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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

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

OMB No 1545-0047

2019

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 04-01-2019 , and ending 03-31-2020

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) 1150 5TH ST NO 290 | Room/suite

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 $ 2,589,465

F Name and address of principal officer
CATHERINE KNIGHT
1150 5TH ST NO 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

Activities & Governance

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	16
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	16
5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	10
6	Total number of volunteers (estimate if necessary)	6	3,211
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	-298
b	Net unrelated business taxable income from Form 990-T, line 39	7b	0

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	2,280,635	2,513,832
	9	Program service revenue (Part VIII, line 2g)	0	0
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	11,790	22,613
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-4,563	249
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,287,862	2,536,694
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,510,600	1,623,722
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	468,781	529,563
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶170,872		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	238,022	371,937
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	2,217,403	2,525,222
	19	Revenue less expenses Subtract line 18 from line 12	70,459	11,472
			Beginning of Current Year	**End of Year**
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	3,440,830	3,099,366
	21	Total liabilities (Part X, line 26)	1,863,310	1,832,092
	22	Net assets or fund balances Subtract line 21 from line 20	1,577,520	1,267,274

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

****** | 2020-08-21
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
		2020-08-21		P01480921

Firm's name ▶ CLIFTONLARSONALLEN LLP | Firm's EIN ▶ 41-0746749

Firm's address ▶ 600 3RD AVENUE SE SUITE 300
CEDAR RAPIDS, IA 52401 | Phone no (319) 363-2697

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

THE MISSION OF UNITED WAY OF JOHNSON & WASHINGTON COUNTIES, INC (UWJWC) IS 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 $ 2,118,025 including grants of $ 1,623,722) (Revenue $)

See Additional Data

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

See Additional Data

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

See Additional Data

4d Other program services (Describe in Schedule O)

(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses ▶** 2,118,025

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		No
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		No
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	Yes	
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		
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	

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *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 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part II*	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? *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, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	28a		No
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		No
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? *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	5			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c		

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

					Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2a**	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**		
9	**Sponsoring organizations maintaining donor advised funds.**					
a	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**		
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N			**15**		No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O			**16**		No

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	16			
	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	16			
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		No
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	Yes	
	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-A 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 ST NO 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

See instructions for the order in which to list the persons above

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position: Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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
(1) MARK NOLTE PRESIDENT	1 50	X		X				0	0	0
(2) GABE AGUIRRE VICE CHAIR	1 50	X		X				0	0	0
(3) GEOFF FRUIN INTERNAL OPERATIONS CHAIR	1 50	X		X				0	0	0
(4) JACLYN TOWNSEND COMMUNITY IMPACT CHAIR	1 50	X		X				0	0	0
(5) TODD MEANS RESOURCE DEVELOPMENT CHAIR	1 50	X		X				0	0	0
(6) KELLY HAYWORTH STRATEGIC PLANNING CHAIR	1 50	X		X				0	0	0
(7) MATT BROWN BOARD MEMBER	1 00	X						0	0	0
(8) JIM CONARD BOARD MEMBER	1 00	X						0	0	0
(9) MATT DEGNER BOARD MEMBER	1 00	X						0	0	0
(10) SARAH FISHER GARDIAL BOARD MEMBER - LEFT	1 00	X						0	0	0
(11) SURESH GUNASEKARAN BOARD MEMBER	1 00	X						0	0	0
(12) PAT HOBSON BOARD MEMBER	1 00	X						0	0	0
(13) STU MULLINS BOARD MEMBER, EX-OFFICIO	1 00	X						0	0	0
(14) MARTEN ROORDA BOARD MEMBER	1 00	X						0	0	0
(15) MELISSA SHIVERS BOARD MEMBER - LEFT	1 00	X						0	0	0
(16) RYAN SWARTZ BOARD MEMBER	1 00	X						0	0	0
(17) JON WEIH BOARD MEMBER	1 00	X						0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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
(18) NANCY WILLIS BOARD MEMBER	1 00	X						0	0	0
(19) MARSHA WOLFF BOARD MEMBER	1 00	X						0	0	0

	(D)	(E)	(F)
1b Sub-Total ▶			
c Total from continuation sheets to Part VII, Section A ▶			
d Total (add lines 1b and 1c) ▶	0	0	0

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 ▶ 0

		Yes	No
3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**		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*	**4**		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*	**5**		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 ▶ 0

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts						
1a Federated campaigns	1a					
b Membership dues	1b					
c Fundraising events	1c	33,859				
d Related organizations	1d					
e Government grants (contributions)	1e					
f All other contributions, gifts, grants, and similar amounts not included above	1f	2,479,973				
g Noncash contributions included in lines 1a - 1f $	1g	65,243				
h **Total.** Add lines 1a-1f ▶			2,513,832			
Program Service Revenue	Business Code					
2a						
b						
c						
d						
e						
f All other program service revenue						
g **Total.** Add lines 2a–2f ▶						
Other Revenue						
3 Investment income (including dividends, interest, and other similar amounts) ▶			22,911			22,911
4 Income from investment of tax-exempt bond proceeds ▶						
5 Royalties ▶						
	(i) Real	(ii) Personal				
6a Gross rents 6a						
b Less rental expenses 6b						
c Rental income or (loss) 6c						
d Net rental income or (loss) ▶						
	(i) Securities	(ii) Other				
7a Gross amount from sales of assets other than inventory 7a	24,111					
b Less cost or other basis and sales expenses 7b	24,409					
c Gain or (loss) 7c	-298					
d Net gain or (loss) ▶			-298		-298	
8a Gross income from fundraising events (not including $ 27,018 of contributions reported on line 1c) See Part IV, line 18	8a	28,611				
b Less direct expenses	8b	28,362				
c Net income or (loss) from fundraising events ▶			249			249
9a Gross income from gaming activities See Part IV, line 19	9a					
b Less direct expenses	9b					
c Net income or (loss) from gaming activities ▶						
10a Gross sales of inventory, less returns and allowances	10a					
b Less cost of goods sold	10b					
c Net income or (loss) from sales of inventory ▶						
Miscellaneous Revenue	Business Code					
11a						
b						
c						
d All other revenue						
e **Total.** Add lines 11a–11d ▶						
12 **Total revenue.** See instructions ▶			2,536,694	0	-298	23,160

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	1,623,722	1,623,722		
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	190,449	65,229	74,275	50,945
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	267,136	217,286	35,039	14,811
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	15,737	12,038	2,585	1,114
9 Other employee benefits	27,848	17,813	6,894	3,141
10 Payroll taxes	28,393	16,525	7,467	4,401
11 Fees for services (non-employees)				
a Management	29,380	11,249	13,702	4,429
b Legal				
c Accounting	18,580	7,114	8,665	2,801
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	6,307	2,414	2,941	952
12 Advertising and promotion	424	246	112	66
13 Office expenses	20,904	9,635	4,347	6,922
14 Information technology	29,197	14,036	2,926	12,235
15 Royalties				
16 Occupancy	31,012	18,049	8,156	4,807
17 Travel	5,143	3,750	378	1,015
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	681	397	179	105
20 Interest				
21 Payments to affiliates	28,669	16,685	7,540	4,444
22 Depreciation, depletion, and amortization	871	507	229	135
23 Insurance	5,759	3,433	1,412	914
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 CAMPAIGN SUPPLIES/EVENT	67,033	13,173		53,860
b GRANT RELATED EXPENSES	59,664	59,664		
c BAD DEBT EXPENSE	58,894		58,894	
d VOLUNTEER CENTER	6,906	5,060	584	1,262
e All other expenses	2,513			2,513
25 **Total functional expenses.** Add lines 1 through 24e	2,525,222	2,118,025	236,325	170,872
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 IX . . . . ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash-non-interest-bearing		236,020	1	100,316
	2	Savings and temporary cash investments		1,659,264	2	1,930,432
	3	Pledges and grants receivable, net		1,017,082	3	860,012
	4	Accounts receivable, net			4	
	5	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		6,635	9	5,343
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 119,326			
	b	Less accumulated depreciation	10b 119,041	1,156	10c	285
	11	Investments—publicly traded securities			11	
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		520,673	15	202,978
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		3,440,830	16	3,099,366
Liabilities	17	Accounts payable and accrued expenses		52,909	17	47,248
	18	Grants payable		1,810,401	18	1,784,844
	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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			22	
	23	Secured mortgages and notes payable to unrelated third parties			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		1,863,310	26	1,832,092
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ▶ ☑ and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		893,344	27	616,447
	28	Net assets with donor restrictions		684,176	28	650,827
		Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building or equipment fund			30	
	31	Retained earnings, endowment, accumulated income, or other funds			31	
	32	Total net assets or fund balances		1,577,520	32	1,267,274
	33	Total liabilities and net assets/fund balances		3,440,830	33	3,099,366

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	2,536,694
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,525,222
3	Revenue less expenses Subtract line 2 from line 1	3	11,472
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,577,520
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	-300,441
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-21,277
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,267,274

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		

Additional Data

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

Form 990 (2019)

Form 990, Part III, Line 4a:

PARTNER AGENCY INVESTMENTS - SEE SCHEDULE O

Form 990, Part III, Line 4b:

DONOR DESIGNATIONS - SEE SCHEDULE O

Form 990, Part III, Line 4c:

OTHER PROGRAM SERVICES - SEE SCHEDULE O

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

OMB No 1545-0047

2019

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 12, check only one box)

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

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ))

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

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

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

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

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

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

9 ☐ An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university

10 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

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

12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g

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

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

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

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

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

f Enter the number of supported organizations

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

(i) Name of supported organization	**(ii)** EIN	**(iii)** Type of organization (described on lines 1- 10 above (see instructions))	**(iv)** Is the organization listed in your governing document?		**(v)** Amount of monetary support (see instructions)	**(vi)** Amount of other support (see instructions)
			Yes	**No**		
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 failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")	2,346,940	2,150,995	2,070,841	2,280,633	2,484,351	11,333,760
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	2,346,940	2,150,995	2,070,841	2,280,633	2,484,351	11,333,760
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)						219,768
6 **Public support.** Subtract line 5 from line 4						11,113,992

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4	2,346,940	2,150,995	2,070,841	2,280,633	2,484,351	11,333,760
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	9,844	11,285	1,947	11,836	22,911	57,823
9 Net income from unrelated business activities, whether or not the business is regularly carried on	18,437					18,437
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11 **Total support.** Add lines 7 through 10						11,410,020

12 Gross receipts from related activities, etc (see instructions) | 12 | 127,291

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 2019 (line 6, column (f) divided by line 11, column (f)) | 14 | 97 410 %

15 Public support percentage for 2018 Schedule A, Part II, line 14 | 15 | 96 030 %

16a **33 1/3% support test—2019.** 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—2018.** 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—2019.** 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—2018.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

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

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	**(a)** 2015	**(b)** 2016	**(c)** 2017	**(d)** 2018	**(e)** 2019	**(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)** 2015	**(b)** 2016	**(c)** 2017	**(d)** 2018	**(e)** 2019	**(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 2019 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2019** (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from **2018** Schedule A, Part III, line 17	18	

19a **331/3% support tests—2019.** 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—2018.** 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 12 of Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *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 12a or 12b 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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *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 section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)*	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 I of Schedule L (Form 990 or 990-EZ)*	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 9a) 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 9a) 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 section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b 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		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	**1**		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? *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 (explain in Part VI) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

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

	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	**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 2019 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-2019**	**(iii)** **Distributable Amount for 2019**
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in **Part VI**) See instructions			
3 Excess distributions carryover, if any, to 2019			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2019 from Section D, line 7 $			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2019, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in **Part VI** See instructions			
6 Remaining underdistributions for 2019 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in **Part VI** See instructions			
7 **Excess distributions carryover to 2020.** Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

Additional Data

Software ID:

Software Version:

EIN: 42-6062055

Name: UNITED WAY OF JOHNSON & WASHINGTON COUNTIES INC

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

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No 1545-0047
2019
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 7/25/06, 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
d ☐ Loan or exchange programs
b ☐ Scholarly research
e ☐ Other
c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

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

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

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

b If "Yes," explain the arrangement in Part XIII and complete the following table

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

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

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

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

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

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

a Board designated or quasi-endowment ▶

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		4,008	4,008	0
d Equipment		115,318	115,033	285
e Other				
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				285

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

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

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

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

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

(a) Description	(b) Book value
(1)BENEFICIAL INTEREST IN ASSETS HELD BY COMMUNITY FOUNDATION	202,978
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* . . . . ▶	202,978

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

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

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

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	2,121,722
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	45,836		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d	-21,277		
e	Add lines **2a** through **2d**			2e	24,559
3	Subtract line **2e** from line **1**			3	2,097,163
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	439,531		
c	Add lines **4a** and **4b**			4c	439,531
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	2,536,694

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	2,131,527
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a	45,836		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	45,836
3	Subtract line **2e** from line **1**			3	2,085,691
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	439,531		
c	Add lines **4a** and **4b**			4c	439,531
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	2,525,222

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
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 42-6062055

Name: UNITED WAY OF JOHNSON & WASHINGTON COUNTIES INC

Supplemental Information

Return Reference	Explanation
PART X, LINE 2	UWJWC IS EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND A SIMILAR SECTION OF THE IOWA INCOME TAX LAW, WHICH PROVIDES AN INCOME TAX EXEMPTION FOR ORGANIZATIONS OPERATED EXCLUSIVELY FOR RELIGIOUS, CHARITABLE, OR EDUCATIONAL PURPOSES THE INTERNAL REVENUE SERVICE HAS NOT DETERMINED THAT UWJWC IS A PRIVATE FOUNDATION UWJWC FIL ES INFORMATION RETURNS IN THE U S FEDERAL JURISDICTION UWJWC FOLLOWS THE ACCOUNTING STAN DARDS TO EVALUATE UNCERTAIN TAX POSITIONS AND HAS DETERMINED THAT IT IS NOT REQUIRED TO RE CORD A LIABILITY RELATED TO UNCERTAIN TAX POSITIONS

Supplemental Information

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS	CHANGE IN BENEFICIAL INTEREST IN ASSETS HELD BY COMMUNITY FOUNDATION -21,277

Supplemental Information

Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS	NET DONOR DESIGNATIONS PAID TO OTHERS, OFFSET TO REVENUE ON FINANCIAL STMTS 439,531

Supplemental Information

Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS	NET DONOR DESIGNATIONS PAID TO OTHERS, OFFSET TO REVENUE ON FINANCIAL STMTS 439,531

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.

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

OMB No 1545-0047

2019

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 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? 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
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 PURSE (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	55,629			55,629
	2 Less Contributions	27,018			27,018
	3 Gross income (line 1 minus line 2)	28,611			28,611
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	25,532			25,532
	6 Rent/facility costs	750			750
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	2,080			2,080
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				28,362
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				249

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 provide any additional information. See instructions.

Return Reference	Explanation

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to *www.irs.gov/Form990* for the latest information.

OMB No 1545-0047

2019

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 noncash assistance	**(h)** Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 27

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

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
PART I, LINE 2	ALLOCATIONS ORGANIZATIONS RECEIVING DISCRETIONARY FUNDING FROM UWJWC (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) PUBLIC CHARITY OR GOVERNMENTAL AGENCY - ARE REQUIRED TO PROVIDE UWJWC WITH QUARTERLY PROGRESS REPORTS THAT SHOW HOW THE FUNDING HAS BEEN UTILIZED TO DATE AND HOW THAT FUNDING HAS IMPACTED THE MISSION ACHIEVEMENTS - ARE REQUIRED TO PROVIDE UWJWC 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

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 COMMUNITY COORDINATED CHILD CARE 1500 SYCAMORE ST IOWA CITY, IA 52240	23-7351124	501(C)(3)	34,283				FOR PROGRAMS TO IMPROVE EDUCATION, INCOME AND HEALTH AND DONOR DESIGNATED FUNDS
ABBE MENTAL HEALTH CENTER 1039 ARTHUR ST IOWA CITY, IA 52240	42-1045257	501(C)(3)	37,579				FOR PROGRAMS TO IMPROVE EDUCATION, INCOME AND HEALTH AND DONOR DESIGNATED FUNDS

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
AGING SERVICESPATHWAYS ADULT DAY HEALTH CENTER 817 PEPPERWOOD LANE IOWA CITY, IA 52240	42-1457018	501(C)(3)	38,448				FOR PROGRAMS TO IMPROVE EDUCATION, INCOME AND HEALTH AND DONOR DESIGNATED FUNDS
BIG BROTHERS BIG SISTERS OF JOHNSON COUNTY 3109 OLD HWY 218 SOUTH IOWA CITY, IA 52246	42-6021441	501(C)(3)	58,756				FOR PROGRAMS TO IMPROVE EDUCATION, INCOME AND HEALTH AND DONOR DESIGNATED FUNDS

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
COMMUNITY CRISIS SERVICES AND FOOD BANK 1121 GILBERT CT IOWA CITY, IA 52240	42-0955992	501(C)(3)	131,798				FOR PROGRAMS TO IMPROVE EDUCATION, INCOME AND HEALTH AND DONOR DESIGNATED FUNDS
CORALVILLE COMMUNITY FOOD PANTRY 1002 5TH ST CORALVILLE, IA 52241	47-3509757	501(C)(3)	21,572				FOR PROGRAMS TO IMPROVE EDUCATION, INCOME AND HEALTH AND DONOR DESIGNATED FUNDS

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
DOMESTIC VIOLENCE INTERVENTION PROGRAM (DVIP) 1105 S GILBERT CT SUITE 300 IOWA CITY, IA 52240	42-1124902	501(C)(3)	105,779				FOR PROGRAMS TO IMPROVE EDUCATION, INCOME AND HEALTH AND DONOR DESIGNATED FUNDS
FREE LUNCH PROGRAM 1105 S GILBERT CT SUITE 100 IOWA CITY, IA 52240	26-4722790	501(C)(3)	15,582				FOR PROGRAMS TO IMPROVE EDUCATION, INCOME AND HEALTH AND DONOR DESIGNATED FUNDS

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 DENTAL PROGRAM UNIVERSITY OF IOWA W329 DSB IOWA CITY, IA 52242	42-6004813	GOV	8,695				FOR PROGRAMS TO IMPROVE EDUCATION, INCOME AND HEALTH AND DONOR DESIGNATED FUNDS
GOODWILL OF THE HEARTLAND 1410 S FIRST AVE IOWA CITY, IA 52240	42-0923563	501(C)(3)	26,821				FOR PROGRAMS TO IMPROVE EDUCATION, INCOME AND HEALTH AND DONOR DESIGNATED FUNDS

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	501(C)(3)	23,251				FOR PROGRAMS TO IMPROVE EDUCATION, INCOME AND HEALTH AND DONOR DESIGNATED FUNDS
HEALTHY KIDS SCHOOL-BASED CLINICS 1725 N DODGE ST IOWA CITY, IA 52245	42-6023567	GOV	67,070				FOR PROGRAMS TO IMPROVE EDUCATION, INCOME AND HEALTH AND DONOR DESIGNATED FUNDS

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
HILLCREST FAMILY SERVICES 745 PEPPER DRIVE IOWA CITY, IA 55240	42-0680411	501(C)(3)	6,677				FOR PROGRAMS TO IMPROVE EDUCATION, INCOME AND HEALTH AND DONOR DESIGNATED FUNDS
IOWA CITY FREE MEDICAL & DENTAL CLINIC 2440 TOWNCREST DR IOWA CITY, IA 52240	42-0960955	501(C)(3)	128,170				FOR PROGRAMS TO IMPROVE EDUCATION, INCOME AND HEALTH AND DONOR DESIGNATED FUNDS

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 LEGAL AID 1700 SOUTH FIRST AVE SUITE 10 IOWA CITY, IA 52240	42-1079227	501(C)(3)	36,283				FOR PROGRAMS TO IMPROVE EDUCATION, INCOME AND HEALTH AND DONOR DESIGNATED FUNDS
IOWA VALLEY HABITAT FOR HUMANITY 2401 SCOTT BLVD SE IOWA CITY, IA 52240	42-1410210	501(C)(3)	18,350				FOR PROGRAMS TO IMPROVE EDUCATION, INCOME AND HEALTH AND DONOR DESIGNATED FUNDS

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
JOAN BUXTON SCHOOL CHILDREN'S AID 1725 N DODGE ST IOWA CITY, IA 52245	42-6023567	GOV	10,042				FOR PROGRAMS TO IMPROVE EDUCATION, INCOME AND HEALTH AND DONOR DESIGNATED FUNDS
NEIGHBORHOOD CENTERS OF JOHNSON COUNTY PO BOX 2491 IOWA CITY, IA 52244	42-1060964	501(C)(3)	132,366				FOR PROGRAMS TO IMPROVE EDUCATION, INCOME AND HEALTH AND DONOR DESIGNATED FUNDS

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
NORTH LIBERTY COMMUNITY PANTRY 89 NORTH JONES BLVD NORTH LIBERTY, IA 52317	42-1233284	501(C)(3)	36,805				FOR PROGRAMS TO IMPROVE EDUCATION, INCOME AND HEALTH AND DONOR DESIGNATED FUNDS
PRELUDE BEHAVIORAL SERVICES 430 SOUTHGATE AVE IOWA CITY, IA 52240	42-0946031	501(C)(3)	39,323				FOR PROGRAMS TO IMPROVE EDUCATION, INCOME AND HEALTH AND DONOR DESIGNATED FUNDS

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
RVAP 332 S LINN ST SUITE 100 IOWA CITY, IA 52240	42-6004813	GOV	28,367				FOR PROGRAMS TO IMPROVE EDUCATION, INCOME AND HEALTH AND DONOR DESIGNATED FUNDS
SHELTER HOUSE 429 SOUTHGATE AVE IOWA CITY, IA 52240	42-1231451	501(C)(3)	98,049				FOR PROGRAMS TO IMPROVE EDUCATION, INCOME AND HEALTH AND DONOR DESIGNATED FUNDS

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 840 S CAPITOL ST IOWA CITY, IA 52240	42-1457219	501(C)(3)	57,059				FOR PROGRAMS TO IMPROVE EDUCATION, INCOME AND HEALTH AND DONOR DESIGNATED FUNDS
THE ARC OF SOUTHEAST IOWA 2620 MUSCATINE AVE IOWA CITY, IA 52240	42-0933140	501(C)(3)	33,773				FOR PROGRAMS TO IMPROVE EDUCATION, INCOME AND HEALTH AND DONOR DESIGNATED FUNDS

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	501(C)(3)	25,101				FOR PROGRAMS TO IMPROVE EDUCATION, INCOME AND HEALTH AND DONOR DESIGNATED FUNDS
UNITED ACTION FOR YOUTH 1700 SOUTH FIRST AVE SUITE 14 IOWA CITY, IA 52240	42-0954860	501(C)(3)	80,858				FOR PROGRAMS TO IMPROVE EDUCATION, INCOME AND HEALTH AND DONOR DESIGNATED FUNDS

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
VISITING NURSE ASSOCIATION 1524 SYCAMORE ST IOWA CITY, IA 52240	42-0703760	501(C)(3)	34,070				FOR PROGRAMS TO IMPROVE EDUCATION, INCOME AND HEALTH AND DONOR DESIGNATED FUNDS

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.
▶Go to *www.irs.gov/Form990* for the latest information.

OMB No 1545-0047

2019

Open to Public Inspection

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

Employer identification number
42-6062055

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications	X		8,777	FAIR VALUE
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	5	30,934	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	77	25,532	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	0

		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 isn't required to be used for exempt purposes for the entire holding period?	30a		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 nonstandard contributions?	31	Yes	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a	Yes	
b If "Yes," describe in Part II			
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II			

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
PART I, COLUMN (B)	AMOUNT IN COLUMN B INDICATES THE NUMBER OF CONTRIBUTORS
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.

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

OMB No 1545-0047

2019

Open to Public Inspection

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 2	100TH YEAR ANNIVERSARY - SPECIAL 100TH CAMPAIGN & CELEBRATION EVENTS, AWARDED RETIRED & SENIOR VOLUNTEER PROGRAM (RSVP) FEDERAL & STATE GRANTS, DUE TO COVID-19, ACTIVATED EMERGENCY VOLUNTEER CENTER, LONG TERM RECOVERY COMMITTEE & DISASTER RELIEF FUND SOLICITATION & DISTRIBUTION OF FUNDS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 3	FORMER PARTNER AGENCY, ELDER SERVICES, CLOSED NEW PARTNER AGENCY, HORIZONS, CONTINUED MEALS ON WHEELS PROGRAM

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A - FIRST ACCOMPLISHMENT	PARTNER AGENCY INVESTMENTS - UNITED WAY WITH 30 PARTNER AGENCIES REACHES OUT TO PEOPLE FACING URGENT NEEDS AND LONG-TERM CHALLENGES THE AGENCIES WORK TOGETHER TO ADDRESS NEEDS ON A DAY-TO-DAY BASIS AND, WITH UNITED WAY, CREATES INTEGRATED SOLUTIONS TO CRITICAL ISSUES THE HIGH QUALITY SERVICES PROVIDE PLACE-BASED AND MULTI-GENERATION COLLABORATIONS THAT CHANGE THE FUTURE FOR LOCAL INDIVIDUALS AND FAMILIES BY ASSESSING COMMUNITY TRENDS AND GAPS IN SERVICES, UNITED WAY PROVIDES A VALUABLE PHILANTHROPIC SERVICE TO DONORS BY INVESTING IN SOME OF THE BEST NON-PROFITS THROUGH THE VOLUNTEER LED ANNUAL AGENCY INVESTMENT PROCESS UNITED WAY IS COMMITTED TO ALL PEOPLE HAVING THE BEST CHANCE OF SUCCESS AS JOHNSON & WASHINGTON COUNTIES CONTINUE TO GROW AND BECOME MORE DIVERSE, MAKING A GIFT TO UNITED WAY IS THE MOST EFFECTIVE WAY TO HELP OUR WHOLE COMMUNITY TOGETHER, WE FIGHT FOR THE EDUCATION, HEALTH AND FINANCIAL STABILITY OF EVERY PERSON IN JOHNSON & WASHINGTON COUNTIES

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4B - SECOND ACCOMPLISHMENT	DONOR DESIGNATIONS - UNITED WAY 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 DONORS CAN ALSO DESIGNATE THEIR GIFT TO UNITED WAY INITIATIVES, SUCH AS SUMMERSHIP SCHOLARSHIPS, DISASTER RELIEF FUND, INNOVATION & SUSTAINABILITY FUND, & UNITED WAY ENDOWMENT

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4C - THIRD ACCOMPLISHMENT	OTHER PROGRAM SERVICES - OTHER UNITED WAY OF JOHNSON & WASHINGTON COUNTIES PROGRAMMING INC LUDES 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 NEE DS 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 AN D CONVENES A CROSS-SECTOR VISIONING AND GOAL SETTING PROCESS UNITED WAY VOLUNTEER CENTER THE UNITED WAY VOLUNTEER CENTER'S CORE MISSION IS TO INSPIRE, MOBILIZE AND EQUIP INDIVIDU ALS 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 WASHI NGTON COUNTIES THE VOLUNTEER CENTER IS THE RESOURCE DEVOTED TO INCREASING VOLUNTEERISM, E NGAGEMENT 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, MAT URE ADULTS TO SHARE THEIR WISDOM AND BUSINESSES TO SUPPORT OUR COMMUNITY THROUGH ORGANIZE D VOLUNTEER PROJECTS, AS WELL AS BY CONNECTING INDIVIDUALS TO NONPROFIT ORGANIZATIONS, THE UNITED WAY VOLUNTEER CENTER HELPS PEOPLE TAKE ACTION 55+ RSVP PROGRAM RSVP ENGAGES INDI VIDUALS AGE 55 AND OLDER IN CITIZEN SERVICE IT IS ONE OF THE LARGEST VOLUNTEER NETWORKS I N THE NATION FOR PEOPLE 55 AND OVER AND ENCOURAGES INDIVIDUALS TO USE THE SKILLS AND TALEN TS THEY HAVE LEARNED OVER THE YEARS, OR DEVELOP NEW ONES, WHILE SERVING IN A VARIETY OF VO LUNTEER ACTIVITIES THE UNITED WAY 55+ RSVP PROGRAM PROVIDES VOLUNTEERS BOTH ON AN ONGOING BASIS AND FOR SPECIAL EVENTS AND NEEDS TO LOCAL PARTNERS VOLUNTEERS ASSIST IN MULTIPLE W AYS, INCLUDING WORKING IN FOOD PANTRIES, DELIVERING MEALS, BECOMING LITERACY VOLUNTEERS, D RIVING FOR OUR MEDICAL TRANSPORTATION PROGRAM, AS WELL AS SUPPORTING MAILINGS, CLERICAL AS SISTANCE AND MANY MORE OPPORTUNITIES PEN PALS WHILE THERE ARE MANY WRITING STRATEGIES DE SIGNED TO ISOLATE SPECIFIC SKILLS, THERE ARE FEW RESOURCES DESIGNED TO MOTIVATE STUDENTS T O CLEARLY EXPRESS THEIR IDEAS TEACHERS OFTEN STRUGGLE TO FIGURE OUT HOW TO TEACH WRITING IN A WAY THAT FEELS AUTHENTIC TO STUDENTS THE PEN PALS PROGRAM HELPS TO MOTIVATE STUDENTS BY PROVIDING AN AUDIENCE FOR THEIR IDEAS BY CONNECTING EVERY STUDENT WITH A PEN PAL, STU DENTS HAVE THE OPPORTUNITY TO COMMUNICATE IN A FUN WAY PARTICIPANTS WILL BECOME ACQUAINTE D THROUGH FRIENDLY CORRESPONDENCE AND LEARN FROM EACH OTHER ABOUT A RANGE OF INTERESTING T OPICS THE PROGRAM HELPS STUDENTS PRACTICE THE ART OF WRITING, INCREASE LITERACY SKILLS AN D BUILD POSITIVE RELATIONSHIPS FOR LOCAL ELEMENTARY SCHOOL STUDENTS THANKSGIVING IN JULY FOOD IS ONE OF OUR MOST BASIC NEEDS EVERYONE UNDERSTANDS WHAT IT MEANS TO BE HUNGRY, YET MANY ARE UNAWARE OF HOW WIDES

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FORM 990, PART III, LINE 4C - THIRD ACCOMPLISHMENT	PREAD THE NEED IS IN OUR COMMUNITY THANKSGIVING IN JULY CONNECTS A NETWORK OF CONCERNED I NDIVIDUALS SILENTLY WAGING THE WAR AGAINST HUNGER EACH DAY THANKSGIVING IN JULY IS A COMM UNITY-WIDE FOOD DRIVE HELD THROUGHOUT THE MONTH OF JULY BY AREA BUSINESS, CIVIC AND FAITH BASED ORGANIZATIONS AS WELL AS INTERESTED INDIVIDUALS ALL FOOD AND FUNDS DONATED GO DIREC TLY TO INDIVIDUALS AND FAMILIES IN NEED OF ASSISTANCE THROUGHOUT JOHNSON & WASHINGTON COUN TIES THANKSGIVING IN JULY IS IN 11 DIFFERENT COMMUNITIES SUPPORTING 51 FOOD PANTRIES AND FOOD RELIEF ORGANIZATIONS HOLIDAY ADOPT A FAMILY FOR MANY FAMILIES, THE HOLIDAYS CAN BE AN EXTREMELY DIFFICULT TIME ADOPT A FAMILY IS DESIGNED TO SUPPORT FAMILIES WHO OTHERWISE WOULDN'T HAVE THE RESOURCES TO CELEBRATE THE HOLIDAYS THIS PROGRAM PROVIDES A WONDERFUL H OLIDAY EXPERIENCE FOR FAMILIES AT A CRITICAL TIME IN THEIR LIVES IN THIS PROGRAM, BUSINES SES, ORGANIZATIONS, CHURCHES, OR INDIVIDUALS AGREE TO SPONSOR A LOCAL FAMILY OR FAMILIES F OR THE HOLIDAY BY PROVIDING GIFTS, GIFT CERTIFICATES, HOUSEHOLD ITEMS, FOOD AND MORE EARL Y LITERACY & GRADE LEVEL READING INITIATIVE A GROWING BODY OF RESEARCH SUGGESTS THAT READ ING PROFICIENCY BY THIRD GRADE IS ONE OF THE MOST POWERFUL PREDICTORS OF FUTURE ACADEMIC A ND CAREER SUCCESS MANY CHILDREN IN THE COMMUNITY DO NOT HAVE ACCESS TO BOOKS AT HOME OR D O NOT HAVE THE OPPORTUNITY TO BENEFIT FROM READING A BOOK WITH A CARING ADULT THE EDUCATI ONAL GAP FOR CHILDREN FALLING BEHIND IN READING GROWS WIDER AS THEY ENTER FOURTH GRADE AND SWITCH FROM "LEARNING TO READ" INTO "READING TO LEARN " KIDS WHO FALL BEHIND FIND IT HARD ER TO CATCH UP, CAUSING FRUSTRATION AND OFTEN A SENSE OF "GIVING UP " THE INITIATIVE INCLU DES A COMMUNITY-WIDE BOOK DRIVE, READING VOLUNTEER PROGRAM AND LITERACY KITS MY VERY OWN BOOK DRIVE A COMMUNITY-WIDE BOOK DRIVE LAUNCHED IN JUNE 2016 TO HARNESS THE CARING POWER OF THE COMMUNITY AND COLLECT CHILDREN'S BOOKS ALL COLLECTED BOOKS WILL BE DISTRIBUTED TO CHILDREN IN ELEMENTARY SCHOOLS THAT HAVE A HIGHER FREE AND REDUCED LUNCH PARTICIPATION PER CENTAGE IN ADDITION, ACTIVITIES FOR CHILDREN AND FAMILIES TO READ TOGETHER AT HOME WILL B E PROMOTED UNITED WAY READING BUDDIES THE PROGRAM PARTNERS COMMUNITY VOLUNTEERS WITH YOU NG STUDENT READERS TO HELP DEVELOP LANGUAGE AND LITERACY SKILLS AND SUPPORT THEM BECOMING LIFELONG READERS LITERACY KITS RESEARCH HAS SHOWN THAT CHILDREN LEARN BEST WHEN THEY ARE ENGAGED AND HAVING FUN "LITERACY KITS" BRING BOOKS TO LIFE TO DEEPEN CHILDREN'S READING EXPERIENCE A LITERACY KIT IS COMPRISED OF A BOOK AND A COLLECTION OF RELATED OBJECTS, GAM ES, OR OTHER ACTIVITIES DESIGNED TO MAKE READING INTERACTIVE THE KITS ARE USED IN VOLUNTE ER READING PROGRAMS AND ALSO DISTRIBUTED TO FAMILIES FOR EARLY ELEMENTARY-AGED CHILDREN TH ROUGH SCHOOLS AND SERVICE AGENCIES LITERACY KITS ARE FOUND TO BE MOST EFFECTIVE WITH EARL Y READERS (K-3) AND ARE USED WHEN READING TO OR WITH A CHILD/CHILDREN THERE IS A DIRECT I MPACT ON SCHOOL SUCCESS AND RE

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FORM 990, PART III, LINE 4C - THIRD ACCOMPLISHMENT	ADING PERFORMANCE WHEN CHILDREN HAVE ACCESS TO BOOKS AND SPEND TIME READING OR BEING READ TO BY AN ADULT DISASTER SERVICES INCLUDES COORDINATION OF THE COMMUNITY ORGANIZATIONS AC TIVE IN DISASTER COALITION (COAD), WITH SUBCOMMITTEES FOR LONG TERM RECOVERY COMMITTEE, VO LUNTEER MANAGEMENT, DONATIONS MANAGEMENT AND NEEDS ASSESSMENT/FUNDING AND RESOURCE ALLOCAT ION, EMERGENCY VOLUNTEER CENTER DISASTER PREPARATION AND DISASTER CALL CENTER COORDINATION , PLANNING WITH JOHNSON COUNTY EMERGENCY MANAGEMENT AND THE EMERGENCY OPERATIONS CENTER T HE EMERGENCY VOLUNTEER CENTER (EVC) PROVIDES A SPECIFIC LOCATION WHERE DISASTER VOLUNTEERS CAN EFFICIENTLY AND EFFECTIVELY BE DEPLOYED THE EVC IS STAFFED BY SKILLED, TRAINED VOLUN TEERS CAPABLE OF SCREENING, INTERVIEWING AND REFERRING PROSPECTIVE VOLUNTEERS IN A PROFESS IONAL 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 ASSI ST OUR COMMUNITY THE DISASTER CALL CENTER, WHEN ACTIVATED BY JOHNSON COUNTY EMERGENCY MAN AGEMENT, 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 ASSISTAN CE FOR DISASTER-RELATED NEEDS THE CALL CENTER FREES UP MUNICIPAL STAFF SO THAT THEY CAN C ONCENTRATE ON EMERGENCY DISASTER-RELATED WORK AND PROTECTION OF PUBLIC SERVICES AND WORKS LEADERSHIP DIRECTORY A LEADER IS ONE WHO KNOWS THE WAY, GOES THE WAY, & SHOWS THE WAY - JOHN C MAXWELL THE LEADERSHIP DIRECTORY IS A COLLABORATIVE EFFORT BETWEEN UNITED WAY, IO WA CITY AREA BUSINESS PARTNERSHIP AND COMMUNITY PARTNERS TO CREATE A REGION-WIDE HUB OF CO MMITTEE, COMMISSION AND BOARD OPPORTUNITIES FOR COMMUNITY LEADERS WHO WANT TO GET INVOLVED

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Return Reference	Explanation
FORM 990, PART III, LINE 4C - THIRD ACCOMPLISHMENT	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

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Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 1	THE EXECUTIVE COMMITTEE CONSISTS OF THE OFFICERS OF THE ORGANIZATION (CHAIR, VICE OR PAST CHAIR, COMMITTEE CHAIRS OF INTERNAL OPERATIONS, COMMUNITY INVESTMENT, RESOURCE DEVELOPMENT & STRATEGIC PLANNING) THE PRESIDENT & CEO IS AN EX-OFFICIO NON-VOTING MEMBER OF THE EXECUTIVE COMMITTEE THE EXECUTIVE COMMITTEE'S DUTIES CONSIST OF CARRYING ON THE GOVERNANCE AND DIRECTION OF OPERATIONS OF THE CORPORATION, AS DELEGATED BY THE BOARD, IN THE INTERIM BETWEEN BOARD OF DIRECTOR'S MEETINGS THE EXECUTIVE COMMITTEE MAY RECOMMEND CHANGES IF THEY AFFECT POLICY OR LONG-RANGE PLANNING ANY DUTIES OR RESPONSIBILITIES NOT SPECIFICALLY ADDRESSED IN THE BYLAWS WILL BECOME THE RESPONSIBILITY OF THE EXECUTIVE COMMITTEE AN ADDITIONAL DUTY WILL BE TO CONDUCT THE EVALUATION OF THE PRESIDENT & CEO

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Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 8B	MINUTES ARE TAKEN AT BOARD MEETINGS, INTERNAL OPERATIONS COMMITTEE MEETINGS & RESOURCE DEVELOPMENT MEETINGS

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Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE INDEPENDENT TAX PREPARER REVIEWS A DRAFT OF THE FORM 990 WITH MANAGEMENT, THE INTERNAL OPERATIONS COMMITTEE, AND EXECUTIVE 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

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Return Reference	Explanation
FORM 990, PART VI, SECTION B, 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 CONTEMPORANEOUS NOTIFICATION OF ANY STATUS CHANGES (E G BOARD APPOINTMENTS, VENDOR AGREEMENTS, ETC) ORGANIZATIONS THAT RECEIVE FUNDING FROM UWJWC 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 AND THE VICE PRESIDENT OF COMMUNITY IMPACT & ENGAGEMENT 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 UWJWC POLICIES AND NONPROFIT STANDARDS OF CONDUCT

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FORM 990, PART VI, SECTION B, LINE 15	THE COMPENSATION OF THE PRESIDENT & CEO IS REVIEWED BY THE UWJWC INTERNAL OPERATIONS COMMITTEE THE REVIEW INCLUDES THE USE OF COMPARABILITY DATA FROM UNITED WAY WORLDWIDE FOR SIMILARLY SIZED UNITED WAYS, THE PRESIDENT & CEO'S PERFORMANCE AND YEARS OF RELEVANT EDUCATION AND WORK EXPERIENCE, ALONG WITH MARKET ANALYSIS FOR WORK OF SIMILAR COMPLEXITY AND RESPONSIBILITY THE PRESIDENT & CEO SALARY IS THEN REVIEWED BY THE ORGANIZATION'S EXECUTIVE COMMITTEE, AND THE ANNUAL OPERATIONS BUDGET, FOR FUNDRAISING, ADMINISTRATION AND PROGRAMS, ARE APPROVED BY THE BOARD OF DIRECTORS AND DOCUMENTED IN THE BOARD MINUTES THE PROCESS LAST TOOK PLACE IN 2020 CEO GIVES ANNUAL REVIEW AND SETS COMPENSATION AMOUNT CEO LOOKS AT COMPARISON SALARY DATA FROM UNITED WAY WORLDWIDE FOR UNITED WAYS OF OUR SIZE REVIEWED BY INTERNAL OPERATIONS COMMITTEE AND EXECUTIVE COMMITTEE AND APPROVED AS PART OF ENTIRE OPERATING BUDGET BY BOARD OF DIRECTORS

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FORM 990, PART VI, SECTION C, LINE 19	THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE AT THE UWJWC OFFICE UPON REQUEST

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FORM 990, PART XI, LINE 9	CHANGE IN BENEFICIAL INTEREST IN ASSETS HELD BY COMMUNITY FOUNDATION -21,277