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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

2015

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 04-01-2015 , and ending 03-31-2016

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final 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) | Room/suite
1150 5TH ST 290

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

D Employer identification number
42-6062055

E Telephone number
(319) 338-7823

G Gross receipts $ 2,472,044

F Name and address of principal officer
CATHERINE KNIGHT
1150 5TH ST 290
CORALVILLE,IA 52241

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
TO IMPROVE LIVES BY UNITING THE CARING POWER OF COMMUNITY IN JOHNSON AND WASHINGTON COUNTIES

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

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	18
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	18
5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	**5**	10
6	Total number of volunteers (estimate if necessary)	**6**	1,527
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**	

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	2,601,944	2,346,940
9	Program service revenue (Part VIII, line 2g)	67,478	63,104
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	8,814	9,565
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	49,128	18,437
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,727,364	2,438,046
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,986,357	1,497,112
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	405,397	445,354
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶211,344		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	234,384	233,350
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	2,626,138	2,175,816
19	Revenue less expenses Subtract line 18 from line 12	101,226	262,230

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	3,069,152	3,215,170
21	Total liabilities (Part X, line 26)	1,908,294	1,810,433
22	Net assets or fund balances Subtract line 21 from line 20	1,160,858	1,404,737

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

****** 2016-08-23
Signature of officer Date

CATHERINE KNIGHT PRESIDENT & CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
AMANDA L LANE CPA	AMANDA L LANE CPA	2016-08-23		P01257668

Firm's name ▶ TD&T CPAS AND ADVISORS PC — Firm's EIN ▶ 42-1029744

Firm's address ▶ 1700 42ND ST NE
CEDAR RAPIDS, IA 52402

Phone no (319) 393-2374

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

TO IMPROVE LIVES BY UNITING THE CARING POWER OF COMMUNITY IN JOHNSON AND WASHINGTON COUNTIES

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 $ 1,495,397 including grants of $ 1,201,476) (Revenue $)

PARTNER AGENCY ALLOCATIONS - SEE SCHEDULE O PARTNER AGENCY FUNDING MISSION INVESTMENT 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 & 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 $ 295,636 including grants of $ 295,636) (Revenue $ 63,104)

DONOR DESIGNATIONS - SEE SCHEDULE O DONOR DESIGNATED FUNDS CONTRIBUTORS TO UNITED WAY MAY DESIGNATE ALL OR A PORTION OF THEIR CONTRIBUTIONS TO UNITED WAY AGENCIES OR TO NONAFFILIATED 501C3 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 SUMMERSHIPS INITIATIVE -- SUMMERSHIPS IS A JOINT PROJECT OF UNITED WAY OF JOHNSON & WASHINGTON COUNTIES AND THE COMMUNITY FOUNDATION OF JOHNSON COUNTY A SUMMERSHIPS ENDOWMENT FUND WAS STARTED WITH PROCEEDS FROM THE SALE OF THE 2014 HERKY ON PARADE STATUES AND CONTRIBUTIONS FROM THE COMMUNITY SUMMERSHIPS WILL PROVIDE CAMP SCHOLARSHIPS FOR UP TO 250 EACH FOR 84 KIDS ON FREE AND REDUCED LUNCH WHO OTHERWISE COULD NOT AFFORD TO GO TO CAMP

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

OTHER PROGRAM SERVICES - SEE SCHEDULE O OTHER PROGRAM SERVICES - OTHER UNITED WAY OF JOHNSON & WASHINGTON COUNTIES PROGRAMMING INCLUDES 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 THE 2015 COMMUNITY ASSESSMENT PROJECT HAS BEEN COMPLETED TO PROVIDE THE MOST CURRENT DATA AVAILABLE FOR THE COMMUNITY TO MEASURE PROGRESS AND ALLOW COMMUNITY LEADERS, LOCAL GOVERNMENTS, BUSINESSES, NONPROFITS AND FAITH COMMUNITIES TO PRIORITIZE AND WORK TOGETHER TO ADDRESS COMMUNITY CHALLENGES IN JOHNSON COUNTY AND TO SET A BASELINE FOR WASHINGTON COUNTY UWJWC CONTRACTS WITH THE IOWA POLICY PROJECT TO COLLECT, ANALYZE AND COMPARE ACCURATE COMMUNITY, STATEWIDE AND NATIONAL DATA IN A RELIABLE AND UNBIASED 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 HEALTHY KIDS INITIATIVE HEALTHY KIDS COMMUNITY CARE WAS DEVELOPED TO REDUCE BARRIERS TO LEARNING BY IMPROVING ACCESS TO HEALTH CARE SERVICES IN THE CLINIC INCLUDE WELL-CHILD PHYSICAL EXAMINATIONS, IMMUNIZATIONS, TREATMENT OF ILLNESS, X-RAYS, LABORATORY TESTS, PRESCRIPTIONS FOR MEDICATIONS, HEALTH EDUCATION, MANAGEMENT OF CHRONIC MEDICAL CONDITIONS, AND REFERRALS TO MENTAL HEALTH PROVIDERS, DENTAL CARE AND MEDICAL SPECIALISTS (WITH FREE OR REDUCED RATES NEGOTIATED BY CLINIC STAFF) ADDITIONALLY, CLINIC STAFF PROVIDE ASSISTANCE FOR FAMILIES APPLYING FOR TITLE XIX (MEDICAID) OR THE HAWK-I CHILDREN'S HEALTH INSURANCE PROGRAM GET MOVING FOR HEALTHY KIDS 5K WALK & RUN IS AN ANNUAL COMMUNITY FITNESS ACTIVITY FOR KIDS AND ADULTS TO SUPPORT THE HEALTHY KIDS SCHOOL-BASED HEALTH CLINICS MONEY SMART JOHNSON COUNTY INITIATIVE FINANCIAL EDUCATION AND LITERACY AIMS TO INCREASE "THE ABILITY TO MAKE INFORMED JUDGMENTS AND TO MAKE EFFECTIVE DECISIONS REGARDING THE USE AND MANAGEMENT OF MONEY " FINANCIAL ILLITERACY CAN COMPOUND PROBLEMS WITHOUT THE BASIC KNOWLEDGE OF MONEY CONCEPTS AND AN UNDERSTANDING OF FINANCIAL OPTIONS, PEOPLE ARE LIKELY TO PAY MORE THAN THEY HAVE TO FOR FINANCIAL SERVICES, FALL INTO DEBT, DAMAGE THEIR CREDIT RECORDS, OR EVEN DECLARE BANKRUPTCY THE "UNBANKED- OR "UNDERBANKED" RELY ON HIGH-COST ALTERNATIVES OF CHECK CASHING SERVICES AND PAWN SHOPS POOR FINANCIAL CHOICES HARM BOTH INDIVIDUALS AND OUR COMMUNITY IN PARTNERSHIP WITH MIDWESTONE BANK, THE UNITED WAY OF JOHNSON & WASHINGTON COUNTIES COMPLETED THE FIRST FOUR MONEY SMART PROGRAM CLASSES TO PROVIDE THE FOUNDATION FOR FINANCIAL LITERACY TO LOW-TO-MODERATE INCOME INDIVIDUALS AND FAMILIES IN THE COMMUNITY THE BASIC FOUNDATION CLASSES ARE BASIC BANKING TERMS, BASIC CHECKING, SAVINGS MONEY MANAGEMENT AND FINANCIAL GOAL-SETTING THE CLASSES ARE PROVIDED IN A 5-WEEK TIME PERIOD MIDWESTONE WILL PROVIDED THE CLASS INSTRUCTORS AND MATERIALS FOR PARTICIPANTS CLASSES HAVE BEEN AVAILABLE IN TWO JOHNSON COUNTY LOCATIONS, NORTH LIBERTY AND DOWNTOWN IOWA CITY EACH ELIGIBLE HOUSEHOLD (200% OR BELOW FEDERAL POVERTY GUIDELINES) WHO COMPLETES ALL 5 CLASSES OF THE MONEY SMART BASIC PROGRAM WAS ELIGIBLE TO RECEIVE A 500 INCENTIVE TO OPEN A CHECKING OR SAVINGS ACCOUNT AT THE FINANCIAL INSTITUTION OF THEIR CHOICE AND ENTER THE FINANCIAL MAINSTREAM IF THE HOUSEHOLD ALREADY HAS AN ACCOUNT, IT WAS DEPOSITED INTO THEIR SAVINGS PRE AND POST EVALUATIONS WILL BE USED TO COLLECT DATA AND OUTCOMES JOHNSON COUNTY OUT-OF-SCHOOL TIME INITIATIVE A COALITION OF PARTNERS IN JOHNSON COUNTY HAS CREATED A COUNTY-WIDE VISION FOR OUT-OF-SCHOOL TIME COORDINATED BY THE UNITED WAY OF JOHNSON & WASHINGTON COUNTIES, THE JOHNSON COUNTY OUT-OF-SCHOOL TIME (OST) INITIATIVE INCLUDES BEFORE, AFTER SCHOOL AND WEEKEND PROGRAMS, SUMMER LEARNING OPPORTUNITIES, SERVICE LEARNING, MENTORING AND INTERNSHIPS THE FOCUS OF THE INITIATIVE IS ON FORMAL AND STRUCTURED OPPORTUNITIES FOR SCHOOL-AGED YOUTH THAT CAN COMPLEMENT THE REGULAR SCHOOL DAY AND THE 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 PARTNERS ACT, PEARSON, CITY OF IOWA CITY, CITY OF CORALVILLE, CITY OF NORTH LIBERTY, JOHNSON COUNTY, IOWA CITY SCHOOL DISTRICT, CLEAR CREEK AMANA SCHOOL DISTRICT, SOLON SCHOOL DISTRICT, REGINA SCHOOLS, BIG BROTHERS BIG SISTERS, NEIGHBORHOOD CENTERS OF JOHNSON COUNTY, UNITED ACTION FOR YOUTH, UNITED WAY, IOWA STATE EXTENSION, JOHNSON COUNTY EMPOWERMENT, UNIVERSITY OF IOWA, JUVENILE COURT SERVICES DISASTER SERVICES 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 DISASTER CALL CENTER COORDINATION, PLANNING WITH JOHNSON COUNTY EMERGENCY MANAGEMENT AND THE EMERGENCY OPERATIONS CENTER THE EMERGENCY VOLUNTEER CENTER (EVC) PROVIDES A SPECIFIC LOCATION WHERE DISASTER VOLUNTEERS CAN EFFICIENTLY AND EFFECTIVELY BE DEPLOYED THE EVC IS STAFFED BY SKILLED, TRAINED VOLUNTEERS CAPABLE OF SCREENING, INTERVIEWING AND REFERRING PROSPECTIVE VOLUNTEERS IN A PROFESSIONAL MANNER IN LARGER DISASTERS, THE EVC IS MOBILIZED AS A "WALK IN CENTER" IN SMALLER DISASTERS, THE EVC OPERATES AS A PHONE BANK WHETHER IT'S A LARGE OR SMALL SCALE DISASTER THERE ARE MANY SPONTANEOUS VOLUNTEERS WHO BRING A WIDE RANGE OF SKILLS AND EFFORT TO ASSIST OUR COMMUNITY THE DISASTER CALL CENTER, WHEN ACTIVATED BY JOHNSON COUNTY EMERGENCY MANAGEMENT, IS STAFFED BY UNITED WAY STAFF AND VOLUNTEERS AND IS THE RESOURCE FOR EVERYONE IN THE COMMUNITY TO CALL TO SEEK DISASTER-RELATED INFORMATION AND REQUEST VOLUNTEER ASSISTANCE FOR DISASTER-RELATED NEEDS THE CALL CENTER FREES UP MUNICIPAL STAFF SO THAT THEY CAN CONCENTRATE ON EMERGENCY DISASTER-RELATED WORK AND PROTECTION OF PUBLIC SERVICES AND WORKS 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, 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 PUBLIC POLICY/ADVOCACY FOR EDUCATION, FINANCIAL STABILITY AND HEALTH ISSUES NONPROFIT BOARD LEADERSHIP TRAINING STUDENT ENGAGEMENT (STUDENT UNITED WAY AND 10,000 HOURS SHOW)

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

4e **Total program service expenses** ▶ 1,791,033

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	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
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		No
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		No
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		No
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		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
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		No
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	Yes	
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	Yes	
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	Yes	
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		No
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		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e		No
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	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	Yes	
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		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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		No
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		No
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		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* (see instructions)	17		No
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	Yes	
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		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No
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)*

21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
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**		No
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**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
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**		No
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 "Yes," complete Schedule L, Part II*	**26**		No
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**		No
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**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
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**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
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**		No
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**		No
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**		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**		No
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**		No
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**		No
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**	Yes	

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**	3		
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**		Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2a**	10		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	**2b**		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .	**3a**			No
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**			No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	**5a**			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	**5b**			No
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**			No
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**		Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	**7b**		Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	**7c**			No
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**			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	**7f**			No
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.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	**8**			
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .	**9a**			
b	Did the sponsoring 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? **Note.** See the instructions for additional information the organization must report on Schedule O	**13a**			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	**14a**			No
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 lines 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 . . . . . ☑

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	1a	18		
	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				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	18		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			No
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			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			No
6	Did the organization have members or stockholders?	6			No
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			No
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			No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	8a		Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		Yes	
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			No

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		No
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	Yes	
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	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
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	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
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	Yes	
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
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 ▶

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

☑ Own website ☑ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶TERESA ANDERSON 1150 5TH STREET SUITE 290 CORALVILLE, IA 52241 (319) 338-7823

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, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MICHAEL PUGH BOARD CHAIR	2 00	X		X				0	0	0
(2) GARY BARTA VICE CHAIR	2 00	X		X				0	0	0
(3) KEN KATES IO CHAIR/TRE	2 00	X		X				0	0	0
(4) MARK NOLTE COM INVEST	2 00	X		X				0	0	0
(5) BEN CLARK RESOURCE DEV	2 00	X		X				0	0	0
(6) PATRICIA HEIDEN STRAT PLAN	2 00	X		X				0	0	0
(7) GABE AGUIRRE BOARD MEMBER	1 50	X						0	0	0
(8) GEORGINA DODGE BOARD MEMBER	1 50	X						0	0	0
(9) SUE EVANS BOARD MEMBER	1 50	X						0	0	0
(10) KELLY HAYWORTH BOARD MEMBER	1 50	X						0	0	0
(11) ROBYN HEPKER BOARD MEMBER	1 50	X						0	0	0
(12) LASHONDA KENNEDY BOARD MEMBER	1 50	X						0	0	0
(13) TOM MARKUS RESIGNED 216 BOARD MEMBER	1 50	X						0	0	0
(14) LYNETTE MARSHALL BOARD MEMBER	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 dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(15) ED RABER BOARD MEMBER	1 50	X						0	0	0
(16) CAMI RASMUSSEN BOARD MEMBER	1 50	X						0	0	0
(17) RYAN SCHLABAUGH BOARD MEMBER	1 50	X						0	0	0
(18) DOUG TRUE RESIGNED 815 BOARD MEMBER	1 50	X						0	0	0
(19) EADIE FAWCETT-WEAVER BOARD MEMBER	1 50	X						0	0	0
(20) JON WHITMORE RESIGNED 1015 BOARD MEMBER	1 50	X						0	0	0
(21) JON WEIH BOARD MEMBER	1 50	X						0	0	0
(22) GLEN WINEKAUF RESIGNED 316 BOARD MEMBER	1 50	X						0	0	0
(23) TERESA ANDERSON DIRECTOR OF	40 00			X				60,505	0	12,645
(24) CATHERINE KNIGHT PRESIDENT &	40 00			X				53,572	0	8,056
(25) MARY WESTBROOK INT PRES/CE	40 00			X				27,720	0	0
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								141,797		20,701

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 ▶

		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*		No
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*		No
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*		No

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c 4,000				
	d Related organizations	1d				
	e Government grants (contributions)	1e 6,690				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 2,336,250				
	g Noncash contributions included in lines 1a-1f $	82,346				
	h **Total.** Add lines 1a-1f		2,346,940			
Program Service Revenue		Business Code				
	2a DONOR DESIGNATION FEES	900099	63,104	63,104		
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a–2f		63,104			
	3 Investment income (including dividends, interest, and other similar amounts)		9,844			9,844
	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	31,523				
	b Less cost or other basis and sales expenses	31,802				
	c Gain or (loss)	-279				
	d Net gain or (loss)		-279			-279
	8a Gross income from fundraising events (not including $ 4,000 of contributions reported on line 1c) See Part IV, line 18	a 17,618				
	b Less direct expenses	b 2,176				
	c Net income or (loss) from fundraising events		15,442			15,442
	9a Gross income from gaming activities See Part IV, line 19	a 3,015				
	b Less direct expenses	b 20				
	c Net income or (loss) from gaming activities		2,995			2,995
	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					
Other Revenue	Miscellaneous Revenue	Business Code				
	11a					
	b					
	c					
	d All other revenue					
	e **Total.** Add lines 11a–11d					
	12 **Total revenue.** See Instructions		2,438,046	63,104		28,002

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	1,497,112	1,497,112		
2 Grants and other assistance to domestic individuals See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	175,526	78,636	50,728	46,162
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	211,379	94,698	61,089	55,592
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	31,087	13,927	8,984	8,176
10 Payroll taxes	27,362	12,258	7,908	7,196
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	17,020	7,625	4,919	4,476
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	6,657		6,657	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	5,375			5,375
12 Advertising and promotion	1,250	560	361	329
13 Office expenses	10,065	4,510	2,908	2,647
14 Information technology	27,120	14,291	3,050	9,779
15 Royalties				
16 Occupancy	34,378	15,402	9,936	9,040
17 Travel	5,982	4,363	432	1,187
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	919	412	265	242
20 Interest				
21 Payments to affiliates	27,896	12,497	8,062	7,337
22 Depreciation, depletion, and amortization	4,864	2,179	1,406	1,279
23 Insurance	5,450	2,442	1,575	1,433
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 PROMOTIONAL EVENTS	35,305			35,305
b COMMUNITY ASSESSMENT	16,266	16,266		
c CAMPAIGN SUPPLIES	15,362	1,714	1,106	12,542
d TRAINING & DEVELOPMENT	5,599	4,199	1,400	
e All other expenses	13,842	7,942	2,653	3,247
25 **Total functional expenses.** Add lines 1 through 24e	2,175,816	1,791,033	173,439	211,344
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		1,513,061	2	1,571,488
	3	Pledges and grants receivable, net		1,059,853	3	1,177,735
	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		2,732	9	2,984
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 119,326			
	b	Less accumulated depreciation	10b 109,778	14,412	10c	9,548
	11	Investments—publicly traded securities			11	
	12	Investments—other securities See Part IV, line 11		479,094	12	453,415
	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)		3,069,152	16	3,215,170
Liabilities	17	Accounts payable and accrued expenses		37,335	17	41,827
	18	Grants payable		1,870,959	18	1,768,606
	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		1,908,294	26	1,810,433
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		442,093	27	745,788
	28	Temporarily restricted net assets		718,765	28	658,949
	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		1,160,858	33	1,404,737
	34	Total liabilities and net assets/fund balances		3,069,152	34	3,215,170

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,438,046
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,175,816
3	Revenue less expenses Subtract line 2 from line 1	3	262,230
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,160,858
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	-18,351
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,404,737

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?	2a		No
	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			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	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			
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?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
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		

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SCHEDULE A (Form 990 or 990EZ)

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

2015

Open to Public Inspection

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

Employer identification number
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 (Form 990 or 990-EZ))

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

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

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

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

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

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

9 ☐ An organization that normally receives (1) more than 331/3% 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 331/3% 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f Enter the number of supported organizations . . . . . _____

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

(i) Name of supported organization	(ii)EIN	(iii) Type of organization (described on lines 1- 9 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any unusual grants)	1,869,473	1,964,959	2,396,056	2,601,944	2,346,940	11,179,372
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	1,869,473	1,964,959	2,396,056	2,601,944	2,346,940	11,179,372
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)						504,339
6 **Public support.** Subtract line 5 from line 4						10,675,033

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4	1,869,473	1,964,959	2,396,056	2,601,944	2,346,940	11,179,372
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	9,142	12,174	12,357	8,855	9,844	52,372
9 Net income from unrelated business activities, whether or not the business is regularly carried on				9,075	18,437	27,512
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)		2,405				2,405
11 **Total support.** Add lines 7 through 10						11,261,661
12 Gross receipts from related activities, etc (see instructions)					**12**	63,104

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 2015 (line 6, column (f) divided by line 11, column (f))	**14**	94 790 %
15	Public support percentage for 2014 Schedule A, Part II, line 14	**15**	94 690 %

16a **33 1/3% support test—2015.** 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—2014.** 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—2015.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2014.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

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

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2014 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2015** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2014** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2015.** 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—2014.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990) .*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part II of Schedule L (Form 990).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).*	10b		
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI.*	11c		

Part IV Supporting Organizations (continued)

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in* ***Part VI*** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* ***Part VI*** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.*	2		

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in* ***Part VI*** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*	1		

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s).*	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard.*	3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**

- **a** ☐ The organization satisfied the Activities Test Complete **line 2** below
- **b** ☐ The organization is the parent of each of its supported organizations Complete **line 3** below
- **c** ☐ The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instructions)

			Yes	No
2	Activities Test **Answer (a) and (b) below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	2b		
3	Parent of Supported Organizations **Answer (a) and (b) below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*	3b		

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

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E ☐

Section A - Adjusted Net Income

			(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	**Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)	8		

Section B - Minimum Asset Amount

			(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**Discount** claimed for blockage or other factors (explain in detail in Part VI) _____			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	**Minimum Asset Amount** (add line 7 to line 6)	8		

Section C - Distributable Amount

			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	

7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions) ☐

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 **Total annual distributions.** Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2015			
d From 2013.			
e From 2014.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 $ _____			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 **Excess distributions carryover to 2016.** Add lines 3j and 4c			
8 Breakdown of line 7			
c Excess from 2013.			
d From 2014.			
e From 2015.			

Part VI **Supplemental Information.**

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

Facts And Circumstances Test

Return Reference	Explanation
PART II, LINE 10	2,405

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

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" on Form 990, Part IV, line 6.

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

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ 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" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

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

		Held at the End of the 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, handling of violations, and enforcing conservation easements during the year
▶_____

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

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under 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) Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

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

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included on 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" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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

			Amount
b	If "Yes," explain the arrangement in Part XIII and complete the following table		
c	Beginning balance	1c	
d	Additions during the year	1d	
e	Distributions during the year	1e	
f	Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

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

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

		(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a	Beginning of year balance	479,094	468,167	398,151	359,621	336,762
b	Contributions	15,275	21,690	21,790	11,190	10,890
c	Net investment earnings, gains, and losses	-10,486	37,410	54,355	32,660	16,815
d	Grants or scholarships	23,811	42,023			
e	Other expenditures for facilities and programs					
f	Administrative expenses	6,657	6,150	6,129	5,320	4,846
g	End of year balance	453,415	479,094	468,167	398,151	359,621

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

- a Board designated or quasi-endowment ▶ 100 000 %
- b Permanent endowment ▶
- c Temporarily restricted endowment ▶

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

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

		Yes	No
(i)	unrelated organizations	Yes	
(ii)	related organizations		No
b	If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?		

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered 'Yes' 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)	Accumulated (c)depreciation	(d)Book value
1a Land				
b Buildings				
c Leasehold improvements		4,008	3,985	23
d Equipment		115,318	105,793	9,525
e Other				
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				9,548

Part VII **Investments—Other Securities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) BENEFICIAL INTEREST IN COMM F	453,415	F
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶	453,415	

Part VIII **Investments—Program Related.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX **Other Assets.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d See Form 990, Part X, line 15

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

Part X **Other Liabilities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
Federal income taxes	
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 ☑

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

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

1	Total revenue, gains, and other support per audited financial statements			1	2,163,070
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b	36,815		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d	-16,155		
e	Add lines **2a** through **2d**			2e	20,660
3	Subtract line **2e** from line **1**			3	2,142,410
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	295,636		
c	Add lines **4a** and **4b**			4c	295,636
5	Total revenue Add lines **3** and **4c.**(This must equal Form 990, Part I, line 12)			5	2,438,046

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

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

1	Total expenses and losses per audited financial statements			1	1,919,191
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a	36,815		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d	2,196		
e	Add lines **2a** through **2d**			2e	39,011
3	Subtract line **2e** from line **1**			3	1,880,180
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	295,636		
c	Add lines **4a** and **4b**			4c	295,636
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	2,175,816

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

Return Reference	Explanation
SCHEDULE D, PAGE 2, PART V, LINE 4	BOARD DESIGNATED ENDOWMENT FUNDS TOTALING 453,415 ARE HELD FOR LONG-TERM INVESTMENT PURPOSES THAT MAY PROVIDE SUPPLEMENTAL FUTURE FUNDING FOR PROGRAMS PRUDENT SPENDING DISTRIBUTIONS ARE PERMITTED
SCHEDULE D, PAGE 3, PART X	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 SIGNIFICANT UNRELATED BUSINESS INCOME FOR THE YEARS ENDED MARCH 31, 2016 AND 2015 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 POSITON 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, 2016 AND 2015 WITH FEW EXCEPTIONS, THE UNITED WAY IS NO LONGER SUBJECT TO EXAMINATIONS BY FEDERAL OR STATE AUTHORITIES FOR YEARS ENDING BEFORE MARCH 31, 2013
SCHEDULE D, PAGE 4, PART XI, LINE 2D	FUNDRAISING & GAMING EXPENSE 2,196 CHANGE IN BENEF INT IN ASSETS -18,351
SCHEDULE D, PAGE 4, PART XI, LINE 4B	DONOR DESIGNATIONS PAID TO OTHERS 295,636
SCHEDULE D, PAGE 4, PART XII, LINE 2D	FUNDRAISING & GAMING EXPENSE 2,196
SCHEDULE D, PAGE 4, PART XII, LINE 4B	DONOR DESIGNATIONS PAID TO OTHERS 295,636

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No 1545-0047

2015

Open to Public Inspection

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

Employer identification number
42-6062055

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

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

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

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

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

	(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total	▶						

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

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

		(a) Event #1 POWER OF THE PU (event type)	(b) Event #2 (event type)	(c) Other events (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	21,618			21,618
	2 Less Contributions	4,000			4,000
	3 Gross income (line 1 minus line 2)	17,618			17,618
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	375			375
	7 Food and beverages	177			177
	8 Entertainment				
	9 Other direct expenses	1,624			1,624
	10 Direct expense summary Add lines 4 through 9 in column (d)				2,176
	11 Net income summary Subtract line 10 from line 3, column (d)				15,442

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

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

9 Enter the state(s) in which the organization conducts gaming activities _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain _____

11 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No

13 Indicate the percentage of gaming activity conducted in

a The organization's facility	**13a**	%
b An outside facility	**13b**	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ .....

Address ▶ .....

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

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

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

Name ▶ .....

Address ▶

.....

16 Gaming manager information

Name ▶ .....

Gaming manager compensation ▶ $.....

Description of services provided ▶ .....

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

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

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Return Reference	Explanation

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2015

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? . . . . . ☑ Yes ☐ No

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed

(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
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 30

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

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22
Part III can be duplicated if additional space is needed

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

Return Reference	Explanation
SCHEDULE I, PAGE 1, 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 THE USE OF THE FUNDING - FINANCIAL REVIEW OF THE ORGANIZATION TO GAIN A LEVEL OF ASSURANCE THAT THE ORGANIZATION FOLLOWS SOUND FISCAL POLICIES - VERIFICATION OF COMPLIANCE WITH THE PROVISIONS OF THE PATRIOT ACT - VERIFICATION OF CURRENT STATUS AS AN IRS CODE SECTION 501(C)(3) NONPROFIT ORGANIZATION - ARE REQUIRED TO PROVIDE UNITED WAY WITH QUARTERLY PROGESS REPORTS THAT SHOW HOW THE FUNDING HAS BEEN UTILIZED TO DATE AND THAT 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
SCHEDULE I, PAGE 4, PART IV	DONOR DESIGNATIONS ORGANIZATIONS RECEIVING DONOR DESIGNATED CONTRIBUTIONS THROUGH UNITED WAY UNDERGO SCREENING PRIOR TO DISTRIBUTION OF FUNDING SUCH SCREENING INCLUDES VERIFICATION OF CURRENT STATUS AS AN IRS CODE SECTION 501(C)3 NONPROFIT ORGANIZATION, CHURCH OR GOVERNMENT ENTITY BY CASHING THE CHECK FOR DONOR DESIGNATIONS, THE ORGANIZATION IS STIPULATING COMPLIANCE WITH THE PROVISIONS OF THE PATRIOT ACT

Additional Data

Software ID:
Software Version:
EIN: 42-6062055
Name: UNITED WAY OF JOHNSON & WASHINGTON COUNTIES INC

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
4CS COM COORDINATED CHILD CARE 1500 SYCAMORE ST IOWA CITY,IA 52240	23-7351124	501C3	32,203				ALLOC & DESIGNATION
ABBE MENTAL HEALTH CENTER 1039 ARTHUR ST IOWA CITY,IA 52241	42-1045257	501C3	31,469				ALLOC & DESIGNATION
THE ARC OF SOUTHEAST IOWA 2620 MUSCATINE AVE IOWA CITY,IA 52240	42-0933140	501C3	32,481				ALLOC & DESIGNATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 BROTHERSISTERS OF JOHNSON CNTY 3109 OLD HWY 218 SOUTH IOWA CITY,IA 52246	42-6021441	501C3	68,872				ALLOC & DESIGNATION
THE CRISIS CENTER OF JOHNSON CNTY 1121 GILBERT CT IOWA CITY,IA 52240	42-0955992	501C3	122,767				ALLOC & DESIGNATION
DVIP 1105 S GILBERT CT SUITE 300 IOWA CITY,IA 52240	42-1124902	501C3	77,295				ALLOC & DESIGNATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 SOUTH FIRST AVE SUITE A IOWA CITY,IA 52240	42-1146533	501C3	51,144				ALLOC & DESIGNATION
FOUR OAKS IOWA CITY 1916 WATERFRONT DR IOWA CITY,IA 52240	42-0998726	501C3	14,891				ALLOC & DESIGNATON
FREE LUNCH PROGRAM 1105 S GILBERT CT SUITE 100 IOWA CITY,IA 52240	26-4722790	501C3	16,988				ALLOC & DESIGNATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
GERIATRIC & SPECIAL NEEDS DEN PRO UNIVERSITY OF IOWA S334 DSB IOWA CITY,IA 52242	42-6004813	GOV	10,381				ALLOC & DESIGNATION
GIRL SCOUTS OF EAST IA & WEST IL 317 SEVENTH AVE SE SUITE 201 CEDAR RAPIDS,IA 52401	42-1008848	501C3	10,994				ALLOC & DESIGNATION
GOODWILL OF THE HEARTLAND 1410 S FIRST AVE IOWA CITY,IA 52240	42-0923563	501C3	25,352				ALLOC & DESIGNATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
HACAP - IOWA CITY 2007 WATERFRONT DR IOWA CITY,IA 52240	42-0898405	501C3	20,421				ALLOC & DESIGNATION
HANDICARE INC 2220 9TH ST CORALVILLE,IA 52241	42-1193531	501C3	31,798				ALLOC & DESIGNATION
HEALTHY KIDS SCHOOL-BASED CLINICS 1725 N DUBUQUE ST IOWA CITY,IA 52245	42-6023567	501C3	58,200				ALLOC & DESIGNATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
THE HOUSING FELLOWSHIP 322 EAST SECOND ST IOWA CITY,IA 52240	42-1362432	501C3	21,902				ALLOC & DESIGNATION
IOWA CITY FREE MED & DEN CLINIC 2440 TOWNCREST DR IOWA CITY,IA 52240	42-0960955	501C3	112,429				ALLOC & DESIGNATION
IOWA LEGAL AID 1700 SOUTH FIRST AVE SUITE 10 IOWA CITY,IA 52240	42-1079227	501C3	36,173				ALLOC & DESIGNATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 SE IOWA CITY,IA 52240	42-1410210	501C3	19,113				ALLOC & DESIGNATION
JOAN BUXTON SCHOOL CHILDREN'S AID 1725 N DUBUQUE ST IOWA CITY,IA 52245	42-6023567	501C3	12,017				ALLOC & DESIGNATION
NATIONAL ALLIANCE ON MENTAL ILLNESS 1105 S GILBERT CT SUITE 200 IOWA CITY,IA 52240	42-1310908	501C3	9,149				ALLOC & DESIGNATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 CENTER OF JOHNSON CNTY PO BOX 2491 IOWA CITY,IA 52244	42-1060964	501C3	118,651				ALLOC & DESIGNATION
NORTH LIBERTY COMMUNITY PANTRY 89 NORTH JONES BLVD NORTH LIBERTY,IA 52317	42-1233284	501C3	30,221				ALLOC & DESIGNATON
PATHWAYS ADULT DAY HEALTH CENTER 817 PEPPERWOOD LANE IOWA CITY,IA 52240	42-1457018	501C3	29,393				ALLOC & DESIGNATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
PRELUDE BEHAVIORAL SERVICES 430 SOUTHGATE AVE IOWA CITY,IA 52240	42-0946031	501C3	41,129				ALLOC & DESIGNATION
RVAP 332 S LINN ST SUITE 100 IOWA CITY,IA 52240	42-6004813	501C3	27,339				ALLOC & DESIGNATION
SHELTER HOUSE 429 SOUTHGATE AVE IOWA CITY,IA 52240	42-1231451	501C3	82,996				ALLOC & DESIGNATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
TABLE TO TABLE 20 E MARKET ST IOWA CITY,IA 52245	42-1457219	501C3	43,349				ALLOC & DESIGNATION
UNITED ACTION FOR YOUTH 1700 S FIRST AVE SUITE 14 IOWA CITY,IA 52240	42-0954860	501C3	73,659				ALLOC & DESIGNATION
VISITING NURSE ASSOCIATION 1524 SYCAMORE ST IOWA CITY,IA 52240	42-0703760	501C3	64,030				ALLOC & DESIGNATION

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SCHEDULE M (Form 990)

Noncash Contributions

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶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

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	13	47,842	FAIR VALUE
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 ▶ (SPECIAL EVENT)	X	1	34,504	FAIR VALUE
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

		Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 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?		No
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?		No
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	Yes	
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.

Return Reference	Explanation
SCHEDULE M, PAGE 1, PART I, LINE 32B	THE ORGANIZATION UTILIZES A THIRD PARTY TO SELL GIFTS OF STOCK STOCK IS SOLD AS SOON AS POSSIBLE AFTER IT IS RECEIVED INTO THE ORGANIZATION'S ACCOUNT THE ORGANIZATION HAS DEFINED PROCESSES TO ENSURE THE GIFTS ARE PROPERLY RECORDED

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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

2015

Open to Public Inspection

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

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4A	PARTNER AGENCY FUNDING MISSION INVESTMENT 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 & 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

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4B	DONOR DESIGNATED FUNDS CONTRIBUTORS TO UNITED WAY MAY DESIGNATE ALL OR A PORTION OF THEIR CONTRIBUTIONS TO UNITED WAY AGENCIES OR TO NONAFFILIATED 501C3 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 SUMMERSHIPS INITIATIVE -- SUMMERSHIPS IS A JOINT PROJECT OF UNITED WAY OF JOHNSON & WASHINGTON COUNTIES AND THE COMMUNITY FOUNDATION OF JOHNSON COUNTY A SUMMERSHIPS ENDOWMENT FUND WAS STARTED WITH PROCEEDS FROM THE SALE OF THE 2014 HERKY ON PARADE STATUES AND CONTRIBUTIONS FROM THE COMMUNITY SUMMERSHIPS WILL PROVIDE CAMP SCHOLARSHIPS FOR UP TO 250 EACH FOR 84 KIDS ON FREE AND REDUCED LUNCH WHO OTHERWISE COULD NOT AFFORD TO GO TO CAMP

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4C	OTHER PROGRAM SERVICES - OTHER UNITED WAY OF JOHNSON & WASHINGTON COUNTIES PROGRAMMING INCLUDES 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 THE 2015 COMMUNITY ASSESSMENT PROJECT HAS BEEN COMPLETED TO PROVIDE THE MOST CURRENT DATA AVAILABLE FOR THE COMMUNITY TO MEASURE PROGRESS AND ALLOW COMMUNITY LEADERS, LOCAL GOVERNMENTS, BUSINESSES, NONPROFITS AND FAITH COMMUNITIES TO PRIORITIZE AND WORK TOGETHER TO ADDRESS COMMUNITY CHALLENGES IN JOHNSON COUNTY AND TO SET A BASELINE FOR WASHINGTON COUNTY UWJWC CONTRACTS WITH THE IOWA POLICY PROJECT TO COLLECT, ANALYZE AND COMPARE ACCURATE COMMUNITY, STATEWIDE AND NATIONAL DATA IN A RELIABLE AND UNBIASED 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 HEALTHY KIDS INITIATIVE. HEALTHY KIDS COMMUNITY CARE WAS DEVELOPED TO REDUCE BARRIERS TO LEARNING BY IMPROVING ACCESS TO HEALTH CARE SERVICES IN THE CLINIC INCLUDE WELL-CHILD PHYSICAL EXAMINATIONS, IMMUNIZATIONS, TREATMENT OF ILLNESS, X-RAYS, LABORATORY TESTS, PRESCRIPTIONS FOR MEDICATIONS, HEALTH EDUCATION, MANAGEMENT OF CHRONIC MEDICAL CONDITIONS, AND REFERRALS TO MENTAL HEALTH PROVIDERS, DENTAL CARE AND MEDICAL SPECIALISTS (WITH FREE OR REDUCED RATES NEGOTIATED BY CLINIC STAFF) ADDITIONALLY, CLINIC STAFF PROVIDE ASSISTANCE FOR FAMILIES APPLYING FOR TITLE XIX (MEDICAID) OR THE HAWK-I CHILDREN'S HEALTH INSURANCE PROGRAM GET MOVING FOR HEALTHY KIDS 5K WALK & RUN IS AN ANNUAL COMMUNITY FITNESS ACTIVITY FOR KIDS AND ADULTS TO SUPPORT THE HEALTHY KIDS SCHOOL-BASED HEALTH CLINICS MONEY SMART JOHNSON COUNTY INITIATIVE. FINANCIAL EDUCATION AND LITERACY AIMS TO INCREASE "THE ABILITY TO MAKE INFORMED JUDGMENTS AND TO MAKE EFFECTIVE DECISIONS REGARDING THE USE AND MANAGEMENT OF MONEY " FINANCIAL ILLITERACY CAN COMPOUND PROBLEMS WITHOUT THE BASIC KNOWLEDGE OF MONEY CONCEPTS AND AN UNDERSTANDING OF FINANCIAL OPTIONS, PEOPLE ARE LIKELY TO PAY MORE THAN THEY HAVE TO FOR FINANCIAL SERVICES, FALL INTO DEBT, DAMAGE THEIR CREDIT RECORDS, OR EVEN DECLARE BANKRUPTCY THE "UNBANKED- OR "UNDERBANKED" RELY ON HIGH-COST ALTERNATIVES OF CHECK CASHING SERVICES AND PAWN SHOPS POOR FINANCIAL CHOICES HARM BOTH INDIVIDUALS AND OUR COMMUNITY IN PARTNERSHIP WITH MIDWESTONE BANK, THE UNITED WAY OF JOHNSON & WASHINGTON COUNTIES COMPLETED THE FIRST FOUR MONEY SMART PROGRAM CLASSES TO PROVIDE THE FOUNDATION FOR FINANCIAL LITERACY TO LOW-TO-MODERATE INCOME INDIVIDUALS AND FAMILIES IN THE COMMUNITY THE BASIC FOUNDATION CLASSES ARE BASIC BANKING TERMS, BASIC CHECKING, SAVINGS MONEY MANAGEMENT AND FINANCIAL GOAL-SETTING THE CLASSES ARE PROVIDED IN A 5-WEEK TIME PERIOD MIDWESTONE WILL PROVIDED THE CLASS INSTRUCTORS AND MATERIALS FOR PARTICIPANTS CLASSES HAVE BEEN AVAILABLE IN TWO JOHNSON COUNTY LOCATIONS, NORTH LIBERTY AND DOWNTOWN IOWA CITY EACH ELIGIBLE HOUSEHOLD (200% OR BELOW FEDERAL POVERTY GUIDELINES) WHO COMPLETES ALL 5 CLASSES OF THE MONEY SMART BASIC PROGRAM WAS ELIGIBLE TO RECEIVE A 500 INCENTIVE TO OPEN A CHECKING OR SAVINGS ACCOUNT AT THE FINANCIAL INSTITUTION OF THEIR CHOICE AND ENTER THE FINANCIAL MAINSTREAM IF THE HOUSEHOLD ALREADY HAS AN ACCOUNT, IT WAS DEPOSITED INTO THEIR SAVINGS PRE AND POST EVALUATIONS WILL BE USED TO COLLECT DATA AND OUTCOMES JOHNSON COUNTY OUT-OF-SCHOOL TIME INITIATIVE A COALITION OF PARTNERS IN JOHNSON COUNTY HAS CREATED A COUNTY-WIDE VISION FOR OUT-OF-SCHOOL TIME COORDINATED BY THE UNITED WAY OF JOHNSON & WASHINGTON COUNTIES, THE JOHNSON COUNTY OUT-OF-SCHOOL TIME (OST) INITIATIVE INCLUDES BEFORE, AFTER SCHOOL AND WEEKEND PROGRAMS, SUMMER LEARNING OPPORTUNITIES, SERVICE LEARNING, MENTORING AND INTERNSHIPS THE FOCUS OF THE INITIATIVE IS ON FORMAL AND STRUCTURED OPPORTUNITIES FOR SCHOOL-AGED YOUTH THAT CAN COMPLEMENT THE REGULAR SCHOOL DAY AND THE 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 PARTNERS ACT, PEARSON, CITY OF IOWA CITY, CITY OF CORALVILLE, CITY OF NORTH LIBERTY, JOHNSON COUNTY, IOWA CITY SCHOOL DISTRICT, CLEAR CREEK AMANA SCHOOL DISTRICT, SOLON SCHOOL DISTRICT, REGINA SCHOOLS, BIG BROTHERS BIG SISTERS, NEIGHBORHOOD CENTERS OF JOHNSON COUNTY, UNITED ACTION FOR YOUTH, UNITED WAY, IOWA STATE EXTENSION, JOHNSON COUNTY EMPOWERMENT, UNIVERSITY OF IOWA, JUVENILE COURT SERVICES DISASTER SERVICES 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 DISASTER CALL CENTER COORDINATION, PLANNING WITH JOHNSON COUNTY EMERGENCY MANAGEMENT AND THE EMERGENCY OPERATIONS CENTER THE EMERGENCY VOLUNTEER CENTER (EVC) PROVIDES A SPECIFIC LOCATION WHERE DISASTER VOLUNTEERS CAN EFFICIENTLY AND EFFECTIVELY BE DEPLOYED THE EVC IS STAFFED BY SKILLED, TRAINED VOLUNTEERS CAPABLE OF SCREENING, INTERVIEWING AND REFERRING PROSPECTIVE VOLUNTEERS IN A PROFESSIONAL MANNER IN LARGER DISASTERS, THE EVC IS MOBILIZED AS A "WALK IN CENTER" IN SMALLER DISASTERS, THE EVC OPERATES AS A PHONE BANK WHETHER IT'S A LARGE OR SMALL SCALE DISASTER THERE ARE MANY SPONTANEOUS VOLUNTEERS WHO BRING A WIDE RANGE OF SKILLS AND EFFORT TO ASSIST OUR COMMUNITY THE DISASTER CALL CENTER, WHEN ACTIVATED BY JOHNSON COUNTY EMERGENCY MANAGEMENT, IS STAFFED BY UNITED WAY STAFF AND VOLUNTEERS AND IS THE RESOURCE FOR EVERYONE IN THE COMMUNITY TO CALL TO SEEK DISASTER-RELATED INFORMATION AND REQUEST VOLUNTEER ASSISTANCE FOR DISASTER-RELATED NEEDS THE CALL CENTER FREES UP MUNICIPAL STAFF SO THAT THEY CAN CONCENTRATE ON EMERGENCY DISASTER-RELATED WORK AND PROTECTION OF PUBLIC SERVICES AND WORKS 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, 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 PUBLIC POLICY/ADVOCACY FOR EDUCATION, FINANCIAL STABILITY AND HEALTH ISSUES NONPROFIT BOARD LEADERSHIP TRAINING STUDENT ENGAGEMENT (STUDENT UNITED WAY AND 10,000 HOURS SHOW)

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 11B	THE OUTSIDE TAX PREPARER REVIEWS A DRAFT OF THE FORM 990 WITH MANAGEMENT AND THE INTERNAL OPERATIONS 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 AND APPROVED PRIOR TO FILING WITH THE IRS

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 12C	UNITED WAY OF JOHNSON & WASHINGTON COUNTIES REQUIRES ALL STAFF MEMBERS, BOARD MEMBERS, AND COMMUNITY IMPACT COUNCIL VOLUNTEERS TO SIGN CONFLICT OF INTEREST DISCLOSURES ANNUALLY, AND REQUESTS NOTIFICATION OF ANY STATUS CHANGES (E.G BOARD APPOINTMENTS, VENDOR AGREEMENTS, ETC) ORGANIZATIONS THAT RECEIVE FUNDING FROM UNITED WAY OF JOHNSON & 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

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 15A	COMPENSATION OF THE CEO INCLUDES REVIEW AND RECOMMENDATIONS FROM THE ORGANIZATION'S INTERNAL OPERATIONS COMMITTEE INCLUDING COMPARABLE DATA FROM UNITED WAY WORLDWIDE FOR SIMILARLY SIZED UNITED WAYS, 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 THE ANNUAL OPERATIONS BUDGET (FOR FUNDRAISING, ADMINISTRATION AND PROGRAM) ARE APPROVED BY THE BOARD OF DIRECTORS AND DOCUMENTED IN THE BOARD MINUTES

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 19	AVAILABLE AT THE UNITED WAY OF JOHNSON & WASHINGTON COUNTIES OFFICE UPON REQUEST

Return Reference	Explanation
FORM 990, PART XI, LINE 9	FUNDRAISING & GAMING EXPENSE 2,196 CHANGE IN BENEF INT IN ASSETS -18,351 DONOR DESIGNATIONS PAID TO OTHERS -295,636 FUNDRAISING & GAMING EXPENSE -2,196 DONOR DESIGNATIONS PAID TO OTHERS 295,636 TOTAL -18,351