOMING, IA 52362		501(C)(3)	0.	5,007.	USDA/FEEDING AMERICA VALUATION	FOOD	FEED THOSE IN NEED

Schedule I (Form 990)

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

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	10953	7,132,790.	0.		
VETERAN SUPPORT ASSISTANCE	289	605,391.	0.		
HOMELESSNESS ASSISTANCE	255	249,875.	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 for instructions and the latest information.

OMB No. 1545-0047

2023

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 checked="" 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		<input checked="" type="checkbox"/>
4b		<input checked="" type="checkbox"/>
4c		<input checked="" type="checkbox"/>
5a		<input checked="" type="checkbox"/>
5b		<input checked="" type="checkbox"/>
6a		<input checked="" type="checkbox"/>
6b		<input checked="" type="checkbox"/>
7		<input checked="" type="checkbox"/>
8		<input checked="" type="checkbox"/>
9		

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

Schedule J (Form 990) 2023

HAWKEYE AREA COMMUNITY ACTION PROGRAM, INC.

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) JANE DRAPEAUX CHIEF EXECUTIVE OFFICER	(i)	148,652.	0.	15,424.	14,448.	31,026.	209,550.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MITCHEL FINN DEPUTY EXECUTIVE DIRECTOR	(i)	111,838.	0.	14,484.	12,228.	26,234.	164,784.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

HAWKEYE AREA COMMUNITY ACTION
PROGRAM, INC.

Schedule J (Form 990) 2023

42-0898405

Page 3

Part III Supplemental Information

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

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2023

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 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

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	9,483,499	16,670,491.	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		

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

Schedule M (Form 990) 2023

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 for the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

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

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

LOCATE INDIVIDUALS IN NEED; IDENTIFY AND MOBILIZE ALL AVAILABLE LOCAL RESOURCES AND COMMUNITY FACILITIES TO ASSIST THE DISADVANTAGED IN SECURING NEEDED SERVICES; PROVIDE MAXIMUM PARTICIPATION OF DISADVANTAGED PEOPLE IN THE PLANNING, OPERATION AND EVALUATION OF HACAP PROGRAMS THROUGH OUR BOARDS AND COUNCILS; TO MAKE THE COMMUNITY AWARE OF HACAP AND THE NEEDS OF DISADVANTAGED PEOPLE; TO PROVIDE DECENT HOUSING THAT IS AFFORDABLE TO LOW-INCOME AND MODERATE-INCOME PERSONS.

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

WOMEN, INFANTS, AND CHILDREN (WIC).

-PROVIDING ORAL HEALTH EDUCATION AND SCREENING FOR CHILDREN FROM BIRTH UP TO AGE 21.

-PROVIDING NUTRITIOUS MEALS AND SNACKS THAT MEET DAILY NUTRITIONAL REQUIREMENTS FOR CHILDREN AND SENIORS.

-PROVIDING MEALS, MEDICAL INFORMATION, MEDICAL EQUIPMENT LOANS, AND SOME PROPERTY MAINTENANCE SERVICES FOR THE ELDERLY.

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

HOMELESSNESS - SERVICES INCLUDE:

-TEMPORARY ASSISTANCE TO HOMELESS CHILDREN BY PROVIDING FUNDS 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

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 \$ 2,264,795. INCLUDING GRANTS OF \$ 358,479. REVENUE \$ 973,611.

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 \$ 1,954,502. INCLUDING GRANTS OF \$ 922,648. 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 IX, LINE 11G, OTHER FEES:

CONTRACTED & PROFESSIONAL SERVICES:

PROGRAM SERVICE EXPENSES	6,391,948.
MANAGEMENT AND GENERAL EXPENSES	142,976.
FUNDRAISING EXPENSES	6,806.
TOTAL EXPENSES	6,541,730.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	6,541,730.