

**FAMILY PLANNING COUNCIL OF IOWA
FINANCE COMMITTEE MEETING NOTICE
TUESDAY OCTOBER 15, 2019
3:00 – 4:30 PM
108 3rd Street, Suite 220
Des Moines, IA**

AGENDA

- I. Call to order
- II. Approval of Minutes, July 15, 2019 Attachment A
- III. Presentation of FPCI FY2019 Independent Audit - John Pittman, Pittman & CO. LLP Electronic Version Attached
- IV. Presentation of FPCI FY2019 IRS 990 Electronic Version Attached
- V. FPCI Final FY2019 4th Quarter Operating Report Attachment B
- VI. FY2020 First Quarter Report Attachment C
- VII. FPCI Title X Supplemental Budget Attachment D
- VIII. FPCI Change of Scope
- IX. Centralized Data System Update
- X. Cervical Cancer Screening Project Update
- XI. Other Business
- XII. Adjourn

**FAMILY PLANNING COUNCIL OF IOWA
FINANCE COMMITTEE MEETING MINUTES
JULY 15, 2019**

Present:	Lisa Dahlhauser Steve Harms	Patrice Sayre Mary Warren
Staff:	Jodi Tomlonovic	Alicia Shaul

- I. Call to order**
The meeting was called to order at 1:00 pm by Steve Harms, Chair.
- II. Approval of Minutes, April 5, 2019**
Patrice Sayre moved to approve the minutes of the April 5, 2019 meeting as presented. Lisa Dahlhauser seconded. M/P/U
- III. Proposed FY2020 Operating Budget**
Jodi Tomlonovic presented a proposed FY2020 Operating Budget. The Committee reviewed the proposed operating budget. Discussion followed regarding costs for the Executive Director position search and the revenue and expenses for the Centralized Data System. Mary Warren moved to amend the proposed FY2020 Operating Budget to include allocating Non-Title X unrestricted reserve funds and the corresponding expenses for the Executive Director position search and to include revenue and expenses for the Centralized Data System. Patrice Sayre seconded. M/P/U
- Lisa Dahlhauser moved to recommend the amended FY2020 Operating Budget to the FPCI Board for approval. Patrice Sayre seconded. M/P/U
- IV. FY2019 4TH Quarter Operating Report**
Jodi Tomlonovic presented the FY2019 4th Quarter Operating Report. Patrice Sayre moved to approve the FY2019 4th Quarter Operating Report. Mary Warren seconded. M/P/U
- V. Review of FPCI Fund Balances**
Jodi Tomlonovic presented FPCI's fund balances at June 30, 2019. Patrice Sayre moved to accept the fund balance report. Mary Warren seconded. M/P/U
- VI. Centralized Data System**
Jodi Tomlonovic presented information about the Centralized Data System Project. Mary Warren moved to approve contracting with BOWlink Technologies, Inc. as the CDS vendor. Lisa Dahlhauser seconded. M/P/U
- VII. Other Business**
There was a brief discussion about the potential fiscal impact of enforcement of the Title X final rule. No action was taken.
- VIII. Adjourn**
The meeting adjourned at 2:00 pm.

Minutes submitted by
Jodi Tomlonovic

Forms 990 / 990-EZ Return Summary

For calendar year 2018, or tax year beginning **07/01/18** , and ending **06/30/19**

42-1145646

FAMILY PLANNING COUNCIL OF IOWA

Net Asset / Fund Balance at Beginning of Year 348,232

Revenue

Contributions	<u>3,300,673</u>	
Program service revenue		
Investment income	<u>1,097</u>	
Capital gain / loss		
Fundraising / Gaming:		
Gross revenue		
Direct expenses		
Net income		
Other income	<u>15,010</u>	
Total revenue		<u>3,316,780</u>

Expenses

Program services	<u>2,775,728</u>	
Management and general	<u>585,493</u>	
Fundraising	<u>199</u>	
Total expenses		<u>3,361,420</u>
Excess / (deficit)		<u>-44,640</u>

Changes

Net Asset / Fund Balance at End of Year 303,592

Reconciliation of Revenue

Total revenue per financial statements	<u>3,316,780</u>
Less:	
Unrealized gains	_____
Donated services	_____
Recoveries	_____
Other	_____
Plus:	
Investment expenses	_____
Other	_____
Total revenue per return	<u><u>3,316,780</u></u>

Reconciliation of Expenses

Total expenses per financial statements	<u>3,361,420</u>
Less:	
Donated services	_____
Prior year adjustments	_____
Losses	_____
Other	_____
Plus:	
Investment expenses	_____
Other	_____
Total expenses per return	<u><u>3,361,420</u></u>

Balance Sheet

	Beginning	Ending	Differences
Assets	<u>584,835</u>	<u>2,468,971</u>	
Liabilities	<u>236,603</u>	<u>2,165,379</u>	
Net assets	<u><u>348,232</u></u>	<u><u>303,592</u></u>	<u><u>-44,640</u></u>

Miscellaneous Information

Amended return _____
 Return / extended due date 11/15/19
 Failure to file penalty _____

Shaul & Associates PLC
2600 Westown Pkwy Ste 380
West Des Moines, IA 50266-7302
515-318-5159

October 10, 2019

CONFIDENTIAL

FAMILY PLANNING COUNCIL OF IOWA
108 3RD STREET, SUITE 220
DES MOINES, IA 50309

Dear RACHEL:

We have prepared the following returns from information provided by you without verification or audit.

Return of Organization Exempt From Income Tax (Form 990)

We suggest that you examine these returns carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements. Attached are instructions for signing and filing each return. Please follow those instructions carefully.

Enclosed is any material you furnished for use in preparing the returns. If the returns are examined, requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records for at least seven years.

In order that we may properly advise you of tax considerations, please keep us informed of any significant changes in your financial affairs or of any correspondence received from taxing authorities.

If you have any questions, or if we can be of assistance in any way, please call.

Sincerely,

Shaul & Associates PLC

Shaul & Associates PLC
2600 Westown Pkwy Ste 380
West Des Moines, IA 50266-7302
515-318-5159

October 10, 2019

CONFIDENTIAL

FAMILY PLANNING COUNCIL OF IOWA
108 3RD STREET, SUITE 220
DES MOINES, IA 50309

For professional services rendered in connection with the preparation of the following tax forms
for year ending 6/30/19.

Amount due \$ 0.00

**IRS e-file Signature Authorization
for an Exempt Organization**

For calendar year 2018, or fiscal year beginning 7/01, 2018, and ending 6/30, 20 19

Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879EO for the latest information.

2018

Department of the Treasury
Internal Revenue Service

Name of exempt organization

FAMILY PLANNING COUNCIL OF IOWA

Employer identification number

42-1145646

Name and title of officer

**STEVE HARMS
TREASURER**

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

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

1a Form 990 check here	<input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b	3,316,780
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here	<input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2018 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize _____ to enter my PIN as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature }

Date } **10/24/19**

Part III Certification and Authentication

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

42515943840

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2018 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.**

ERO's signature } **ALICIA SHAUL, CPA**

Date } **10/24/19**

ERO Must Retain This Form — See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see back of form.

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018
Open to Public Inspection

A For the 2018 calendar year, or tax year beginning 07/01/18, and ending 06/30/19

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 <p style="text-align: center;">FAMILY PLANNING COUNCIL OF IOWA</p> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <p style="text-align: center;">108 3RD STREET, SUITE 220</p> City or town, state or province, country, and ZIP or foreign postal code <p style="text-align: center;">DES MOINES IA 50309</p>	D Employer identification number <p style="text-align: center;">42-1145646</p> E Telephone number <p style="text-align: center;">515-288-9028</p> G Gross receipts \$ 3,316,780
F Name and address of principal officer: <p style="text-align: center;">JULIE MELLECKER 108 THIRD STREET STE 220 DES MOINES IA 50309</p>		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)
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () <input type="checkbox"/> t (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number u
J Website: u WWW.FPCOUNCIL.COM		L Year of formation: 1982 M State of legal domicile: IA
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other u		

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <p style="text-align: center;">THE PURPOSE OF THE FAMILY PLANNING COUNCIL OF IOWA IS TO ASSURE ACCESS TO QUALITY REPRODUCTIVE HEALTHCARE AND FAMILY PLANNING FOR ALL PEOPLE.</p>		
	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	19
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	19
	5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	7
	6 Total number of volunteers (estimate if necessary)	6	0
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 38	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 2,969,239	Current Year 3,300,673
	9 Program service revenue (Part VIII, line 2g)		0
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	647	1,097
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	19,630	15,010
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,989,516	3,316,780
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	2,228,099
14 Benefits paid to or for members (Part IX, column (A), line 4)			0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		491,366	490,761
16a Professional fundraising fees (Part IX, column (A), line 11e)			0
b Total fundraising expenses (Part IX, column (D), line 25) u 199			
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		227,503	326,976
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	2,946,968	3,361,420	
19 Revenue less expenses. Subtract line 18 from line 12	42,548	-44,640	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 584,835	End of Year 2,468,971
	21 Total liabilities (Part X, line 26)	236,603	2,165,379
	22 Net assets or fund balances. Subtract line 21 from line 20	348,232	303,592

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 <p style="text-align: center;">STEVE HARMS</p>	Date 			
	Type or print name and title <p style="text-align: center;">TREASURER</p>				
Paid Preparer Use Only	Print/Type preparer's name ALICIA SHAUL, CPA	Preparer's signature ALICIA SHAUL, CPA	Date 10/10/19	Check <input type="checkbox"/> if self-employed self-employed	PTIN P00092753
	Firm's name } SHAUL & ASSOCIATES PLC	Firm's EIN } 33-1011483			
	Firm's address } 2600 WESTOWN PKWY STE 380 WEST DES MOINES, IA 50266-7302	Phone no. 515-318-5159			

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

THE PURPOSE OF THE FAMILY PLANNING COUNCIL OF IOWA IS TO ASSURE ACCESS TO QUALITY REPRODUCTIVE HEALTHCARE AND FAMILY PLANNING FOR ALL PEOPLE.

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

Yes No

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

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

Yes No

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

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

4a (Code:) (Expenses \$ **2,513,437** including grants of \$ **2,506,155**) (Revenue \$ **2,513,436**)
SEE SCHEDULE O

4b (Code:) (Expenses \$ **122,298** including grants of \$) (Revenue \$ **122,092**)

THE FAMILY PLANNING COUNCIL IS A PARTNER IN THE NATIONAL EFFORT TO IMPLEMENT PREVENTION STRATEGIES TO REDUCE COMPLICATIONS, ESPECIALLY INFERTILITY, CAUSED BY CHLAMYDIA. THE COMMUNITY BASED SCREENING SERVICES IS A CDC SPONSORED INITIATIVE THAT BRINGS TOGETHER SEXUALLY TRANSMITTED DISEASE PROGRAMS AND FAMILY PLANNING PROGRAMS TO IDENTIFY YOUNG WOMEN WITH CHLAMYDIA AND TREAT THEM AND THEIR PARTNERS. UNDER THE DIRECTION OF COUNCIL STAFF, CHLAMYDIA AND GONORRHEA SCREENING AND TESTING ARE CONDUCTED IN 58 SITES ACROSS THE STATE, INCLUDING FAMILY PLANNING CLINICS, STD CLINICS, STUDENT HEALTH DEPARTMENTS, CORRECTIONAL FACILITIES, AND OTHER WOMEN'S HEALTH CENTERS. IN FY 2019, 33,704 TESTS WERE CONDUCTED THROUGH THIS PROJECT.

4c (Code:) (Expenses \$ **74,550** including grants of \$) (Revenue \$ **74,575**)

TRAINING AND THE PROVISION OF INFORMATION ARE AN IMPORTANT COMPONENT OF ASSURING ACCESS TO HIGH QUALITY REPRODUCTIVE HEALTHCARE. FPCI DEVELOPS AND PROVIDES PROGRAMS AND EVENTS THAT GIVE EDUCATIONAL INFORMATION AND TRAINING ON HEALTH ISSUES TO HEALTHCARE PROFESSIONAL AND TO THE GENERAL PUBLIC. IN FY 2019, FPCI SPONSORED 7 TRAINING EVENT FOR HEALTHCARE WORKERS WITH 241 PARTICIPANTS. THROUGH FPCI'S COMMUNITY, EDUCATION PROGRAMS WITH THE SUBCONTRACTING AGENCIES, 17,284 INDIVIDUALS PARTICIPATED IN 1,375 COMMUNITY EDUCATION PROGRAMS. IN ORDER TO HELP PARENT AND CHILD COMMUNICATION, FPCI DISTRIBUTED 1,400 "MOVIE TALK" BOOKLETS.

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

(Expenses \$ **65,443** including grants of \$ **37,528**) (Revenue \$ **22,900**)

4e Total program service expenses **u 2,775,728**

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (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? If "Yes," complete Schedule C, Part 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? If "Yes," complete Schedule C, Part II	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		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? If "Yes," complete Schedule D, Part 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? If "Yes," complete Schedule D, Part II		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		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? If "Yes," complete Schedule D, Part IV		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V		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? If "Yes," complete Schedule D, Part VI	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? If "Yes," complete Schedule D, Part VII		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? If "Yes," complete Schedule D, Part VIII		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? If "Yes," complete Schedule D, Part IX		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	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)? If "Yes," complete Schedule D, Part X		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		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? If "Yes," complete Schedule F, Parts I and IV		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? If "Yes," complete Schedule F, Parts II and IV		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? If "Yes," complete Schedule F, Parts III and IV		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? If "Yes," complete Schedule G, Part 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? If "Yes," complete Schedule G, Part II		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		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? If "Yes," complete Schedule I, Parts I and II	X	

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>		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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>		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36	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>		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.		X

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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 7		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	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? If "No" to line 3b, provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country: u 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?		
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?		
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?		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
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? If "No," provide an explanation in Schedule O	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 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

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

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

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b 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?; 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 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?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 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?; 16b 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 u 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 [X] Upon request [] Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records u

FAMILY PLANNING COUNCIL OF IOWA 108 THIRD ST. STE. 220

DES MOINES

IA 50309

515-288-9028

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JULIE MELLECKER	0.50									
PRESIDENT	0.00	X		X			0	0	0	
(2) ADAM STARK	0.50									
VICE PRESIDENT	0.00	X		X			0	0	0	
(3) ERIC NEMMERS	0.50									
SECRETARY	0.00	X		X			0	0	0	
(4) STEVE HARMS	0.50									
TREASURER	0.00	X		X			0	0	0	
(5) CHLOE BUTLER	0.50									
DIRECTOR	0.00	X					0	0	0	
(6) CARRIE COYLE	0.50									
DIRECTOR	0.00	X					0	0	0	
(7) LISA DAHLHAUSER	0.50									
DIRECTOR	0.00	X					0	0	0	
(8) HANNAH ELLIS ACKERMAN	0.50									
DIRECTOR	0.00	X					0	0	0	
(9) ELISABETH GILES	0.50									
DIRECTOR	0.00	X					0	0	0	
(10) ANN FIELDS	0.50									
DIRECTOR	0.00	X					0	0	0	
(11) KIMBERLY HOPE	0.50									
DIRECTOR	0.00	X					0	0	0	

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 dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) DIERDRE LARGE	0.50									
DIRECTOR	0.00	X					0	0	0	
(13) KAREN LIGAS	0.50									
DIRECTOR	0.00	X					0	0	0	
(14) AMBER RAJCEVICH	0.50									
DIRECTOR	0.00	X					0	0	0	
(15) MARY SALAZAR	0.50									
DIRECTOR	0.00	X					0	0	0	
(16) ALLISON SMITH	0.50									
DIRECTOR	0.00	X					0	0	0	
(17) MILO VAN VELDHUIZEN	0.50									
DIRECTOR	0.00	X					0	0	0	
(18) MARY WARREN	0.50									
DIRECTOR	0.00	X					0	0	0	
(19) SCOTT WARREN	0.50									
DIRECTOR	0.00	X					0	0	0	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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 **u 0**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		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

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 **u 0**

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e	3,219,431			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	81,242			
	g Noncash contributions included in lines 1a-1f: \$					
	h Total. Add lines 1a-1f	u	3,300,673			
Program Service Revenue	2a	Busn. Code				
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f	u				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	u	1,097			1,097
	4 Income from investment of tax-exempt bond proceeds	u				
	5 Royalties	u				
	6a Gross rents	(i) Real (ii) Personal				
	b Less: rental exps.					
	c Rental inc. or (loss)					
	d Net rental income or (loss)	u				
	7a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
	b Less: cost or other basis & sales exps.					
	c Gain or (loss)					
	d Net gain or (loss)	u				
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a				
	b Less: direct expenses	b				
	c Net income or (loss) from fundraising events	u				
	9a Gross income from gaming activities. See Part IV, line 19	a				
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities	u				
10a Gross sales of inventory, less returns and allowances	a					
b Less: cost of goods sold	b					
c Net income or (loss) from sales of inventory	u					
Miscellaneous Revenue		Busn. Code				
11a ED MATRLS, TRNG, REGISTR FEES			8,370	8,370		
b MISC, IN-KIND			6,640	6,640		
c						
d All other revenue						
e Total. Add lines 11a-11d	u		15,010			
12 Total revenue. See instructions.	u		3,316,780	15,010	0	1,097

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	2,543,683	2,543,683		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
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				
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	406,070	111,495	294,447	128
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	20,297	5,667	14,624	6
9 Other employee benefits	32,594	8,163	24,418	13
10 Payroll taxes	31,800	9,178	22,612	10
11 Fees for services (non-employees):				
a Management	28,688	24,114	4,574	
b Legal	96,454		96,454	
c Accounting	34,416	630	33,786	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion				
13 Office expenses	19,612	3,723	15,847	42
14 Information technology	10,417	2,349	8,068	
15 Royalties				
16 Occupancy	47,803	13,705	34,098	
17 Travel	19,497	4,511	14,986	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,902		1,902	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	5,099	1,278	3,821	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a SPECIAL PROJECTS	39,241	38,304	937	
b TRAINING	13,453	6,608	6,845	
c TELEPHONE	7,535	2,300	5,235	
d MISCELLANEOUS	2,859	20	2,839	
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	3,361,420	2,775,728	585,493	199
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)				

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	328,338	1	264,398
	2 Savings and temporary cash investments	35,000	2	35,000
	3 Pledges and grants receivable, net	220,722	3	2,159,519
	4 Accounts receivable, net	775	4	30
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	10,024
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 32,782		
	b Less: accumulated depreciation	10b 32,782	10c	
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)		584,835	16	2,468,971
Liabilities	17 Accounts payable and accrued expenses	48,655	17	42,985
	18 Grants payable	187,948	18	168,494
	19 Deferred revenue		19	1,945,038
	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 current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	8,862
	26 Total liabilities. Add lines 17 through 25		236,603	26
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	251,110	27	248,202
	28 Temporarily restricted net assets	97,122	28	55,390
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	348,232	33	303,592	
34 Total liabilities and net assets/fund balances	584,835	34	2,468,971	

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	3,316,780
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,361,420
3	Revenue less expenses. Subtract line 2 from line 1	3	-44,640
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	348,232
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 in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	303,592

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

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

2018

Department of the Treasury
Internal Revenue Service

u Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

Name of the organization

FAMILY PLANNING COUNCIL OF IOWA

Employer identification number

42-1145646

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3,167,880	3,047,119	2,953,308	2,969,239	3,300,673	15,438,219
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	3,167,880	3,047,119	2,953,308	2,969,239	3,300,673	15,438,219
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						15,438,219

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4	3,167,880	3,047,119	2,953,308	2,969,239	3,300,673	15,438,219
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	391	403	503	647	1,097	3,041
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						15,441,260

12 Gross receipts from related activities, etc. (see instructions) 12 15,010

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	99.98 %
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	%

16a 33 1/3% support test—2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test—2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2018. 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

b 10%-facts-and-circumstances test—2017. 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

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Part 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) u	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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) u	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage for 2017 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	%

- 19a 33 1/3% support tests—2018.** 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—2017.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

		Yes	No
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 (b) and (c) below.</i>		
3b	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>		
3c	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 12a or 12b in Part I, answer (b) and (c) below.</i>		
4b	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>		
4c	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 (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
5b	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?		
5c	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 or 990-EZ).</i>		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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>		
9b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
9c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
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 10b below.</i>		
10b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations *(continued)*

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

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <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 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>		
1		X	
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>		
2			X

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?		
1			
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>		
2			
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
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 government entity (see instructions).	
2	Activities Test. Answer (a) and (b) below.		
a		Yes	No
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>		
2a			
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <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>		
2b			
3	Parent of Supported Organizations. Answer (a) and (b) below.		
a		Yes	No
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>Provide details in Part VI.</i>		
3a			
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>		
3b			

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 (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	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 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).		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

For Organizations Exempt From Income Tax Under section 501(c) and section 527

2018

Department of the Treasury
Internal Revenue Service

Complete if the organization is described below.

Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

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

Name of organization

FAMILY PLANNING COUNCIL OF IOWA

Employer identification number

42-1145646

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

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) u \$
- 3 Volunteer hours for political campaign activities (see instructions)

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 u \$
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 u \$
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities u \$
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities u \$
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b u \$
- 4 Did the filing organization file Form 1120-POL for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

Schedule C (Form 990 or 990-EZ) 2018

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		0													
b Total lobbying expenditures to influence a legislative body (direct lobbying)		2,760													
c Total lobbying expenditures (add lines 1a and 1b)		2,760													
d Other exempt purpose expenditures		3,358,660													
e Total exempt purpose expenditures (add lines 1c and 1d)		3,361,420													
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		318,071													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g Grassroots nontaxable amount (enter 25% of line 1f)		79,518													
h Subtract line 1g from line 1a. If zero or less, enter -0-		0													
i Subtract line 1f from line 1c. If zero or less, enter -0-		0													
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?			<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a Lobbying nontaxable amount	303,014	298,209	297,662	318,071	1,216,956
b Lobbying ceiling amount (150% of line 2a, column (e))					1,825,434
c Total lobbying expenditures	4,967	5,490	6,262	2,760	19,479
d Grassroots nontaxable amount	75,754	75,164	74,416	79,518	304,852
e Grassroots ceiling amount (150% of line 2d, column (e))					457,278
f Grassroots lobbying expenditures				0	

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

Table with 3 main columns: (a) Yes/No, (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation...; a Volunteers?; b Paid staff or management...; c Media advertisements?; d Mailings to members, legislators, or the public?; e Publications, or published or broadcast statements?; f Grants to other organizations for lobbying purposes?; g Direct contact with legislators, their staffs, government officials, or a legislative body?; h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?; i Other activities?; j Total. Add lines 1c through 1i; 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?; b If "Yes," enter the amount of any tax incurred under section 4912; c If "Yes," enter the amount of any tax incurred by organization managers under section 4912; d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

Table with 3 columns: Question, Yes, No. Rows include: 1 Were substantially all (90% or more) dues received nondeductible by members?; 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?; 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

Table with 3 columns: Question, Yes, No. Rows include: 1 Dues, assessments and similar amounts from members; 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid); a Current year; b Carryover from last year; c Total; 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues; 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?; 5 Taxable amount of lobbying and political expenditures (see instructions)

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

SCHEDULE C, PART II-A, EXPLANATION OF FOUR YEAR AVERAGING

FAMILY PLANNING COUNCIL OF IOWA PAID STAFF WAGES TO DIRECTLY LOBBY THE IOWA

SCHEDULE C, PART II-B, LINE 1

STAFF WAGES PAID TO LOBBY STATE LEGISLATURE.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

u 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. u Attach to Form 990.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization

FAMILY PLANNING COUNCIL OF IOWA

Employer identification number

42-1145646

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor advisement and grant fund usage.

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose(s) of conservation easements, total number and acreage, number of easements on historic structures, and monitoring expenses.

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include reporting requirements for art and historical treasures, and amounts required to be reported under SFAS 116.

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

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

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

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment **u**
 - b** Permanent endowment **u**
 - c** Temporarily restricted endowment **u**
- 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 | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
- b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
- 3b**
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		32,782	32,782	
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)			u	

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. (Column (b) must equal Form 990, Part X, col. (B) line 12.) u		

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. (Column (b) must equal Form 990, Part X, col. (B) line 13.) u		

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, col. (B) line 15.) u	

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) REFUNDABLE ADVANCES	8,862	
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) u	8,862	

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

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.

Table with 5 main rows and sub-rows (a-e) for adjustments. Total revenue reported as 3,316,780.

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.

Table with 5 main rows and sub-rows (a-e) for adjustments. Total expenses reported as 3,361,420.

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.

Series of horizontal dotted lines for providing supplemental information.

**SCHEDULE I
(Form 990)**

**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.
u Attach to Form 990.
u Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization

FAMILY PLANNING COUNCIL OF IOWA

Employer identification number

42-1145646

Part I General Information on Grants and Assistance

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	PLANNED PARENTHOOD OF THE HEARTLAND PO BOX 4557 DES MOINES IA 50305	42-0727488		1,170,790				FAMILY PLANNING
(2)	COMMUNITY HEALTH CARE INC 500 W RIVER DR DAVENPORT IA 52801	42-1001341		228,606				FAMILY PLANNING
(3)	GREAT RIVER HEALTH SYSTEM 800 S ROOSEVELT STE C BURLINGTON IA 52601	42-1193185		147,907				FAMILY PLANNING
(4)	WOMEN'S HEALTH SERVICES 2635 LINCOLN WAY MUSCATINE IA 52761	42-1116446		136,513				FAMILY PLANNING
(5)	TRINITY MUSCATINE HEALTHCARE 1609 CEDAR ST MUSCATINE IA 52761	42-0680337		90,293				FAMILY PLANNING
(6)	HILLCREST FAMILY SERVICES 2005 ASBURY RD DUBUQUE IA 52001	42-0680411		151,685				FAMILY PLANNING
(7)	WEBSTER COUNTY PUBLIC HEALTH 723 1ST AVE S FORT DODGE IA 50501	42-6004677		95,127				FAMILY PLANNING
(8)	GREATER SIOUX COMMUNITY HEALTH CENT 338 1ST AVE NW SIOUX CENTER IA 51250	20-5896415		135,802				FAMILY PLANNING
(9)	PRIMARY HEALTH CARE INC 1200 UNIVERSITY AVE STE 200 DES MOINES IA 50314	42-1350092		191,083				FAMILY PLANNING

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **u 10**
- 3 Enter total number of other organizations listed in the line 1 table **u**

**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.
u Attach to Form 990.
u Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Name of the organization

FAMILY PLANNING COUNCIL OF IOWA

Employer identification number

42-1145646

Part I General Information on Grants and Assistance

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	SIOUXLAND COMMUNITY HEALTH CENTER 1021 NEBRASKA ST SIOUX CITY IA 51105	42-1374894		195,877				FAMILY PLANNING
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								

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

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

Schedule I (Form 990) (2018)

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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1					
2					
3					
4					
5					
6					
7					

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 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS

FAMILY PLANNING COUNCIL OF IOWA CONDUCTS FULL SITE REVIEWS ONCE EVERY GRANT

PERIOD, INTERIM REVIEWS ANNUALLY, AND SUB-RECIPIENTS MUST SUBMIT MONTHLY

REVENUE AND EXPENDITURE REPORTS AND QUARTERLY PROGRESS REPORTS.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

u Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Name of the organization

FAMILY PLANNING COUNCIL OF IOWA

Employer identification number

42-1145646

FORM 990, PART III, LINE 4A - FIRST ACCOMPLISHMENT

THE COUNCIL ENSURES ACCESS TO FAMILY PLANNING SERVICES BY ADMINISTERING THE TITLE X FAMILY PLANNING PROGRAM FOR 55 OF IOWA'S 99 COUNTIES. THROUGH THE TITLE X PROGRAM, REPRODUCTIVE HEALTHCARE SERVICES ARE PROVIDED TO WOMEN, MEN, AND ADOLESCENTS IN IOWA. IN ADDITION TO CLINICAL SERVICES, TITLE X FOCUSES ON COMMUNITY EDUCATION, OUTREACH, AND FAMILY INVOLVEMENT. THESE EFFORTS OCCUR AT THE STATE AND LOCAL LEVEL TO MAKE THE PUBLIC AWARE OF FAMILY PLANNING SERVICES AS A PART OF AN OVERALL HEALTH PROMOTION AND DISEASE PREVENTION STRATEGY. EVIDENCE-BASED HEALTH EDUCATION SERVICES ARE PROVIDED TO YOUTH AND ADULTS ON A VARIETY OF TOPICS INCLUDING CONTRACEPTION, SEXUALLY TRANSMITTED INFECTIONS, AND HEALTH RELATIONSHIPS. THE COUNCIL USES A PROVIDER NETWORK OF 10 SUBCONTRACTS THAT PROVIDE CONFIDENTIAL FAMILY PLANNING SERVICES AT 21 CLINICS LOCATED ACROSS THE STATE. DURING FY2019, 22,887 WOMEN AND MEN RECEIVED TITLE X FUNDED FAMILY PLANNING SERVICES. THESE SERVICES ARE PROVIDED TO ALL PERSONS WHO DESIRE SUCH SERVICES REGARDLESS OF THEIR ABILITY TO PAY. AS PART OF THE PROGRAM, 3,728 PAP TESTS AND 8,835 CLINICAL BREAST EXAMS WERE PROVIDED TO WOMEN IN IOWA. ALSO, 15,512 SEXUALLY TRANSMITTED INFECTION TESTS AND 6,793 HIV TESTS WERE PROVIDED TO WOMEN AND MEN IN IOWA. 80% OF THOSE SERVED HAD HOUSEHOLD INCOMES BELOW 250% OF THE FEDERAL POVERTY GUIDELINE; 60% OF THOSE SERVED HAD HOUSEHOLD INCOMES BELOW 100% OF THE FEDERAL POVERTY GUIDELINE.

FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENTS

THE FAMILY PLANNING COUNCIL OF IOWA RECEIVED FUNDING FROM THE IOWA DEPARTMENT OF PUBLIC HEALTH TO PROVIDE COORDINATION FOR THE CERVICAL CANCER

Name of the organization

Employer identification number

FAMILY PLANNING COUNCIL OF IOWA

42-1145646

SCREENING PROGRAM. THIS INVOLVES IMPLEMENTING THE CCSP WITHIN THE FPCI
SUB-RECIPIENT AGENCIES.

THE FAMILY PLANNING COUNCIL OF IOWA RECEIVED ONE-TIME FUNDING FOR PHASE 1
OF ESTABLISHING A CENTRALIZED DATA SYSTEM AMONG ITS SUBRECIPIENT AGENCIES.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990
FORM 990 WAS PRESENTED TO AND APPROVED BY THE BOARD OF DIRECTORS AT THE
OCTOBER 2019 QUARTERLY BOARD MEETING.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY
THE BOARD OF DIRECTORS IS PRESENTED THE CONFLICT OF INTEREST POLICY AND
ANNUAL DISCLOSURE QUESTIONNAIRE AT THE JANUARY BOARD MEETING. ALL BOARD
MEMBERS MUST COMPLETE THE CONFLICT OF INTEREST QUESTIONNAIRE.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL
THE BOARD OF DIRECTORS REVIEWS THE EXECUTIVE DIRECTOR'S PERFORMANCE AND
SETS WAGES AT THE JULY BOARD MEETING EACH YEAR.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION
NO DOCUMENTS AVAILABLE TO THE PUBLIC

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
Other Depreciation:									
1	SECRETARIAL DESK	5/01/81	0			0	0 HY	0	0
2	IBM WHEELWRITER	1/01/86	0			0	0 HY	0	0
3	LASER PRINTER - IIPP	9/01/91	0			0	0 HY	0	0
4	TOSHIBA PHONE SYSTEM	10/01/94	0			0	0 HY	0	0
5	GIRSBERGER CHAIR	6/01/96	0			0	0 HY	0	0
6	PENTIUM 733 PC - OUTREACH (TRADE	12/01/00	0			0	0 HY	0	0
7	ASCOM 150I MACHINE & SCALE	5/01/01	0			0	0 HY	0	0
8	COMPAC DP866 - OUTREACH (TRADEI	8/01/01	0			0	0 HY	0	0
9	COMPAQ EV0 - BOOKKEEPER	5/01/03	0			0	0 HY	0	0
10	COMPAQ EV0 - ADMIN ASSIST	5/01/03	0			0	0 HY	0	0
11	KDS MONITOR - ADMIN ASSIST	5/01/03	0			0	0 HY	0	0
12	KM 3530 COPIER	6/01/03	0			0	0 HY	0	0
13	IBM E-SERVER & INSTALLATION	1/01/05	0			0	0 HY	0	0
14	SHARE OF HP4050 PRINTER - IIPP	12/01/99	0			0	0 HY	0	0
15	SHARE OF HP4050 PRINTER - HIV	12/01/99	0			0	0 HY	0	0
16	LCD PROJECTOR - IIPP	12/01/01	0			0	0 HY	0	0
17	TOSHIBA NOTEBOOK - IIPP	1/01/02	0			0	0 HY	0	0
18	COMPUTER SERVER	6/15/12	0			0	0 HY	0	0
	Total Other Depreciation		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
	Grand Totals		0			0		0	0
	Less: Dispositions and Transfers		0			0		0	0
	Less: Start-up/Org Expense		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
	Net Grand Totals		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>

AMT Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
Other Depreciation:									
1	SECRETARIAL DESK	5/01/81	0			0	0 HY	0	0
2	IBM WHEELWRITER	1/01/86	0			0	0 HY	0	0
3	LASER PRINTER - IIPP	9/01/91	0			0	0 HY	0	0
4	TOSHIBA PHONE SYSTEM	10/01/94	0			0	0 HY	0	0
5	GIRSBERGER CHAIR	6/01/96	0			0	0 HY	0	0
6	PENTIUM 733 PC - OUTREACH (TRADE	12/01/00	0			0	0 HY	0	0
7	ASCOM 150I MACHINE & SCALE	5/01/01	0			0	0 HY	0	0
8	COMPAC DP866 - OUTREACH (TRADEI	8/01/01	0			0	0 HY	0	0
9	COMPAQ EV0 - BOOKKEEPER	5/01/03	0			0	0 HY	0	0
10	COMPAQ EV0 - ADMIN ASSIST	5/01/03	0			0	0 HY	0	0
11	KDS MONITOR - ADMIN ASSIST	5/01/03	0			0	0 HY	0	0
12	KM 3530 COPIER	6/01/03	0			0	0 HY	0	0
13	IBM E-SERVER & INSTALLATION	1/01/05	0			0	0 HY	0	0
14	SHARE OF HP4050 PRINTER - IIPP	12/01/99	0			0	0 HY	0	0
15	SHARE OF HP4050 PRINTER - HIV	12/01/99	0			0	0 HY	0	0
16	LCD PROJECTOR - IIPP	12/01/01	0			0	0 HY	0	0
17	TOSHIBA NOTEBOOK - IIPP	1/01/02	0			0	0 HY	0	0
18	COMPUTER SERVER	6/15/12	0			0	0 HY	0	0
	Total Other Depreciation		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
	Grand Totals		0			0		0	0
	Less: Dispositions and Transfers		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
	Net Grand Totals		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>

Depreciation Adjustment Report

All Business Activities

Form Unit Asset

Description

Tax

AMT

AMT
Adjustments/
Preferences

There are no assets that meet the criteria of this report

Asset	Description	Date In Service	Cost	Tax	AMT
Other Depreciation:					
1	SECRETARIAL DESK	5/01/81	0	0	0
2	IBM WHEELWRITER	1/01/86	0	0	0
3	LASER PRINTER - IIP	9/01/91	0	0	0
4	TOSHIBA PHONE SYSTEM	10/01/94	0	0	0
5	GIRSBERGER CHAIR	6/01/96	0	0	0
6	PENTIUM 733 PC - OUTREACH (TRADED)	12/01/00	0	0	0
7	ASCOM 150I MACHINE & SCALE	5/01/01	0	0	0
8	COMPAC DP866 - OUTREACH (TRADED)	8/01/01	0	0	0
9	COMPAQ EV0 - BOOKKEEPER	5/01/03	0	0	0
10	COMPAQ EV0 - ADMIN ASSIST	5/01/03	0	0	0
11	KDS MONITOR - ADMIN ASSIST	5/01/03	0	0	0
12	KM 3530 COPIER	6/01/03	0	0	0
13	IBM E-SERVER & INSTALLATION	1/01/05	0	0	0
14	SHARE OF HP4050 PRINTER - IIPP	12/01/99	0	0	0
15	SHARE OF HP4050 PRINTER - HIV	12/01/99	0	0	0
16	LCD PROJECTOR - IIPP	12/01/01	0	0	0
17	TOSHIBA NOTEBOOK - IIPP	1/01/02	0	0	0
18	COMPUTER SERVER	6/15/12	0	0	0
Total Other Depreciation			<u>0</u>	<u>0</u>	<u>0</u>
Total ACRS and Other Depreciation			<u>0</u>	<u>0</u>	<u>0</u>
Grand Totals			<u>0</u>	<u>0</u>	<u>0</u>

Taxable Interest on Investments

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
	\$ 1,097			14		
TOTAL	<u>\$ 1,097</u>					

Federal Statements**Schedule A, Part II, Line 1(e)**

Description	Amount
OTHER	\$ 3,219,431
	81,242
TOTAL	\$ <u>3,300,673</u>

Schedule A, Part II, Line 8(e)

Description	Amount
	\$ 1,097
TOTAL	\$ <u>1,097</u>

Schedule A, Part II, Line 12 - Current year

Description	Amount
ED MATRLS, TRNG, REGISTR FEES	\$ 8,370
MISC, IN-KIND	6,640
TOTAL	\$ <u>15,010</u>

FAMILY PLANNING COUNCIL OF IOWA
FY2019 & FY2018 OPERATING REPORT- COMPARISON
4th QUARTER

Attachment B
 Audited Figures

INCOME	2019			2018				
	ACTUAL - YTD	12 MON BUDGET	% VARI.	12 MON BUD	ACTUAL - YTD	6 MON BUDGET	% VARI.	12 MON BUD
Title X-Services	\$ 3,074,439.00	\$ 2,828,000.00	9%	\$ 2,828,000.00	\$ 2,778,000.00	\$ 2,778,000.00	0%	\$ 2,778,000.00
TX Reimbur/Update	\$ 1,180.00	0	#DIV/0!	\$ -	\$ 4,914.00	\$ 4,000.00		\$ 4,000.00
Non-Title X Grants	\$ 87,900.00	\$ 21,125.00	316%	\$ 21,125.00	\$ 70,025.00	\$ -	#DIV/0!	\$ -
Interest/Dona.	\$ 4,839.00	\$ 3,850.00	26%	\$ 3,850.00	\$ 3,716.00	\$ 4,000.00	-7%	\$ 4,000.00
Misc	\$ 25,358.00	\$ 2,000.00	1168%	\$ 2,000.00	\$ 5,080.00	\$ 4,500.00	13%	\$ 4,500.00
Update/Train	\$ 972.00	\$ 6,000.00	-84%	\$ 6,000.00	\$ 9,635.00	\$ 6,500.00	48%	\$ 6,500.00
CBSS	\$ 122,093.00	\$ 99,420.00	23%	\$ 99,420.00	\$ 118,147.00	\$ 98,750.00	20%	\$ 98,750.00
Reserve Funds-Up	\$ -							
Accrual to cash	\$ -				\$ -			
TOTAL	\$ 3,316,781.00	\$ 2,960,395.00	12%	\$ 2,960,395.00	\$ 2,989,517.00	\$ 2,895,750.00	3%	\$ 2,895,750.00

EXPENSES	2019			2018				
	ACTUAL - YTD	12 MON BUDGET	% VARI.	12 MON BUD	ACTUAL - YTD	12 MON BUDGET	% VARI.	12 MON BUD
Title X-Services								
Personnel	\$ 404,029.00	\$ 403,680.00	0%	\$ 403,680.00	\$ 404,535.00	\$ 384,945.00	5%	\$ 384,945.00
Travel	\$ 15,833.00	\$ 19,700.00	-20%	\$ 19,700.00	\$ 10,991.00	\$ 19,200.00	-43%	\$ 19,200.00
Supplies	\$ 15,767.00	\$ 17,350.00	-9%	\$ 17,350.00	\$ 15,599.00	\$ 17,100.00	-9%	\$ 17,100.00
Equipment	\$ -	\$ -	#DIV/0!	\$ -	\$ -	\$ -	#DIV/0!	\$ -
Occupancy	\$ 51,745.00	\$ 56,675.00	-9%	\$ 56,675.00	\$ 50,151.00	\$ 54,350.00	-8%	\$ 54,350.00
Training	\$ 38,585.00	\$ 33,450.00	15%	\$ 33,450.00	\$ 22,222.00	\$ 24,000.00	-7%	\$ 24,000.00
Contractual	\$ 55,018.00	\$ 55,495.00	-1%	\$ 55,495.00	\$ 49,745.00	\$ 54,535.00	-9%	\$ 54,535.00
Other	\$ 9,397.00	\$ 17,580.00	-47%	\$ 17,580.00	\$ 28,549.00	\$ 31,300.00	-9%	\$ 31,300.00
Delegates	\$ 2,484,206.00	\$ 2,224,070.00	12%	\$ 2,224,070.00	\$ 2,201,122.00	\$ 2,196,570.00	0%	\$ 2,196,570.00
Subtotal	\$ 3,074,580.00	\$ 2,828,000.00	9%	\$ 2,828,000.00	\$ 2,782,914.00	\$ 2,782,000.00	0%	\$ 2,782,000.00

EXPENSES	2019			12 MON BUD	2018			12 MON BUD
	ACTUAL - YTD	12 MON BUDGET	% VARI.		ACTUAL - YTD	12 MON BUDGET	% VARI.	
Non-Title X								
Personnel	\$ 12,829.00	\$ 12,446.00	3%	\$ 12,446.00	\$ 13,946.00	\$ 10,990.00	27%	\$ 10,990.00
Travel	\$ 193.00	\$ 200.00	-4%	\$ 200.00	\$ 629.00	\$ 150.00	319%	\$ 150.00
Supplies	\$ 2,086.00	\$ 250.00	734%	\$ 250.00	\$ 136.00	\$ 150.00	-9%	\$ 150.00
Equipment	\$ -	\$ -	#DIV/0!	\$ -	\$ -	\$ -	#DIV/0!	\$ -
Occupancy	\$ 1,101.00	\$ 985.00	12%	\$ 985.00	\$ 1,440.00	\$ 875.00	65%	\$ 875.00
Training	\$ 1,007.00	\$ 6,320.00	-84%	\$ 6,320.00	\$ 6,533.00	\$ 6,725.00	-3%	\$ 6,725.00
Contractual	\$ 109,935.00	\$ 330.00	33214%	\$ 330.00	\$ 5,358.00	\$ 315.00	1601%	\$ 315.00
Other	\$ 70.00	\$ 65.00	8%	\$ 65.00	\$ 130.00	\$ 110.00	18%	\$ 110.00
Delegates	\$ 37,528.00	\$ 16,125.00	133%	\$ 16,125.00	\$ 16,725.00	\$ -	#DIV/0!	\$ -
Subtotal	\$ 164,749.00	\$ 36,721.00	-348.65%	\$ 36,721.00	\$ 44,897.00	\$ 19,315.00	-132.45%	\$ 19,315.00

EXPENSES	2019			12 MON BUD	2018			12 MON BUD
	ACTUAL - YTD	12 MON BUDGET	% VARI.		ACTUAL - YTD	12 MON BUDGET	% VARI.	
CBSS								
Personnel	\$ 75,133.00	\$ 78,669.00	-4%	\$ 78,669.00	\$ 74,456.00	\$ 83,800.00	-11%	\$ 83,800.00
Travel	\$ 3,471.00	\$ 2,900.00	20%	\$ 2,900.00	\$ 2,115.00	\$ 2,900.00	-27%	\$ 2,900.00
Supplies	\$ 430.00	\$ 650.00	-34%	\$ 650.00	\$ 591.00	\$ 400.00	48%	\$ 400.00
Equipment	\$ -	\$ -	#DIV/0!	\$ -	\$ -	\$ -	#DIV/0!	\$ -
Occupancy	\$ 8,263.00	\$ 8,840.00	-7%	\$ 8,840.00	\$ 8,023.00	\$ 8,450.00	-5%	\$ 8,450.00
Training	\$ 1,857.00	\$ 2,000.00	-7%	\$ 2,000.00	\$ 4,073.00	\$ 2,000.00	104%	\$ 2,000.00
Contractual	\$ 1,916.00	\$ 1,230.00	56%	\$ 1,230.00	\$ 1,287.00	\$ 1,200.00	7%	\$ 1,200.00
Other	\$ 31,022.00	\$ 5,131.00	505%	\$ 5,131.00	\$ 28,612.00	\$ -	#DIV/0!	\$ -
Subtotal	\$ 122,092.00	\$ 99,420.00	-22.80%	\$ 99,420.00	\$ 119,157.00	\$ 98,750.00	-20.67%	\$ 98,750.00

EXPENSES	2019			12 MON BUD	2018			12 MON BUD
	ACTUAL - YTD	12 MON BUDGET	% VARI.		ACTUAL - YTD	12 MON BUDGET	% VARI.	
TOTAL EXPENS.	\$ 3,361,421.00	\$ 2,964,141.00	13%	\$ 2,964,141.00	\$ 2,946,968.00	\$ 2,900,065.00	2%	\$ 2,900,065.00
Income in excess (less than) expens	\$ (44,640.00)	\$ (3,746.00)	1092%	\$ (3,746.00)	\$ 42,549.00	\$ (4,315.00)	-1086%	\$ (4,315.00)

**FAMILY PLANNING COUNCIL OF IOWA
FY2019 OPERATING REPORT SUPPLEMENTAL
FOR THE TWELVE MONTHS ENDING JUNE 30, 2019**

(Audited Figures)

VARIANCES:**Revenue:**

Title X Services	\$246,439.00	Favorable Variance
TX Reimbur/Update	\$ 1,180.00	Favorable Variance
Non-Title X Grants	\$ 66,775.00	Favorable Variance
Interest/Donations	\$ 989.00	Favorable Variance
Update/Training	\$ 5,028.00	Unfavorable Variance
Non-TX Misc	\$ 23,358.00	Favorable Variance
Com. Based Service	\$22,673 .00	Favorable Variance

Expenses:

Title X Services	\$246,580.00	Unfavorable Variance
Non-Title X Projects	\$128,028.00	Unfavorable Variance
Com. Based Service	\$ 22,672.00	Unfavorable Variance

SIGNIFICANT BUDGET VARIATIONS THROUGH JUNE 30, 2019:

Note: FY2019 was a difficult year to track and report for Title X. Title X funding for July and August 2018 was provided as an extension of FPCI's FY2018 grant. FPCI was given a separate funding award for those two months. FPCI then received Title X funding for a seven month time period (September 1, 2018-March 31, 2019). FPCI did receive a Title X grant beginning April 1, 2019 – March 31, 2020. Because of the uncertainty around funding for FY2019, the FPCI Board decided in July 2018 to use the 12 month budget submitted by FPCI in its May 2018 Title X grant application. The amounts received in July/August and for the seven month award were higher monthly amounts than that identified in the approved FPCI FY2019 Operating budget. The amount of title X funding received in the April 1, 2019 grant was 6.41% less than the amount for the original FY18 grant.

Operating Revenue:

Note: A Favorable Variance in Revenue means that more revenue was received during the time period than was budgeted. An Unfavorable Variance in Revenue means that less revenue was received during the time period than was budgeted.

- ▶ The favorable variance in Title X revenue is a reflection of the extra funding received in the 2 month extension award and in the 7 month grant award. Generally a favorable variance in Title X revenue is matched by an unfavorable variance in Title X expenses. However, in late June 2019, FPCI received some reimbursement funds for presentations conducted by FPCI staff that was not yet spent by June 30, 2019.
- ▶ The Non-Title X Grants favorable revenue is due to several factors: 1) The receipt of an anonymous foundation grant to assist with the costs of FPCI and AFHP's lawsuit regarding Title X applications, 2) CCSP was not included in the original budget but subsequently FPCI was awarded the contract.

- ▶ The Non-Title X Misc. favorable variance is because there was a printing of the “Facts About STD” Brochure that had not been anticipated and funding was received from the Family Planning Councils of America.
- ▶ The unfavorable variance in Update/Training is because the annual Family Planning Update was not held in September. A training event was held in the Spring of 2019 which did generate some revenue.
- ▶ The favorable variance in the CBSS program is because IDPH provided extra funds for FPCI to conduct some special projects in the program.

Operating Expenses:

Note: A Favorable Variance in Expenses means the actual expenses during the time period were lower than was budgeted. An Unfavorable Variance in Expenses means the actual expenses during the time period were higher than was budgeted.

- ▶ The unfavorable variance in Title X Operating Expenses was due to several factors. One factor is that FPCI received slightly higher than anticipated funding in the FY18 two months extension and the seven month grant. Activities and subrecipient awards were made to reflect that higher funding.
- ▶ The unfavorable variance for the Non-Title X projects has several factors. One is that the bulk of the cost for the Centralized Data System (CDS) project was paid out in August and September and the budget approved in July did not account for that. (Those costs are reflected in personnel, contractual, and delegates categories). The second is the costs for the FPCI/AFHP lawsuit. (Those costs are reflected in personnel and contractual – attorney categories). The third factor is the printing costs for the “Facts About STDs” brochures.
- ▶ The unfavorable variance in the CBSS is because IDPH added extra projects to the program in June. IDPH provided funding for those projects.

Note: The reasons for the \$44,640.00 of expenses over income are: 1) all the revenue for the CDS was recognized in FY2018 but most the expenses occurred in FY2019 – that represents \$42,592.00; 2) The FPCI/AFHP lawsuit were not completely covered by the private foundation and other revenue.

At June 30, 2019 the amount of Unrestricted Reserve Funds is \$247,426.46. Please note that the FPCI Executive Committee has identified \$40,000 of that to be used over the next two years for the Centralized Data System Project.

Necessary Board Action:

Accept or reject 4th Quarter FY2019 Audited Figures Financial Report

FAMILY PLANNING COUNCIL OF IOWA
FY2020 & FY2019 OPERATING REPORT- COMPARISON
1st QUARTER

Attachment C
 Unaudited Figures

INCOME	2020				2019			
	ACTUAL - YTD	3 MON BUDGET	% VARI.	12 MON BUD	ACTUAL - YTD	3 MON BUDGET	% VARI.	12 MON BUD
Title X-Services	\$ 290,600.00	\$ 650,000.00	-55%	\$ 2,600,000.00	\$ 499,335.00	\$ 533,300.00	-6%	\$ 2,828,000.00
TX Reimbur/Update	\$ -		#DIV/0!	\$ -	\$ -		#DIV/0!	\$ -
Reserve Funds	\$ -			\$ 11,007.00	\$ -	0		\$ -
Non-Title X Grants	\$ -	\$ 2,500.00	-100%	\$ 8,450.00	\$ -	\$ 1,760.00	-100%	\$ 21,125.00
Interest/Dona.	\$ 1,817.00	\$ 950.00	91%	\$ 3,850.00	\$ 1,336.00	\$ 975.00	37%	\$ 3,850.00
Misc	\$ 600.00	\$ 550.00	9%	\$ 750.00	\$ 360.00	\$ 500.00	-28%	\$ 2,000.00
Update/Train	\$ 7,475.00	\$ 8,000.00	-7%	\$ 8,000.00	\$ -	\$ -	#DIV/0!	\$ 6,000.00
CBSS	\$ -	\$ 24,000.00	-100%	\$ 99,420.00	\$ 13,185.00	\$ 16,570.00	-20%	\$ 99,420.00
CDS Grant	\$ -	\$ -	#DIV/0!	\$ 182,000.00	\$ -	\$ -	#DIV/0!	\$ -
Accrual to cash	\$ 15,614.00			\$ -	\$ (266.00)			\$ -
TOTAL	\$ 316,106.00	\$ 686,000.00	-54%	\$ 2,913,477.00	\$ 513,950.00	\$ 553,105.00	-7%	\$ 2,960,395.00

EXPENSES	2020				2019			
	ACTUAL - YTD	3 MON BUDGET	% VARI.	12 MON BUD	ACTUAL - YTD	3 MON BUDGET	% VARI.	12 MON BUD
Title X-Services								
Personnel	\$ 84,166.00	\$ 102,000.00	-17%	\$ 409,975.00	\$ 88,148.00	\$ 92,000.00	-4%	\$ 403,680.00
Travel	\$ 4,261.00	\$ 5,000.00	-15%	\$ 20,700.00	\$ 2,328.00	\$ 2,000.00	16%	\$ 19,700.00
Supplies	\$ 2,361.00	\$ 3,850.00	-39%	\$ 15,385.00	\$ 1,242.00	\$ 1,500.00	-17%	\$ 17,350.00
Equipment	\$ -	\$ -	#DIV/0!	\$ -	\$ -	\$ -	#DIV/0!	\$ -
Occupancy	\$ 18,042.00	\$ 14,410.00	25%	\$ 57,642.00	\$ 18,143.00	\$ 20,000.00	-9%	\$ 56,675.00
Training	\$ 3,760.00	\$ 6,500.00	-42%	\$ 27,940.00	\$ 9,404.00	\$ 8,500.00	11%	\$ 33,450.00
Contractual	\$ 12,390.00	\$ 13,500.00	-8%	\$ 54,195.00	\$ 8,793.00	\$ 8,800.00	0%	\$ 55,495.00
Other	\$ 270.00	\$ 4,000.00	-93%	\$ 16,450.00	\$ 310.00	\$ 500.00	-38%	\$ 17,580.00
Delegates	\$ 181,768.00	\$ 500,900.00	-64%	\$ 2,003,713.00	\$ 370,967.00	\$ 400,000.00	-7%	\$ 2,224,070.00
Subtotal	\$ 307,018.00	\$ 650,160.00	-53%	\$ 2,606,000.00	\$ 499,335.00	\$ 533,300.00	-6%	\$ 2,828,000.00

EXPENSES	2020				2019			
	ACTUAL - YTD	3 MON BUDGET	% VARI.	12 MON BUD	ACTUAL - YTD	3 MON BUDGET	% VARI.	12 MON BUD
Non-Title X								
Personnel	\$ 1,261.00	\$ 2,500.00	-50%	\$ 10,091.00	\$ 4,155.00	\$ 3,000.00	39%	\$ 12,446.00
Travel	\$ 38.00	\$ 50.00	-24%	\$ 200.00	\$ 36.00	\$ 50.00	-28%	\$ 200.00
Supplies	\$ 210.00	\$ 55.00	282%	\$ 230.00	\$ 6.00	\$ 50.00	-88%	\$ 250.00
Equipment	\$ -	\$ -	#DIV/0!	\$ -	\$ -	\$ -	#DIV/0!	\$ -
Occupancy	\$ 172.00	\$ 215.00	-20%	\$ 863.00	\$ 402.00	\$ 300.00	34%	\$ 985.00
Training	\$ 6,324.00	\$ 6,320.00	0%	\$ 6,320.00	\$ -	\$ -	#DIV/0!	\$ 6,320.00
Contractual	\$ 159.00	\$ 55.00	189%	\$ 220.00	\$ 20,564.00	\$ 100.00	20464%	\$ 330.00
Other	\$ 106.00	\$ 340.00	-69%	\$ 1,383.00	\$ 13.00	\$ 20.00	-35%	\$ 65.00
Delegates	\$ -	\$ 2,700.00	-100%	\$ 6,750.00	\$ 19,678.00	\$ -	#DIV/0!	\$ 16,125.00
Subtotal	\$ 8,270.00	\$ 12,235.00	32.41%	\$ 26,057.00	\$ 44,854.00	\$ 3,520.00	#####	\$ 36,721.00

EXPENSES	2020				2019			
	ACTUAL - YTD	3 MON BUDGET	% VARI.	12 MON BUD	ACTUAL - YTD	3 MON BUDGET	% VARI.	12 MON BUD
CBSS								
Personnel	\$ 18,532.00	\$ 20,000.00	-7%	\$ 80,253.00	\$ 17,126.00	\$ 18,000.00	-5%	\$ 78,669.00
Travel	\$ 160.00	\$ 725.00	-78%	\$ 2,900.00	\$ 1,174.00	\$ 1,800.00	-35%	\$ 2,900.00
Supplies	\$ 71.00	\$ 160.00	-56%	\$ 650.00	\$ 29.00	\$ 100.00	-71%	\$ 650.00
Equipment	\$ -	\$ -	#DIV/0!	\$ -	\$ -	\$ -	#DIV/0!	\$ -
Occupancy	\$ 3,906.00	\$ 2,300.00	70%	\$ 9,075.00	\$ 2,904.00	\$ 3,100.00	-6%	\$ 8,840.00
Training	\$ 878.00	\$ 500.00	76%	\$ 2,000.00	\$ 619.00	\$ 100.00	519%	\$ 2,000.00
Contractual	\$ 804.00	\$ 335.00	140%	\$ 1,335.00	\$ 237.00	\$ 300.00	-21%	\$ 1,230.00
Other	\$ -	\$ 800.00	-100%	\$ 3,207.00	\$ -	\$ -	#DIV/0!	\$ 5,131.00
Subtotal	\$ 24,351.00	\$ 24,820.00	1.89%	\$ 99,420.00	\$ 22,089.00	\$ 23,400.00	5.60%	\$ 99,420.00

EXPENSES	2020				2019			
	ACTUAL - YTD	3 MON BUDGET	% VARI.	12 MON BUD	ACTUAL - YTD	3 MON BUDGET	% VARI.	12 MON BUD
CDS								
Personnel	\$ -	\$ -	#DIV/0!	\$ -	Not a project in FY2019			
Travel	\$ -	\$ -	#DIV/0!	\$ -				
Supplies	\$ -	\$ -	#DIV/0!	\$ -				
Equipment	\$ -	\$ -	#DIV/0!	\$ -				
Occupancy	\$ -	\$ -	#DIV/0!	\$ -				
Training	\$ -	\$ -	#DIV/0!	\$ -				
Contractual	\$ -	\$ -	#DIV/0!	\$ 70,000.00				
Other	\$ -	\$ -	#DIV/0!	\$ -				
Subtotal	\$ -	\$ -	#DIV/0!	\$ 70,000.00				

EXPENSES	2020				2019			
	ACTUAL - YTD	3 MON BUDGET	% VARI.	12 MON BUD	ACTUAL - YTD	3 MON BUDGET	% VARI.	12 MON BUD
TOTAL EXPENS.	\$ 339,639.00	\$ 687,215.00	-51%	\$ 2,731,477.00	\$ 566,278.00	\$ 560,220.00	1%	\$ 2,964,141.00
Income in excess (less than) expens	\$ (23,533.00)	\$ (1,215.00)	1837%	\$ 182,000.00	\$ (52,328.00)	\$ (7,115.00)	635%	\$ (3,746.00)

8.29.19

**FAMILY PLANNING COUNCIL OF IOWA
FY2020 OPERATING REPORT
FOR THE THREE MONTHS ENDING SEPTEMBER 30, 2019**

(Unaudited)

VARIANCES:Revenue:

Title X Services	\$ 359,400.00	Unfavorable Variance
TX Reimbur/Update	\$ -	Favorable Variance
Non-Title X Grants	\$ 2,500.00	Unfavorable Variance
Interest/Donations	\$ 867.00	Favorable Variance
Update/Training	\$ 525.00	Unfavorable Variance
Non-TX Misc	\$ 50.00	Favorable Variance
Com. Based Service	\$ 24,000	Unfavorable Variance

Expenses:

Title X Services	\$ 343,142.00	Favorable Variance
Non-Title X Projects	\$ 3,965.00	Favorable Variance
Com. Based Service	\$ 469.00	Favorable Variance

SIGNIFICANT BUDGET VARIATIONS THROUGH SEPTEMBER 30, 2019:

Note: FY2020 is a difficult year to track and report for Title X funding. The FPCI Board decided to use the 12-month Title X revised Notice of Award budget issued 3/26/19 to compare to our actual expenses and revenues. An important point to note is as of 9/30/19 we are 6 months into the Title X award period but only 3 months into our fiscal year.

Operating Revenue:

Note: A Favorable Variance in Revenue means that more revenue was received during the time period than was budgeted. An Unfavorable Variance in Revenue means that less revenue was received during the time period than was budgeted.

- ▶ The unfavorable variance in Title X revenue is mainly due to our subrecipients being on a reimbursement schedule as well as Planned Parenthood of the Heartland pulling out of the Title X program. See note in operating expenses for more detail.
- ▶ The Non-Title X Grants unfavorable revenue is due to the CCSP project being on a reimbursement schedule and as of 9/30/19 FPCI had not been paid.
- ▶ The Interest/Donations favorable variance is because both interest and donations were higher than anticipated.
- ▶ The Non-Title X Misc. favorable variance is slightly more than anticipated CEU revenue.
- ▶ The unfavorable variance in Update/Training is because the annual Family Planning Update did not bring in as much revenue as anticipated. This is partly due to Planned Parenthood of the Heartland dropping out of the Title X network therefore, they chose not to attend this year.

Attendance overall was less than anticipated partly to many health systems changing to pay for performance models for their staff and clinicians.

▶ The unfavorable variance in the CBSS program is because the program is on a reimbursement basis and we have not received payments from IA Dept. of Public Health.

Operating Expenses:

Note: A Favorable Variance in Expenses means the actual expenses during the time period were lower than was budgeted. An Unfavorable Variance in Expenses means the actual expenses during the time period were higher than was budgeted.

▶ The favorable variance in Title X Operating Expenses was due to several factors. With two open positions personnel costs, travel, supplies, and training were, and should have been expected to be favorable to budget. Occupancy costs were higher because 4 months of rent was paid due to the schedule of payment due date. Delegate expenses were significantly less than anticipated due to their reimbursement schedule and again, Planned Parenthood of the Heartland pulling out of the program.

▶ The favorable variance for the Non-Title X projects has several factors. Personnel costs were favorable because less time was spent than anticipated in Non-Title X projects. Supplies were over budget slightly due to reimbursement for the retirement reception and Update supplies. Delegates expenses were favorable due to the reimbursement schedule of the CCSP program. As of 9/30/19 no claims had been paid.

▶ The favorable variance in the CBSS is because travel comes at different times of the year but can vary and just hasn't occurred yet. Occupancy costs were over budget because more is being allocated to the CBSS coordinator while we have open positions as well as the change in office space for this coordinator. Training was over budget for this period because training happens at different times of the year and can't always be predicted.

Necessary Board Action:

Accept or reject 1sr Quarter FY2020 Unaudited Financial Report

Attachment D

FY2020 TITLE X SUPPLEMENTAL GRANT BUDGET

REVENUE	APPLICATION TX SUPP 20	AWARD TX SUPP 20
GRANTS	\$115,716	\$105,300
RESERVE FUNDS	\$0	\$0
	-----	-----
TOTAL REVENUE	\$115,716	\$105,300

OPER. EXPENSES**FPCI PERSONNEL:**

SALARIES	\$12,346	\$12,346
TEMP	\$0	\$0
SAL/FRIN. POOL	\$0	\$0
FRINGES	\$2,354	\$2,354
	-----	-----
SUBTOTAL	\$14,700	\$14,700

TRAVEL:

IN-STATE	\$850	\$850
OUT-STATE	\$0	\$0
BOARD	\$0	\$0
	-----	-----
SUBTOTAL	\$850	\$850

SUPPLIES:

OFFICE	\$0	\$0
POSTAGE	\$0	\$0
	-----	-----
SUBTOTAL	\$0	\$0

EQUIPMENT:

MISC EQUIP	\$0	\$0
	-----	-----
SUBTOTAL:	\$0	\$0

OVERHEAD:

RENT (INC. UTIL)	\$0	\$0
INSURANCE	\$0	\$0
TELEPHONE	\$0	\$0
	-----	-----
SUBTOTAL	\$0	\$0

	APPLICATION	AWARD
TRAINING:	TX SUPP 20	TX SUPP 20
GENERAL-FPCI	\$0	\$0
	-----	-----
SUBTOTAL	\$0	\$0

CONTRACTUAL/OTHER:		
AUDIT	\$0	\$0
SERVICE CONTR.	\$0	\$0
ATTORNEY	\$0	\$0
CONSULTANTS	\$0	\$0
FISCAL MGT	\$0	\$0
MEDICAL DIREC	\$0	\$0
	-----	-----
SUBTOTAL	\$0	\$0

FPCI OPER. EXPE	\$15,550	\$15,550
------------------------	-----------------	-----------------

SUBCONTRACTS:		
FP SERVICES	\$100,166	\$89,750
	-----	-----
SUBTOTAL	\$100,166	\$89,750

GRAND TOTAL	\$115,716	\$105,300
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REVENUE/EXPEN	\$0	\$0
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PROPOSED FY2021 TITLE X SUPPLEMENTAL GRANT APPLICATION BUDGET

REVENUE:

Federal Title X Funds:	\$118,252		
Non-Federal Resources:			
Program Income:	\$17,400		
Medicaid	\$6,265	Patient Fees	\$1,915
Other 3rd Party Payers	\$9,220	Other	\$0

TOTAL NON-FEDERAL \$17,400

TOTAL REVENUE \$135,652

EXPENSES:

Line Items	TX	Non Federal Resources	Total
Personnel:			
Salaries	\$12,593	\$0	\$12,593
Temp	\$0	\$0	\$0
Sal/Fringe Pool	\$0	\$0	\$0
Fringes	\$2,401	\$0	\$2,401
	-----	-----	-----
Subtotal	\$14,994	\$0	\$14,994
Travel:			
In-State	\$0	\$0	\$0
Out-of-State	\$0	\$0	\$0
Board	\$0	\$0	\$0
	-----	-----	-----
Subtotal	\$0	\$0	\$0
Equipment:			
Misc Equipment	\$0	\$0	\$0
	-----	-----	-----
Subtotal	\$0	\$0	\$0
Supplies:			
Office Supplies	\$0	\$0	\$0
	-----	-----	-----
Subtotal	\$0	\$0	\$0
Contractual:			
Sub-Recipients	\$103,258	\$17,400	\$120,658
	-----	-----	-----
Subtotal	\$103,258	\$17,400	\$120,658
Construction:			
Construction	\$0	\$0	\$0
	-----	-----	-----
Subtotal	\$0	\$0	\$0

Other:

Audit	\$0	\$0	\$0
Attorney	\$5,000	\$0	\$5,000
Fiscal Mgt	\$25,647	\$0	\$25,647
Medical Director	\$3,000	\$0	\$3,000
Consultants	\$3,000	\$0	\$3,000
Rent (inc util)	\$44,405	\$0	\$44,405
Insurance	\$4,200	\$0	\$4,200
Telephone	\$6,600	\$0	\$6,600
Postage	\$400	\$0	\$400
Training	\$5,000	\$0	\$5,000
Equip Service	\$9,100	\$0	\$9,100
Subtotal	\$106,352	\$0	\$106,352
Grand Total	\$224,604	\$17,400	\$242,004

PROPOSED FY2022 TITLE X SUPPLEMENTAL GRANT APPLICATION BUDGET

REVENUE:

Federal Title X Funds:	\$119,885		
Non-Federal Resources			
Program Income:	\$17,400		
Medicaid	\$6,265	Patient Fees	\$1,915
Other 3rd Party Payers	\$9,220		
TOTAL NON-FEDERAL	\$17,400		
TOTAL REVENUE	\$137,285		

EXPENSES:

Line Items	TX	Non Federal Resources	Total
Personnel:			
Salaries	\$12,845	\$0	\$12,845
Temp	\$0	\$0	\$0
Sal/Fringe Pool	\$0	\$0	\$0
Fringes	\$2,449	\$0	\$2,449
	-----	-----	-----
Subtotal	\$15,294	\$0	\$15,294
Travel:			
In-State	\$0	\$0	\$0
Out-of-State	\$0	\$0	\$0
Board	\$0	\$0	\$0
	-----	-----	-----
Subtotal	\$0	\$0	\$0
Equipment:			
Misc Equipment	\$0	\$0	\$0
	-----	-----	-----
Subtotal	\$0	\$0	\$0
Supplies:			
Office Supplies	\$0	\$0	\$0
	-----	-----	-----
Subtotal	\$0	\$0	\$0
Contractual:			
Sub-Recipients	\$104,591	\$17,400	\$121,991
	-----	-----	-----
Subtotal	\$104,591	\$17,400	\$121,991
Construction:			
Construction	\$0	\$0	\$0
	-----	-----	-----
Subtotal	\$0	\$0	\$0

Other:

Audit	\$0	\$0	\$0
Attorney	\$0	\$0	\$0
Fiscal Mgt	\$0	\$0	\$0
Medical Director	\$0	\$0	\$0
Consultants	\$0	\$0	\$0
Rent (inc util)	\$0	\$0	\$0
Insurance	\$0	\$0	\$0
Telephone	\$0	\$0	\$0
Postage	\$0	\$0	\$0
Training	\$0	\$0	\$0
Equip Service	\$0	\$0	\$0
Subtotal	\$0	\$0	\$0
Grand Total	\$119,885	\$17,400	\$137,285