

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.
Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2016 calendar year, or tax year beginning 04/01/16, and ending 03/31/17

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): 1150 5TH ST STE 290 Room/suite: City or town, state or province, country, and ZIP or foreign postal code: CORALVILLE IA 52241	D Employer identification number: 42-6062055 E Telephone number: 319-338-7823 G Gross receipts \$: 2,273,664
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F Name and address of principal officer: CATHERINE KNIGHT 1150 5TH ST #290 CORALVILLE IA 52241	H(a) Is this a group return for subordinates? <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)
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I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () t (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	H(c) Group exemption number u
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J Website: u WWW.UNITEDWAYJWC.ORG	L Year of formation: 1958 M State of legal domicile: IA
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K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other u	L Year of formation: 1958 M State of legal domicile: IA
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Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO IMPROVE LIVES BY UNITING THE CARING POWER OF COMMUNITY IN JOHNSON AND WASHINGTON COUNTIES.	
	2 Check this box <input type="checkbox"/> u if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3 Number of voting members of the governing body (Part VI, line 1a)	18
	4 Number of independent voting members of the governing body (Part VI, line 1b)	18
	5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)	8
	6 Total number of volunteers (estimate if necessary)	1968
	7a Total unrelated business revenue from Part VIII, column (C), line 12	0
	7b Net unrelated business taxable income from Form 990-T, line 34	0

		Prior Year	Current Year
Revenue	8 Contributions and grants (Part VIII, line 1h)	2,346,940	2,150,995
	9 Program service revenue (Part VIII, line 2g)	63,104	64,187
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	9,565	10,904
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	18,437	-6,884
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,438,046	2,219,202
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,497,112	1,481,740
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	445,354	423,667
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) u 162,288		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	233,350	232,667
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,175,816	2,138,074
	19 Revenue less expenses. Subtract line 18 from line 12	262,230	81,128
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	3,215,170	3,343,362
	21 Total liabilities (Part X, line 26)	1,810,433	1,813,180
	22 Net assets or fund balances. Subtract line 21 from line 20	1,404,737	1,530,182

Part II Signature Block

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

Sign Here	Signature of officer: CATHERINE KNIGHT Type or print name and title: PRESIDENT & CEO	Date:
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Paid Preparer Use Only	Print/Type preparer's name: AMANDA L LANE, CPA Preparer's signature: AMANDA L LANE, CPA Date: 08/22/17 Check <input type="checkbox"/> if self-employed PTIN: P01257668	Firm's name: TD&T CPAS AND ADVISORS, P.C. Firm's EIN: 42-1029744 Firm's address: 1700 42ND ST. NE CEDAR RAPIDS, IA 52402 Phone no.: 319-393-2374
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May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: TO IMPROVE LIVES BY UNITING THE CARING POWER OF COMMUNITY IN JOHNSON AND WASHINGTON COUNTIES

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

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

4a (Code:) (Expenses \$ 1,547,500 including grants of \$ 1,213,981) (Revenue \$) PARTNER AGENCY ALLOCATIONS - SEE SCHEDULE O

4b (Code:) (Expenses \$ 267,759 including grants of \$ 267,759) (Revenue \$ 64,187) DONOR DESIGNATIONS - SEE SCHEDULE O

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

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

4e Total program service expenses u 1,815,259

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (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? If "Yes," complete Schedule C, Part 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? If "Yes," complete Schedule C, Part II		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	X	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		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? If "Yes," complete Schedule F, Parts I and IV		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (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? If "Yes," complete Schedule G, Part II	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
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	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		
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
4b	If "Yes," enter the name of the foreign country: <u>u</u> 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
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	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
6b	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).		
7a	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	
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	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.		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		
9b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
11a	Gross income from members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	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.		
13b	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		
13c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	18	
b	Enter the number of voting members included in line 1a, above, who are independent	18	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		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?		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?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		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?		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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	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	X	
b	Other officers or key employees of the organization. If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		X
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		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?		

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed **u** NONE
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records: **u**
 TERESA ANDERSON 1150 5TH STREET SUITE 290
 CORALVILLE IA 52241 319-338-7823

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) GARY BARTA	2.00									
BOARD CHAIR	0.00	X		X			0	0	0	
(2) MICHAEL PUGH	2.00									
PAST CHAIR	0.00	X		X			0	0	0	
(3) GABE AGUIRRE	1.50									
BOARD MEMBER	0.00	X					0	0	0	
(4) BEN CLARK	2.00									
RESOURCE DEV. CHAIR	0.00	X		X			0	0	0	
(5) MATT DEGNER	1.50									
BOARD MEMBER	0.00	X					0	0	0	
(6) GEORGINA DODGE	1.50									
BOARD MEMBER	0.00	X					0	0	0	
(7) KELLY HAYWORTH	1.50									
BOARD MEMBER	0.00	X					0	0	0	
(8) PATRICIA HEIDEN	2.00									
STRAT. PLAN. CHAIR	0.00	X		X			0	0	0	
(9) KEN KATES	2.00									
IO CHAIR/TREAS	0.00	X		X			0	0	0	
(10) LASHONDA KENNEDY	1.50									
BOARD MEMBER	0.00	X					0	0	0	
(11) LYNETTE MARSHALL	1.50									
BOARD MEMBER	0.00	X					0	0	0	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) MARK NOLTE	2.00									
COM. INVEST. CHAIR	0.00	X		X			0	0	0	
(13) STEVE OLSON	1.50									
BOARD MEMBER	0.00	X					0	0	0	
(14) ED RABER	1.50									
BOARD MEMBER	0.00	X					0	0	0	
(15) MARTEN ROORDA	1.50									
BOARD MEMBER	0.00	X					0	0	0	
(16) RYAN SCHLABAUGH	1.50									
BOARD MEMBER	0.00	X					0	0	0	
(17) EADIE FAWCETT-WEAVER	1.50									
BOARD MEMBER	0.00	X					0	0	0	
(18) JON WEIH	1.50									
BOARD MEMBER	0.00	X					0	0	0	
(19) SUE EVANS (RESIGNED 10/16)	1.50									
BOARD MEMBER	0.00	X					0	0	0	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A							153,585		18,821	
d Total (add lines 1b and 1c)							153,585		18,821	

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 **u** 0

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3	X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5	X

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	22,352				
	d Related organizations	1d					
	e Government grants (contributions)	1e	10,480				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	2,118,163				
	g Noncash contributions included in lines 1a-1f: \$		32,373				
	h Total. Add lines 1a-1f	u	2,150,995				
	Program Service Revenue	2a DONOR DESIGNATION FEES	Busn. Code 900099	64,187	64,187		
b							
c							
d							
e							
f All other program service revenue							
g Total. Add lines 2a-2f		u	64,187				
Other Revenue		3 Investment income (including dividends, interest, and other similar amounts)	u	11,285			11,285
	4 Income from investment of tax-exempt bond proceeds	u					
	5 Royalties	u					
	6a Gross rents	(i) Real					
		(ii) Personal					
	b Less: rental exps.						
	c Rental inc. or (loss)						
	d Net rental income or (loss)	u					
	7a Gross amount from sales of assets other than inventory	(i) Securities		30,459			
		(ii) Other					
	b Less: cost or other basis & sales exps.		30,840				
	c Gain or (loss)		-381				
	d Net gain or (loss)	u	-381			-381	
	8a Gross income from fundraising events (not including \$ 22,352 of contributions reported on line 1c). See Part IV, line 18	a	14,553				
		b Less: direct expenses	b	21,298			
c Net income or (loss) from fundraising events		u	-6,745			-6,745	
9a Gross income from gaming activities. See Part IV, line 19	a	2,185					
	b Less: direct expenses	b	2,324				
	c Net income or (loss) from gaming activities	u	-139			-139	
10a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory	u					
Miscellaneous Revenue	11a	Busn. Code					
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d	u					
12 Total revenue. See instructions.	u	2,219,202	64,187	0	4,020		

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	1,481,740	1,481,740		
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	173,674	84,926	49,150	39,598
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	202,738	98,783	57,731	46,224
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	21,448	10,446	6,112	4,890
10 Payroll taxes	25,807	12,594	7,329	5,884
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	17,565	8,572	4,988	4,005
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	7,163		7,163	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	5,457			5,457
12 Advertising and promotion	1,280	625	364	291
13 Office expenses	12,433	6,067	3,531	2,835
14 Information technology	34,303	17,995	3,341	12,967
15 Royalties				
16 Occupancy	34,493	16,832	9,796	7,865
17 Travel	3,692	2,536	241	915
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	931	454	265	212
20 Interest				
21 Payments to affiliates	24,017	11,720	6,821	5,476
22 Depreciation, depletion, and amortization	3,738	1,828	1,062	848
23 Insurance	5,779	2,820	1,641	1,318
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a OTHER GRANT EXPENSE	40,614	40,614		
b CAMPAIGN SUPPLIES	21,642			21,642
c OTHER PROMOTIONAL EVENTS	10,711	10,711		
d TRAINING & DEVELOPMENT	3,809	3,599	118	92
e All other expenses	5,040	2,397	874	1,769
25 Total functional expenses. Add lines 1 through 24e	2,138,074	1,815,259	160,527	162,288
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 checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest bearing		1
	2	Savings and temporary cash investments	1,571,488	2 1,784,674
	3	Pledges and grants receivable, net	1,177,735	3 1,061,363
	4	Accounts receivable, net		4
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6
	7	Notes and loans receivable, net		7
	8	Inventories for sale or use		8
	9	Prepaid expenses and deferred charges	2,984	9 4,912
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 119,326	
	b	Less: accumulated depreciation	10b 113,516	10c 5,810
	11	Investments—publicly traded securities		11
	12	Investments—other securities. See Part IV, line 11	453,415	12 486,603
	13	Investments—program-related. See Part IV, line 11		13
	14	Intangible assets		14
	15	Other assets. See Part IV, line 11		15
16	Total assets. Add lines 1 through 15 (must equal line 34)	3,215,170	16 3,343,362	
Liabilities	17	Accounts payable and accrued expenses	41,827	17 39,825
	18	Grants payable	1,768,606	18 1,773,355
	19	Deferred revenue		19
	20	Tax-exempt bond liabilities		20
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22
	23	Secured mortgages and notes payable to unrelated third parties		23
	24	Unsecured notes and loans payable to unrelated third parties		24
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25
	26	Total liabilities. Add lines 17 through 25	1,810,433	26 1,813,180
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27	Unrestricted net assets	745,788	27 892,699
	28	Temporarily restricted net assets	658,949	28 637,483
	29	Permanently restricted net assets		29
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30
	31	Paid-in or capital surplus, or land, building, or equipment fund		31
	32	Retained earnings, endowment, accumulated income, or other funds		32
33	Total net assets or fund balances	1,404,737	33 1,530,182	
34	Total liabilities and net assets/fund balances	3,215,170	34 3,343,362	

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	2,219,202
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,138,074
3	Revenue less expenses. Subtract line 2 from line 1	3	81,128
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,404,737
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	44,317
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,530,182

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 in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(20) CAMI RASMUSSEN (RESIGNED) BOARD MEMBER	1.50 0.00			X				0	0	0
(21) CATHERINE KNIGHT PRESIDENT & CEO	40.00 0.00			X				91,153	0	13,424
(22) TERESA ANDERSON DIRECTOR OF FIN	40.00 0.00			X				62,432	0	5,397
1b Sub-total								153,585		18,821
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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 **u**

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

Section B. Independent Contractors

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

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

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

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

u Attach to Form 990 or Form 990-EZ.

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

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

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) u	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,964,959	2,396,056	2,601,944	2,346,940	2,150,995	11,460,894
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	1,964,959	2,396,056	2,601,944	2,346,940	2,150,995	11,460,894
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)						330,899
6 Public support. Subtract line 5 from line 4.						11,129,995

Section B. Total Support

Calendar year (or fiscal year beginning in) u	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7 Amounts from line 4	1,964,959	2,396,056	2,601,944	2,346,940	2,150,995	11,460,894
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	12,174	12,357	8,855	9,844	11,285	54,515
9 Net income from unrelated business activities, whether or not the business is regularly carried on			9,075	18,437		27,512
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	2,405					2,405
11 Total support. Add lines 7 through 10						11,545,326

12 Gross receipts from related activities, etc. (see instructions) **12** 64,187

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) **14** 96.40 %

15 Public support percentage from 2015 Schedule A, Part II, line 14 **15** 94.79 %

16a **33 1/3% support test—2016.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b **33 1/3% support test—2015.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a **10%-facts-and-circumstances test—2016.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b **10%-facts-and-circumstances test—2015.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

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

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) u	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) u	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2015 Schedule A, Part III, line 17	18	%

- 19a 33 1/3% support tests—2016.** 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—2015.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? <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 (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</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 (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 or 990-EZ).</i>		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</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 in 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 in 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 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>		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <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 government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		
2a		
2b		
3a		
3b		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4).	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<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).		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2016 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required-explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2016:			
a			
b			
c From 2013			
d From 2014			
e From 2015			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2016 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2017. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b Excess from 2013			
c Excess from 2014			
d Excess from 2015			
e Excess from 2016			

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.)

PART II, LINE 10 - OTHER INCOME DETAIL

\$ 2,405

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

u Attach to Form 990, Form 990-EZ, or Form 990-PF.

u Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

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 33¹/₃ % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), 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, 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, 990-EZ, or 990-PF), 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, 990-EZ, or 990-PF).

Name of organization UNITED WAY OF JOHNSON & WASHINGTON	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	\$ 71,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	\$ 53,984	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	\$ 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

u 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. u Attach to Form 990.

u Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

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 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements.

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

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year u, 4 Number of states where property subject to conservation easement is located u, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year u, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year u \$, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

Table with 2 columns: u \$. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X, 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- 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	453,415	479,094	468,167	398,151	359,621
b Contributions	11,000	15,275	21,690	21,790	11,190
c Net investment earnings, gains, and losses	52,414	-10,486	37,410	54,355	32,660
d Grants or scholarships	23,058	23,811	42,023		
e Other expenditures for facilities and programs					
f Administrative expenses	7,168	6,657	6,150	6,129	5,320
g End of year balance	486,603	453,415	479,094	468,167	398,151

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment **u** 100.00 %
 - b Permanent endowment **u** %
 - c Temporarily restricted endowment **u** %
- 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 | | X |
- 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				
c Leasehold improvements		4,008	4,008	
d Equipment		115,318	109,508	5,810
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)	u			5,810

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 BENEFICIAL INTEREST IN COMM. F	486,603	MARKET
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) u	486,603	

Part VIII Investments—Program Related.

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

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

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)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) u	

Part X Other Liabilities.

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

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

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	2,073,130
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	53,748	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	67,939	
e	Add lines 2a through 2d	2e		121,687
3	Subtract line 2e from line 1	3		1,951,443
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	267,759	
c	Add lines 4a and 4b	4c		267,759
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		2,219,202

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

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

1	Total expenses and losses per audited financial statements		1	1,947,685
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	53,748	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	23,622	
e	Add lines 2a through 2d	2e		77,370
3	Subtract line 2e from line 1	3		1,870,315
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	267,759	
c	Add lines 4a and 4b	4c		267,759
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5		2,138,074

Part XIII Supplemental Information.

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

PART V, LINE 4 - INTENDED USES FOR ENDOWMENT FUNDS

BOARD DESIGNATED ENDOWMENT FUNDS TOTALING \$486,603 ARE HELD FOR LONG-TERM INVESTMENT PURPOSES THAT MAY PROVIDE SUPPLEMENTAL FUTURE FUNDING FOR PROGRAMS. PRUDENT SPENDING DISTRIBUTIONS ARE PERMITTED.

PART X - FIN 48 FOOTNOTE

UNITED WAY IS EXEMPT FROM INCOME TAXES UNDER PROVISIONS OF SECTION 501(C) (3) OF THE INTERNAL REVENUE CODE. AS SUCH, UNITED WAY IS TAXED ONLY ON ITS UNRELATED BUSINESS INCOME. MANAGEMENT HAS DETERMINED UNITED WAY DID NOT RECEIVE ANY SIGNIFICANT UNRELATED BUSINESS INCOME FOR THE YEARS ENDED MARCH 31, 2017 AND 2016.

Part XIII Supplemental Information (continued)

WHEN TAX RETURNS ARE FILED, IT IS HIGHLY CERTAIN THAT SOME POSITIONS TAKEN WOULD BE SUSTAINED UPON EXAMINATION BY THE TAXING AUTHORITIES, WHILE OTHERS ARE SUBJECT TO UNCERTAINTY ABOUT THE MERITS OF THE POSITION TAKEN OR THE AMOUNT OF THE POSITION THAT WOULD ULTIMATELY BE SUSTAINED. THE BENEFIT OF A TAX POSITON IS RECOGNIZED IN THE FINANCIAL STATEMENTS IN THE PERIOD DURING WHICH, BASED UPON ALL AVAILABLE EVIDENCE, MANAGEMENT BELIEVES IT IS MORE LIKELY THAN NOT THAT THE POSITION WILL BE SUSTAINED UPON EXAMINATION, INCLUDING THE RESOLUTION OF APPEALS OR LITIGATION PROCESSES, IF ANY.

UNITED WAY HAD NO UNRECOGNIZED TAX BENEFITS AS OF AND FOR THE YEARS ENDED MARCH 31, 2017 AND 2016.

PART XI, LINE 2D - REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER

FUNDRAISING & GAMING EXPENSE	\$	23,622
------------------------------	----	--------

CHANGE IN BENEF. INT. IN ASSETS	\$	44,317
---------------------------------	----	--------

PART XI, LINE 4B - REVENUE AMOUNTS INCLUDED ON RETURN - OTHER

DONOR DESIGNATIONS PAID TO OTHERS	\$	267,759
-----------------------------------	----	---------

PART XII, LINE 2D - EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER

FUNDRAISING & GAMING EXPENSE	\$	23,622
------------------------------	----	--------

PART XII, LINE 4B - EXPENSE AMOUNTS INCLUDED ON RETURN - OTHER

DONOR DESIGNATIONS PAID TO OTHERS	\$	267,759
-----------------------------------	----	---------

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

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

U Attach to Form 990 or Form 990-EZ.

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

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

Employer identification number
42-6062055

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

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

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

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

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

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

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

.....

.....

.....

.....

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		POWER OF THE PU (event type)	(event type)	NONE (total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts	36,905		36,905
	2	Less: Contributions	22,352		22,352
	3	Gross income (line 1 minus line 2)	14,553		14,553
Direct Expenses	4	Cash prizes			
	5	Noncash prizes	16,873		16,873
	6	Rent/facility costs	756		756
	7	Food and beverages	2,479		2,479
	8	Entertainment			
	9	Other direct expenses	1,190		1,190
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Subtract line 10 from line 3, column (d)				-6,745

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))
		1	Gross revenue		
Direct Expenses	2	Cash prizes			
	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: _____
 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: _____

**SCHEDULE I
(Form 990)**

**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.
u Attach to Form 990.

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

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

Employer identification number
42-6062055

Part I 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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	4CS COM. COORDINATED CHILD CARE 1500 SYCAMORE ST IOWA CITY IA 52240	23-7351124	501C3	31,574				ALLOC. & DESIGNATION
(2)	ABBE MENTAL HEALTH CENTER 1039 ARTHUR ST IOWA CITY IA 52241	42-1045257	501C3	34,607				ALLOC. & DESIGNATION
(3)	THE ARC OF SOUTHEAST IOWA 2620 MUSCATINE AVE IOWA CITY IA 52240	42-0933140	501C3	35,029				ALLOC. & DESIGNATION
(4)	BIG BROTHER/SISTERS OF JOHNSON CNTY 3109 OLD HWY 218 SOUTH IOWA CITY IA 52246	42-6021441	501C3	61,809				ALLOC. & DESIGNATION
(5)	THE CRISIS CENTER OF JOHNSON CNTY 1121 GILBERT CT. IOWA CITY IA 52240	42-0955992	501C3	127,531				ALLOC. & DESIGNATION
(6)	DVIP 1105 S. GILBERT CT. SUITE # 300 IOWA CITY IA 52240	42-1124902	501C3	81,151				ALLOC. & DESIGNATION
(7)	ELDER SERVICES INC 1486 SOUTH FIRST AVE, SUITE B IOWA CITY IA 52240	42-1146533	501C3	43,218				ALLOC. & DESIGNATION
(8)	FOUR OAKS IOWA CITY 1916 WATERFRONT DR IOWA CITY IA 52240	42-0998726	501C3	13,492				ALLOC. & DESIGNATION
(9)	FREE LUNCH PROGRAM 1105 S. GILBERT CT, SUITE 100 IOWA CITY IA 52240	26-4722790	501C3	18,829				ALLOC. & DESIGNATION

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **u 30**
- 3** Enter total number of other organizations listed in the line 1 table **u 1**

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

Schedule I (Form 990) (2016)

**SCHEDULE I
(Form 990)**

**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.
u Attach to Form 990.

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

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

Part I 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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	GERIATRIC & SPECIAL NEEDS DEN. PRO. UNIVERSITY OF IOWA S334 DSB IOWA CITY IA 52242	42-6004813	GOV	10,451				ALLOC. & DESIGNATION
(2)	GIRL SCOUTS OF EAST IA & WEST IL 317 SEVENTH AVE SE, SUITE 201 CEDAR RAPIDS IA 52401	42-1008848	501C3	9,842				ALLOC. & DESIGNATION
(3)	GOODWILL OF THE HEARTLAND 1410 S. FIRST AVE IOWA CITY IA 52240	42-0923563	501C3	23,232				ALLOC. & DESIGNATION
(4)	HACAP - IOWA CITY 2007 WATERFRONT DR IOWA CITY IA 52240	42-0898405	501C3	21,596				ALLOC. & DESIGNATION
(5)	HANDICARE, INC 2220 9TH ST CORALVILLE IA 52241	42-1193531	501C3	30,401				ALLOC. & DESIGNATION
(6)	HEALTHY KIDS SCHOOL-BASED CLINICS 1725 N. DUBUQUE ST IOWA CITY IA 52245	42-6023567	501C3	60,000				ALLOC. & DESIGNATION
(7)	THE HOUSING FELLOWSHIP 322 EAST SECOND ST IOWA CITY IA 52240	42-1362432	501C3	21,926				ALLOC. & DESIGNATION
(8)	IOWA CITY FREE MED. & DEN. CLINIC 2440 TOWNCREST DR IOWA CITY IA 52240	42-0960955	501C3	121,590				ALLOC. & DESIGNATION
(9)	IOWA LEGAL AID 1700 SOUTH FIRST AVE, SUITE 10 IOWA CITY IA 52240	42-1079227	501C3	37,270				ALLOC. & DESIGNATION

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **u**
- 3** Enter total number of other organizations listed in the line 1 table **u**

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

Schedule I (Form 990) (2016)

**SCHEDULE I
(Form 990)**

**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.
u Attach to Form 990.

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

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

Employer identification number
42-6062055

Part I 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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	IOWA VALLEY HABITAT FOR HUMANITY 2401 SCOTT BLVD. SE IOWA CITY IA 52240	42-1410210	501C3	20,382				ALLOC. & DESIGNATION
(2)	JOAN BUXTON SCHOOL CHILDREN'S AID 1725 N. DUBUQUE ST. IOWA CITY IA 52245	42-6023567	501C3	13,968				ALLOC. & DESIGNATION
(3)	NATIONAL ALLIANCE ON MENTAL ILLNESS 1105 S. GILBERT CT. SUITE 200 IOWA CITY IA 52240	42-1310908	501C3	9,869				ALLOC. & DESIGNATION
(4)	NEIGHBORHOOD CENTER OF JOHNSON CNTY PO BOX 2491 IOWA CITY IA 52244	42-1060964	501C3	124,455				ALLOC. & DESIGNATION
(5)	NORTH LIBERTY COMMUNITY PANTRY 89 NORTH JONES BLVD. NORTH LIBERTY IA 52317	42-1233284	501C3	32,110				ALLOC. & DESIGNATION
(6)	PATHWAYS ADULT DAY HEALTH CENTER 817 PEPPERWOOD LANE IOWA CITY IA 52240	42-1457018	501C3	30,494				ALLOC. & DESIGNATION
(7)	PRELUDE BEHAVIORAL SERVICES 430 SOUTHGATE AVE IOWA CITY IA 52240	42-0946031	501C3	39,284				ALLOC. & DESIGNATION
(8)	RVAP 332 S. LINN ST. SUITE 100 IOWA CITY IA 52240	42-6004813	501C3	28,650				ALLOC. & DESIGNATION
(9)	SHELTER HOUSE 429 SOUTHGATE AVE IOWA CITY IA 52240	42-1231451	501C3	87,053				ALLOC. & DESIGNATION

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **u**
- 3** Enter total number of other organizations listed in the line 1 table **u**

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

Schedule I (Form 990) (2016)

**SCHEDULE I
(Form 990)**

**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.
u Attach to Form 990.

OMB No. 1545-0047

2016

**Open to Public
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Department of the Treasury
Internal Revenue Service

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

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

Employer identification number
42-6062055

Part I 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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	TABLE TO TABLE 840 S. CAPITOL ST IOWA CITY IA 52240	42-1457219	501C3	47,625				ALLOC. & DESIGNATION
(2)	UNITED ACTION FOR YOUTH 1700 S. FIRST AVE. SUITE 14 IOWA CITY IA 52240	42-0954860	501C3	76,060				ALLOC. & DESIGNATION
(3)	VISITING NURSE ASSOCIATION 1524 SYCAMORE ST. IOWA CITY IA 52240	42-0703760	501C3	64,433				ALLOC. & DESIGNATION
(4)	HILLCREST FAMILY SERVICES 449 HIGHWAY 1 WEST IOWA CITY IA 52246	42-0680411	501C3	5,888				ALLOC. & DESIGNATION
(5)								
(6)								
(7)								
(8)								
(9)								

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **u**
- 3** Enter total number of other organizations listed in the line 1 table **u**

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

Schedule I (Form 990) (2016)

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

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

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

SEE SCHEDULE I SUPPLEMENTAL INFORMATION WORKSHEET

**SCHEDULE I
(Form 990)**

Supplemental Information

2016

For calendar year 2016, or tax year beginning 04/01/16, and ending 03/31/17

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

Employer identification number

42-6062055

PART I, LINE 2 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS

ALLOCATIONS: ORGANIZATIONS RECEIVING DISCRETIONARY FUNDING FROM UNITED WAY OF JOHNSON & WASHINGTON COUNTIES (DETERMINED BY COMMUNITY IMPACT COUNCIL VOLUNTEERS) UNDERGO INTENSIVE PRE-SCREENING BEFORE BEING AWARDED FUNDING.

SUCH SCREENING INCLUDES:

- AN APPLICATION PROCESS THAT INCLUDES EXPLANATION OF THE PROPOSED USE AND RESULTS FROM THE USE OF THE FUNDING
- FINANCIAL REVIEW OF THE ORGANIZATION TO GAIN A LEVEL OF ASSURANCE THAT THE ORGANIZATION FOLLOWS SOUND FISCAL POLICIES
- VERIFICATION OF COMPLIANCE WITH THE PROVISIONS OF THE PATRIOT ACT
- VERIFICATION OF CURRENT STATUS AS AN IRS CODE SECTION 501(C)(3) NONPROFIT ORGANIZATION
- ARE REQUIRED TO PROVIDE UNITED WAY WITH QUARTERLY PROGRESS REPORTS THAT SHOW HOW THE FUNDING HAS BEEN UTILIZED TO DATE AND THAT THE RESULTS ACHIEVED AGAINST MISSION.
- ARE REQUIRED TO PROVIDE UNITED WAY WITH A FINAL REPORT AT THE END OF THE ALLOCATION PERIOD THAT VERIFIES THAT ALL FUNDING HAS BEEN USED FOR THE PURPOSES INTENDED AND WHAT THE RESULTS WERE COMPARED TO THE PROPOSED RESULTS FROM THE ORIGINAL APPLICATION.

PART IV - ADDITIONAL INFORMATION

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

SUCH SCREENING INCLUDES VERIFICATION OF CURRENT STATUS AS AN IRS CODE SECTION 501(C)3 NONPROFIT ORGANIZATION, CHURCH OR GOVERNMENT ENTITY. BY

**SCHEDULE I
(Form 990)**

Supplemental Information

2016

For calendar year 2016, or tax year beginning 04/01/16, and ending 03/31/17

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

Employer identification number

42-6062055

Public Inspection Copy

CASHING THE CHECK FOR DONOR DESIGNATIONS, THE ORGANIZATION IS STIPULATING
COMPLIANCE WITH THE PROVISIONS OF THE PATRIOT ACT.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2016

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Inspection**

Department of the Treasury
Internal Revenue Service

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

u Attach to Form 990.

u Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

UNITED WAY OF JOHNSON & WASHINGTON
COUNTIES, INC.

Employer identification number

42-6062055

Part I Types of Property

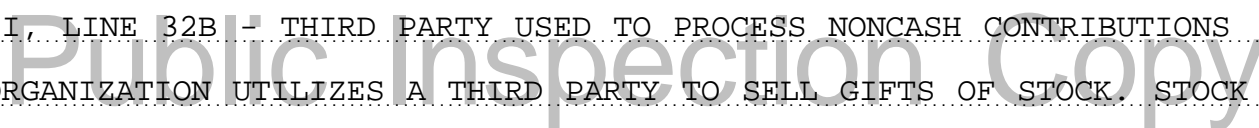
	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art — Works of art				
2 Art — Historical treasures				
3 Art — Fractional interests				
4 Books and publications	X		3,176	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	X	1	5,000	FAIR VALUE
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other u (GIFT CARDS)	X	1	5,000	FAIR VALUE
26 Other u (SPECIAL EVENT)	X	1	19,197	FAIR VALUE
27 Other u ()				
28 Other u ()				

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which 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.		

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.

PART I, LINE 32B - THIRD PARTY USED TO PROCESS NONCASH CONTRIBUTIONS
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 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

u Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Name of the organization

UNITED WAY OF JOHNSON & WASHINGTON
COUNTIES, INC.

Employer identification number

42-6062055

FORM 990, PART III, LINE 4A - FIRST ACCOMPLISHMENT

PARTNER AGENCY FUNDING: MISSION INVESTMENT FUNDING FOR 31 PARTNER
AGENCIES TO SUPPORT THE CURRENT 2020 VISION GOALS FOR THE COMMON GOOD
INCLUDING:

1) EDUCATION - IMPROVING SUCCESS FOR CHILDREN AND YOUTH BY DECREASING THE
PREPARATION GAPS BY 1/3, SO MORE KIDS ENTER KINDERGARTEN READY TO LEARN;
ARE READING PROFICIENTLY BY 4TH GRADE; GRADUATE FROM HIGH SCHOOL; AND ARE
PREPARED FOR A 2 OR 4 YEAR POST-HIGH SCHOOL EDUCATION OR JOB TRAINING
PROGRAM.

2) INCOME - INCREASING BY 20% HOUSEHOLDS IN JOHNSON & WASHINGTON COUNTIES
THAT ARE FINANCIALLY STABLE.

3) HEALTH - INCREASE BY 1/3 THE NUMBER OF CHILDREN AND ADULTS WHO ARE
HEALTHY AND AVOIDING RISK BEHAVIOR.

FORM 990, PART III, LINE 4B - SECOND ACCOMPLISHMENT

DONOR DESIGNATED FUNDS: CONTRIBUTORS TO UNITED WAY MAY DESIGNATE ALL OR A
PORTION OF THEIR CONTRIBUTIONS TO UNITED WAY AGENCIES OR TO NONAFFILIATED
501C3 ORGANIZATIONS, CHURCHES OR GOVERNMENTAL AGENCIES. UNITED WAY
DISTRIBUTES THE FUNDS TO THE DESIGNATED ORGANIZATIONS IN APRIL AND OCTOBER
OF EACH YEAR. CONTRIBUTORS MAY ALSO DESIGNATE FUNDS TO SUPPORT SPECIAL
INITIATIVES INCLUDING:

SUMMERSHIPS INITIATIVE -- SUMMERSHIPS IS A JOINT PROJECT OF UNITED WAY OF
JOHNSON & WASHINGTON COUNTIES AND THE COMMUNITY FOUNDATION OF JOHNSON
COUNTY. A SUMMERSHIPS ENDOWMENT FUND WAS STARTED WITH PROCEEDS FROM THE
SALE OF THE 2014 HERKY ON PARADE STATUES AND CONTRIBUTIONS FROM THE

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UNITED WAY OF JOHNSON & WASHINGTON

42-6062055

COMMUNITY. SUMMERSHIPS WILL PROVIDE CAMP SCHOLARSHIPS FOR UP TO \$250 EACH FOR 84 KIDS ON FREE AND REDUCED LUNCH WHO OTHERWISE COULD NOT AFFORD TO GO TO CAMP.

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 CONDUCTS A COMMUNITY ASSESSMENT EVERY FIVE YEARS, AND CONVENES A CROSS-SECTOR VISIONING AND GOAL SETTING PROCESS.

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

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

SUMMERSHIPS INITIATIVE: SUMMERSHIPS IS A JOINT PROJECT OF UNITED WAY OF

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42-6062055

JOHNSON & WASHINGTON COUNTIES AND THE COMMUNITY FOUNDATION OF JOHNSON COUNTY. A SUMMERSHIPS ENDOWMENT FUND WAS STARTED WITH PROCEEDS FROM THE SALE OF THE 2014 HERKY ON PARADE STATUES, AND CONTRIBUTIONS FROM THE COMMUNITY. SUMMERSHIPS WILL PROVIDE CAMP SCHOLARSHIPS FOR UP TO \$250 EACH FOR 84 KIDS ON FREE AND REDUCED LUNCH WHO OTHERWISE COULD NOT AFFORD TO GO TO CAMP.

HEALTHY KIDS INITIATIVE: HEALTHY KIDS COMMUNITY CARE WAS DEVELOPED TO REDUCE BARRIERS TO LEARNING BY IMPROVING ACCESS TO HEALTH CARE. SERVICES IN THE CLINIC INCLUDE: WELL-CHILD PHYSICAL EXAMINATIONS, IMMUNIZATIONS, TREATMENT OF ILLNESS, X-RAYS, LABORATORY TESTS, PRESCRIPTIONS FOR MEDICATIONS, HEALTH EDUCATION, MANAGEMENT OF CHRONIC MEDICAL CONDITIONS, AND REFERRALS TO MENTAL HEALTH PROVIDERS, DENTAL CARE AND MEDICAL SPECIALISTS (WITH FREE OR REDUCED RATES NEGOTIATED BY CLINIC STAFF). ADDITIONALLY, CLINIC STAFF PROVIDE ASSISTANCE FOR FAMILIES APPLYING FOR TITLE XIX (MEDICAID) OR THE HAWK-I CHILDREN'S HEALTH INSURANCE PROGRAM. GET MOVING FOR HEALTHY KIDS 5K WALK & RUN IS AN ANNUAL COMMUNITY FITNESS ACTIVITY FOR KIDS AND ADULTS TO SUPPORT THE HEALTHY KIDS SCHOOL-BASED HEALTH CLINICS.

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 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

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INCLUDES A COMMUNITY-WIDE BOOK DRIVE, READING VOLUNTEER PROGRAM AND LITERACY KITS.

MY VERY ONE 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 IN THE FALL 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 BOOKS AND SPEND TIME READING OR BEING READ TO BY AN ADULT.

MONEY SMART INITIATIVE: FINANCIAL EDUCATION AND LITERACY AIMS TO INCREASE "THE ABILITY TO MAKE INFORMED JUDGMENTS AND TO MAKE EFFECTIVE DECISIONS

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REGARDING THE USE AND MANAGEMENT OF MONEY." "FINANCIAL ILLITERACY" CAN COMPOUND PROBLEMS. WITHOUT THE BASIC KNOWLEDGE OF MONEY CONCEPTS AND AN UNDERSTANDING OF FINANCIAL OPTIONS, PEOPLE ARE LIKELY TO PAY MORE THAN THEY HAVE TO FOR FINANCIAL SERVICES, FALL INTO DEBT, DAMAGE THEIR CREDIT RECORDS, OR EVEN DECLARE BANKRUPTCY. THE "UNBANKED" OR "UNDERBANKED" RELY ON HIGH-COST ALTERNATIVES OF CHECK CASHING SERVICES AND PAWN SHOPS. POOR FINANCIAL CHOICES HARM BOTH INDIVIDUALS AND OUR COMMUNITY.

IN JOHNSON COUNTY, MIDWESTONE BANK HAS PROVIDED CLASS INSTRUCTORS AND MATERIALS FOR THE FIVE WEEK MONEY SMART PROGRAM CLASSES TO PROVIDE THE FOUNDATION FOR FINANCIAL LITERACY TO LOW-TO-MODERATE INCOME INDIVIDUALS AND FAMILIES IN THE COMMUNITY. THE BASIC FOUNDATION CLASSES ARE BASIC BANKING TERMS, BASIC CHECKING, SAVINGS MONEY MANAGEMENT AND FINANCIAL GOAL-SETTING. THIS YEAR, WE WERE ABLE TO EXPAND THE MONEY SMART INITIATIVE TO WASHINGTON COUNTY. CBI BANK & TRUST PROVIDED THE CLASS INSTRUCTORS AND MATERIALS AND KIRKWOOD COMMUNITY COLLEGE PROVIDED THE LOCATION.

EACH ELIGIBLE HOUSEHOLD (200% OR BELOW FEDERAL POVERTY GUIDELINES) WHO COMPLETES ALL 5 CLASSES OF THE MONEY SMART BASIC PROGRAM WILL BE ELIGIBLE TO RECEIVE A \$300 INCENTIVE TO OPEN A CHECKING OR SAVINGS ACCOUNT AT THE FINANCIAL INSTITUTION OF THEIR CHOICE AND ENTER THE FINANCIAL MAINSTREAM. IF THE HOUSEHOLD ALREADY HAS AN ACCOUNT, IT WILL BE DEPOSITED INTO THEIR SAVINGS. PRE AND POST EVALUATIONS WILL BE USED TO COLLECT DATA AND OUTCOMES.

"HUNGER IS NOT A GAME" INITIATIVE: OUR COMMUNITY ASSESSMENT DATA HAS SHOWN THAT 1 IN 7 RESIDENTS IN JOHNSON COUNTY IS HUNGRY AND 40% OF THOSE IN NEED DO NOT QUALIFY FOR GOVERNMENTAL FOOD ASSISTANCE. A GROWING NUMBER OF PEOPLE ARE FACING FOOD INSECURITY DUE TO LIMITED FINANCIAL RESOURCES, LACK OF AWARENESS AND TRANSPORTATION ISSUES IN JOHNSON AND WASHINGTON COUNTIES.

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AT OUR IMPACTFUL "HUNGER IS NOT A GAME" EVENT, CORPORATE TEAMS AND VOLUNTEERS CAN MAKE A DIFFERENCE IN AN HOUR BY PACKAGING NUTRITIOUS AND DELICIOUS (DRIED AND NON-PERISHABLE) MEALS FOR FOOD INSECURE INDIVIDUALS AND FAMILIES IN JOHNSON AND WASHINGTON COUNTIES. A GREAT VALUE AT 25 CENTS A MEAL; PACKAGES CONTAINING INGREDIENTS FOR 20,000 MEALS WERE DISTRIBUTED TO LOCAL FOOD PANTRIES, MEAL SITES AND BACKPACK PROGRAMS.

JOHNSON COUNTY OUT-OF-SCHOOL TIME INITIATIVE: A COALITION OF PARTNERS IN JOHNSON COUNTY HAS CREATED A COUNTY-WIDE VISION FOR OUT-OF-SCHOOL TIME. COORDINATED BY THE UNITED WAY OF JOHNSON & WASHINGTON COUNTIES, THE JOHNSON COUNTY OUT-OF-SCHOOL TIME (OST) INITIATIVE INCLUDES BEFORE, AFTER SCHOOL AND WEEKEND PROGRAMS; SUMMER LEARNING OPPORTUNITIES; SERVICE LEARNING; MENTORING AND INTERNSHIPS. THE FOCUS OF THE INITIATIVE IS ON FORMAL AND STRUCTURED OPPORTUNITIES FOR SCHOOL-AGED YOUTH THAT CAN COMPLEMENT THE REGULAR SCHOOL DAY AND THE PROVIDERS INCLUDE SCHOOLS, COMMUNITY AND FAITH-BASED GROUPS, YOUTH-SERVING ORGANIZATIONS, CULTURAL INSTITUTIONS, AND CITY/STATE AGENCIES. A GROWING BODY OF RESEARCH LINKS SUSTAINED PARTICIPATION IN QUALITY OUT-OF-SCHOOL TIME PROGRAMS TO POSITIVE DEVELOPMENT AND ACADEMIC SUCCESS.

PARTNERS: ACT, PEARSON, CITY OF IOWA CITY, CITY OF CORALVILLE, CITY OF NORTH LIBERTY, JOHNSON COUNTY, IOWA CITY SCHOOL DISTRICT, CLEAR CREEK AMANA SCHOOL DISTRICT, SOLON SCHOOL DISTRICT, REGINA SCHOOLS, BIG BROTHERS BIG SISTERS, NEIGHBORHOOD CENTERS OF JOHNSON COUNTY, UNITED ACTION FOR YOUTH, UNITED WAY, IOWA STATE EXTENSION, JOHNSON COUNTY EMPOWERMENT, UNIVERSITY OF IOWA, JUVENILE COURT SERVICES

DISASTER SERVICES: INCLUDES COORDINATION OF THE COMMUNITY ORGANIZATIONS ACTIVE IN DISASTER COALITION (COAD), WITH SUBCOMMITTEES FOR LONG TERM

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RECOVERY COMMITTEE, VOLUNTEER MANAGEMENT, DONATIONS MANAGEMENT AND NEEDS ASSESSMENT/FUNDING AND RESOURCE ALLOCATION; EMERGENCY VOLUNTEER CENTER DISASTER PREPARATION AND DISASTER CALL CENTER COORDINATION; PLANNING WITH JOHNSON COUNTY EMERGENCY MANAGEMENT AND THE EMERGENCY OPERATIONS CENTER.

THE EMERGENCY VOLUNTEER CENTER (EVC) PROVIDES A SPECIFIC LOCATION WHERE DISASTER VOLUNTEERS CAN EFFICIENTLY AND EFFECTIVELY BE DEPLOYED. THE EVC IS STAFFED BY SKILLED, TRAINED VOLUNTEERS CAPABLE OF SCREENING, INTERVIEWING AND REFERRING PROSPECTIVE VOLUNTEERS IN A PROFESSIONAL MANNER. IN LARGER DISASTERS, THE EVC IS MOBILIZED AS A "WALK IN CENTER". IN SMALLER DISASTERS, THE EVC OPERATES AS A PHONE BANK. WHETHER IT'S A LARGE OR SMALL SCALE DISASTER THERE ARE MANY SPONTANEOUS VOLUNTEERS WHO BRING A WIDE RANGE OF SKILLS AND EFFORT TO ASSIST OUR COMMUNITY. THE DISASTER CALL CENTER, WHEN ACTIVATED BY JOHNSON COUNTY EMERGENCY MANAGEMENT, IS STAFFED BY UNITED WAY STAFF AND VOLUNTEERS AND IS THE RESOURCE FOR EVERYONE IN THE COMMUNITY TO CALL TO SEEK DISASTER-RELATED INFORMATION AND REQUEST VOLUNTEER ASSISTANCE FOR DISASTER-RELATED NEEDS. THE CALL CENTER FREES UP MUNICIPAL STAFF SO THAT THEY CAN CONCENTRATE ON EMERGENCY DISASTER-RELATED WORK AND PROTECTION OF PUBLIC SERVICES AND WORKS.

2-1-1: A NATIONAL UNITED WAY INITIATIVE AND REGIONAL PARTNERSHIP OF LOCAL UNITED WAYS. 2-1-1 IS A 24-HOUR TOLL-FREE INFORMATION AND REFERRAL HOTLINE FOR HEALTH AND HUMAN SERVICES. TRAINED INFORMATION AND REFERRAL OPERATORS PROVIDE ASSISTANCE TO CALLERS SEEKING SERVICES SUCH AS CHILDCARE, RENT AND UTILITY ASSISTANCE OR CARE FOR THE ELDERLY.

UNITED WAYS OF IOWA: A STATEWIDE ORGANIZATION OF LOCAL UNITED WAYS, WHICH FOCUSES ON SHARING RESOURCES AND INFORMATION, ACHIEVING EFFICIENCIES IN OPERATIONS AND FOLLOWING BEST PRACTICES IN DRIVING COMMUNITY IMPACT AND RESOURCE DEVELOPMENT. UNITED WAYS OF IOWA BRINGS ITS COLLECTIVE VOICE TO

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PUBLIC POLICY ADVOCACY AT THE STATE AND FEDERAL LEVEL ON ISSUES RELATED TO EDUCATION, INCLUDING EARLY CHILDHOOD EDUCATION, ACCESS TO CHILD CARE, K-12 EDUCATION AND HIGHER EDUCATION; INCOME, INCLUDING POVERTY, HOUSING, INCOME SUPPORTS, WORKFORCE TRAINING AND ECONOMIC STABILITY; AND HEALTH, INCLUDING ACCESS TO HEALTH CARE AND PREVENTIVE SERVICES, SUPPORT FOR AGING SERVICES AND SERVICES FOR PERSONS WITH MENTAL HEALTH OR DEVELOPMENT DISABILITIES.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 THE OUTSIDE TAX PREPARER REVIEWS A DRAFT OF THE FORM 990 WITH MANAGEMENT AND THE INTERNAL OPERATIONS COMMITTEE, A FINAL DRAFT OF THE FORM 990 IS REVIEWED AND APPROVED BY MANAGEMENT AND THE BOARD OF DIRECTORS. AFTER ANY AND ALL CHANGES ARE MADE, THE FINAL COPY OF THE FORM 990 IS PROVIDED TO THE FULL BOARD OF DIRECTORS AND APPROVED PRIOR TO FILING WITH THE IRS.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY UNITED WAY OF JOHNSON & WASHINGTON COUNTIES REQUIRES ALL STAFF MEMBERS, BOARD MEMBERS, AND COMMUNITY IMPACT COUNCIL VOLUNTEERS TO SIGN CONFLICT OF INTEREST DISCLOSURES ANNUALLY, AND REQUESTS NOTIFICATION OF ANY STATUS CHANGES (E.G. BOARD APPOINTMENTS, VENDOR AGREEMENTS, ETC.). ORGANIZATIONS THAT RECEIVE FUNDING FROM UNITED WAY OF JOHNSON & WASHINGTON COUNTIES ARE ALSO REQUIRED TO PROVIDE CURRENT LISTINGS OF THEIR DIRECTORS, WHICH ARE CROSS REFERENCED TO DETERMINE IF THERE HAVE BEEN ANY UNDISCLOSED CONFLICTS. THE DIRECTOR OF FINANCE AND OPERATIONS MONITORS COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY. IF A CONFLICT OR PERCEIVED CONFLICT IS BELIEVED TO EXIST, THE MATTER IS BROUGHT TO THE INTERNAL OPERATIONS COMMITTEE FOR REVIEW. A RECOMMENDATION FOR ADDRESSING THE ISSUE IS

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SUBMITTED BY THE INTERNAL OPERATIONS COMMITTEE TO THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS. THE EXECUTIVE COMMITTEE REVIEWS AND MAY TAKE ACTION OR PRESENT TO THE FULL BOARD FOR ACTION, WHICH MIGHT INCLUDE REQUEST FOR RESIGNATION OR TERMINATION FROM AN APPOINTED OR ELECTED POSITION, OR OTHER CONSEQUENCE AS DEEMED APPROPRIATE AND IN ACCORDANCE WITH UNITED WAY OF JOHNSON & WASHINGTON COUNTIES POLICIES AND NONPROFIT STANDARDS OF CONDUCT.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL
 COMPENSATION OF THE CEO INCLUDES REVIEW AND RECOMMENDATIONS FROM THE ORGANIZATION'S INTERNAL OPERATIONS COMMITTEE INCLUDING COMPARABLE DATA FROM UNITED WAY WORLDWIDE FOR SIMILARLY SIZED UNITED WAYS, THE CEO'S PERFORMANCE AND YEARS OF RELEVANT EDUCATION AND WORK EXPERIENCE, ALONG WITH MARKET ANALYSIS FOR WORK OF SIMILAR COMPLEXITY AND RESPONSIBILITY. THE CEO SALARY IS REVIEWED BY THE ORGANIZATION'S EXECUTIVE COMMITTEE, AND THE ANNUAL OPERATIONS BUDGET (FOR FUNDRAISING, ADMINISTRATION AND PROGRAM) ARE APPROVED BY THE BOARD OF DIRECTORS AND DOCUMENTED IN THE BOARD MINUTES.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION AVAILABLE AT THE UNITED WAY OF JOHNSON & WASHINGTON COUNTIES OFFICE UPON REQUEST.

FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION
 CHANGE IN BENEFICIAL INTEREST \$ 44,317

Savings - EOY

<u>Description</u>	<u>Amount</u>
CASH & CASH EQUIVALENTS	\$ 1,784,674
TOTAL	\$ <u>1,784,674</u>

Pledges receivable - EOY

<u>Description</u>	<u>Amount</u>
PLEDGES RECEIVABLE	\$ 1,061,363
TOTAL	\$ <u>1,061,363</u>

Prepaid expense - EOY

<u>Description</u>	<u>Amount</u>
OTHER CURRENT ASSETS	\$ 4,912
TOTAL	\$ <u>4,912</u>

Accounts payable - EOY

<u>Description</u>	<u>Amount</u>
A/P	\$ 6,880
ACCRUED EXPENSES	32,945
TOTAL	\$ <u>39,825</u>

Grants payable - EOY

<u>Description</u>	<u>Amount</u>
CAMPAIGN ALLOCATIONS PAYABLE	\$ 1,477,488
CAMPAIGN DESIGNATIONS PAYABLE	266,759
GRANTS PAYABLE	29,108
TOTAL	\$ <u>1,773,355</u>

POWER OF THE PURSE**Gross receipts**

<u>Description</u>	<u>Amount</u>
SPECIAL EVENTS GROSS RECEIPTS	\$ 16,738
LESS: RAFFLE REVENUE	-2,185
TOTAL	\$ <u>14,553</u>

POWER OF THE PURSE**Cash contributions**

Description	Amount
CASH CONTRIBUTIONS	\$ 3,000
TOTAL	\$ <u>3,000</u>

POWER OF THE PURSE**Other income**

Description	Amount
OTHER INCOME	\$
TOTAL	\$ <u>0</u>

POWER OF THE PURSE**Noncash prizes**

Description	Amount
PRIZES/DONATED ITEMS	\$ 16,873
TOTAL	\$ <u>16,873</u>

POWER OF THE PURSE**Rent and facility costs**

Description	Amount
RENT EXPENSE	\$ 756
TOTAL	\$ <u>756</u>

POWER OF THE PURSE**Sch G food and bev expense**

Description	Amount
CATERING	\$ 2,479
TOTAL	\$ <u>2,479</u>

RAFFLE**Gross receipts**

Description	Amount
RAFFLE TICKETS	\$ 2,185
TOTAL	\$ <u>2,185</u>

RAFFLE

Noncash prizes

<u>Description</u>	<u>Amount</u>
PRIZES/DONATIONS	\$ 2,324
TOTAL	\$ <u>2,324</u>