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Form **990**

Department of the Treasury
Internal Revenue Service

# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

**2009**

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning APR 1, 2009 and ending MAR 31, 2010

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
UNITED WAY OF JOHNSON COUNTY, INC.

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
1150 5TH ST. 290

City or town, state or country, and ZIP + 4
CORALVILLE, IA 52241

D Employer identification number
42-6062055

E Telephone number
319-338-7823

G Gross receipts $ 1,981,041.

F Name and address of principal officer: CHRISTINE SCHEETZ
1150 5TH ST., CORALVILLE, IA 52241

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

I Tax-exempt status: ☒ 501(c)( 3 ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.UNITEDWAYJC.ORG

H(c) Group exemption number ▶

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1958 M State of legal domicile: IA

## Part I Summary

| | | | |
|---|---|---|---|
| Activities & Governance | 1 Briefly describe the organization's mission or most significant activities: MOBILIZES THE COMMUNITY TO GIVE, ADVOCATE AND VOLUNTEER BY FOCUSING ON THE BUILDING BLOCKS OF A | | |
| | 2 Check this box ▶ ☐ 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 | 18 |
| | 4 Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 18 |
| | 5 Total number of employees (Part V, line 2a) | 5 | 10 |
| | 6 Total number of volunteers (estimate if necessary) | 6 | 1529 |
| | 7a Total gross unrelated business revenue from Part VIII, column (C), line 12 | 7a | 0. |
| | b Net unrelated business taxable income from Form 990-T, line 34 | 7b | 0. |

| | | Prior Year | Current Year |
|---|---|---|---|
| Revenue | 8 Contributions and grants (Part VIII, line 1h) | 2,111,785. | 1,923,244. |
| | 9 Program service revenue (Part VIII, line 2g) | | |
| | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 21,440. | 16,058. |
| | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | -42,875. | 10,450. |
| | 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 2,090,350. | 1,949,752. |
| Expenses | 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 1,479,299. | 1,187,720. |
| | 14 Benefits paid to or for members (Part IX, column (A), line 4) | | |
| | 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 359,484. | 391,354. |
| | 16a Professional fundraising fees (Part IX, column (A), line 11e) | | |
| | b Total fundraising expenses (Part IX, column (D), line 25) ▶ 276,033. | | |
| | 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) | 256,336. | 230,261. |
| | 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 2,095,119. | 1,809,335. |
| | 19 Revenue less expenses Subtract line 18 from line 12 | -4,769. | 140,417. |

| | | Beginning of Current Year | End of Year |
|---|---|---|---|
| Net Assets or Fund Balances | 20 Total assets (Part X, line 16) | 2,403,808. | 2,613,361. |
| | 21 Total liabilities (Part X, line 26) | 1,662,283. | 1,665,067. |
| | 22 Net assets or fund balances Subtract line 21 from line 20 | 741,525. | 948,294. |

## Part II Signature Block

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

Sign Here

▶ Signature of officer — Date 12/17/10

▶ CHRISTINE SCHEETZ, PRESIDENT AND CEO
Type or print name and title

Paid Preparer's Use Only

Preparer's signature — Date 12/14/10 — Check if self-employed ▶ ☐ — Preparer's identifying number (see instructions) P00555380

Firm's name (or yours if self-employed), address, and ZIP + 4
RSM MCGLADREY, INC.
125 S DUBUQUE ST
IOWA CITY, IA 52240-4077

EIN ▶ 41-1944416

Phone no. ▶ 319-354-1500

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



SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

**Part III | Statement of Program Service Accomplishments**

1 Briefly describe the organization's mission

TO BUILD A STRONGER COMMUNITY BY IDENTIFYING AND PRIORITIZING HEALTH AND HUMAN SERVICES NEEDS AND MOBILIZING RESOURCES TO EFFECTIVELY MEET THEM.

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 exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

SEE SCHEDULE O FOR CONTINUATION(S)

4a (Code. ) (Expenses $ 1,344,268. including grants of $ 1,187,720. ) (Revenue $ )

UNITED WAY FULFILLS ITS MISSION BY: RESEARCHING AND ASSESSING COMMUNITY CONDITIONS AND HUMAN CARE NEEDS; DEVELOPING STRATEGIES AND TARGETING RESOURCES TO ADDRESS NEEDS; AND DELIVERING RESULTS BY MONITORING PROGRESS IN CREATING CHANGES THAT IMPROVE LIVES AND CREATE OPPORTUNITIES AND STABILITY FOR OUR COMMUNITY.

THE UNITED WAY OF JOHNSON COUNTY IS THE UNITED WAY THAT OUR COMMUNITY COMES TOGETHER TO GIVE, ADVOCATE AND VOLUNTEER, AND SUPPORTS FUNDING, POLICY AND SERVICES THAT HELP CHILDREN AND YOUTH REACH THEIR FULL POTENTIAL, CREATE PATHWAYS OUT OF POVERTY THAT HELP INDIVIDUALS AND FAMILIES BECOME FINANCIALLY STABLE AND INDEPENDENT, AND THAT IMPROVE THE MENTAL AND PHYSICAL HEALTH OF CHILDREN, YOUTH AND ADULTS.

4b (Code: ) (Expenses $ 58,666. including grants of $ ) (Revenue $ )

CURRENT UNITED WAY OF JOHNSON COUNTY INITIATIVES INCLUDE:
1) WITH FUNDS RAISED IN THE 2009 CAMPAIGN, UNITED WAY OF JOHNSON COUNTY INVESTED $1.1M IN MISSION GRANT FUNDING TO 29 PARTNER AGENCIES; FUNDED THE 2010 COMMUNITY ASSESSMENT, THE VOLUNTEER CENTER OF JOHNSON COUNTY AND THE DISASTER COMMUNITY IMPACT PROGRAM; DESIGNATIONS TO PARTNER AGENCIES, OTHER UNITED WAYS AND OTHER QUALIFIED NONPROFIT ORGANIZATIONS.
2) HEALTHY KIDS: SCHOOL-BASED HEALTH CLINICS IS A COLLABORATION BETWEEN UNITED WAY OF JOHNSON COUNTY, IOWA CITY COMMUNITY SCHOOL DISTRICT, MERCY IOWA CITY, THE UNIVERSITY OF IOWA COLLEGES OF NURSING, MEDICINE AND DENTISTRY, UNIVERSITY OF IOWA HOSPITALS AND CLINICS, JOHNSON COUNTY DEPARTMENT OF PUBLIC HEALTH, FREE MEDICAL CLINIC, COMMUNITY FOUNDATION

4c (Code: ) (Expenses $ including grants of $ ) (Revenue $ )

4d Other program services. (Describe in Schedule O.)
(Expenses $ including grants of $ ) (Revenue $ )

4e **Total program service expenses ▶ $** 1,402,934.

**Part IV Checklist of Required Schedules**

| | | | Yes | No |
|---|---|---|---|---|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A* | 1 | X | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | 2 | 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* | 3 | | X |
| 4 | **Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II* | 4 | | X |
| 5 | **Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III* | 5 | | |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I* | 6 | | 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* | 7 | | X |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III* | 8 | | X |
| 9 | Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV* | 9 | | X |
| 10 | Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? *If "Yes," complete Schedule D, Part V* | 10 | X | |
| 11 | Is the organization's answer to any of the following questions "Yes"? *If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable* | 11 | X | |
| | • Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI.* | | | |
| | • 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* | | | |
| | • 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.* | | | |
| | • 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.* | | | |
| | • Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.* | | | |
| | • 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? *If "Yes," complete Schedule D, Part X* | | | |
| 12 | Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII.* | 12 | X | |
| 12A | Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional* (Yes: , No: X) | 12A | | |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E* | 13 | | X |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | X |
| b | Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Part I* | 14b | | X |
| 15 | Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Part II* | 15 | | X |
| 16 | Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Part III* | 16 | | 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* | 17 | | 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* | 18 | 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* | 19 | | X |
| 20 | Did the organization operate one or more hospitals? *If "Yes," complete Schedule H* | 20 | | X |

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

| | | | Yes | No |
|---|---|---|---|---|
| 21 | Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II* | 21 | X | |
| 22 | Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III* | 22 | | X |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J* | 23 | | X |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25* | 24a | | X |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| c | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a | **Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I* | 25a | | X |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I* | 25b | | X |
| 26 | Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II* | 26 | | X |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III* | 27 | | 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? *If "Yes," complete Schedule L, Part IV* | 28a | | X |
| b | A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV* | 28b | | X |
| c | An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV* | 28c | | X |
| 29 | Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M* | 29 | X | |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M* | 30 | | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I* | 31 | | X |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II* | 32 | | X |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I* | 33 | | X |
| 34 | Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1* | 34 | | X |
| 35 | Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2* | 35 | | X |
| 36 | **Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2* | 36 | | X |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI* | 37 | | X |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O. | 38 | X | |

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

| | | | | Yes | No |
|---|---|---|---|---|---|
| 1a | Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns Enter -0- if not applicable | 1a | 2 | | |
| b | Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable | 1b | 0 | | |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | | 1c | | |
| 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 | 10 | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | | 2b | X | |
| | **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* this return (see instructions) | | | | |
| 3a | Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return? | | 3a | | X |
| b | If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O* | | 3b | | |
| 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)? | | 4a | | X |
| b | If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. | | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | 5a | | X |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | 5b | | X |
| c | If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? | | 5c | | |
| 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? | | 6a | | X |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | | 6b | | |
| 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? | | 7a | X | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | | 7b | | X |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | | 7c | | X |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | 7d | | | |
| e | Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | | 7e | | X |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | 7f | | X |
| g | For all contributions of qualified intellectual property, did the organization file Form 8899 as required? | | 7g | | |
| h | For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? | | 7h | | |
| 8 | **Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? | | 8 | | |
| 9 | **Sponsoring organizations maintaining donor advised funds.** | | | | |
| a | Did the organization make any taxable distributions under section 4966? | | 9a | | |
| b | Did the organization make a distribution to a donor, donor advisor, or related person? | | 9b | | |
| 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 | | | |

**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*

## Section A. Governing Body and Management

| | | | | Yes | No |
|---|---|---|---|---|---|
| 1a | Enter the number of voting members of the governing body | 1a | 18 | | |
| b | Enter the number of voting members that are independent | 1b | 18 | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | | 2 | | X |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? | | 3 | | X |
| 4 | Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? | | 4 | | X |
| 5 | Did the organization become aware during the year of a material diversion of the organization's assets? | | 5 | | X |
| 6 | Does the organization have members or stockholders? | | 6 | | X |
| 7a | Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? | | 7a | | X |
| b | Are any decisions of the governing body subject to approval by members, stockholders, or other persons? | | 7b | | X |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | | |
| a | The governing body? | | 8a | X | |
| b | Each committee with authority to act on behalf of the governing body? | | 8b | X | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O* | | 9 | | X |

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

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

## Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ NONE

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply

☐ Own website ☐ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

TERESA ANDERSON - 319-338-7823
1150 5TH STREET, SUITE 290, CORALVILLE, IA 52241

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

### 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 Use Schedule J-2 if additional space is needed

- 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. 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 the organization did not compensate any current officer, director, or trustee

| (A) Name and Title | (B) Average hours per week | (C) Position (check all that apply) | | | | | | (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 | | | |
| JEFFREY A. DISTERHOFT<br>BOARD CHAIR | | X | | X | | | | 0. | 0. | 0. |
| DAN BROWN<br>DIRECTOR | | X | | | | | | 0. | 0. | 0. |
| CASEY COOK<br>DIRECTOR | | X | | | | | | 0. | 0. | 0. |
| ANITA FALKOFSKE EATON<br>DIRECTOR | | X | | | | | | 0. | 0. | 0. |
| DEB ENOCHSON<br>DIRECTOR | | X | | | | | | 0. | 0. | 0. |
| DICK FERGUSON<br>DIRECTOR | | X | | | | | | 0. | 0. | 0. |
| BART FLOYD<br>DIRECTOR | | X | | | | | | 0. | 0. | 0. |
| SCOTT HANSEN<br>EX-OFFICIO, NON-VOTING | | X | | | | | | 0. | 0. | 0. |
| SHARMAN HUNTER<br>DIRECTOR | | X | | | | | | 0. | 0. | 0. |
| JAN JENSEN<br>DIRECTOR | | X | | | | | | 0. | 0. | 0. |
| JO LAVERA JONES<br>TREASURER | | X | | X | | | | 0. | 0. | 0. |
| HASS MACHLAB<br>DIRECTOR | | X | | | | | | 0. | 0. | 0. |
| SALLY MASON<br>DIRECTOR | | X | | | | | | 0. | 0. | 0. |
| JD MORAN<br>EX-OFFICIO, NON-VOTING | | X | | | | | | 0. | 0. | 0. |
| LANE PLUGGE<br>DIRECTOR | | X | | | | | | 0. | 0. | 0. |
| GLEN WINEKAUF<br>DIRECTOR | | X | | | | | | 0. | 0. | 0. |
| KATE MINETTE<br>DIRECTOR | | 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 | (C) Position (check all that apply) | | | | | | (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 | | | |
| NANCY QUELLHORST<br>DIRECTOR | | X | | | | | | 0. | 0. | 0. |
| ALAN SWANSON<br>DIRECTOR | | X | | | | | | 0. | 0. | 0. |
| DOUG TRUE<br>DIRECTOR | | X | | | | | | 0. | 0. | 0. |
| CHRISTINE SCHEETZ<br>PRESIDENT AND CEO | 40.00 | | | X | | | | 101,781. | 0. | 5,926. |
| TERESA ANDERSON<br>DIRECTOR OF FINANCE & OP | 40.00 | | | X | | | | 48,097. | 0. | 11,430. |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| 1b Total ▶ | | | | | | | | 149,878. | 0. | 17,356. |

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ 1

| | | Yes | No |
|---|---|---|---|
| 3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual* | 3 | | X |
| 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual* | 4 | | X |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? *If "Yes," complete Schedule J for such person* | 5 | | 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 NONE

| (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 in compensation from the organization ▶ 0

**Part VIII Statement of Revenue**

| | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 |
|---|---|---|---|---|---|---|---|
| Contributions, gifts, grants and other similar amounts | 1a | Federated campaigns | 1a 32,279. | | | | |
| | b | Membership dues | 1b | | | | |
| | c | Fundraising events | 1c 5,440. | | | | |
| | d | Related organizations | 1d | | | | |
| | e | Government grants (contributions) | 1e | | | | |
| | f | All other contributions, gifts, grants, and similar amounts not included above | 1f 1,885,525. | | | | |
| | g | Noncash contributions included in lines 1a-1f $ 42,832. | | | | | |
| | h | **Total.** Add lines 1a-1f | ▶ | 1,923,244. | | | |
| Program Service Revenue | | | Business Code | | | | |
| | 2a | | | | | | |
| | b | | | | | | |
| | c | | | | | | |
| | d | | | | | | |
| | e | | | | | | |
| | f | All other program service revenue | | | | | |
| | g | **Total.** Add lines 2a-2f | ▶ | | | | |
| Other Revenue | 3 | Investment income (including dividends, interest, and other similar amounts) | ▶ | 16,058. | | | 16,058. |
| | 4 | Income from investment of tax-exempt bond proceeds | ▶ | | | | |
| | 5 | Royalties | ▶ | | | | |
| | | | (i) Real / (ii) Personal | | | | |
| | 6a | Gross Rents | 20. | | | | |
| | b | Less. rental expenses | | | | | |
| | c | Rental income or (loss) | 20. | | | | |
| | d | Net rental income or (loss) | ▶ | 20. | | | 20. |
| | | | (i) Securities / (ii) Other | | | | |
| | 7a | Gross amount from sales of assets other than inventory | | | | | |
| | b | Less: cost or other basis and sales expenses | | | | | |
| | c | Gain or (loss) | | | | | |
| | d | Net gain or (loss) | ▶ | | | | |
| | 8a | Gross income from fundraising events (not including $ 5,440. of contributions reported on line 1c) See Part IV, line 18 | a 36,364. | | | | |
| | b | Less: direct expenses | b 31,289. | | | | |
| | c | Net income or (loss) from fundraising events | ▶ | 5,075. | | | 5,075. |
| | 9a | Gross income from gaming activities See Part IV, line 19 | a | | | | |
| | b | Less direct expenses | b | | | | |
| | c | Net income or (loss) from gaming activities | ▶ | | | | |
| | 10a | Gross sales of inventory, less returns and allowances | a | | | | |
| | b | Less: cost of goods sold | b | | | | |
| | c | Net income or (loss) from sales of inventory | ▶ | | | | |
| | | Miscellaneous Revenue | Business Code | | | | |
| | 11a | ADMINISTRATIVE FEES ON | 900099 | 5,355. | 5,355. | | |
| | b | | | | | | |
| | c | | | | | | |
| | d | All other revenue | | | | | |
| | e | **Total.** Add lines 11a-11d | ▶ | 5,355. | | | |
| | 12 | **Total revenue.** See instructions. | ▶ | 1,949,752. | 5,355. | 0. | 21,153. |

**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) but are not required to complete columns (B), (C), and (D).

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|---|---|---|---|---|
| 1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 | 1,187,720. | 1,187,720. | | |
| 2 Grants and other assistance to individuals in the U S. See Part IV, line 22 | | | | |
| 3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 | | | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 174,175. | 69,670. | 36,577. | 67,928. |
| 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 | 168,588. | 67,436. | 35,403. | 65,749. |
| 8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) | | | | |
| 9 Other employee benefits | 24,606. | 9,843. | 5,167. | 9,596. |
| 10 Payroll taxes | 23,985. | 9,594. | 5,037. | 9,354. |
| 11 Fees for services (non-employees). | | | | |
| a Management | | | | |
| b Legal | | | | |
| c Accounting | 23,593. | 9,437. | 4,955. | 9,201. |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | | | | |
| g Other | | | | |
| 12 Advertising and promotion | | | | |
| 13 Office expenses | 6,450. | 2,610. | 1,352. | 2,488. |
| 14 Information technology | | | | |
| 15 Royalties | | | | |
| 16 Occupancy | 28,200. | 11,280. | 5,922. | 10,998. |
| 17 Travel | 5,897. | 3,165. | 917. | 1,815. |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 1,138. | 92. | 991. | 55. |
| 20 Interest | | | | |
| 21 Payments to affiliates | 22,142. | 8,857. | 4,650. | 8,635. |
| 22 Depreciation, depletion, and amortization | 8,845. | | 8,845. | |
| 23 Insurance | | | | |
| 24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.) | | | | |
| a CAMPAIGN SUPPLIES | 59,245. | | | 59,245. |
| b TRAINING AND DEVELOPMEN | 14,321. | 9,457. | 2,823. | 2,041. |
| c COMPUTER SERVICE | 13,740. | | 9,481. | 4,259. |
| d SPECIAL EVENTS | 11,084. | | | 11,084. |
| e VOLUNTEER INFORMATION H | 6,000. | 6,000. | | |
| f All other expenses | 29,606. | 7,773. | 8,248. | 13,585. |
| 25 Total functional expenses Add lines 1 through 24f | 1,809,335. | 1,402,934. | 130,368. | 276,033. |
| 26 Joint costs. Check here ▶ ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation | | | | |

**Part X Balance Sheet**

| | | | | (A) Beginning of year | | (B) End of year |
|---|---|---|---|---|---|---|
| Assets | 1 | Cash - non-interest-bearing | | | 1 | |
| | 2 | Savings and temporary cash investments | | 1,255,227. | 2 | 1,378,927. |
| | 3 | Pledges and grants receivable, net | | 923,149. | 3 | 930,675. |
| | 4 | Accounts receivable, net | | | 4 | |
| | 5 | Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L | | | 5 | |
| | 6 | Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 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 | | 5,393. | 9 | 1,839. |
| | 10a | Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D | 10a 84,909. | | | |
| | b | Less: accumulated depreciation | 10b 65,448. | 22,075. | 10c | 19,461. |
| | 11 | Investments - publicly traded securities | | | 11 | |
| | 12 | Investments - other securities See Part IV, line 11 | | 197,964. | 12 | 282,459. |
| | 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) | | 2,403,808. | 16 | 2,613,361. |
| Liabilities | 17 | Accounts payable and accrued expenses | | 39,797. | 17 | 37,560. |
| | 18 | Grants payable | | 1,622,486. | 18 | 1,627,507. |
| | 19 | Deferred revenue | | | 19 | |
| | 20 | Tax-exempt bond liabilities | | | 20 | |
| | 21 | Escrow or custodial account liability Complete Part IV of Schedule D | | | 21 | |
| | 22 | 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 Complete Part X of Schedule D | | | 25 | |
| | 26 | **Total liabilities.** Add lines 17 through 25 | | 1,662,283. | 26 | 1,665,067. |
| Net Assets or Fund Balances | | **Organizations that follow SFAS 117, check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.** | | | | |
| | 27 | Unrestricted net assets | | 115,777. | 27 | 136,013. |
| | 28 | Temporarily restricted net assets | | 625,748. | 28 | 812,281. |
| | 29 | Permanently restricted net assets | | | 29 | |
| | | **Organizations that do not follow SFAS 117, check here ▶ [ ] and complete lines 30 through 34.** | | | | |
| | 30 | Capital stock or trust principal, or current funds | | | 30 | |
| | 31 | Paid-in or capital surplus, or land, building, or equipment fund | | | 31 | |
| | 32 | Retained earnings, endowment, accumulated income, or other funds | | | 32 | |
| | 33 | Total net assets or fund balances | | 741,525. | 33 | 948,294. |
| | 34 | Total liabilities and net assets/fund balances | | 2,403,808. | 34 | 2,613,361. |

**Part XI Financial Statements and Reporting**

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

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

Department of the Treasury
Internal Revenue Service

# Public Charity Status and Public Support

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

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

OMB No 1545-0047

**2009**

Open to Public Inspection

| Name of the organization | Employer identification number |
|---|---|
| UNITED WAY OF JOHNSON COUNTY, INC. | 42-6062055 |

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

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

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

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

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

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

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

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

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

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II )

9 ☐ An organization that normally receives: (1) more than 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 )

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

| | | Yes | No |
|---|---|---|---|
| (i) | A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? | 11g(i) | |
| (ii) | A family member of a person described in (i) above? | 11g(ii) | |
| (iii) | A 35% controlled entity of a person described in (i) or (ii) above? | 11g(iii) | |

h Provide the following information about the supported organization(s)

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) | (iv) Is the organization in col. (i) listed in your governing document? Yes | (iv) No | (v) Did you notify the organization in col. (i) of your support? Yes | (v) No | (vi) Is the organization in col. (i) organized in the U.S.? Yes | (vi) No | (vii) Amount of support |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 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.)

## Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|---|---|---|---|---|---|---|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 1715686. | 1901840. | 1726372. | 2111785. | 1923244. | 9378927. |
| 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 | 1715686. | 1901840. | 1726372. | 2111785. | 1923244. | 9378927. |
| 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 | | | | | | 9378927. |

## Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|---|---|---|---|---|---|---|
| 7 Amounts from line 4 | 1715686. | 1901840. | 1726372. | 2111785. | 1923244. | 9378927. |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 23,016. | 30,507. | 24,861. | 28,965. | 16,078. | 123,427. |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) | | | | | | |
| 11 **Total support.** Add lines 7 through 10 | | | | | | 9502354. |

| | | |
|---|---|---|
| 12 Gross receipts from related activities, etc (see instructions) | 12 | 185,298. |

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 2009 (line 6, column (f) divided by line 11, column (f)) | 14 | 98.70 % |
| 15 Public support percentage from 2008 Schedule A, Part II, line 14 | 15 | % |

16a **33 1/3% support test - 2009.** 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 - 2008.** 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 - 2009.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

b **10% -facts-and-circumstances test - 2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

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

## Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

### Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|---|---|---|---|---|---|---|
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.") | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 **Total.** Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 **Public support** (Subtract line 7c from line 6) | | | | | | |

### Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|---|---|---|---|---|---|---|
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) | | | | | | |
| 13 **Total support** (Add lines 9, 10c, 11, and 12) | | | | | | |

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

### Section C. Computation of Public Support Percentage

| | | |
|---|---|---|
| 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2008 Schedule A, Part III, line 15 | 16 | % |

### Section D. Computation of Investment Income Percentage

| | | |
|---|---|---|
| 17 Investment income percentage for **2009** (line 10c, column (f) divided by line 13, column (f)) | 17 | % |
| 18 Investment income percentage from **2008** Schedule A, Part III, line 17 | 18 | % |

19a **33 1/3% support tests - 2009.** 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 - 2008.** 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 ▶ ☐

# Schedule D (Form 990)

Department of the Treasury
Internal Revenue Service

## Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

**2009**

Open to Public Inspection

Name of the organization: UNITED WAY OF JOHNSON COUNTY, INC.

Employer identification number: 42-6062055

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

| | | (a) Donor advised funds | (b) Funds and other accounts |
|---|---|---|---|
| 1 | Total number at end of year | | |
| 2 | Aggregate contributions to (during year) | | |
| 3 | Aggregate grants from (during year) | | |
| 4 | Aggregate value at end of year | | |

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

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

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

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

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

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

| | | Held at the End of the Tax Year |
|---|---|---|
| a | Total number of conservation easements | 2a |
| b | Total acreage restricted by conservation easements | 2b |
| c | Number of conservation easements on a certified historic structure included in (a) | 2c |
| d | Number of conservation easements included in (c) acquired after 8/17/06 | 2d |

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

## Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

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

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

**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 XIV.

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

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

b If "Yes," explain the arrangement in Part XIV 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? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV.

**Part V Endowment Funds.** Complete if the organization answered "Yes" to 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 | 197,964. | 242,646. | | | |
| b | Contributions | 16,889. | 26,038. | | | |
| c | Net investment earnings, gains, and losses | 71,415. | -66,871. | | | |
| d | Grants or scholarships | | | | | |
| e | Other expenditures for facilities and programs | | | | | |
| f | Administrative expenses | 3,808. | 3,849. | | | |
| g | End of year balance | 282,460. | 197,964. | | | |

2 Provide the estimated percentage of the year end balance held as:

a Board designated or quasi-endowment ▶ _____%
b Permanent endowment ▶ _____%
c Term endowment ▶ _____%

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

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

**Part VI Investments - Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

| Description of investment | (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 | | 84,909. | 65,448. | 19,461. |
| e Other | | | | |
| **Total.** Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶ | | | | 19,461. |

**Part VII Investments - Other Securities.** 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 |
|---|---|---|
| Financial derivatives | | |
| Closely-held equity interests | | |
| Other | | |
| BENEFICIAL INTEREST IN | | |
| COMMUNITY FOUNDATION | 282,459. | END-OF-YEAR MARKET VALUE |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶ | 282,459. | |

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13

| (a) Description of investment type | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶ | | |

**Part IX Other Assets.** See Form 990, Part X, line 15

| (a) Description | (b) Book value |
|---|---|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| Total. *(Column (b) must equal Form 990, Part X, col (B) line 15 )* ▶ | |

**Part X Other Liabilities.** See Form 990, Part X, line 25

| 1 (a) Description of liability | (b) Amount |
|---|---|
| Federal income taxes | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| Total. *(Column (b) must equal Form 990, Part X, col (B) line 25.)* ▶ | |

2. FIN 48 Footnote In Part XIV, 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

## Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

| | | | |
|---|---|---|---|
| 1 | Total revenue (Form 990, Part VIII, column (A), line 12) | 1 | 1,949,752. |
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | 2 | 1,809,335. |
| 3 | Excess or (deficit) for the year Subtract line 2 from line 1 | 3 | 140,417. |
| 4 | Net unrealized gains (losses) on investments | 4 | -44. |
| 5 | Donated services and use of facilities | 5 | |
| 6 | Investment expenses | 6 | |
| 7 | Prior period adjustments | 7 | |
| 8 | Other (Describe in Part XIV.) | 8 | 66,396. |
| 9 | Total adjustments (net) Add lines 4 through 8 | 9 | 66,352. |
| 10 | Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 | 10 | 206,769. |

## Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

| | | | | | |
|---|---|---|---|---|---|
| 1 | Total revenue, gains, and other support per audited financial statements | | | 1 | 2,016,104. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | | |
| a | Net unrealized gains on investments | 2a | -44. | | |
| b | Donated services and use of facilities | 2b | | | |
| c | Recoveries of prior year grants | 2c | | | |
| d | Other (Describe in Part XIV) | 2d | 66,396. | | |
| e | Add lines 2a through 2d | | | 2e | 66,352. |
| 3 | Subtract line 2e from line 1 | | | 3 | 1,949,752. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1. | | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | |
| b | Other (Describe in Part XIV) | 4b | | | |
| c | Add lines 4a and 4b | | | 4c | 0. |
| 5 | Total revenue Add lines 3 and 4c. *(This must equal Form 990, Part I, line 12)* | | | 5 | 1,949,752. |

## Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

| | | | | | |
|---|---|---|---|---|---|
| 1 | Total expenses and losses per audited financial statements | | | 1 | 1,809,335. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | | |
| a | Donated services and use of facilities | 2a | | | |
| b | Prior year adjustments | 2b | | | |
| c | Other losses | 2c | | | |
| d | Other (Describe in Part XIV.) | 2d | | | |
| e | Add lines 2a through 2d | | | 2e | 0. |
| 3 | Subtract line 2e from line 1 | | | 3 | 1,809,335. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1 | | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | |
| b | Other (Describe in Part XIV) | 4b | | | |
| c | Add lines 4a and 4b | | | 4c | 0. |
| 5 | Total expenses Add lines 3 and 4c. *(This must equal Form 990, Part I, line 18)* | | | 5 | 1,809,335. |

## Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information

PART V, LINE 4: BOARD DESIGNATED ENDOWMENT FUNDS TOTALING $282,460 ARE HELD FOR LONG-TERM INVESTMENT PURPOSES THAT MAY PROVIDE SUPPLEMENTAL FUTURE FUNDING FOR PROGRAMS. PRUDENT SPENDING DISTRIBUTIONS ARE PERMITTED.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN BENEFICIAL INTEREST IN ASSETS HELD BY COMMUNITY FOUNDATION

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

# Supplemental Information Regarding Fundraising or Gaming Activities

▶ Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

**2009**

Open To Public Inspection

Name of the organization

UNITED WAY OF JOHNSON COUNTY, INC.

Employer identification number

42-6062055

**Part I** **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17 Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

a ☐ Mail solicitations
b ☐ Internet and email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

| (i) Name of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? Yes | (iii) No | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col (i) | (vi) Amount paid to (or retained by) organization |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| | | | | | | |
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| | | | | | | |
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| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Total ▶ | | | | | | |

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

**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000.

| | | (a) Event #1 GOLF OUTING (event type) | (b) Event #2 CAMPAIGN KICK-OFF CEL (event type) | (c) Other events 1 (total number) | (d) Total events (add col (a) through col. (c)) |
|---|---|---|---|---|---|
| Revenue | 1 Gross receipts | 35,004. | 6,720. | 80. | 41,804. |
| | 2 Less Charitable contributions | 5,440. | | | 5,440. |
| | 3 Gross income (line 1 minus line 2) | 29,564. | 6,720. | 80. | 36,364. |
| Direct Expenses | 4 Cash prizes | | | | |
| | 5 Noncash prizes | | | | |
| | 6 Rent/facility costs | | | | |
| | 7 Food and beverages | | | | |
| | 8 Entertainment | | | | |
| | 9 Other direct expenses | 24,341. | 6,720. | 228. | 31,289. |
| | 10 Direct expense summary. Add lines 4 through 9 in column (d) | | | ▶ | ( 31,289. ) |
| | 11 Net income summary. Combine line 3, column (d), and line 10 | | | ▶ | 5,075. |

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

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

| | | Yes | No |
|---|---|---|---|
| 9 | Enter the state(s) in which the organization operates gaming activities _____ | | |
| a | Is the organization licensed to operate gaming activities in each of these states? 9a | | |
| b | If "No," explain | | |
| 10a | Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? 10a | | |
| b | If "Yes," explain | | |
| 11 | Does the organization operate gaming activities with nonmembers? 11 | | |
| 12 | Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? 12 | | |

| | | | Yes | No |
|---|---|---|---|---|
| 13 Indicate the percentage of gaming activity operated in | | | | |
| a The organization's facility | 13a | % | | |
| b An outside facility | 13b | % | | |
| 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records: | | | | |
| Name ▶ | | | | |
| Address ▶ | | | | |
| 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? | 15a | | | |
| b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____ | | | | |
| c If "Yes," enter name and address of the third party | | | | |
| Name ▶ | | | | |
| Address ▶ | | | | |
| 16 Gaming manager information | | | | |
| Name ▶ | | | | |
| Gaming manager compensation ▶ $ _____ | | | | |
| Description of services provided ▶ | | | | |
| ☐ Director/officer ☐ Employee ☐ Independent contractor | | | | |
| 17 Mandatory distributions | | | | |
| a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? | 17a | | | |
| b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $ | | | | |

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**

**Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.**

▶ **Attach to Form 990.**

OMB No 1545-0047

**2009**

**Open to Public Inspection**

Name of the organization
UNITED WAY OF JOHNSON COUNTY, INC.

**Employer identification number**
42-6062055

**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? [X] Yes [ ] No

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

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000 Check this box if no one recipient received more than $5,000 Use Part IV and Schedule I-1 (Form 990) if additional space is needed ▶ [ ]

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| 4C'S CHILD CARE RESOURCE & REFERRAL - 1500 SYCAMORE ST. - IOWA CITY, IA 52240 | 23-7351124 | 501(C)(3) | 19,380. | 0. | | | GENERAL OPERATING FUND |
| ARC OF SOUTHEAST IOWA 2620 MUSCATINE AVENUE IOWA CITY, IA 52240 | 42-0933140 | 501(C)(3) | 25,000. | 0. | | | GENERAL OPERATING FUND |
| BIG BROTHERS BIG SISTERS OF JOHNSON COUNTY - 4265 OAK CREST HILL RD SE - IOWA CITY, IA 52246 | 42-6021441 | 501(C)(3) | 53,500. | 0. | | | GENERAL OPERATING FUND |
| COMMUNITY MENTAL HEALTH CENTER FOR MID-EASTERN IOWA - 505 E COLLEGE ST. - IOWA CITY, IA 52240 | 42-0989584 | 501(C)(3) | 26,522. | 0. | | | GENERAL OPERATING FUND |
| JOHNSON COUNTY CRISIS CENTER 1121 GILBERT CT. IOWA CITY, IA 52240 | 42-0955992 | 501(C)(3) | 147,200. | 0. | | | GENERAL OPERATING FUND |
| DOMESTIC VIOLENCE INTERVENTION PROGRAM (DVIP) - PO BOX 3170 - IOWA CITY, IA 52244 | 42-1124902 | 501(C)(3) | 61,540. | 0. | | | GENERAL OPERATING FUND |

2 Enter total number of section 501(c)(3) and government organizations ▶ 28.

3 Enter total number of other organizations ▶

**Part III** **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

**Part IV** **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information

SCHEDULE I, PART I, LINE 2: ALLOCATIONS: ORGANIZATIONS RECEIVING DISCRETIONARY FUNDING FROM UNITED WAY OF JOHNSON COUNTY (DETERMINED BY COMMUNITY IMPACT COUNCIL VOLUNTEERS) UNDERGO INTENSIVE PRE-SCREENING BEFORE BEING AWARDED FUNDING. SUCH SCREENING INCLUDES:

- AN APPLICATION PROCESS THAT INCLUDES EXPLANATION OF THE PROPOSED USE AND RESULTS FROM USE OF THE FUNDING

- FINANCIAL REVIEW OF THE ORGANIZATION TO GAIN A LEVEL OF ASSURANCE THAT THE ORGANIZATION FOLLOWS SOUND FISCAL POLICIES

- VERIFICATION OF COMPLIANCE WITH THE PROVISIONS OF THE PATRIOT ACT

SCHEDULE I-1
(Form 990)
Department of the Treasury
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)**
▶ Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III.

OMB No 1545-0047
**2009**
**Open to Public Inspection**

Name of the organization
UNITED WAY OF JOHNSON COUNTY, INC.

Employer identification number
42-6062055

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| ELDER SERVICES, INC.<br>1556 S 1ST AVENUE<br>IOWA CITY, IA 52240 | 42-1146533 | 501(C)(3) | 44,035. | 0. | | | GENERAL OPERATING FUND |
| FOUR OAKS IOWA CITY<br>1916 WATERFRONT DR.<br>IOWA CITY, IA 52240 | 42-0998726 | 501(C)(3) | 20,000. | 0. | | | GENERAL OPERATING FUND |
| FREE LUNCH PROGRAM<br>120 N DUBUQUE<br>IOWA CITY, IA 52245 | 42-0752645 | 501(C)(3) | 8,000. | 0. | | | GENERAL OPERATING FUND |
| GERIATRIC & SPECIAL NEED DENTAL PROGRAM - U OF I S251 DENTAL<br>SCIENCE BLDG - IOWA CITY, IA 52242 | 42-6004813 | | 20,000. | 0. | | | GENERAL OPERATING FUND |
| GIRL SCOUTS OF EASTERN IOWA & WESTERN ILLINOIS - 2011 2ND AVENUE<br>- ROCK ISLAND, IA 61201 | 42-1008848 | 501(C)(3) | 6,350. | 0. | | | GENERAL OPERATING FUND |
| GOODWILL INDUSTRIES OF THE HEARTLAND - PO BOX 1696 - IOWA<br>CITY, IA 52244 | 42-0923563 | 501(C)(3) | 60,000. | 0. | | | GENERAL OPERATING FUND |
| HANDICARE, INC.<br>2220 9TH STREET<br>CORALVILLE, IA 52241 | 42-1193531 | 501(C)(3) | 25,401. | 0. | | | GENERAL OPERATING FUND |
| HILLCREST FAMILY SERVICES<br>449 HIGHWAY 1 WEST<br>IOWA CITY, IA 52246 | 42-0680411 | 501(C)(3) | 8,000. | 0. | | | GENERAL OPERATING FUND |

SCHEDULE I-1 (Form 990)
Department of the Treasury
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)**
▶ Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III.

OMB No 1545-0047
**2009**
Open to Public Inspection

Name of the organization
UNITED WAY OF JOHNSON COUNTY, INC.

Employer identification number
42-6062055

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| THE HOUSING FELLOWSHIP<br>322 EAST SECOND STREET<br>IOWA CITY, IA 52240 | 42-1362432 | 501(C)(3) | 19,334. | 0. | | | GENERAL OPERATING FUND |
| IOWA CITY COMMUNITY SCHOOLS - HEALTHY KIDS - 509 S. DUBUQUE ST. - IOWA CITY, IA 52240 | 42-6023567 | | 35,000. | 0. | | | GENERAL OPERATING FUND |
| IOWA CITY FREE MEDICAL CLINIC<br>2440 TOWNCREST DR.<br>IOWA CITY, IA 52240 | 42-0960955 | 501(C)(3) | 110,000. | 0. | | | GENERAL OPERATING FUND |
| IOWA LEGAL AID<br>1025 WADE ST.<br>IOWA CITY, IA 52240 | 42-1154098 | 501(C)(3) | 37,000. | 0. | | | GENERAL OPERATING FUND |
| JOAN BUXTON SCHOOL CHILDREN'S AID<br>509 S. DUBUQUE ST.<br>IOWA CITY, IA 52240 | 42-6023567 | | 12,000. | 0. | | | GENERAL OPERATING FUND |
| LIFE SKILLS, INC.<br>483 HIGHWAY 1 WEST<br>IOWA CITY, IA 52246 | 42-1337545 | 501(C)(3) | 9,110. | 0. | | | GENERAL OPERATING FUND |
| MECCA<br>430 SOUTHGATE AVE<br>IOWA CITY, IA 52240 | 42-0946031 | 501(C)(3) | 57,090. | 0. | | | GENERAL OPERATING FUND |
| NEIGHBORHOOD CENTERS OF JOHNSON COUNTY - PO BOX 2491 - IOWA CITY, IA 52244 | 42-1060964 | 501(C)(3) | 107,314. | 0. | | | GENERAL OPERATING FUND |

SCHEDULE I-1
(Form 990)
Department of the Treasury
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)**
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OMB No 1545-0047
**2009**
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Name of the organization
UNITED WAY OF JOHNSON COUNTY, INC.

**Employer identification number**
42-6062055

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| PATHWAYS ADULT DAY HEALTH CENTER<br>817 PEPPERWOOD LANE<br>IOWA CITY, IA 52240 | 42-1457018 | 501(C)(3) | 14,408. | 0. | | | GENERAL OPERATING FUND |
| RAPE VICTIM ADVOCACY PROGRAM<br>(RVAP) - 320 S. LINN ST. - IOWA<br>CITY, IA 52240 | 42-6004813 | | 25,834. | 0. | | | GENERAL OPERATING FUND |
| SHELTER HOUSE<br>331 N. GILBERT ST.<br>IOWA CITY, IA 52244 | 42-1231451 | 501(C)(3) | 50,000. | 0. | | | GENERAL OPERATING FUND |
| TABLE TO TABLE<br>20 E. MARKET ST.<br>IOWA CITY, IA 52245 | 42-1457219 | 501(C)(3) | 25,000. | 0. | | | GENERAL OPERATING FUND |
| UNITED ACTION FOR YOUTH (UAY)<br>410 IOWA AVE.<br>IOWA CITY, IA 52244 | 42-0954860 | 501(C)(3) | 66,178. | 0. | | | GENERAL OPERATING FUND |
| VISITING NURSE ASSOCIATION<br>2953 SIERRA CT. SW<br>IOWA CITY, IA 52240 | 42-0703760 | 501(C)(3) | 75,000. | 0. | | | GENERAL OPERATING FUND |
| | | | | | | | |
| | | | | | | | |

**Part IV Supplemental Information**

- VERIFICATION OF CURRENT STATUS AS AN IRS CODE SECTION 501(C)(3) NONPROFIT ORGANIZATION

-ARE REQUIRED TO PROVIDE UNITED WAY WITH QUARTERLY PROGRESS REPORTS THAT SHOW HOW THE FUNDING HAS BEEN UTILIZED TO DAY AND THE RESULTS ACHIEVED AGAINST MISSION AS A RESULT.

-ARE REQUIRED TO PROVIDE UNITED WAY WITH A FINAL REPORT AT THE END OF THE ALLOCATION PERIOD THAT VERIFIES THAT ALL FUNDING HAS BEEN USED FOR THE PURPOSES INTENDED AND WHAT THE RESULTS WERE COMPARED TO THE PROPOSED RESULTS FROM THE ORIGINAL APPLICATION.

DONOR DESIGNATIONS: ORGANIZATIONS RECEIVING DONOR DESIGNATED CONTRIBUTIONS THROUGH UNITED WAY UNDERGO SCREENING PRIOR TO DISTRIBUTION OF FUNDING. SUCH SCREENING INCLUDES:

- VERIFICATION OF COMPLIANCE WITH THE PROVISIONS OF THE PATRIOT ACT

- VERIFICATION OF CURRENT STATUS AS AN IRS CODE SECTION 501(C)(3) NONPROFIT ORGANIZATION

**SCHEDULE M (Form 990)**

Department of the Treasury
Internal Revenue Service

# Noncash Contributions

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

OMB No 1545-0047

**2009**

Open to Public Inspection

Name of the organization: UNITED WAY OF JOHNSON COUNTY, INC.

Employer identification number: 42-6062055

## Part I Types of Property

| | | (a) Check if applicable | (b) Number of contributions | (c) Revenues reported on Form 990, Part VIII, line 1g | (d) Method of determining revenues |
|---|---|---|---|---|---|
| 1 | Art - Works of art | | | | |
| 2 | Art - Historical treasures | | | | |
| 3 | Art - Fractional interests | | | | |
| 4 | Books and publications | | | | |
| 5 | Clothing and household goods | | | | |
| 6 | Cars and other vehicles | | | | |
| 7 | Boats and planes | | | | |
| 8 | Intellectual property | | | | |
| 9 | Securities - Publicly traded | X | 7 | 18,852. | AVERAGE COST PER SHA |
| 10 | Securities - Closely held stock | | | | |
| 11 | Securities - Partnership, LLC, or trust interests | | | | |
| 12 | Securities - Miscellaneous | | | | |
| 13 | Qualified conservation contribution - Historic structures | | | | |
| 14 | Qualified conservation contribution - Other | | | | |
| 15 | Real estate - Residential | | | | |
| 16 | Real estate - Commercial | | | | |
| 17 | Real estate - Other | | | | |
| 18 | Collectibles | | | | |
| 19 | Food inventory | | | | |
| 20 | Drugs and medical supplies | | | | |
| 21 | Taxidermy | | | | |
| 22 | Historical artifacts | | | | |
| 23 | Scientific specimens | | | | |
| 24 | Archeological artifacts | | | | |
| 25 | Other ▶ ( CAMPAIGN MATE ) | X | 2 | 23,980. | |
| 26 | Other ▶ ( ) | | | | |
| 27 | Other ▶ ( ) | | | | |
| 28 | Other ▶ ( ) | | | | |

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

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

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

# Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

**2009**

Open to Public Inspection

Name of the organization

UNITED WAY OF JOHNSON COUNTY, INC.

Employer identification number

42-6062055

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

QUALITY LIFE FOR EVERYONE--EDUCATION, FINANCIAL STABILITY AND OPTIMAL MENTAL AND PHYSICAL HEALTH.

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

UNITED WAY OF JOHNSON COUNTY OPERATES WITH A SMALL STAFF AND A LARGE NUMBER OF VOLUNTEERS, WHO PROVIDE BOARD LEADERSHIP, CONDUCT AN ANNUAL FUNDRAISING CAMPAIGN AND ALLOCATE FUNDS TO 29 PARTNER AGENCIES AND SEVEN INITIATIVES. IN FY09, UNITED WAY OF JOHNSON COUNTY RAISED OVER $2.35M. ALLOCATIONS TO PARTNER AGENCIES ARE DETERMINED BY APPLICATION PROCESS, COORDINATED BY THE UNITED WAY COMMUNITY INVESTMENT COMMITTEE AND RECOMMENDED BY COMMUNITY IMPACT COUNCIL VOLUNTEERS. FUNDS ARE TARGETED TO ADDRESS ISSUES IN JOHNSON COUNTY SUCH AS:

- INCREASING THE % OF CHILDREN AND ADULTS WHO ARE INSURED AND HAVE ACCESS TO QUALITY HEALTH AND DENTAL CARE.
- INCREASING EMPLOYMENT STABILITY.
- INCREASED HOUSING STABILITY.
- INCREASING FINANCIAL STABILITY.
- REDUCING THE % OF CHILDREN AND ADULTS LIVING IN POVERTY.
- DECREASING TEEN AND ADULT SUICIDES.
- REDUCING DOMESTIC VIOLENCE AND SEXUAL ASSAULT.
- REDUCING SUBSTANCE ABUSE.

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

OF JOHNSON COUNTY AND ACT, INC. THIS INITIATIVE PROVIDES HEALTH

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

# Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
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OMB No 1545-0047

**2009**

Open to Public Inspection

Name of the organization
UNITED WAY OF JOHNSON COUNTY, INC.

Employer identification number
42-6062055

SERVICES TO SCHOOL-AGED CHILDREN AND THEIR YOUNGER SIBLINGS WITH UNMET HEALTH NEEDS TO IMPROVE ACCESS TO HEALTH CARE AND REDUCE BARRIERS TO LEARNING.

3) UNITED WAY OF JOHNSON COUNTY ESTABLISHED THE EMERGENCY VOLUNTEER CENTER IN JUNE OF 2008, IN RESPONSE TO MASSIVE FLOODING THAT REQUIRED EXTENSIVE VOLUNTEER EFFORTS FOR CLEAN-UP AND RECOVERY. IN FY10:

A. 58 VOLUNTEERS WERE TRAINED TO COORDINATE EMERGENCY VOLUNTEER CENTER ACTIVITIES IN THE EVENT OF ACTIVATION BY THE JOHNSON COUNTY EMERGENCY MANAGEMENT AGENCY.

4) FROM FEBRUARY 2009 - JUNE 2010, UNITED WAY OF JOHNSON COUNTY CONTRACTED WITH THE JOHNSON COUNTY CRISIS CENTER UNDER A GRANT FROM THE STATE OF IOWA TO PROVIDE CASE MANAGEMENT SERVICES FOR FLOOD IMPACTED HOUSEHOLDS.

5) 2-1-1, A NATIONAL UNITED WAY INITIATIVE AND REGIONAL PARTNERSHIP OF LOCAL UNITED WAYS. 2-1-1 IS A 24-HOUR TOLL-FREE INFORMATION AND REFERRAL HOTLINE FOR HEALTH AND HUMAN SERVICES. TRAINED INFORMATION AND REFERRAL OPERATORS PROVIDE ASSISTANCE TO CALLERS SEEKING SERVICES SUCH AS CHILDCARE, RENT AND UTILITY ASSISTANCE OR CARE FOR THE ELDERLY. ADMINISTERED BY UNITED WAY OF EAST CENTRAL IOWA, OUR AREA UNITED WAY 2-1-1 SERVES THE RESIDENTS OF 24 COUNTIES IN EASTERN AND SOUTHEASTERN IOWA. IN FY10, 2-1-1 PROVIDED INFORMATION AND REFERRAL SERVICES FOR OVER 3956 CALLS FROM JOHNSON COUNTY RESIDENTS.

6) UNITED WAY OF JOHNSON COUNTY IS AN ACTIVE MEMBER AND PARTICIPANT IN UNITED WAYS OF IOWA. THE STATEWIDE ORGANIZATION FOCUSES ON SHARING RESOURCES AND INFORMATION, ACHIEVING EFFICIENCIES IN OPERATIONS AND FOLLOWING BEST PRACTICES IN RESOURCE DEVELOPMENT AND COMMUNITY IMPACT

WORK. UNITED WAYS OF IOWA BRINGS ITS COLLECTIVE VOICE TO PUBLIC POLICY ADVOCACY AT THE STATE AND FEDERAL LEVELS ON A BROAD RANGE OF ISSUES, INCLUDING ACCESS TO CHILD CARE; ACCESS TO QUALITY HEALTH CARE; EARLY CHILDHOOD EDUCATION; ISSUES RELATED TO POVERTY AND HOMELESSNESS; SUPPORT FOR AGING SERVICES AND SERVICES FOR PERSONS WITH MENTAL HEALTH OR DEVELOPMENTAL DISABILITIES.

7) STUDENT UNITED WAY IS THE UNIVERSITY OF IOWA STUDENT CHAPTER OF UNITED WAY OF JOHNSON COUNTY. IT SERVES THE LOCAL COMMUNITY BY ENCOURAGING STUDENTS TO GIVE, ADVOCATE AND VOLUNTEER. UNITED WAY ALSO SUPPORTS THE 10,000 HOURS SHOW, WHICH IS A UI STUDENT-LED ORGANIZATION THAT PROMOTES VOLUNTEERISM. IN 2009-2010, STUDENT VOLUNTEERS PROVIDED MORE THAN 10,351 HOURS OF VOLUNTEER SERVICE THROUGH THESE TWO ORGANIZATIONS.

FORM 990, PART VI, SECTION B, LINE 11: AFTER APPROVAL BY THE INTERNAL OPERATIONS COMMITTEE, THE FORM 990 IS PRESENTED TO THE BOARD OF DIRECTORS FOR APPROVAL.

FORM 990, PART VI, SECTION B, LINE 12C: UNITED WAY OF JOHNSON COUNTY REQUIRES ALL STAFF MEMBERS, BOARD MEMBERS AND COMMUNITY IMPACT COUNCIL VOLUNTEERS TO SIGN CONFLICT OF INTEREST DISCLOSURES ANNUALLY, AND REQUESTS NOTIFICATION OF ANY STATUS CHANGES (E.G. BOARD APPOINTMENTS, VENDOR AGREEMENTS, ETC.). ORGANIZATIONS THAT RECEIVE FUNDING FROM UNITED WAY OF JOHNSON COUNTY ARE ALSO REQUIRED TO PROVIDE CURRENT LISTINGS OF THEIR DIRECTORS, WHICH ARE CROSS REFERENCED TO DETERMINE IF THERE HAVE BEEN ANY UNDISCLOSED CONFLICTS. THE DIRECTOR OF FINANCE AND OPERATIONS MONITORS

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

# Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
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OMB No 1545-0047

**2009**

Open to Public Inspection

Name of the organization

UNITED WAY OF JOHNSON COUNTY, INC.

Employer identification number

42-6062055

COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY. IF A CONFLICT OR PERCEIVED CONFLICT IS BELIEVED TO EXIST, THE MATTER IS BROUGHT TO THE INTERNAL OPERATIONS COMMITTEE FOR REVIEW. A RECOMMENDATION FOR ADDRESSING THE ISSUE IS SUBMITTED BY THE INTERNAL OPERATIONS COMMITTEE TO THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS. THE EXECUTIVE COMMITTEE REVIEWS AND MAY TAKE ACTION OR PRESENT TO THE FULL BOARD FOR ACTION, WHICH MIGHT INCLUDE REQUEST FOR RESIGNATION OR TERMINATION FROM AN APPOINTED OR ELECTED POSITION, OR OTHER CONSEQUENCE AS DEEMED APPROPRIATE AND IN ACCORDANCE WITH UNITED WAY OF JOHNSON COUNTY POLICIES AND NONPROFIT STANDARDS OF CONDUCT.

FORM 990, PART VI, SECTION B, LINE 15A: COMPENSATION OF THE CEO INCLUDES REVIEW AND RECOMMENDATIONS FROM THE ORGANIZATION'S INTERNAL OPERATIONS COMMITTEE INCLUDING COMPARABLE DATA FROM UNITED WAY WORLDWIDE FOR SIMILARLY SIZED UNITED WAYS AND THE CEO'S PERFORMANCE AND YEARS OF RELEVANT EDUCATION AND WORK EXPERIENCE.

FORM 990, PART VI, SECTION C, LINE 19: AVAILABLE ON GUIDESTAR AND AT THE UNITED WAY OF JOHNSON COUNTY OFFICE UPON REQUEST.

- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** and check this box .. ▶ [X]

**Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** (on page 1)

**Part II** **Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed)

| Type or print<br>File by the extended due date for filing the return See instructions | Name of Exempt Organization | | Employer identification number |
|---|---|---|---|
| | UNITED WAY OF JOHNSON COUNTY, INC. | | 42-6062055 |
| | Number, street, and room or suite no If a P O box, see instructions.<br>1150 5TH ST., NO. 290 | | For IRS use only |
| | City, town or post office, state, and ZIP code For a foreign address, see instructions<br>CORALVILLE, IA 52241 | | |

**Check type of return to be filed** (File a separate application for each return).

[X] Form 990 [ ] Form 990-EZ [ ] Form 990-T (sec 401(a) or 408(a) trust) [ ] Form 1041-A [ ] Form 5227 [ ] Form 8870
[ ] Form 990-BL [ ] Form 990-PF [ ] Form 990-T (trust other than above) [ ] Form 4720 [ ] Form 6069

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

- The books are in the care of ▶ TERESA ANDERSON 1150 5TH STREET, SUITE 290 - CORALVILLE, IA 52241
  Telephone No ▶ 319-338-7823 FAX No ▶
- If the organization does not have an office or place of business in the United States, check this box ▶ [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box ▶ [ ]. If it is for part of the group, check this box ▶ [ ] and attach a list with the names and EINs of all members the extension is for

4 I request an additional 3-month extension of time until FEBRUARY 15, 2011

5 For calendar year _____, or other tax year beginning APR 1, 2009, and ending MAR 31, 2010.

6 If this tax year is for less than 12 months, check reason [ ] Initial return [ ] Final return [ ] Change in accounting period

7 State in detail why you need the extension
THE TAXPAYER REQUIRES ADDITIONAL TIME TO GATHER THE INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN.

| | | | | |
|---|---|---|---|---|
| 8a | If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions | 8a | $ | |
| b | If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. | 8b | $ | |
| c | **Balance Due.** Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. | 8c | $ | N/A |

## Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ▶ Title ▶ PRESIDENT AND CEO Date ▶



923832
05-26-09