

**** PUBLIC DISCLOSURE COPY ****

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

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

2022

Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the **2022** calendar year, or tax year beginning **APR 1, 2022** and ending **MAR 31, 2023**


B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization UNITED WAY OF JOHNSON & WASHINGTON COUNTIES, INC. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1150 5TH ST. 290 City or town, state or province, country, and ZIP or foreign postal code CORALVILLE, IA 52241 F Name and address of principal officer: JENNIFER BANTA SAME AS C ABOVE	D Employer identification number 42-6062055 E Telephone number 319-338-7823 G Gross receipts \$ 2,577,748. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: WWW.UNITEDWAYJWC.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 1958 M State of legal domicile: IA

Part I Summary

	1	Briefly describe the organization's mission or most significant activities: TO IMPROVE LIVES BY UNITING THE CARING POWER OF COMMUNITY IN JOHNSON AND WASHINGTON COUNTIES.		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
Activities & Governance	3	Number of voting members of the governing body (Part VI, line 1a)	3	21
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	21
	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	13
	6	Total number of volunteers (estimate if necessary)	6	1767
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.
	Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year
9		Program service revenue (Part VIII, line 2g)	2,368,568.	2,566,140.
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	7,386.	11,608.
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-26,992.	-26,089.
12			2,348,962.	2,551,659.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,436,892.	1,425,305.
	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)	622,943.	690,360.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25)	109,173.	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	285,028.	302,000.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,344,863.	2,417,665.
	19	Revenue less expenses. Subtract line 18 from line 12	4,099.	133,994.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	3,316,664.	3,485,615.
	22	Net assets or fund balances. Subtract line 21 from line 20	1,775,933.	1,844,931.
	22		1,540,731.	1,640,684.

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.

	Declared by:  Signature of officer	Date 9/5/2023
Sign Here	Signature of officer JENNIFER BANTA, PRESIDENT & CEO Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name DAVID LITTLE	Preparer's signature DAVID LITTLE
	Date 08/24/23	Check if self-employed <input type="checkbox"/> PTIN 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

UNITED WAY OF JOHNSON & WASHINGTON
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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. (UJWC) 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 \$ 2,051,840. including grants of \$ 1,425,305.) (Revenue \$ _____)
PARTNER AGENCY INVESTMENTS - SEE SCHEDULE O

4b (Code: _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)
DONOR DESIGNATIONS - SEE SCHEDULE O

4c (Code: _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)
OTHER PROGRAM SERVICES - SEE SCHEDULE O

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

4e Total program service expenses **2,051,840.**

**UNITED WAY OF JOHNSON & WASHINGTON
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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)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

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Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 22-38. Includes questions about grants, compensation, tax-exempt bonds, excess benefit transactions, and contributions.

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 1a, 1b, 1c. Includes questions about Form 1096, Forms W-2G, and backup withholding rules.

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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		13
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	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 the instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17	

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Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on 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 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 on Schedule O.	1a	21		
b Enter the number of voting members included on line 1a, above, who are independent	1b	21		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3			X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6 Did the organization have members or stockholders?	6			X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?	8a		X	
b Each committee with authority to act on behalf of the governing body?	8b		X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X	

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed NONE
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on 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
ANNA MARIA UPAH - (319) 338-7823
1150 5TH STREET, SUITE 290, CORALVILLE, IA 52241

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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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the 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 line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) TERESA ANDERSON DIRECTOR OF FINANCE	40.00			X			73,177.	0.	5,984.	
(2) MARY WESTBROOK INTERIM PRESIDENT & CEO	40.00			X			33,450.	0.	0.	
(3) CATHERINE KNIGHT PAST PRESIDENT & CEO	40.00			X			23,780.	0.	5,476.	
(4) JENNIFER BANTA PRESIDENT & CEO	40.00			X			10,883.	0.	860.	
(5) JACKI TOWNSEND BOARD CHAIR	1.50	X		X			0.	0.	0.	
(6) GABE AGUIRRE PAST CHAIR	1.50	X		X			0.	0.	0.	
(7) LEN DEVAISHER RESOURCE DEVELOPMENT CHAIR	1.50	X		X			0.	0.	0.	
(8) MARSHA WOLFF COMMUNITY IMPACT CHAIR	1.50	X		X			0.	0.	0.	
(9) LYNSEY YOKUM INTERNAL OPERATIONS CHAIR	1.50	X		X			0.	0.	0.	
(10) CHARLIE ASTORINO BOARD MEMBER	1.00	X					0.	0.	0.	
(11) JUSTIN BISHOP BOARD MEMBER	1.00	X					0.	0.	0.	
(12) MATT BROWN BOARD MEMBER	1.00	X					0.	0.	0.	
(13) DAN CLAY BOARD MEMBER	1.00	X					0.	0.	0.	
(14) EMILY COLLINS BOARD MEMBER	1.00	X					0.	0.	0.	
(15) JIM CONARD BOARD MEMBER	1.00	X					0.	0.	0.	
(16) TERRI DAVIS BOARD MEMBER	1.00	X					0.	0.	0.	
(17) RYAN HEIAR BOARD MEMBER	1.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) SHANE KRON BOARD MEMBER	1.00	X					0.	0.	0.	
(19) MICHAEL LEHMAN BOARD MEMBER	1.00	X					0.	0.	0.	
(20) CHACE RAMEY BOARD MEMBER	1.00	X					0.	0.	0.	
(21) BROOKE STRAHN-KOLLER BOARD MEMBER	1.00	X					0.	0.	0.	
(22) RYAN SWARTZ BOARD MEMBER	1.00	X					0.	0.	0.	
(23) BARBARA THOMAS BOARD MEMBER	1.00	X					0.	0.	0.	
(24) LIZ TOVAR BOARD MEMBER	1.00	X					0.	0.	0.	
(25) TRICIA VAN ROEKEL BOARD MEMBER	1.00	X					0.	0.	0.	
1b Subtotal							141,290.	0.	12,320.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							141,290.	0.	12,320.	

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, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

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

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

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

**UNITED WAY OF JOHNSON & WASHINGTON
COUNTIES, INC.**

Form 990 (2022)

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	61,260.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	295,063.				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	2,209,817.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 51,174.				
	h Total. Add lines 1a-1f		2,566,140.				
Program Service Revenue	2 a _____	Business Code					
	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)		11,396.	11,396.			
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses ...	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities				
			(ii) Other	212.			
	b Less: cost or other basis and sales expenses	7b		0.			
	c Gain or (loss)	7c		212.			
d Net gain or (loss)			212.		212.		
8 a Gross income from fundraising events (not including \$ <u>61,260.</u> of contributions reported on line 1c). See Part IV, line 18	8a						
			0.				
b Less: direct expenses	8b		26,089.				
c Net income or (loss) from fundraising events			-26,089.		-26,089.		
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a 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	11 a _____	Business Code					
	b _____						
	c _____						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions			2,551,659.	11,396.	0.	-25,877.	

**UNITED WAY OF JOHNSON & WASHINGTON
COUNTIES, INC.**

Form 990 (2022)

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	1,425,305.	1,425,305.		
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	151,034.	24,542.	96,588.	29,904.
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	383,239.	329,140.	26,624.	27,475.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	17,703.	16,773.	102.	828.
9 Other employee benefits	100,391.	77,922.	19,433.	3,036.
10 Payroll taxes	37,993.	24,999.	8,792.	4,202.
11 Fees for services (nonemployees):				
a Management	4,646.	1,638.	2,163.	845.
b Legal				
c Accounting	27,188.	9,587.	12,660.	4,941.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	5,565.	132.	5,402.	31.
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	3,011.	1,062.	1,402.	547.
12 Advertising and promotion	231.	133.	66.	32.
13 Office expenses	25,479.	18,599.	4,636.	2,244.
14 Information technology	38,412.	19,281.	4,444.	14,687.
15 Royalties				
16 Occupancy	35,864.	21,731.	9,561.	4,572.
17 Travel	3,134.	2,301.	323.	510.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,013.	819.	131.	63.
20 Interest				
21 Payments to affiliates	25,867.	16,110.	6,602.	3,155.
22 Depreciation, depletion, and amortization	6,306.	4,155.	1,455.	696.
23 Insurance	5,651.	3,251.	1,624.	776.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a BAD DEBT EXPENSE	54,308.	0.	54,308.	0.
b GRANT RELATED EXPENSES	32,596.	32,596.		
c VOLUNTEER CENTER	18,356.	18,356.		
d CAMPAIGN SUPPLIES/EVENT	14,373.	3,408.	336.	10,629.
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	2,417,665.	2,051,840.	256,652.	109,173.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**UNITED WAY OF JOHNSON & WASHINGTON
COUNTIES, INC.**

Form 990 (2022)

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	345,345.	1	237,019.
	2 Savings and temporary cash investments	1,828,143.	2	1,681,743.
	3 Pledges and grants receivable, net	800,593.	3	1,124,442.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from 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	5,375.	9	5,954.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	137,961.		
	b Less: accumulated depreciation	120,568.	10c	17,393.
	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	337,208.	15	419,064.
16 Total assets. Add lines 1 through 15 (must equal line 33)	3,316,664.	16	3,485,615.	
Liabilities	17 Accounts payable and accrued expenses	45,086.	17	42,396.
	18 Grants payable	1,715,431.	18	1,715,155.
	19 Deferred revenue	15,416.	19	4,517.
	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	82,863.
	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	1,775,933.	26	1,844,931.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	865,022.	27	830,746.
	28 Net assets with donor restrictions	675,709.	28	809,938.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> 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	1,540,731.	32	1,640,684.
33 Total liabilities and net assets/fund balances	3,316,664.	33	3,485,615.	

Form **990** (2022)

**UNITED WAY OF JOHNSON & WASHINGTON
COUNTIES, INC.**

Form 990 (2022)

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Part XI Reconciliation of Net Assets

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

1 Total revenue (must equal Part VIII, column (A), line 12)	1	2,551,659.
2 Total expenses (must equal Part IX, column (A), line 25)	2	2,417,665.
3 Revenue less expenses. Subtract line 2 from line 1	3	133,994.
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,540,731.
5 Net unrealized gains (losses) on investments	5	
6 Donated services and use of facilities	6	
7 Investment expenses	7	
8 Prior period adjustments	8	
9 Other changes in net assets or fund balances (explain on Schedule O)	9	-34,041.
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	1,640,684.

Part XII Financial Statements and Reporting

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

		Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other			
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
b Were the organization's financial statements audited by an independent accountant?	2b	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:			
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> 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	X	
If the organization changed either its oversight process or selection process during the tax year, explain on 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 Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b		

Form **990** (2022)

SCHEDULE A (Form 990)

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

2022

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).
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).
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).
6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7 X 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).
8 A community trust described in section 170(b)(1)(A)(vi).
9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture.
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...
11 An organization organized and operated exclusively to test for public safety.
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).
a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s)...
b Type II. A supporting organization supervised or controlled in connection with its supported organization(s)...
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s)...
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated...
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).

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Includes a Total row at the bottom.

**UNITED WAY OF JOHNSON & WASHINGTON
COUNTIES, INC.**

Schedule A (Form 990) 2022

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2280633.	2484351.	2758329.	2368568.	2547325.	12439206.
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	2280633.	2484351.	2758329.	2368568.	2547325.	12439206.
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)						552,683.
6 Public support. Subtract line 5 from line 4.						11886523.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	2280633.	2484351.	2758329.	2368568.	2547325.	12439206.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	11,836.	22,911.	10,039.	7,246.	11,396.	63,428.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						12502634.
12 Gross receipts from related activities, etc. (see instructions)					12	-58,556.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))	14	95.07 %
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	95.58 %
16a 33 1/3% support test - 2022. 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		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2021. 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		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2022. 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		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2021. 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		<input type="checkbox"/>
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		<input type="checkbox"/>

Schedule A (Form 990) 2022

UNITED WAY OF JOHNSON & WASHINGTON
COUNTIES, INC.

Schedule A (Form 990) 2022

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

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on 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 5 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

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2021 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2021 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2022. 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 - 2021. 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

**UNITED WAY OF JOHNSON & WASHINGTON
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Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
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)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
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?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**UNITED WAY OF JOHNSON & WASHINGTON
COUNTIES, INC.**

Schedule A (Form 990) 2022

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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 on lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described on line 11a above?		
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

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?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b 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? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer lines 3a and 3b 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? <i>If "Yes" or "No" provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

**UNITED WAY OF JOHNSON & WASHINGTON
COUNTIES, INC.**

Schedule A (Form 990) 2022

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
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 0.015 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 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount		(A) Prior Year	(B) Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)		Current Year
2	Enter 0.85 of line 1.		
3	Minimum asset amount for prior year (from Section B, line 8, column A)		
4	Enter greater of line 2 or line 3.		
5	Income tax imposed in prior year		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).		
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

**UNITED WAY OF JOHNSON & WASHINGTON
COUNTIES, INC.**

Schedule A (Form 990) 2022

42-6062055 Page 7

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	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2022			
a From 2017			
b From 2018			
c From 2019			
d From 2020			
e From 2021			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2023. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018			
b Excess from 2019			
c Excess from 2020			
d Excess from 2021			
e Excess from 2022			

Schedule A (Form 990) 2022

UNITED WAY OF JOHNSON & WASHINGTON
COUNTIES, INC.

Schedule A (Form 990) 2022

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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.)

Multiple horizontal lines for supplemental information.

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Attach to Form 990 or Form 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Name of the organization

**UNITED WAY OF JOHNSON & WASHINGTON
COUNTIES, INC.**

Employer identification number

42-6062055

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization UNITED WAY OF JOHNSON & WASHINGTON COUNTIES, INC.	Employer identification number 42-6062055
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ <u>113,035.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ <u>154,648.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ <u>52,174.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ <u>144,281.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ <u>130,034.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ <u>153,162.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization UNITED WAY OF JOHNSON & WASHINGTON COUNTIES, INC.	Employer identification number 42-6062055
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ <u>78,477.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ <u>57,443.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/>	\$ <u>62,753.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	<hr/> <hr/> <hr/>	\$ <u>207,864.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	<hr/> <hr/> <hr/>	\$ <u>66,396.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	<hr/> <hr/> <hr/>	\$ <u>89,664.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization UNITED WAY OF JOHNSON & WASHINGTON COUNTIES, INC.	Employer identification number 42-6062055
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	<hr/> <hr/> <hr/>	\$ <u>205,399.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization UNITED WAY OF JOHNSON & WASHINGTON COUNTIES, INC.	Employer identification number 42-6062055
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

Name of organization UNITED WAY OF JOHNSON & WASHINGTON COUNTIES, INC.	Employer identification number 42-6062055
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

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

2022

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate values, and yes/no questions about donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, table for lines 2a-2d, and various monitoring and expense questions.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting art collections and required amounts for revenue and assets.

**UNITED WAY OF JOHNSON & WASHINGTON
COUNTIES, INC.**

Schedule D (Form 990) 2022

42-6062055 Page 2

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 make significant use of its collection items (check all that apply):
- | | |
|---|--|
| a <input type="checkbox"/> Public exhibition | d <input type="checkbox"/> Loan or exchange program |
| b <input type="checkbox"/> Scholarly research | e <input type="checkbox"/> Other _____ |
| c <input type="checkbox"/> 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 on Part XIII

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

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

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" 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		4,008.	4,008.	0.
c Leasehold improvements		133,953.	116,560.	17,393.
d Equipment				
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				17,393.

Schedule D (Form 990) 2022

**UNITED WAY OF JOHNSON & WASHINGTON
COUNTIES, INC.**

Schedule D (Form 990) 2022

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. (Col. (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. (Col. (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	
(2) FOUNDATION	336,317.
(3) RIGHT OF USE ASSET, NET	82,747.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	419,064.

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.

(a) Description of liability	(b) Book value
1. (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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

UNITED WAY OF JOHNSON & WASHINGTON
COUNTIES, INC.

Schedule D (Form 990) 2022

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	2,269,269.
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	61,381.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	-34,041.	
e	Add lines 2a through 2d	2e		27,340.
3	Subtract line 2e from line 1	3		2,241,929.
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	309,730.	
c	Add lines 4a and 4b	4c		309,730.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		2,551,659.

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	2,169,316.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	61,381.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e		61,381.
3	Subtract line 2e from line 1	3		2,107,935.
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	309,730.	
c	Add lines 4a and 4b	4c		309,730.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5		2,417,665.

Part XIII Supplemental Information.

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

PART 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 FILES INFORMATION RETURNS IN THE U.S. FEDERAL JURISDICTION. UWJWC FOLLOWS THE ACCOUNTING STANDARDS TO EVALUATE UNCERTAIN TAX POSITIONS AND HAS DETERMINED THAT IT IS NOT REQUIRED TO RECORD A LIABILITY RELATED TO UNCERTAIN TAX POSITIONS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

UNITED WAY OF JOHNSON & WASHINGTON
COUNTIES, INC.

Schedule D (Form 990) 2022

Part XIII Supplemental Information (continued)

CHANGE IN BENEFICIAL INTEREST IN ASSETS HELD BY COMMUNITY

FOUNDATION -34,041.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

NET DONOR DESIGNATIONS PAID TO OTHERS, OFFSET TO REVENUE ON
FINANCIAL STMTS 309,730.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

NET DONOR DESIGNATIONS PAID TO OTHERS, OFFSET TO REVENUE ON
FINANCIAL STMTS 309,730.

**UNITED WAY OF JOHNSON & WASHINGTON
COUNTIES, INC.**

Schedule G (Form 990) 2022

42-6062055 Page 2

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	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		POWER OF THE PURSE (event type)	HOOPS & HOPS (event type)	NONE (total number)	
Revenue	1	Gross receipts	36,169.	25,091.	61,260.
	2	Less: Contributions	36,169.	25,091.	61,260.
	3	Gross income (line 1 minus line 2)			
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs	13,934.		13,934.
	7	Food and beverages	10,000.		10,000.
	8	Entertainment			
	9	Other direct expenses		2,155.	2,155.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			26,089.
11	Net income summary. Subtract line 10 from line 3, column (d)			-26,089.	

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			
	2	Cash prizes			
Direct Expenses	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> 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: IA

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: _____

**UNITED WAY OF JOHNSON & WASHINGTON
COUNTIES, INC.**

Schedule G (Form 990) 2022

42-6062055 Page 3

- 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	100.00 %
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name TERESA ANDERSON

Address 1150 5TH STREET, SUITE 290 - CORALVILLE, IA 52241

- 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 TERESA ANDERSON

Gaming manager compensation \$ _____

Description of services provided OVERSIGHT OF ENTIRE FUNDRAISING EVENT.

- 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 to be 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.

UNITED WAY OF JOHNSON & WASHINGTON
COUNTIES, INC.

Schedule G (Form 990)

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Part IV Supplemental Information *(continued)*

Multiple horizontal lines for supplemental information.

**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

2022

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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
4CS COMMUNITY COORDINATED CHILD CARE - 1500 SYCAMORE ST. - IOWA CITY, IA 52240	23-7351124	501C3	31,358.	0.			FOR PROGRAMS TO EDUCATION, FINANCIAL STABILITY, AND HEALTH AND DONOR DESIGNATED FUNDS
ABBE MENTAL HEALTH CENTER 1039 ARTHUR ST. IOWA CITY, IA 52240	42-1045257	501C3	28,000.	0.			FOR PROGRAMS TO EDUCATION, FINANCIAL STABILITY, AND HEALTH AND DONOR DESIGNATED FUNDS
AGING SERVICES/PATHWAYS ADULT DAY HEALTH CENTER - 817 PEPPERWOOD LANE - IOWA CITY, IA 52240	23-7085316	501C3	34,500.	0.			FOR PROGRAMS TO EDUCATION, FINANCIAL STABILITY, AND HEALTH AND DONOR DESIGNATED FUNDS
BIG BROTHERS BIG SISTERS OF JOHNSON COUNTY - 3109 OLD HWY 218 SOUTH - IOWA CITY, IA 52246	42-6021441	501C3	47,134.	0.			FOR PROGRAMS TO EDUCATION, FINANCIAL STABILITY, AND HEALTH AND DONOR DESIGNATED FUNDS
COMMUNITY CRISIS SERVICES AND FOOD BANK - 1121 GILBERT CT. - IOWA CITY, IA 52240	42-0955992	501C3	110,068.	0.			FOR PROGRAMS TO EDUCATION, FINANCIAL STABILITY, AND HEALTH AND DONOR DESIGNATED FUNDS
CORALVILLE COMMUNITY FOOD PANTRY 1002 5TH ST. CORALVILLE, IA 52241	47-3509757	501C3	18,000.	0.			FOR PROGRAMS TO EDUCATION, FINANCIAL STABILITY, AND HEALTH AND DONOR DESIGNATED FUNDS

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 3.

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

Schedule I (Form 990) 2022

**UNITED WAY OF JOHNSON & WASHINGTON
COUNTIES, INC.**

Schedule I (Form 990)

42-6062055

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash 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	501C3	76,500.	0.			FOR PROGRAMS TO EDUCATION, FINANCIAL STABILITY, AND HEALTH AND DONOR DESIGNATED FUNDS
FREE LUNCH PROGRAM 1105 S. GILBERT CT., SUITE 100 IOWA CITY, IA 52240	26-4722790	501C3	5,508.	0.			FOR PROGRAMS TO EDUCATION, FINANCIAL STABILITY, AND HEALTH AND DONOR DESIGNATED FUNDS
GERIATRIC & SPECIAL NEEDS DENTAL PROGRAM - UNIVERSITY OF IOWA, W329 DSB - IOWA CITY, IA 52242	42-6004813	GOVT	7,500.	0.			FOR PROGRAMS TO EDUCATION, FINANCIAL STABILITY, AND HEALTH AND DONOR DESIGNATED FUNDS
GOODWILL OF THE HEARTLAND 1410 S. FIRST AVE. IOWA CITY, IA 52240	42-0923563	501C3	23,250.	0.			FOR PROGRAMS TO EDUCATION, FINANCIAL STABILITY, AND HEALTH AND DONOR DESIGNATED FUNDS
HACAP - IOWA CITY 367 SOUTHGATE AVE. IOWA CITY, IA 52240	42-0898405	501C3	22,000.	0.			FOR PROGRAMS TO EDUCATION, FINANCIAL STABILITY, AND HEALTH AND DONOR DESIGNATED FUNDS
HEALTHY KIDS SCHOOL-BASED CLINICS 1725 N. DODGE ST. IOWA CITY, IA 52245	42-6023567	OTHER	73,000.	0.			FOR PROGRAMS TO EDUCATION, FINANCIAL STABILITY, AND HEALTH AND DONOR DESIGNATED FUNDS
HILLCREST FAMILY SERVICES 407 HIGHWAY 1 WEST IOWA CITY, IA 52246	42-0680411	501C3	5,500.	0.			FOR PROGRAMS TO EDUCATION, FINANCIAL STABILITY, AND HEALTH AND DONOR DESIGNATED FUNDS
HORIZONS 819 5TH ST. SE CEDAR RAPIDS, IA 52406	42-1135083	501C3	25,000.	0.			FOR PROGRAMS TO EDUCATION, FINANCIAL STABILITY, AND HEALTH AND DONOR DESIGNATED FUNDS
IOWA CITY FREE MEDICAL & DENTAL CLINIC - 2440 TOWNCREST DR. - IOWA CITY, IA 52240	42-0960955	501C3	117,000.	0.			FOR PROGRAMS TO EDUCATION, FINANCIAL STABILITY, AND HEALTH AND DONOR DESIGNATED FUNDS

Schedule I (Form 990)

**UNITED WAY OF JOHNSON & WASHINGTON
COUNTIES, INC.**

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash 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	501C3	40,000.	0.			FOR PROGRAMS TO EDUCATION, FINANCIAL STABILITY, AND HEALTH AND DONOR DESIGNATED FUNDS
IOWA VALLEY HABITAT FOR HUMANITY 2401 SCOTT BLVD. SE IOWA CITY, IA 52240	42-1410210	501C3	15,000.	0.			FOR PROGRAMS TO EDUCATION, FINANCIAL STABILITY, AND HEALTH AND DONOR DESIGNATED FUNDS
JOAN BUXTON SCHOOL CHILDREN'S AID 1725 N. DODGE ST. IOWA CITY, IA 52245	42-6023567	OTHER	9,500.	0.			FOR PROGRAMS TO EDUCATION, FINANCIAL STABILITY, AND HEALTH AND DONOR DESIGNATED FUNDS
NEIGHBORHOOD CENTERS OF JOHNSON COUNTY - PO BOX 2491 - IOWA CITY, IA 52244	42-1060964	501C3	127,500.	0.			FOR PROGRAMS TO EDUCATION, FINANCIAL STABILITY, AND HEALTH AND DONOR DESIGNATED FUNDS
NORTH LIBERTY COMMUNITY PANTRY 89 NORTH JONES BLVD. NORTH LIBERTY, IA 52317	42-1233284	501C3	25,000.	0.			FOR PROGRAMS TO EDUCATION, FINANCIAL STABILITY, AND HEALTH AND DONOR DESIGNATED FUNDS
PRELUDE BEHAVIORAL SERVICES 430 SOUTHGATE AVE. IOWA CITY, IA 52240	42-0946031	501C3	20,640.	0.			FOR PROGRAMS TO EDUCATION, FINANCIAL STABILITY, AND HEALTH AND DONOR DESIGNATED FUNDS
RVAP 332 S. LINN ST., SUITE 100 IOWA CITY, IA 52240	42-6004813	GOVT	23,000.	0.			FOR PROGRAMS TO EDUCATION, FINANCIAL STABILITY, AND HEALTH AND DONOR DESIGNATED FUNDS
SHELTER HOUSE 429 SOUTHGATE AVE. IOWA CITY, IA 52240	42-1231451	501C3	84,500.	0.			FOR PROGRAMS TO EDUCATION, FINANCIAL STABILITY, AND HEALTH AND DONOR DESIGNATED FUNDS
TABLE TO TABLE 840 S. CAPITOL ST. IOWA CITY, IA 52240	42-1457219	501C3	55,000.	0.			FOR PROGRAMS TO EDUCATION, FINANCIAL STABILITY, AND HEALTH AND DONOR DESIGNATED FUNDS

Schedule I (Form 990)

**UNITED WAY OF JOHNSON & WASHINGTON
COUNTIES, INC.**

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE ARC OF SOUTHEAST IOWA 2620 MUSCATINE AVE. IOWA CITY, IA 52240	42-0933140	501C3	28,950.	0.			FOR PROGRAMS TO EDUCATION, FINANCIAL STABILITY, AND HEALTH AND DONOR DESIGNATED FUNDS
THE HOUSING FELLOWSHIP 322 EAST SECOND ST. IOWA CITY, IA 52240	42-1362432	501C3	22,141.	0.			FOR PROGRAMS TO EDUCATION, FINANCIAL STABILITY, AND HEALTH AND DONOR DESIGNATED FUNDS
UNITED ACTION FOR YOUTH 1700 S. FIRST AVE., SUITE 14 IOWA CITY, IA 52240	42-0954860	501C3	72,000.	0.			FOR PROGRAMS TO EDUCATION, FINANCIAL STABILITY, AND HEALTH AND DONOR DESIGNATED FUNDS

Schedule I (Form 990)

**UNITED WAY OF JOHNSON & WASHINGTON
COUNTIES, INC.**

Schedule I (Form 990) 2022

42-6062055

Page 2

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

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

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

PART I, LINE 2:

ALLOCATIONS: ORGANIZATIONS RECEIVING DISCRETIONARY FUNDING FROM 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

UNITED WAY OF JOHNSON & WASHINGTON
COUNTIES, INC.

Part IV Supplemental Information

- 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

Multiple horizontal lines for supplemental information input.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2022

Open to Public Inspection

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 instructions and the latest information.

Department of the Treasury
Internal Revenue Service

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		3,341.	FAIR VALUE
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
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 (<u>SPECIAL EVENT</u>)	X	8	26,089.	FAIR VALUE
26 Other (<u>OFFICE EQUIPMEN</u>)	X	1	18,635.	FAIR VALUE
27 Other (<u>OTHER</u>)	X	2,315	3,109.	FAIR VALUE
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 V, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	X	
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

UNITED WAY OF JOHNSON & WASHINGTON
COUNTIES, INC.

Schedule M (Form 990) 2022

42-6062055

Page 2

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

SCHEDULE M, PART I, COLUMN (B):

AMOUNT IN COLUMN B INDICATES THE NUMBER OF CONTRIBUTORS.

SCHEDULE M, 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.

**SCHEDULE O
(Form 990)**

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 Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public
Inspection

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

NEEDS IN JOHNSON & WASHINGTON COUNTIES IN THE BROAD AREAS OF BIRTH

THROUGH ADULT EDUCATION, BUILDING FINANCIAL STABILITY, AND ACCESS TO

HEALTH.

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: EARLY

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

Schedule O (Form 990) 2022

Name of the organization	UNITED WAY OF JOHNSON & WASHINGTON COUNTIES, INC.	Employer identification number	42-6062055
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LITERACY & GRADE LEVEL READING PROGRAMS; SUMMERSHIP CAMP SCHOLARSHIPS
AND OUR DISASTER RELIEF FUND. DONORS MAY ALSO DIRECT THEIR GIFTS TO
LONGER-TERM FUNDS, SUCH AS: INNOVATION & SUSTAINABILITY FUND, & UNITED
WAY ENDOWMENT FUND (HELD AT THE COMMUNITY FOUNDATION OF JOHNSON
COUNTY).

FORM 990, PART III, LINE 4C - THIRD ACCOMPLISHMENT

OTHER PROGRAM SERVICES - OTHER UNITED WAY OF JOHNSON & WASHINGTON
COUNTIES PROGRAMMING INCLUDES: COMMUNITY BUILDING, ASSESSMENT AND
ACCOUNTABILITY INITIATIVES. UNITED WAY FULFILLS ITS MISSION BY: 1)
RESEARCHING AND ASSESSING COMMUNITY CONDITIONS AND LEADING MULTI-SECTOR
GOAL SETTING, 2) DEVELOPING STRATEGIES AND RECRUITING RESOURCES TO
DRIVE CHANGE, MEET NEEDS AND BUILD ASSETS IN THE COMMUNITY, AND 3)
DELIVERING RESULTS BY MONITORING PROGRESS AND CHANGE IN COMMUNITY
CONDITIONS. UWJWC PARTNERS WITH LOCAL LEADERS TO CREATE A COMMUNITY
ASSESSMENT AND ASSISTS TO CONVENE A CROSS-SECTOR VISIONING AND GOAL
SETTING PROCESS.

UNITED WAY VOLUNTEER CENTER: THE UNITED WAY VOLUNTEER CENTER'S CORE
MISSION IS TO INSPIRE, MOBILIZE AND EQUIP INDIVIDUALS AND GROUPS TO
TAKE POSITIVE ACTION TO ADDRESS PRESSING CHALLENGES, SUPPORT
NONPROFITS, PREPARE AND RESPOND TO DISASTERS, AND STRENGTHEN THE
QUALITY OF LIFE IN JOHNSON AND WASHINGTON COUNTIES. THE VOLUNTEER
CENTER IS THE RESOURCE DEVOTED TO INCREASING VOLUNTEERISM, ENGAGEMENT
AND SERVICE, BUILDING A COMMUNITY OF VOLUNTEERS! WE ENCOURAGE ADULTS TO
SERVE, YOUTH TO VOLUNTEER AND BUILD CHARACTER, FAMILIES TO BOND, YOUNG
PROFESSIONALS TO LEAD, MATURE ADULTS TO SHARE THEIR WISDOM AND

Name of the organization	UNITED WAY OF JOHNSON & WASHINGTON COUNTIES, INC.	Employer identification number	42-6062055
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BUSINESSES TO SUPPORT OUR COMMUNITY. THROUGH ORGANIZED VOLUNTEER PROJECTS, AS WELL AS BY CONNECTING INDIVIDUALS TO NONPROFIT ORGANIZATIONS, THE UNITED WAY VOLUNTEER CENTER HELPS PEOPLE TAKE ACTION.

55+ RSVP PROGRAM: RSVP ENGAGES INDIVIDUALS AGED 55 AND OLDER IN CITIZEN SERVICE. IT IS ONE OF THE LARGEST VOLUNTEER NETWORKS IN THE NATION FOR PEOPLE 55 AND OVER AND ENCOURAGES INDIVIDUALS TO USE THE SKILLS AND TALENTS THEY HAVE LEARNED OVER THE YEARS, OR DEVELOP NEW ONES, WHILE SERVING IN A VARIETY OF VOLUNTEER 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 WAYS, INCLUDING WORKING IN FOOD PANTRIES, DELIVERING MEALS, BECOMING LITERACY VOLUNTEERS, DRIVING FOR OUR MEDICAL TRANSPORTATION PROGRAM, AS WELL AS SUPPORTING MAILINGS, CLERICAL ASSISTANCE AND MANY MORE OPPORTUNITIES. 55+ RSVP COUNTIES SERVED INCLUDE: JOHNSON, WASHINGTON, DES MOINES, AND MUSCATINE.

PEN PALS: WHILE THERE ARE MANY WRITING STRATEGIES DESIGNED TO ISOLATE SPECIFIC SKILLS, THERE ARE FEW RESOURCES DESIGNED TO MOTIVATE STUDENTS TO 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, STUDENTS HAVE THE OPPORTUNITY TO COMMUNICATE IN A FUN WAY. PARTICIPANTS WILL BECOME ACQUAINTED THROUGH FRIENDLY CORRESPONDENCE AND LEARN FROM EACH OTHER ABOUT A RANGE OF INTERESTING TOPICS. THE PROGRAM HELPS STUDENTS PRACTICE THE ART OF WRITING, INCREASE LITERACY SKILLS AND BUILD

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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 WIDESPREAD THE NEED IS IN OUR COMMUNITY. THANKSGIVING IN JULY CONNECTS A NETWORK OF CONCERNED INDIVIDUALS SILENTLY WAGING THE WAR AGAINST HUNGER EACH DAY. THANKSGIVING IN JULY IS A COMMUNITY-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 DIRECTLY TO INDIVIDUALS AND FAMILIES IN NEED OF ASSISTANCE THROUGHOUT JOHNSON & WASHINGTON COUNTIES. 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 HOLIDAY EXPERIENCE FOR FAMILIES AT A CRITICAL TIME IN THEIR LIVES. IN THIS PROGRAM, BUSINESSES, ORGANIZATIONS, CHURCHES, GROUPS, OR INDIVIDUALS AGREE TO SPONSOR A LOCAL FAMILY OR FAMILIES FOR THE HOLIDAY BY PROVIDING GIFTS, GIFT CARDS, HOUSEHOLD ITEMS, FOOD, AND MORE.

EARLY LITERACY & GRADE LEVEL READING INITIATIVE: A GROWING BODY OF RESEARCH SUGGESTS THAT READING PROFICIENCY BY THIRD GRADE IS ONE OF THE MOST POWERFUL PREDICTORS OF FUTURE ACADEMIC AND CAREER SUCCESS. MANY CHILDREN IN THE COMMUNITY DO NOT HAVE ACCESS TO BOOKS AT HOME OR DO NOT HAVE THE OPPORTUNITY TO BENEFIT FROM READING A BOOK WITH A CARING

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ADULT. THE EDUCATIONAL 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 HARDER TO CATCH UP, CAUSING FRUSTRATION AND OFTEN A SENSE OF "GIVING UP." THE INITIATIVE INCLUDES 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 PERCENTAGE. IN ADDITION, ACTIVITIES FOR CHILDREN AND FAMILIES TO READ TOGETHER AT HOME WILL BE PROMOTED.

UNITED WAY READING BUDDIES: THE PROGRAM PARTNERS COMMUNITY VOLUNTEERS WITH YOUNG 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, GAMES, OR OTHER ACTIVITIES DESIGNED TO MAKE READING INTERACTIVE. THE KITS ARE USED IN VOLUNTEER READING PROGRAMS AND ALSO DISTRIBUTED TO FAMILIES FOR EARLY ELEMENTARY-AGED CHILDREN THROUGH SCHOOLS AND SERVICE AGENCIES. LITERACY KITS ARE FOUND TO BE MOST EFFECTIVE WITH EARLY READERS (K-3) AND ARE USED WHEN READING TO OR WITH A CHILD/CHILDREN. THERE IS A DIRECT IMPACT ON SCHOOL SUCCESS AND READING PERFORMANCE WHEN CHILDREN HAVE ACCESS TO

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BOOKS AND SPEND TIME READING OR BEING READ TO BY AN ADULT.

MATH KITS: MATH INCORPORATES LOGIC AND CRITICAL THINKING INTO PROBLEM SOLVING, NECESSARY SKILLS THROUGHOUT LIFE. MATH KITS HELP CHILDREN ACQUIRE THE FOUNDATIONAL SKILLS NEEDED FOR LEARNING MATH, WHILE STAYING ENGAGED AND HAVING FUN. THE MATH KITS FOCUS ON LEARNING BASE 10 MATH, UNDERSTANDING NUMBER SENSE AND LEARNING NUMBERS AS QUANTITY/VALUES AND AN IMPORTANT BASIC SKILL FOR MONEY SAVING BY LEARNING COINS AND THEIR MONETARY VALUE. MATH KITS ARE DISTRIBUTED TO ELEMENTARY-AGED CHILDREN THROUGH SCHOOLS AND SERVICE AGENCIES.

DISASTER SERVICES: INCLUDES COORDINATION OF THE COMMUNITY ORGANIZATIONS ACTIVE IN DISASTER COALITION (COAD), WITH SUBCOMMITTEES FOR LONG TERM RECOVERY COMMITTEE, VOLUNTEER MANAGEMENT, DONATIONS MANAGEMENT AND NEEDS ASSESSMENT/FUNDING AND RESOURCE ALLOCATION; EMERGENCY VOLUNTEER CENTER DISASTER PREPARATION AND DISASTER CALL CENTER COORDINATION; PLANNING WITH JOHNSON COUNTY EMERGENCY MANAGEMENT AND THE EMERGENCY OPERATIONS CENTER. THE EMERGENCY VOLUNTEER CENTER (EVC) PROVIDES A SPECIFIC LOCATION WHERE DISASTER VOLUNTEERS CAN EFFICIENTLY AND EFFECTIVELY BE DEPLOYED. THE EVC IS STAFFED BY SKILLED, TRAINED VOLUNTEERS CAPABLE OF SCREENING, INTERVIEWING AND REFERRING PROSPECTIVE VOLUNTEERS IN A PROFESSIONAL MANNER. IN LARGER DISASTERS, THE EVC IS MOBILIZED AS A "WALK IN CENTER". IN SMALLER DISASTERS, THE EVC OPERATES AS A PHONE BANK. WHETHER IT'S A LARGE- OR SMALL-SCALE DISASTER THERE ARE MANY SPONTANEOUS VOLUNTEERS WHO BRING A WIDE RANGE OF SKILLS AND EFFORT TO ASSIST OUR COMMUNITY. THE DISASTER CALL CENTER, WHEN ACTIVATED BY JOHNSON COUNTY EMERGENCY MANAGEMENT, IS STAFFED BY UNITED WAY STAFF AND VOLUNTEERS AND IS THE RESOURCE FOR EVERYONE IN THE

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COMMUNITY TO CALL TO SEEK DISASTER-RELATED INFORMATION AND REQUEST
VOLUNTEER ASSISTANCE FOR DISASTER-RELATED NEEDS. THE CALL CENTER FREES
UP MUNICIPAL STAFF SO THAT THEY CAN CONCENTRATE ON EMERGENCY
DISASTER-RELATED WORK AND PROTECTION OF PUBLIC SERVICES AND WORKS.

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, IOWA CITY AREA BUSINESS
PARTNERSHIP AND COMMUNITY PARTNERS TO CREATE A REGION-WIDE HUB OF
COMMITTEE, COMMISSION AND BOARD OPPORTUNITIES FOR COMMUNITY LEADERS WHO
WANT TO GET INVOLVED. COMMUNITY MINDED INDIVIDUALS CAN FIND
OPPORTUNITIES TO SERVE ON LOCAL TASK FORCES, COMMISSIONS, COMMITTEES &
BOARDS.

FORM 990, PART III, LINE 4C - THIRD ACCOMPLISHMENT

SUMMERSHIPS: A "SUMMERSHIP" PROVIDES A K-12 STUDENT FROM JOHNSON AND
WASHINGTON COUNTIES, WHO IS ELIGIBLE FOR FREE & REDUCED LUNCH, WITH A
CAMP SCHOLARSHIP. SUMMERSHIPS PROVIDE ACCESS TO SUMMER-TIME, HIGH
QUALITY CAMPS AND ACTIVITIES FOR CHILDREN WHO OTHERWISE MIGHT NOT HAVE
THE OPPORTUNITY. EACH "SUMMERSHIP" SCHOLARSHIP WILL FUND UP TO \$250 OF
ONE SUMMER CAMP OR SUMMER ACTIVITY PER CHILD. UNITED WAY OF JOHNSON &
WASHINGTON COUNTIES AND THE COMMUNITY FOUNDATION OF JOHNSON COUNTY ARE
PROUD TO PARTNER TO COORDINATE THIS SCHOLARSHIP PROGRAM.

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

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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 DEVELOPMENTAL DISABILITIES.

FORM 990, PART VI, SECTION A, LINE 1A:

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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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.

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 2023.

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. THE PROCESS DESCRIBED HERE WAS LAST COMPLETED IN 2023.

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.

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

CHANGE IN BENEFICIAL INTEREST IN ASSETS HELD BY COMMUNITY
FOUNDATION

-34,041.

FORM 990, PART XII, LINE 2C:

THE OVERSIGHT PROCESS DID NOT CHANGE IN 2022.

