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EXTENSION GRANTED TO NOVEMBER 17, 2014

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning APR 1, 2013 and ending MAR 31, 2014

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

C Name of organization
UNITED WAY OF JOHNSON & WASHINGTON COUNTIES, INC.

Doing Business As

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

Room/suite 290

City or town, state or province, country, and ZIP or foreign postal code CORALVILLE, IA 52241

F Name and address of principal officer MARY WESTBROOK
SAME AS C ABOVE

D Employer identification number 42-6062055

E Telephone number 319-338-7823

G Gross receipts $ 2,515,590.

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

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

H(c) Group exemption number ▶

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

J Website: ▶ WWW.UNITEDWAYJWC.ORG

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

L Year of formation: 1958

M State of legal domicile: IA

Part I Summary

1 Briefly describe the organization's mission or most significant activities: UNITED WAY OF JOHNSON & WASHINGTON COUNTIES UNITES OUR COMMUNITY TO GIVE, ADVOCATE AND

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

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3	Number of voting members of the governing body (Part VI, line 1a)	3	17
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	17
5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	11
6	Total number of volunteers (estimate if necessary)	6	1951
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	1,964,959.	2,396,056.
9	Program service revenue (Part VIII, line 2g)	0.	77,875.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	11,807.	12,169.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-21,197.	0.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,955,569.	2,486,100.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,239,351.	1,808,700.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	445,602.	465,762.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 219,773.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	251,154.	267,370.
18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	1,936,107.	2,541,832.
19	Revenue less expenses Subtract line 18 from line 12	19,462.	-55,732.

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	2,854,256.	2,996,576.
21	Total liabilities (Part X, line 26)	1,817,609.	1,968,204.
22	Net assets or fund balances Subtract line 21 from line 20	1,036,647.	1,028,372.

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 Mary Westbrook Date 9/4/2014

▶ MARY WESTBROOK, INTERIM PRESIDENT AND CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name MADELINE WINDAUER | Preparer's signature Madeline Windauer | Date 9.3.14 | Check ☐ if self-employed | PTIN P00094137

Firm's name ▶ MCGLADREY LLP | Firm's EIN ▶ 42-0714325

Firm's address ▶ 125 S DUBUQUE ST
IOWA CITY, IA 52240-4077 | 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

917 22

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
UNITED WAY OF JOHNSON & WASHINGTON COUNTIES UNITES OUR COMMUNITY TO GIVE, ADVOCATE AND VOLUNTEER TO CREATE MEASURABLE CHANGE THAT IMPROVES LIVES AND STRENGTHENS OUR COMMUNITY BY FOCUSING ON LIFE'S BUILDING BLOCKS - EDUCATION, INCOME AND HEALTH.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☒ No
If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No
If "Yes," describe these changes on Schedule O

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

4a (Code _____) (Expenses $ 1,517,323. including grants of $ 1,212,944.) (Revenue $ _____)
PARTNER AGENCY FUNDING: MISSION INVESTMENT IN FUNDING FOR 31 PARTNER AGENCIES TO SUPPORT THE CURRENT 2020 VISION GOALS FOR THE COMMON GOOD INCLUDING:
1) EDUCATION - IMPROVING SUCCESS FOR CHILDREN AND YOUTH BY DECREASING THE PREPARATION GAPS BY 1/3, SO MORE KIDS ENTER KINDERGARTEN READY TO LEARN; ARE READING PROFICIENTLY BY 4TH GRADE; GRADUATE FROM HIGH SCHOOL; AND ARE PREPARED FOR A 2 OR 4 YEAR POST-HIGH SCHOOL EDUCATION OR JOB TRAINING PROGRAM.
2) INCOME - INCREASING BY 20% HOUSEHOLDS IN JOHNSON AND WASHINGTON COUNTIES THAT ARE FINANCIALLY STABLE.
3) HEALTH--INCREASE BY 1/3 THE NUMBER OF CHILDREN AND ADULTS WHO ARE HEALTHY AND AVOIDING RISK BEHAVIOR.

4b (Code _____) (Expenses $ 367,756. including grants of $ 367,756.) (Revenue $ 77,875.)
DONOR DESIGNATED FUNDS: CONTRIBUTORS TO UNITED WAY MAY DESIGNATE ALL OR A PORTION OF THEIR CONTRIBUTIONS TO UNITED WAY AGENCIES OR TO NONAFFILIATED 501(C)(3) ORGANIZATIONS, CHURCHES, OR GOVERNMENTAL AGENCIES. UNITED WAY DISTRIBUTES THE FUNDS TO THE DESIGNATED ORGANIZATIONS IN APRIL AND OCTOBER OF EACH YEAR. CONTRIBUTORS MAY ALSO DESIGNATE FUNDS TO SUPPORT SPECIAL INITIATIVES INCLUDING:

1105 CAPITAL CAMPAIGN INITIATIVE - IN SUPPORT OF THE 1105 PROJECT AND OUR FOUR PARTNER AGENCIES THAT WERE COLLABORATING TO CREATE A SHARED FACILITY TO MORE EFFECTIVELY ADDRESS FOOD INSECURITY, MENTAL ILLNESS AND DOMESTIC ABUSE NEEDS IN OUR COMMUNITY, UWJWC LAUNCHED A SPECIAL RESOURCE DEVELOPMENT INITIATIVE IN 2013 TO SUPPORT THE PROJECT. IN

4c (Code _____) (Expenses $ 188,344. including grants of $ 168,000.) (Revenue $ _____)
BIG TEN INVESTMENT FOR IOWA'S CHILDREN: THE UNIVERSITY OF IOWA ASKED THE UNITED WAY OF JOHNSON & WASHINGTON COUNTIES TO SERVE AS THE DISTRIBUTION AGENT FOR $188,344 WITHIN THE STATE OF IOWA. UWJWC WORKED IN PARTNERSHIP WITH THE IOWA CHAPTER OF CHILDREN'S ADVOCACY CENTERS AND PROJECT HARMONY. THE NETWORK OF SIX REGIONAL CHILD ADVOCACY/PROTECTION CENTERS ACROSS IOWA WAS SELECTED TO RECEIVE $28,000 EACH THIS YEAR TO SUPPORT THE PREVENTION, IDENTIFICATION, TREATMENT AND ADVOCACY FOR VICTIMS OF CHILD ABUSE AND NEGLECT. THE BALANCE OF $20,344 WILL BE USED IN THE GREATER IOWA CITY AREA TO SUPPORT ADVERSE CHILDHOOD EXPERIENCE/TRAUMA CENTERED CARE, COMMUNITY EDUCATION AND SERVICES.

4d Other program services (Describe in Schedule O)
(Expenses $ 78,450. including grants of $ 60,000.) (Revenue $ _____)

4e Total program service expenses ▶ 2,151,873.

SEE SCHEDULE O FOR CONTINUATION(S)

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, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	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, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b	X	
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b		X
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, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	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
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or government 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 or 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 25a*	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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *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 (or a family member thereof) 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, Part II, III, or IV, and Part V, line 1*	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		
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 11b 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**

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	5		
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	X	
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	11		
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* (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No," to line 3b, provide an explanation in Schedule O*		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 instructions for 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?		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 as charitable contributions?		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		
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 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	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		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			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note. See the instructions for additional information the organization must report on Schedule O				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*		14b		

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	1a	17		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	17		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	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 governing documents since the prior Form 990 was filed?	4		X	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6	Did the organization have members or stockholders?	6			X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	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	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did 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 If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	15b		X
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," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

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

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

[X] Own website [X] Another's website [X] Upon request [ ] Other *(explain in Schedule O)*

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

20 State the name, 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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ROBYN HEPKER BOARD CHAIR	2.00	X		X				0.	0.	0.
(2) GARY BARTA COMMUNITY INVESTMENT CHAIR	2.00	X		X				0.	0.	0.
(3) BEN CLARK DIRECTOR	1.50	X						0.	0.	0.
(4) DEB ENOCHSON DIRECTOR	1.50	X						0.	0.	0.
(5) SUE EVANS DIRECTOR	1.50	X						0.	0.	0.
(6) PATRICIA HEIDEN DIRECTOR	1.50	X						0.	0.	0.
(7) KEN KATES DIRECTOR	1.50	X						0.	0.	0.
(8) HASS MACHLAB STRATEGIC PLANNING CHAIR	2.00	X		X				0.	0.	0.
(9) TOM MARKUS DIRECTOR	1.50	X						0.	0.	0.
(10) LYNETTE MARSHALL RESOURCE DEVELOPMENT CHAIR	2.00	X		X				0.	0.	0.
(11) MONICA NADEAU DIRECTOR	1.50	X						0.	0.	0.
(12) MARK NOLTE DIRECTOR	1.50	X						0.	0.	0.
(13) MICHAEL PUGH VICE CHAIR	2.00	X		X				0.	0.	0.
(14) NANCY QUELLHORST DIRECTOR	1.50	X						0.	0.	0.
(15) ED RABER DIRECTOR	1.50	X						0.	0.	0.
(16) DOUG TRUE TREASURER/SECRETARY	2.00	X		X				0.	0.	0.
(17) JON WHITMORE DIRECTOR	1.50	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) CHRISTINE SCHEETZ PRESIDENT & CEO	55.00			X				102,568.	0.	15,933.
(19) TERESA ANDERSON DIRECTOR OF FINANCE & OPER	40.00			X				58,225.	0.	12,035.
(20) PATRICIA FIELDS ACTING PRESIDENT & CEO/VP COMMUNITY	40.00			X				56,571.	0.	10,928.
1b Sub-total							▶	217,364.	0.	38,896.
c Total from continuation sheets to Part VII, Section A							▶	0.	0.	0.
d Total (add lines 1b and 1c)							▶	217,364.	0.	38,896.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 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*		X
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*		X
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 0

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a	33,686.				
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	4,959.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	2,357,411.				
	g Noncash contributions included in lines 1a-1f $ 34,679.						
	h Total. Add lines 1a-1f			2,396,056.			
Program Service Revenue		Business Code					
	2a DONOR DESIGNATION FEES	900099		77,875.	77,875.		
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			77,875.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			12,357.			12,357.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
		(i) Real	(ii) Personal				
	6a Gross rents						
	b Less. rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss)						
		(i) Securities	(ii) Other				
	7a Gross amount from sales of assets other than inventory	29,302.					
	b Less: cost or other basis and sales expenses	29,490.					
	c Gain or (loss)	-188.					
	d Net gain or (loss)			-188.			-188.
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18	a					
	b Less direct expenses	b					
	c Net income or (loss) from fundraising events						
	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						
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d						
	12 Total revenue See instructions.			2,486,100.	77,875.	0.	12,169.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	1,808,700.	1,808,700.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	200,051.	88,023.	50,012.	62,016.
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	214,535.	94,395.	53,634.	66,506.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	7,286.	3,206.	1,821.	2,259.
9 Other employee benefits	14,734.	6,483.	3,684.	4,567.
10 Payroll taxes	29,156.	12,537.	7,289.	9,330.
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	24,060.	10,152.	6,353.	7,555.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	6,080.		6,080.	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion	1,981.	852.	495.	634.
13 Office expenses	22,237.	7,345.	4,270.	10,622.
14 Information technology	29,251.	9,858.	9,428.	9,965.
15 Royalties				
16 Occupancy	38,895.	16,609.	9,927.	12,359.
17 Travel	6,370.	3,934.	646.	1,790.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	622.	267.	155.	200.
20 Interest				
21 Payments to affiliates	22,078.	9,570.	5,486.	7,022.
22 Depreciation, depletion, and amortization	7,568.		7,568.	
23 Insurance	5,087.	2,254.	1,155.	1,678.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a OTHER GRANT RELATED EXP	41,199.	40,657.	238.	304.
b TRAINING AND DEVELOPMEN	20,849.	17,381.	1,317.	2,151.
c CAMPAIGN SUPPLIES & EVE	20,177.			20,177.
d PROGRAMS	18,794.	18,794.		
e All other expenses	2,122.	856.	628.	638.
25 **Total functional expenses.** Add lines 1 through 24e	2,541,832.	2,151,873.	170,186.	219,773.
26 **Joint costs** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

					(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing				1	
	2	Savings and temporary cash investments			1,526,101.	2	1,594,098.
	3	Pledges and grants receivable, net			914,477.	3	914,608.
	4	Accounts receivable, net				4	9,547.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L				5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr) Complete Part II of Sch L				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			2,576.	9	2,733.
	10a	Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D	10a	107,039.			
	b	Less. accumulated depreciation	10b	99,616.	12,951.	10c	7,423.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 11			398,151.	12	468,167.
	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)			2,854,256.	16	2,996,576.
Liabilities	17	Accounts payable and accrued expenses			37,831.	17	35,137.
	18	Grants payable			1,779,778.	18	1,933,067.
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D				21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties				23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D				25	
	26	**Total liabilities.** Add lines 17 through 25			1,817,609.	26	1,968,204.
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☒ and complete lines 27 through 29, and lines 33 and 34.**					
	27	Unrestricted net assets			265,540.	27	354,558.
	28	Temporarily restricted net assets			771,107.	28	673,814.
	29	Permanently restricted net assets				29	
		Organizations that do not follow SFAS 117 (ASC 958), 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			1,036,647.	33	1,028,372.
	34	Total liabilities and net assets/fund balances			2,854,256.	34	2,996,576.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,486,100.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,541,832.
3	Revenue less expenses Subtract line 2 from line 1	3	-55,732.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,036,647.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	47,457.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,028,372.

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ 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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2a		X
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	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	
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.**

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization	Employer identification number
UNITED WAY OF JOHNSON & WASHINGTON COUNTIES, 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 - Non-functionally integrated

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?		
(ii)	A family member of a person described in (i) above?		
(iii)	A 35% controlled entity of a person described in (i) or (ii) above?		

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?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
Total									

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1923244.	1918516.	1869473.	1964959.	2396056.	10072248.
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	1923244.	1918516.	1869473.	1964959.	2396056.	10072248.
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)						386,401.
6 **Public support.** Subtract line 5 from line 4						9685847.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	1923244.	1918516.	1869473.	1964959.	2396056.	10072248.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	16,078.	12,798.	9,142.	12,174.	12,357.	62,549.
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)				2,405.		2,405.
11 **Total support.** Add lines 7 through 10						10137202.

12 Gross receipts from related activities, etc (see instructions)	12	125,943.

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 2013 (line 6, column (f) divided by line 11, column (f))	14	95.55 %
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	97.64 %

16a **33 1/3% support test - 2013.** 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 - 2012.** 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 - 2013.** 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 - 2012.** 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 or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 2013 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2013** (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from **2012** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2013.** 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 - 2012.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

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

Part IV **Supplemental Information.** Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, and Part III, line 12
Also complete this part for any additional information (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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Information about Schedule D (Form 990) and its instructions is at *www.irs.gov/form990.*

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization UNITED WAY OF JOHNSON & WASHINGTON COUNTIES, 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 education)
☐ 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, and not on a historic structure listed in the National Register	2d

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

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, 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 XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) 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 (ASC 958) 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 XIII

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

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" 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 XIII and complete the following table:

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

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

Part V Endowment Funds. Complete if the organization answered "Yes" 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	398,151.	359,621.	336,762.	282,459.	197,964.
b Contributions	21,790.	11,190.	10,890.	20,390.	16,889.
c Net investment earnings, gains, and losses	54,355.	32,660.	16,815.	38,218.	71,415.
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	6,129.	5,320.	4,846.	4,305.	3,808.
g End of year balance	468,167.	398,151.	359,621.	336,762.	282,459.

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

a Board designated or quasi-endowment ▶ 100.00 %
b Permanent endowment ▶ _____ %
c Temporarily restricted endowment ▶ _____ %

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

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

	Yes	No
(i) unrelated organizations (3a(i))	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 XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		4,008.	3,451.	557.
d Equipment		103,031.	96,165.	6,866.
e Other				
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				7,423.

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) BENEFICIAL INTEREST IN		
(B) COMMUNITY FOUNDATION	468,167.	END-OF-YEAR MARKET VALUE
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	468,167.	

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	

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

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

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

1	Total revenue, gains, and other support per audited financial statements			1	2,189,903.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b	24,102.		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d	47,457.		
e	Add lines 2a through 2d			2e	71,559.
3	Subtract line 2e from line 1			3	2,118,344.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	367,756.		
c	Add lines 4a and 4b			4c	367,756.
5	Total revenue. Add lines 3 and 4c. *(This must equal Form 990, Part I, line 12.)*			5	2,486,100.

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

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

1	Total expenses and losses per audited financial statements			1	2,198,178.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a	24,102.		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines 2a through 2d			2e	24,102.
3	Subtract line 2e from line 1			3	2,174,076.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b	367,756.		
c	Add lines 4a and 4b			4c	367,756.
5	Total expenses. Add lines 3 and 4c. *(This must equal Form 990, Part I, line 18)*			5	2,541,832.

Part XIII Supplemental Information.

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

PART V, LINE 4:

BOARD DESIGNATED ENDOWMENT FUNDS TOTALING $468,167 ARE HELD FOR LONG-TERM INVESTMENT PURPOSES THAT MAY PROVIDE SUPPLEMENTAL FUTURE FUNDING FOR PROGRAMS. PRUDENT SPENDING DISTRIBUTIONS ARE PERMITTED.

PART X, LINE 2:

UNITED WAY IS EXEMPT FROM INCOME TAXES UNDER PROVISIONS OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. AS SUCH, UNITED WAY IS TAXED ONLY ON ITS UNRELATED BUSINESS INCOME. MANAGEMENT HAS DETERMINED UNITED WAY DID NOT RECEIVE ANY UNRELATED BUSINESS INCOME FOR THE YEARS ENDED MARCH 31, 2014 AND 2013.

Part XIII Supplemental Information *(continued)*

WHEN TAX RETURNS ARE FILED, IT IS HIGHLY CERTAIN THAT SOME POSITIONS TAKEN WOULD BE SUSTAINED UPON EXAMINATION BY THE TAXING AUTHORITIES, WHILE OTHERS ARE SUBJECT TO UNCERTAINTY ABOUT THE MERITS OF THE POSITION TAKEN OR THE AMOUNT OF THE POSITION THAT WOULD ULTIMATELY BE SUSTAINED. THE BENEFIT OF A TAX POSITION IS RECOGNIZED IN THE FINANCIAL STATEMENTS IN THE PERIOD DURING WHICH, BASED UPON ALL AVAILABLE EVIDENCE, MANAGEMENT BELIEVES IT IS MORE LIKELY THAN NOT THAT THE POSITION WILL BE SUSTAINED UPON EXAMINATION, INCLUDING THE RESOLUTION OF APPEALS OR LITIGATION PROCESSES, IF ANY. UNITED WAY HAD NO UNRECOGNIZED TAX BENEFITS AS OF AND FOR THE YEARS ENDED MARCH 31, 2014 AND 2013. WITH FEW EXCEPTIONS, THE UNITED WAY IS NO LONGER SUBJECT TO EXAMINATIONS BY FEDERAL OR STATE AUTHORITIES FOR YEARS ENDING BEFORE MARCH 31, 2011.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN BENEFICIAL INTEREST IN ASSETS HELD BY COMMUNITY FOUNDATION	47,457.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATIONS FOR OTHER ORGANIZATIONS	367,756.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATIONS PAID TO OTHERS	367,756.

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" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at *www.irs.gov/form990.*

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization UNITED WAY OF JOHNSON & WASHINGTON COUNTIES, 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. Part II can be duplicated if additional space is needed

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
4C'S CHILD CARE RESOURCE & REFERRAL - 1500 SYCAMORE ST. - IOWA CITY, IA 52240	23-7351124	501(C)(3)	30,000.	0.			PARTNER AGENCY ALLOCATIONS: FOR PROGRAMS TO IMPROVE EDUCATION, INCOME, AND HEALTH
4C'S CHILD CARE RESOURCE & REFERRAL - 1500 SYCAMORE ST. - IOWA CITY, IA 52240	23-7351124	501(C)(3)	2,358.	0.			DONOR DESIGNATED FUNDS
ALLEN CHILD PROTECTION CENTER 212 WEST DALE ST, STE 102 WATERLOO, IA 50703	42-0698265	501(C)(3)	28,000.	0.			BIG TEN INVESTMENT FOR IOWA'S CHILDREN: TO SUPPORT CHILD ADVOCACY
ARC OF SOUTHEAST IOWA 2620 MUSCATINE AVENUE IOWA CITY, IA 52240	42-0933140	501(C)(3)	30,000.	0.			PARTNER AGENCY ALLOCATIONS: FOR PROGRAMS TO IMPROVE EDUCATION, INCOME, AND HEALTH
ARC OF SOUTHEAST IOWA 2620 MUSCATINE AVENUE IOWA CITY, IA 52240	42-0933140	501(C)(3)	4,399.	0.			DONOR DESIGNATED FUNDS
BIG BROTHERS BIG SISTERS OF JOHNSON COUNTY - 4265 OAK CREST HILL RD SE - IOWA CITY, IA 52246	42-6021441	501(C)(3)	60,000.	0.			PARTNER AGENCY ALLOCATIONS: FOR PROGRAMS TO IMPROVE EDUCATION, INCOME, AND HEALTH

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 37.

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

Part II 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
BIG BROTHERS BIG SISTERS OF JOHNSON COUNTY - 4265 OAK CREST HILL RD SE - IOWA CITY, IA 52246	42-6021441	501(C)(3)	13,874.	0.			DONOR DESIGNATED FUNDS
COMMUNITY MENTAL HEALTH CENTER FOR MID-EASTERN IOWA - 505 E COLLEGE ST. - IOWA CITY, IA 52240	42-0989584	501(C)(3)	24,500.	0.			PARTNER AGENCY ALLOCATIONS: FOR PROGRAMS TO IMPROVE EDUCATION, INCOME, AND HEALTH
COMMUNITY MENTAL HEALTH CENTER FOR MID-EASTERN IOWA - 505 E COLLEGE ST. - IOWA CITY, IA 52240	42-0989584	501(C)(3)	7,330.	0.			DONOR DESIGNATED FUNDS
CRISIS CENTER OF JOHNSON COUNTY 1121 GILBERT CT. IOWA CITY, IA 52240	42-0955992	501(C)(3)	106,152.	0.			PARTNER AGENCY ALLOCATIONS: FOR PROGRAMS TO IMPROVE EDUCATION, INCOME, AND HEALTH
CRISIS CENTER OF JOHNSON COUNTY 1121 GILBERT CT. IOWA CITY, IA 52240	42-0955992	501(C)(3)	25,647.	0.			DONOR DESIGNATED FUNDS
CRISIS CENTER OF JOHNSON COUNTY 1121 GILBERT CT. IOWA CITY, IA 52240	42-0955992	501(C)(3)	117,936.	0.			DONOR DESIGNATED FUNDS: 1105 PROJECT CAPITAL CAMPAIGN
DOMESTIC VIOLENCE INTERVENTION PROGRAM (DVIP) - PO BOX 3170 - IOWA CITY, IA 52244	42-1124902	501(C)(3)	66,000.	0.			PARTNER AGENCY ALLOCATIONS: FOR PROGRAMS TO IMPROVE EDUCATION, INCOME, AND HEALTH
DOMESTIC VIOLENCE INTERVENTION PROGRAM (DVIP) - PO BOX 3170 - IOWA CITY, IA 52244	42-1124902	501(C)(3)	8,743.	0.			DONOR DESIGNATED FUNDS
ELDER SERVICES, INC. 1556 S 1ST AVENUE IOWA CITY, IA 52240	42-1146533	501(C)(3)	45,000.	0.			PARTNER AGENCY ALLOCATIONS: FOR PROGRAMS TO IMPROVE EDUCATION, INCOME, AND HEALTH

Part II 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. 1556 S 1ST AVENUE IOWA CITY, IA 52240	42-1146533	501(C)(3)	11,615.	0.			DONOR DESIGNATED FUNDS
FOUR OAKS IOWA CITY 1916 WATERFRONT DR. IOWA CITY, IA 52240	42-0998726	501(C)(3)	10,000.	0.			PARTNER AGENCY ALLOCATIONS: FOR PROGRAMS TO IMPROVE EDUCATION, INCOME, AND HEALTH
FOUR OAKS IOWA CITY 1916 WATERFRONT DR. IOWA CITY, IA 52240	42-0998726	501(C)(3)	2,342.	0.			DONOR DESIGNATED FUNDS
FREE LUNCH PROGRAM 120 N DUBUQUE IOWA CITY, IA 52245	42-0752645	501(C)(3)	6,750.	0.			PARTNER AGENCY ALLOCATIONS: FOR PROGRAMS TO IMPROVE EDUCATION, INCOME, AND HEALTH
FREE LUNCH PROGRAM 120 N DUBUQUE IOWA CITY, IA 52245	42-0752645	501(C)(3)	9,429.	0.			DONOR DESIGNATED FUNDS
GERIATRIC & SPECIAL NEEDS DENTAL PROGRAM - U OF I S251 DENTAL SCIENCE BLDG - IOWA CITY, IA 52242	42-6004813	UNIV OF IOWA	6,000.	0.			PARTNER AGENCY ALLOCATIONS: FOR PROGRAMS TO IMPROVE EDUCATION, INCOME, AND HEALTH
GERIATRIC & SPECIAL NEEDS DENTAL PROGRAM - U OF I S251 DENTAL SCIENCE BLDG - IOWA CITY, IA 52242	42-6004813	UNIV OF IOWA	1,117.	0.			DONOR DESIGNATED FUNDS
GIRL SCOUTS OF EASTERN IOWA & WESTERN ILLINOIS - 2011 2ND AVENUE - ROCK ISLAND, IA 61201	42-1008848	501(C)(3)	7,500.	0.			PARTNER AGENCY ALLOCATIONS: FOR PROGRAMS TO IMPROVE EDUCATION, INCOME, AND HEALTH
GIRL SCOUTS OF EASTERN IOWA & WESTERN ILLINOIS - 2011 2ND AVENUE - ROCK ISLAND, IA 61201	42-1008848	501(C)(3)	4,156.	0.			DONOR DESIGNATED FUNDS

Part II 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
GOODWILL INDUSTRIES OF THE HEARTLAND - PO BOX 1696 - IOWA CITY, IA 52244	42-0923563	501(C)(3)	30,000.	0.			PARTNER AGENCY ALLOCATIONS: FOR PROGRAMS TO IMPROVE EDUCATION, INCOME, AND HEALTH
GOODWILL INDUSTRIES OF THE HEARTLAND - PO BOX 1696 - IOWA CITY, IA 52244	42-0923563	501(C)(3)	1,608.	0.			DONOR DESIGNATED FUNDS
HACAP - IOWA CITY 1515 HAWKEYE DRIVE HIAWATHA, IA 52233	42-0898405	501(C)(3)	20,300.	0.			PARTNER AGENCY ALLOCATIONS: FOR PROGRAMS TO IMPROVE EDUCATION, INCOME, AND HEALTH
HACAP - IOWA CITY 1515 HAWKEYE DRIVE HIAWATHA, IA 52233	42-0898405	501(C)(3)	2,239.	0.			DONOR DESIGNATED FUNDS
HANDICARE, INC. 2220 9TH STREET CORALVILLE, IA 52241	42-1193531	501(C)(3)	30,000.	0.			PARTNER AGENCY ALLOCATIONS: FOR PROGRAMS TO IMPROVE EDUCATION, INCOME, AND HEALTH
HANDICARE, INC. 2220 9TH STREET CORALVILLE, IA 52241	42-1193531	501(C)(3)	3,976.	0.			DONOR DESIGNATED FUNDS
HAWKEYE AREA COUNCIL BOY SCOUTS OF AMERICA - 660 32ND AVE SW - CEDAR RAPIDS, IA 52404	42-0680304	501(C)(3)	5,224.	0.			DONOR DESIGNATED FUNDS
HILLCREST FAMILY SERVICES 449 HIGHWAY 1 WEST IOWA CITY, IA 52246	42-0680411	501(C)(3)	7,000.	0.			PARTNER AGENCY ALLOCATIONS: FOR PROGRAMS TO IMPROVE EDUCATION, INCOME, AND HEALTH
HILLCREST FAMILY SERVICES 449 HIGHWAY 1 WEST IOWA CITY, IA 52246	42-0680411	501(C)(3)	41.	0.			DONOR DESIGNATED FUNDS

Part II 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
HOUSING FELLOWSHIP 322 EAST SECOND STREET IOWA CITY, IA 52240	42-1362432	501(C)(3)	20,000.	0.			PARTNER AGENCY ALLOCATIONS: FOR PROGRAMS TO IMPROVE EDUCATION, INCOME, AND HEALTH
HOUSING FELLOWSHIP 322 EAST SECOND STREET IOWA CITY, IA 52240	42-1362432	501(C)(3)	3,354.	0.			DONOR DESIGNATED FUNDS
HEALTHY KIDS SCHOOL-BASED CLINICS 509 S. DUBUQUE ST. IOWA CITY, IA 52240	42-6023567	ICCSD	60,000.	0.			PARTNER AGENCY ALLOCATIONS: FOR PROGRAMS TO IMPROVE EDUCATION, INCOME, AND HEALTH
HEALTHY KIDS SCHOOL-BASED CLINICS 509 S. DUBUQUE ST. IOWA CITY, IA 52240	42-6023567	ICCSD	10,064.	0.			DONOR DESIGNATED FUNDS: HEALTHY KIDS SCHOOL-BASED CLINICS
IOWA CITY FREE MEDICAL CLINIC 2440 TOWNCREST DR. IOWA CITY, IA 52240	42-0960955	501(C)(3)	110,000.	0.			PARTNER AGENCY ALLOCATIONS: FOR PROGRAMS TO IMPROVE EDUCATION, INCOME, AND HEALTH
IOWA CITY FREE MEDICAL CLINIC 2440 TOWNCREST DR. IOWA CITY, IA 52240	42-0960955	501(C)(3)	13,505.	0.			DONOR DESIGNATED FUNDS
IOWA LEGAL AID 1025 WADE ST. IOWA CITY, IA 52240	42-1154098	501(C)(3)	35,537.	0.			PARTNER AGENCY ALLOCATIONS: FOR PROGRAMS TO IMPROVE EDUCATION, INCOME, AND HEALTH
IOWA LEGAL AID 1025 WADE ST. IOWA CITY, IA 52240	42-1154098	501(C)(3)	3,008.	0.			DONOR DESIGNATED FUNDS
IOWA VALLEY HABITAT FOR HUMANITY 2401 SCOTT BLVD IOWA CITY, IA 52240	42-1410210	501(C)(3)	15,000.	0.			PARTNER AGENCY ALLOCATIONS: FOR PROGRAMS TO IMPROVE EDUCATION, INCOME, AND HEALTH

Part II 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
IOWA VALLEY HABITAT FOR HUMANITY 2401 SCOTT BLVD IOWA CITY, IA 52240	42-1410210	501(C)(3)	2,006.	0.			DONOR DESIGNATED FUNDS
JOAN BUXTON SCHOOL CHILDREN'S AID 509 S. DUBUQUE ST. IOWA CITY, IA 52240	42-6023567	ICCSD	12,000.	0.			PARTNER AGENCY ALLOCATIONS: FOR PROGRAMS TO IMPROVE EDUCATION, INCOME, AND HEALTH
JOAN BUXTON SCHOOL CHILDREN'S AID 509 S. DUBUQUE ST. IOWA CITY, IA 52240	42-6023567	ICCSD	2,856.	0.			DONOR DESIGNATED FUNDS
MECCA SERVICES 430 SOUTHGATE AVE IOWA CITY, IA 52240	42-0946031	501(C)(3)	41,300.	0.			PARTNER AGENCY ALLOCATIONS: FOR PROGRAMS TO IMPROVE EDUCATION, INCOME, AND HEALTH
MECCA SERVICES 430 SOUTHGATE AVE IOWA CITY, IA 52240	42-0946031	501(C)(3)	2,308.	0.			DONOR DESIGNATED FUNDS
MERCY CHILD ADVOCACY CENTER 801 5TH STREET SIOUX CITY, IA 51102	14-1880022	501(C)(3)	28,000.	0.			BIG TEN INVESTMENT FOR IOWA'S CHILDREN: TO SUPPORT CHILD ADVOCACY
MISSISSIPPI VALLEY CHILD PROTECTION CENTER - 1600 MULBERRY AVE - MUSCATINE, IA 52761	36-2937848	501(C)(3)	28,000.	0.			BIG TEN INVESTMENT FOR IOWA'S CHILDREN: TO SUPPORT CHILD ADVOCACY
NATIONAL ALLIANCE ON MENTAL ILLNESS - JOHNSON COUNTY - 220 LAFAYETTE ST. - IOWA CITY, IA 52240	42-1310908	501(C)(3)	5,000.	0.			PARTNER AGENCY ALLOCATIONS: FOR PROGRAMS TO IMPROVE EDUCATION, INCOME, AND HEALTH
NATIONAL ALLIANCE ON MENTAL ILLNESS - JOHNSON COUNTY - 220 LAFAYETTE ST. - IOWA CITY, IA 52240	42-1310908	501(C)(3)	4,450.	0.			DONOR DESIGNATED FUNDS

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Part II 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
NEIGHBORHOOD CENTERS OF JOHNSON COUNTY - PO BOX 2491 - IOWA CITY, IA 52244	42-1060964	501(C)(3)	117,000.	0.			PARTNER AGENCY ALLOCATIONS: FOR PROGRAMS TO IMPROVE EDUCATION, INCOME, AND HEALTH
NEIGHBORHOOD CENTERS OF JOHNSON COUNTY - PO BOX 2491 - IOWA CITY, IA 52244	42-1060964	501(C)(3)	3,871.	0.			DONOR DESIGNATED FUNDS
NEIGHBORHOOD CENTERS OF JOHNSON COUNTY - PO BOX 2491 - IOWA CITY, IA 52244	42-1060964	501(C)(3)	10,000.	0.			JOHNSON COUNTY OUT-OF-SCHOOL TIME INITIATIVE
NORTH LIBERTY COMMUNITY PANTRY 85 NORTH JONES BLVD NORTH LIBERTY, IA 52317	42-1233284	501(C)(3)	20,000.	0.			PARTNER AGENCY ALLOCATIONS: FOR PROGRAMS TO IMPROVE EDUCATION, INCOME, AND HEALTH
NORTH LIBERTY COMMUNITY PANTRY 85 NORTH JONES BLVD NORTH LIBERTY, IA 52317	42-1233284	501(C)(3)	3,272.	0.			DONOR DESIGNATED FUNDS
PENTACREST INC/PATHWAYS ADULT DAY HEALTH CENTER - 817 PEPPERWOOD LANE - IOWA CITY, IA 52240	42-1457018	501(C)(3)	25,000.	0.			PARTNER AGENCY ALLOCATIONS: FOR PROGRAMS TO IMPROVE EDUCATION, INCOME, AND HEALTH
PENTACREST INC/PATHWAYS ADULT DAY HEALTH CENTER - 817 PEPPERWOOD LANE - IOWA CITY, IA 52240	42-1457018	501(C)(3)	1,750.	0.			DONOR DESIGNATED FUNDS
PROJECT HARMONY 11949 Q STREET OMAHA, NE 68137	47-0789054	501(C)(3)	28,000.	0.			BIG TEN INVESTMENT FOR IOWA'S CHILDREN: TO SUPPORT CHILD ADVOCACY
RAPE VICTIM ADVOCACY PROGRAM (RVAP) - 320 S. LINN ST. - IOWA CITY, IA 52240	42-6004813	501(C)(3)	27,125.	0.			PARTNER AGENCY ALLOCATIONS: FOR PROGRAMS TO IMPROVE EDUCATION, INCOME, AND HEALTH

Part II 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
RAPE VICTIM ADVOCACY PROGRAM (RVAP) - 320 S. LINN ST. - IOWA CITY, IA 52240	42-6004813	501(C)(3)	2,036.	0.			DONOR DESIGNATED FUNDS
REGIONAL CHILD PROTECTION CENTER 1215 PLEASANT ST, STE 303 DES MOINES, IA 50309	42-1467682	501(C)(3)	28,000.	0.			BIG TEN INVESTMENT FOR IOWA'S CHILDREN: TO SUPPORT CHILD ADVOCACY
SHELTER HOUSE 331 N. GILBERT ST. IOWA CITY, IA 52244	42-1231451	501(C)(3)	70,000.	0.			PARTNER AGENCY ALLOCATIONS: FOR PROGRAMS TO IMPROVE EDUCATION, INCOME, AND HEALTH
SHELTER HOUSE 331 N. GILBERT ST. IOWA CITY, IA 52244	42-1231451	501(C)(3)	15,649.	0.			DONOR DESIGNATED FUNDS
ST. LUKE'S CHILD PROTECTION CENTER 1095 N. CENTER POINT RD HIAWATHA, IA 52233	42-1106819	501(C)(3)	28,000.	0.			BIG TEN INVESTMENT FOR IOWA'S CHILDREN: TO SUPPORT CHILD ADVOCACY
TABLE TO TABLE 20 E. MARKET ST. IOWA CITY, IA 52245	42-1457219	501(C)(3)	35,000.	0.			PARTNER AGENCY ALLOCATIONS: FOR PROGRAMS TO IMPROVE EDUCATION, INCOME, AND HEALTH
TABLE TO TABLE 20 E. MARKET ST. IOWA CITY, IA 52245	42-1457219	501(C)(3)	6,738.	0.			DONOR DESIGNATED FUNDS
UNITED ACTION FOR YOUTH (UAY) 410 IOWA AVE. IOWA CITY, IA 52244	42-0954860	501(C)(3)	65,000.	0.			PARTNER AGENCY ALLOCATIONS: FOR PROGRAMS TO IMPROVE EDUCATION, INCOME, AND HEALTH
UNITED ACTION FOR YOUTH (UAY) 410 IOWA AVE. IOWA CITY, IA 52244	42-0954860	501(C)(3)	6,294.	0.			DONOR DESIGNATED FUNDS

Part II **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
VISITING NURSE ASSOCIATION 2953 SIERRA CT. SW IOWA CITY, IA 52240	42-0703760	501(C)(3)	75,000.	0.			PARTNER AGENCY ALLOCATIONS: FOR PROGRAMS TO IMPROVE EDUCATION, INCOME, AND HEALTH
VISITING NURSE ASSOCIATION 2953 SIERRA CT. SW IOWA CITY, IA 52240	42-0703760	501(C)(3)	6,506.	0.			DONOR DESIGNATED FUNDS

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 Part III can be duplicated if additional space is needed

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

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

PART I, LINE 2:

ALLOCATIONS: ORGANIZATIONS RECEIVING DISCRETIONARY FUNDING FROM UNITED WAY OF JOHNSON & WASHINGTON COUNTIES (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

Part IV Supplemental Information

- VERIFICATION OF COMPLIANCE WITH THE PROVISIONS OF THE PATRIOT ACT

- 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 DATE AND THE RESULTS ACHIEVED AGAINST MISSION.

-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/BIG TEN FUNDS: 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.
▶ Information about Schedule M (Form 990) and its instructions is at *www.irs.gov/form990.*

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization: UNITED WAY OF JOHNSON & WASHINGTON COUNTIES, INC.

Employer identification number: 42-6062055

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded	X	10	29,490.	FMV
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	6	5,189.	FMV
26	Other ▶ ( )				
27	Other ▶ ( )				
28	Other ▶ ( )				

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

		Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 - 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?		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?		X
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b	If "Yes," describe in Part II		
33	If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II		

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization: UNITED WAY OF JOHNSON & WASHINGTON COUNTIES, INC.

Employer identification number: 42-6062055

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

VOLUNTEER TO CREATE MEASURABLE CHANGE THAT IMPROVES LIVES AND STRENGTHENS OUR COMMUNITY BY FOCUSING ON LIFE'S BUILDING BLOCKS--EDUCATION, INCOME AND HEALTH.

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

ADDITION TO PROVIDING ONGOING COORDINATION ASSISTANCE AND ADVOCACY, UWJWC PLACED A SPECIAL 1105 CAPITAL CAMPAIGN DESIGNATION ON ALL CAMPAIGN PLEDGE FORMS AND ENCOURAGED UNDERSTANDING AND FINANCIAL SUPPORT THROUGHOUT THE 2013-14 CAMPAIGN FOR THE COMMON GOOD GENERATING $117,000 IN FUNDING FOR THE PROJECT.

HEALTHY KIDS SCHOOL-BASED HEALTH CLINICS INITIATIVE - PROVIDES HEALTH SERVICES TO SCHOOL-AGED CHILDREN AND THEIR YOUNGER SIBLINGS WITH UNMET HEALTH NEEDS TO IMPROVE ACCESS TO HEALTH CARE AND REDUCE BARRIERS TO LEARNING. HEALTHY KIDS IS A COLLABORATION BETWEEN UNITED WAY OF JOHNSON AND WASHINGTON COUNTIES, COMMUNITY FOUNDATION OF JOHNSON COUNTY, IOWA CITY COMMUNITY SCHOOL DISTRICT, MERCY IOWA CITY, ACT, INC., 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, AND THE VISITING NURSE ASSOCIATION.

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

OTHER UNITED WAY OF JOHNSON AND WASHINGTON COUNTIES PROGRAMMING INCLUDES:

Name of the organization UNITED WAY OF JOHNSON & WASHINGTON COUNTIES, INC.

Employer identification number 42-6062055

- COMMUNITY BUILDING, ASSESSMENT, AND ACCOUNTABILITY INITIATIVES: UNITED WAY FULFILLS ITS MISSION BY: 1) RESEARCHING AND ASSESSING COMMUNITY CONDITIONS AND LEADING MULTI-SECTOR GOAL SETTING, 2) DEVELOPING STRATEGIES AND RECRUITING RESOURCES TO DRIVE CHANGE, MEET NEEDS AND BUILD ASSETS IN THE COMMUNITY, AND 3) DELIVERING RESULTS BY MONITORING PROGRESS AND CHANGE IN COMMUNITY CONDITIONS. UWJWC CONDUCTS A COMMUNITY ASSESSMENT EVERY FIVE YEARS, AND CONVENES A CROSS-SECTOR VISIONING AND GOAL SETTING PROCESS.

- UNITED WAY VOLUNTEER CENTER: THE UNITED WAY VOLUNTEER CENTER'S CORE MISSION IS TO INSPIRE, MOBILIZE, AND EQUIP INDIVIDUALS AND GROUPS TO TAKE POSITIVE ACTION TO ADDRESS PRESSING CHALLENGES, SUPPORT NONPROFITS, PREPARE AND RESPOND TO DISASTERS AND STRENGTHEN THE QUALITY OF LIFE IN JOHNSON AND WASHINGTON COUNTIES. THE VOLUNTEER CENTER IS THE RESOURCE DEVOTED TO INCREASING VOLUNTEERISM, ENGAGEMENT AND SERVICE--TO BUILD A COMMUNITY OF VOLUNTEERS!

WE ENCOURAGE ADULTS TO SERVE, YOUTH TO VOLUNTEER AND BUILD CHARACTER, FAMILIES TO BOND, YOUNG PROFESSIONALS TO LEAD, MATURE ADULTS TO SHARE THEIR WISDOM AND BUSINESSES TO SUPPORT OUR COMMUNITY. THROUGH ORGANIZED VOLUNTEER PROJECTS, AS WELL AS BY CONNECTING INDIVIDUALS TO NONPROFIT ORGANIZATIONS, THE UNITED WAY VOLUNTEER CENTER HELPS PEOPLE TAKE ACTION.

- JOHNSON COUNTY OUT-OF-SCHOOL TIME INITIATIVE: INCLUDES BEFORE, AFTER SCHOOL AND WEEKEND PROGRAMS; SUMMER LEARNING OPPORTUNITIES; SERVICE LEARNING; MENTORING AND INTERNSHIPS. FOCUS IS ON FORMAL AND STRUCTURED

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

OPPORTUNITIES FOR SCHOOL-AGED YOUTH THAT CAN COMPLIMENT THE REGULAR SCHOOL DAY. PROVIDERS INCLUDE SCHOOLS, COMMUNITY AND FAITH-BASED GROUPS, YOUTH-SERVING ORGANIZATIONS, CULTURAL INSTITUTIONS, AND CITY/STATE AGENCIES. A GROWING BODY OF RESEARCH LINKS SUSTAINED PARTICIPATION IN QUALITY OUT-OF-SCHOOL TIME PROGRAMS TO POSITIVE DEVELOPMENT AND ACADEMIC SUCCESS.

- DISASTER COMMUNITY IMPACT PROGRAM: INCLUDES COORDINATION OF THE COMMUNITY ORGANIZATIONS ACTIVE IN DISASTER COALITION (COAD), WITH SUBCOMMITTEES FOR LONG TERM RECOVERY COMMITTEE, VOLUNTEER MANAGEMENT, DONATIONS MANAGEMENT AND NEEDS ASSESSMENT/FUNDING AND RESOURCE ALLOCATION; EMERGENCY VOLUNTEER CENTER DISASTER PREPARATION AND COORDINATION; PLANNING WITH JOHNSON COUNTY EMERGENCY MANAGEMENT AND THE EMERGENCY OPERATIONS CENTER.

- 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.

- UNITED WAYS OF IOWA: A STATEWIDE ORGANIZATION OF LOCAL UNITED WAYS, WHICH FOCUSES ON SHARING RESOURCES AND INFORMATION, ACHIEVING EFFICIENCIES IN OPERATIONS AND FOLLOWING BEST PRACTICES IN DRIVING COMMUNITY IMPACT AND RESOURCE DEVELOPMENT. UNITED WAYS OF IOWA BRINGS ITS COLLECTIVE VOICE TO PUBLIC POLICY ADVOCACY AT THE STATE AND FEDERAL LEVEL ON ISSUES RELATED TO EDUCATION, INCLUDING EARLY CHILDHOOD EDUCATION, ACCESS TO CHILD CARE, K-12 EDUCATION AND HIGHER EDUCATION;

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

INCOME, INCLUDING POVERTY, HOUSING, INCOME SUPPORTS, WORKFORCE TRAINING AND ECONOMIC STABILITY; AND HEALTH, INCLUDING ACCESS TO HEALTH CARE AND PREVENTIVE SERVICES, SUPPORT FOR AGING SERVICES AND SERVICES FOR PERSONS WITH MENTAL HEALTH OR DEVELOPMENT DISABILITIES.

- COMMUNITY PRIORITY GRANTS

- PUBLIC POLICY/ADVOCACY FOR EDUCATION, FINANCIAL STABILITY AND HEALTH ISSUES

- NONPROFIT BOARD LEADERSHIP TRAINING

- STUDENT ENGAGEMENT (STUDENT UNITED WAY AND 10,000 HOURS SHOW)

EXPENSES $ 78,450. INCLUDING GRANTS OF $ 60,000. REVENUE $ 0.

FORM 990, PART VI, SECTION A, LINE 4:

THE NAME OF THE CORPORATION WAS CHANGED FROM UNITED WAY OF JOHNSON COUNTY,INC. TO UNITED WAY OF JOHNSON & WASHINGTON COUNTIES, INC.

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

THE OUTSIDE TAX PREPARER REVIEWS A DRAFT OF THE FORM 990 WITH MANAGEMENT AND THE INTERNAL OPERATION COMMITTEE. A FINAL DRAFT OF THE FORM 990 IS REVIEWED AND APPROVED BY MANAGEMENT AND THE BOARD OF DIRECTORS. AFTER ANY AND ALL CHANGES ARE MADE, THE FINAL COPY OF THE FORM 990 IS PROVIDED TO THE FULL BOARD OF DIRECTORS PRIOR TO FILING WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

UNITED WAY OF JOHNSON & WASHINGTON COUNTIES REQUIRES ALL STAFF

Name of the organization UNITED WAY OF JOHNSON & WASHINGTON COUNTIES, INC.

Employer identification number 42-6062055

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 & WASHINGTON COUNTIES 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 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 & WASHINGTON COUNTIES 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 OPERATION COMMITTEE INCLUDING COMPARABLE DATA FROM UNITED WAY WORLDWIDE FOR SIMILARLY SIZED UNITED WAYS, THE CEO'S PERFORMANCE AND YEARS OF RELEVANT EDUCATION AND WORK EXPERIENCE, ALONG WITH MARKET ANALYSIS FOR WORK OF SIMILAR COMPLEXITY AND RESPONSIBILITY. THE CEO SALARY IS REVIEWED BY THE ORGANIZATION'S EXECUTIVE COMMITTEE, AND SALARY BUDGET ALONG WITH THE ANNUAL OPERATIONS BUDGET (FOR FUNDRAISING, ADMINISTRATION AND PROGRAM) ARE APPROVED BY THE BOARD OF DIRECTORS AND DOCUMENTED IN THE BOARD MINUTES.

Name of the organization UNITED WAY OF JOHNSON & WASHINGTON COUNTIES, INC.

Employer identification number 42-6062055

FORM 990, PART VI, SECTION C, LINE 19:

AVAILABLE AT THE UNITED WAY OF JOHNSON & WASHINGTON COUNTIES OFFICE UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN BENEFICIAL INTEREST IN ASSETS HELD BY COMMUNITY FOUNDATION 47,457.

Form **8868**
(Rev. January 2014)

Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**

▶ **Information about Form 8868 and its instructions is at *www.irs.gov/form8868*.**

OMB No 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box . . . . . ▶ [X]
- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Electronic filing *(e-file)*. You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/efile* and click on *e-file for Charities & Nonprofits*

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only . . . . . ▶ [ ]

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

Type or print File by the due date for filing your return See instructions	Name of exempt organization or other filer, see instructions	Enter filer's identifying number Employer identification number (EIN) or
	UNITED WAY OF JOHNSON & WASHINGTON COUNTIES, INC.	42-6062055
	Number, street, and room or suite no. If a P O box, see instructions 1150 5TH ST., NO. 290	Social security number (SSN)
	City, town or post office, state, and ZIP code For a foreign address, see instructions. CORALVILLE, IA 52241	

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

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

- 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

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until NOVEMBER 15, 2014, to file the exempt organization return for the organization named above. The extension is for the organization's return for.
▶ [ ] calendar year _____ or
▶ [X] tax year beginning APR 1, 2013, and ending MAR 31, 2014

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

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

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

83027

ARTICLES OF AMENDMENT
TO
AMENDED AND RESTATED ARTICLES OF INCORPORATION
OF
UNITED WAY OF JOHNSON COUNTY, INC.

666296 AMEN $10.00 KARE 2 9/24/13

TO THE SECRETARY OF STATE OF THE STATE OF IOWA:

Pursuant to the provisions of Section 504.1005 of the Revised Iowa Nonprofit Corporation Act, Code of Iowa (2013), as amended, the undersigned corporation adopts the following Articles of Amendment to its Amended and Restated Articles of Incorporation:

I. The name of the corporation is UNITED WAY OF JOHNSON COUNTY, INC. The effective date of its incorporation was September 17, 1958. Articles of Amendment to the Amended and Restated Articles of Incorporation were filed effective May 29, 1998.

II. The following amendment to the Amended and Restated Articles of Incorporation was adopted by the Board of Directors of the Corporation in the manner required by the Amended and Restated Articles of Incorporation and the Revised Iowa Nonprofit Corporation Act:

ARTICLE ONE
NAME

The name of this corporation is UNITED WAY OF JOHNSON & WASHINGTON COUNTIES, INC.

III. The amendment to the Amended and Restated Articles of Incorporation was adopted by the Board of Directors on September 19, 2013.

IV. The amendment was approved by at least two-thirds majority vote of the Board of the Directors of the Corporation, which was a sufficient number for approval. Approval by the members of the Corporation is not required.

V. The amendment shall become effective on the date on which it is filed with the Iowa Secretary of State.

Dated this 19 day of September, 2013.

UNITED WAY OF JOHNSON COUNTY, INC.

By: _____
Christine L. Scheetz, President and CEO

FILED
IOWA
SECRETARY OF STATE
Sept 23, 13
10:22A
W875524