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Form 990

## Return of Organization Exempt From Income Tax

OMB No 1545-0047

2014

Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service

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](http://www.irs.gov/form990).

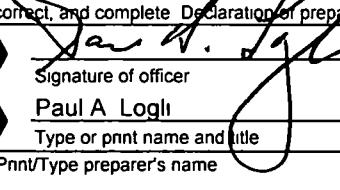
<b>A For the 2014 calendar year, or tax year beginning</b>		7/1/2014	, and ending	6/30/2015					
<b>B Check if applicable</b>		<b>C Name of organization</b>		United Way of Rock River Valley					
<input type="checkbox"/> Address change		Doing business as							
<input type="checkbox"/> Name change		Number and street (or P O box if mail is not delivered to street address)		Room/suite					
<input type="checkbox"/> Initial return		612 N Main Street Suite 300		300					
<input type="checkbox"/> Final return/terminated		City or town	State	ZIP code					
<input type="checkbox"/> Amended return		Rockford	IL	61103					
<input type="checkbox"/> Application pending		Foreign country name	Foreign province/state/county	Foreign postal code					
				<b>G Gross receipts \$</b>	5,596,684				
		<b>F Name and address of principal officer</b>		<b>H(a) Is this a group return for subordinates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b) Are all subordinates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)					
<b>I Tax-exempt status</b>		<input checked="" type="checkbox"/> 501(c)(3)	<input type="checkbox"/> 501(c)	( ) ◀ (insert no)	<input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
<b>J Website:</b>		► <a href="http://WWW UNITEDWAYRRV.ORG">WWW UNITEDWAYRRV.ORG</a>							
<b>K Form of organization</b>		<input checked="" type="checkbox"/> Corporation	<input type="checkbox"/> Trust	<input type="checkbox"/> Association	<input type="checkbox"/> Other ►	<b>L Year of formation</b>	1920	<b>M State of legal domicile</b>	IL

**Part I Summary**

<b>Activities &amp; Governance</b>	1 Briefly describe the organization's mission or most significant activities	To improve life in the Rock River Valley by mobilizing the caring power of the community. The United Way of Rock River Valley focuses on the three impact areas of Education, Income and Health				
	2 Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets	3 29				
	3 Number of voting members of the governing body (Part VI, line 1a)	4 29				
	4 Number of independent voting members of the governing body (Part VI, line 1b)	5 0				
	5 Total number of individuals employed in calendar year 2014 (Part V, line 2a)	6 875				
	6 Total number of volunteers (estimate if necessary)	7a 0				
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7b 0				
	b Net unrelated business taxable income from Form 990-T, line 34					
<b>Revenue</b>	8 Contributions and grants (Part VIII, line 1h)	AUG	FEB 23 2016	IRS-OSC	<b>Prior Year</b>	<b>Current Year</b>
	9 Program service revenue (Part VIII, line 2g)				5,603,776	4,784,462
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	OCT	OGDEN, UT		25,000	10,000
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)				98,979	155,766
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)				-8,468	-9,146
	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)				5,719,287	4,941,082
	14 Benefits paid to or for members (Part IX, column (A), line 4)				2,666,427	2,597,412
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)				0	0
	16a Professional fundraising fees (Part IX, column (A), line 11e)				980,841	1,124,167
	b Total fundraising expenses (Part IX, column (D), line 25) ►				0	0
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)				425,995	
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)				907,972	1,047,150
	19 Revenue less expenses Subtract line 18 from line 12				4,555,240	4,768,729
					1,164,047	172,353
<b>Net Assets or Fund Balances</b>	20 Total assets (Part X, line 16)				<b>Beginning of Current Year</b>	<b>End of Year</b>
	21 Total liabilities (Part X, line 26)				6,542,557	6,723,971
	22 Net assets or fund balances Subtract line 21 from line 20				1,349,015	1,391,331
					5,193,542	5,332,640

**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

<b>Sign Here</b>		2/15/2016
	Signature of officer	Date
	Paul A. Logli	President and C E O
	Type or print name and title	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	SELF-PREPARED RETURN				
	Firm's name ►			Firm's EIN ►	
	Firm's address ►			Phone no	

May the IRS discuss this return with the preparer shown above? (see instructions)

 Yes  No

For Paperwork Reduction Act Notice, see the separate instructions.

HTA

Form 990 (2014)

JF 33

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**Part III****Statement of Program Service Accomplishments**Check if Schedule O contains a response or note to any line in this Part III 

- 1 Briefly describe the organization's mission

To improve life in the Rock River Valley by mobilizing the caring power of the community

The United Way of Rock River Valley focuses on the three impact areas of Education, Income and Health

- 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes  No

If "Yes," describe these new services on Schedule O

- 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes  No

If "Yes," describe these changes on Schedule O

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

- 4a (Code ..... ) (Expenses \$ ..... 3,440,139 including grants of \$ ..... 2,597,412 ) (Revenue \$ ..... )

Grants to local 501 (c) (3) organizations that in partnership with United Way focus on advancing the common good by creating opportunities for a better life for all. The programs focus on the impact areas of Education, Income, and Health. Because Education is an essential building block for a good life, the Education programs focus on helping children become successful in school. The Income Programs focus on helping individuals and families become independent and financially stable, because people need predictable resources to meet their basic needs, provide for emergencies, improve quality of life, and make ongoing investments in lifelong learning in order to achieve economic and financial security. The Health Programs include services for victims of abuse, addiction treatment, mental illness services, and prescription drug coverage. The United Way of Rock River Valley believes in helping drive sustainable change

- 4b (Code ..... ) (Expenses \$ ..... 471,219 including grants of \$ ..... ) (Revenue \$ ..... )

United Way Community Services - Serves the community through needs assessments that focus on bringing resources together to address the most pressing needs in the community; as a result the United Way coordinates the local FEMA Board, the Letter Carrier Food Drive, and other community services. United Way 211 is an information and referral system that connects those in need to available resources in the community. This service is accessible via the telephone (211) or internet at [www.findhelp211.org](http://www.findhelp211.org). In partnership with the State of Illinois D C F.S and Lav Voz Latina, the Family Advocacy Centers (F.A.C.s) are helping families stay out of crisis by providing the necessary resources and education for families to cope with daily life

- 4c (Code ..... ) (Expenses \$ ..... 225,546 including grants of \$ ..... ) (Revenue \$ ..... )

Education Impact Initiative - Programs in this impact area include Page Turner, I' Read, Kreative K, and Born Learning. The primary goal of the Education Initiative is to ensure that children are ready to succeed in the early education setting because quality early learning programs have a profound impact on lifelong success and support cognitive, social, and emotional development. The education impact initiatives are led by a volunteer advisory council of community-based business leaders, educators, and early childhood advocates

- 4d Other program services. (Describe in Schedule O)

(Expenses \$ ..... 0 including grants of \$ ..... 0 ) (Revenue \$ ..... 0 )

- 4e Total program service expenses ► 4,136,904

**Part IV Checklist of Required Schedules**

- 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete *Schedule A*
- 2 Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?
- 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*
- 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*
- 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*
- 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*
- 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*
- 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete *Schedule D, Part III*
- 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*
- 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*
- 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*
  - 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*
  - 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*
  - 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*
  - e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete *Schedule D, Part 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*
- 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete *Schedule D, Parts XI and XII*
  - 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
- 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete *Schedule E*
- 14a Did the organization maintain an office, employees, or agents outside of the United States?
  - 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*
- 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*
- 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*
- 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)
- 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*
- 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*
- 20a Did the organization operate one or more hospital facilities? If "Yes," complete *Schedule H*
  - b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

	Yes	No
1	X	
2	X	
3		X
4		X
5		X
6	X	
7		X
8		X
9		X
10	X	
11a	X	
11b		X
11c		X
11d	X	
11e	X	
11f	X	
12a	X	
12b		X
13		X
14a	X	
14b		X
15		X
16		X
17		X
18	X	
19		X
20a	X	
20b		

**Part IV Checklist of Required Schedules (continued)**

- 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II
- 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III
- 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J
- 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a
- 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? If "Yes," complete Schedule L, Part I
- b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I
- 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II
- 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III
- 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)
- a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV
- b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV
- c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV
- 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M
- 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M
- 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I
- 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II
- 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I
- 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1
- 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
- b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2
- 36 **Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2
- 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI
- 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.

	Yes	No
21	X	
22		X
23	X	
24a		X
24b		
24c		
24d		
25a	X	
25b		X
26	X	
27		X
28a	X	
28b		X
28c	X	
29		X
30		X
31	X	
32		X
33	X	
34		X
35a	X	
35b		
36		X
37		X
38	X	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	0
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	0
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <i>Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)</i>	2b	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b	If "Yes," enter the name of the foreign country ► See instructions for filing requirements for FinCen Form 114, Report of Foreign Bank and Financial Accounts (FBAR)	5a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	X
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>	7a	X
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7b	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7c	X
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7d	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7e	X
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7f	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7h	X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	8	
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	9a	
9	<b>Sponsoring organizations maintaining donor advised funds.</b>	9b	
a	Did the sponsoring organization make any taxable distributions under section 4966?	10a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	10b	
10	<b>Section 501(c)(7) organizations.</b> Enter	11a	
a	Initiation fees and capital contributions included on Part VIII, line 12	11b	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	12a	
11	<b>Section 501(c)(12) organizations.</b> Enter	12b	
a	Gross income from members or shareholders	13a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	13b	
12a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	13c	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	14a	X
13	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>	14b	
a	Is the organization licensed to issue qualified health plans in more than one state? <i>Note. See the instructions for additional information the organization must report on Schedule O.</i>		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		
b	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**

- 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
- 1b Enter the number of voting members included in line 1a, above, who are independent
- 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?
- 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?
- 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?
- 5 Did the organization become aware during the year of a significant diversion of the organization's assets?
- 6 Did the organization have members or stockholders?
- 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?
- b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?
- 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following
- a The governing body?
- b Each committee with authority to act on behalf of the governing body?
- 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

	Yes	No
1a	29	
1b	29	
2		X
3	X	
4	X	
5	X	
6	X	
7a		X
7b		X
8a	X	
8b	X	
9		X

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

- 10a Did the organization have local chapters, branches, or affiliates?
- 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?
- 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
- b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?
- c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done
- 13 Did the organization have a written whistleblower policy?
- 14 Did the organization have a written document retention and destruction policy?
- 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
- b Other officers or key employees of the organization
- If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)
- 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?
- 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?

	Yes	No
10a		X
10b		
11a	X	
12a	X	
12b	X	
12c	X	
13	X	
14	X	
15a	X	
15b	X	
16a		X
16b		

**Section C. Disclosure**

- 17 List the states with which a copy of this Form 990 is required to be filed ► IL
- 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 ►

Theresa Merriman

(815) 986-4813

612 N. Main St Suite 300, Rockford, IL 61103

**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			
(1) Jennifer C. Baker	1.00								
Director	0.00	X					0	0	0
(2) Steve Balogh	2.00								
Ex-Officio	0.00	X	X				0	0	0
(3) Mike Broski	1.00								
Director	0.00	X					0	0	0
(4) Craig Carlson	1.00								
Director	0.00	X					0	0	0
(5) Nancy Chamberlain	1.00								
Director	0.00	X					0	0	0
(6) Becky Cook Kendall	2.00								
Campaign Vice Chair	0.00	X					0	0	0
(7) William Corey	1.00								
Director	0.00	X					0	0	0
(8) Bill Derry	2.00								
Director	0.00	X					0	0	0
(9) Rebecca Epperson	1.00								
Director	0.00	X					0	0	0
(10) John Gedney	1.00								
Director	0.00	X					0	0	0
(11) Linda Gerber	2.00								
First Vice Chair Secretary	0.00	X	X				0	0	0
(12) Dr. William R. Gorski	1.00								
Director	0.00	X					0	0	0
(13) Frank A. Graceffa	1.00								
Director	0.00	X					0	0	0
(14) Wray Howard	1.00								
Director	0.00	X	X				0	0	0

(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	
		or director	Individual trustee	Institutional trustee	Officer	Key employee	Highest compensated employee	Former		
(15) Terri Knight	1 00									
Director	0 00	X							0	0
(16) Harlan Knuth	1 00									
Director	0 00	X							0	0
(17) Nick Lauer	1 00									
Director	0 00	X							0	0
(18) Cedric Lewis	1 00									
Director	0 00	X							0	0
(19) Pat Morrow	2 00									
Treasurer	0 00	X	X						0	0
(20) Laura Mruk	1 00									
Director	0 00	X							0	0
(21) Tom Myers	1 00									
Director	0 00	X							0	0
(22) Dan Parod	1 00									
Director	0 00	X							0	0
(23) Jim Ryan	1 00									
Director	0 00	X							0	0
(24) Marseyne Snow	1 00									
Director	0 00	X							0	0
(25) Chip Stoner	1 00									
Director	0 00	X							0	0
<b>1b Sub-total</b>								►	0	0
<b>c Total from continuation sheets to Part VII, Section A</b>								►	186,909	0
<b>d Total (add lines 1b and 1c)</b>								►	186,909	0
<b>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</b>								►	1	

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
		0
		0
		0
		0
		0

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

## **Part VIII Statement of Revenue**

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

**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 

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A) Total expenses</b>	<b>(B) Program service expenses</b>	<b>(C) Management and general expenses</b>	<b>(D) Fundraising expenses</b>
1 Grants and other assistance to domestic organizations domestic governments See Part IV, line 21	2,597,412	2,597,412		
2 Grants and other assistance to domestic individuals See Part IV, line 22	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	232,121	160,164	23,212	48,745
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	647,761	402,681	100,401	144,679
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	15,148	10,452	1,515	3,181
9 Other employee benefits	124,796	86,110	12,479	26,207
10 Payroll taxes	104,341	67,822	9,390	27,129
11 Fees for services (non-employees)				
a Management	0			
b Legal	0			
c Accounting	12,665	9,372	2,153	1,140
d Lobbying	0			
e Professional fundraising services See Part IV, line 17	0			
f Investment management fees	0			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O )	0			
12 Advertising and promotion	18,517	13,839	2,981	1,697
13 Office expenses	27,966	20,836	4,330	2,800
14 Information technology	24,411	18,802	3,668	1,941
15 Royalties	0			
16 Occupancy	49,130	32,687	12,467	3,976
17 Travel	19,531	9,263	1,183	9,085
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	12,168	8,296	575	3,297
20 Interest	0			
21 Payments to affiliates	44,411	34,072	6,343	3,996
22 Depreciation, depletion, and amortization	19,312	14,291	3,283	1,738
23 Insurance	8,445	6,249	1,436	760
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 Initiative Expenses	524,342	524,342		
b Subscriptions, Publications, and dues	25,514	18,197	4,180	3,137
c Campaign Expenses	108,395			108,395
d Uncollectible Pledges	152,343	102,017	16,234	34,092
e All other expenses	0			
<b>25 Total functional expenses.</b> Add lines 1 through 24e	<b>4,768,729</b>	<b>4,136,904</b>	<b>205,830</b>	<b>425,995</b>
<b>26 Joint costs.</b> 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	480,613	1	744,617
	2 Savings and temporary cash investments	1,086,724	2	905,431
	3 Pledges and grants receivable, net	1,678,439	3	1,550,607
	4 Accounts receivable, net	2,072	4	7,867
	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	0	7	0
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	45,272	9	65,278
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	208,152	
	b Less accumulated depreciation	10b	170,215	42,974
	11 Investments—publicly traded securities	2,474,270	11	2,675,363
	12 Investments—other securities See Part IV, line 11	0	12	0
	13 Investments—program-related. See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
	15 Other assets See Part IV, line 11	732,193	15	736,871
	<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34)	<b>6,542,557</b>	<b>16</b>	<b>6,723,971</b>
Liabilities	17 Accounts payable and accrued expenses	137,391	17	193,193
	18 Grants payable	1,106,223	18	1,118,831
	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	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	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	105,401	25	79,307
	<b>26 Total liabilities.</b> Add lines 17 through 25	<b>1,349,015</b>	<b>26</b>	<b>1,391,331</b>
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117 (ASC 958), check here ► <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	27 Unrestricted net assets	2,075,486	27	2,267,307
	28 Temporarily restricted net assets	2,868,056	28	2,815,333
	29 Permanently restricted net assets	250,000	29	250,000
	<b>Organizations that do not follow SFAS 117 (ASC958), check here ► <input type="checkbox"/> and complete lines 30 through 34.</b>			
	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	5,193,542	33	5,332,640
	<b>34 Total liabilities and net assets/fund balances</b>	<b>6,542,557</b>	<b>34</b>	<b>6,723,971</b>

**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	4,941,082
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,768,729
3	Revenue less expenses Subtract line 2 from line 1	3	172,353
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5,193,542
5	Net unrealized gains (losses) on investments	5	-14,011
6	Donated services and use of facilities	6	
7	Investment expenses	7	-19,244
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	5,332,640

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

# Public Charity Status and Public Support

**2014**

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.

► Attach to Form 990 or Form 990-EZ.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

United Way of Rock River Valley

Employer identification number

36-2167843

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

- 1  A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2  A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)
- 3  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4  A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety See section 509(a)(4).
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations 0
  - g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (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)						
<b>Total</b>					0	0

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	4,363,270	4,389,168	4,661,219	5,603,776	4,784,462	23,801,895
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 Total. Add lines 1 through 3	4,363,270	4,389,168	4,661,219	5,603,776	4,784,462	23,801,895
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)						
6 Public support. Subtract line 5 from line 4						23,801,895

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4	4,363,270	4,389,168	4,661,219	5,603,776	4,784,462	23,801,895
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	29,713	33,336	37,132	47,378	44,230	191,789
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	72,399	14,982	58,869	43,133	102,390	291,773
11 Total support. Add lines 7 through 10						24,285,457
12 Gross receipts from related activities, etc (see instructions)					12	
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 2014 (line 6, column (f) divided by line 11, column (f))	14	98 01%
15 Public support percentage from 2013 Schedule A, Part II, line 14	15	98 03%
16a 33 1/3% support test—2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test—2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test—2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10%-facts-and-circumstances test—2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.)

(If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						0
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						0
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0
6 <b>Total.</b> Add lines 1 through 5	0	0	0	0	0	0
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
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						0
c Add lines 7a and 7b	0	0	0	0	0	0
8 <b>Public support.</b> (Subtract line 7c from line 6.)						0

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6	0	0	0	0	0	0
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c Add lines 10a and 10b	0	0	0	0	0	0
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0
13 <b>Total support.</b> (Add lines 9, 10c, 11, and 12.)	0	0	0	0	0	0
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 2014 (line 8, column (f) divided by line 13, column (f))	15	0.00%
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	0.00%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	0.00%
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	0.00%

19a **33 1/3% support tests—2014.** 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—2013.** 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 VI** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b, and Part III, line 12 Also complete this part for any additional information (See instructions)

Part II Section B Line 10 \$102,390 = Gain on sale of public securities at \$111,536, netted

with the loss (\$9,146) in fundraising events

**SCHEDULE D  
(Form 990)**Department of the Treasury  
Internal Revenue Service**Supplemental Financial Statements**

OMB No. 1545-0047

**2014**Open to Public  
Inspection

► Complete if the organization answered "Yes" to Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

► Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

United Way of Rock River Valley

Employer identification number

36-2167843

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 6

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate 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?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part II Conservation Easements.**

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).	
<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year	<b>Held at the End of the Tax Year</b>
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year	
4 Number of states where property subject to conservation easement is located	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year	
7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year	► \$ _____
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements	

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

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

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

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

HTA

Schedule D (Form 990) 2014

**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)

- |   |   |
|---|---|
| <b>a</b> <input type="checkbox"/> Public exhibition                   | <b>d</b> <input type="checkbox"/> Loan or exchange programs |
| <b>b</b> <input type="checkbox"/> Scholarly research                  | <b>e</b> <input type="checkbox"/> Other _____               |
| <b>c</b> <input type="checkbox"/> Preservation for future generations |   |

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

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

**Part IV Escrow and Custodial Arrangements.**

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

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

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

Amount	
1c	0
1d	
1e	
1f	0

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

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

**Part V Endowment Funds.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 10

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	2,381,380	1,249,848	1,197,720	1,191,378	1,007,630
b Contributions		1,000,000		50,000	50,053
c Net investment earnings, gains, and losses	81,939	196,693	108,901	10,815	190,325
d Grants or scholarships	107,081	55,700	49,428	47,242	49,346
e Other expenditures for facilities and programs					
f Administrative expenses	16,531	9,461	7,345	7,231	7,284
g End of year balance	2,339,707	2,381,380	1,249,848	1,197,720	1,191,378

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

a Board designated or quasi-endowment ► %

b Permanent endowment ► 11%

c Temporarily restricted endowment ► 89%

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

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

	Yes	No
3a(i)	X	
3a(ii)		X
3b		

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

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

**Part VI Land, Buildings, and Equipment.**

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

	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		0	0		0
b Buildings		0	0	0	0
c Leasehold improvements		0	0	0	0
d Equipment		0	208,152	170,215	37,937
e Other		0	0	0	0
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10c)				►	37,937

**Part VII****Investments—Other Securities.**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives	0	
(2) Closely-held equity interests	0	
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) ►	0	

**Part VIII****Investments—Program Related.**

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

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) ►	0	

**Part IX****Other Assets.**

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

(a) Description	(b) Book value
(1) Corbett Trust - Beneficial	736,871
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) ►	736,871

**Part X****Other Liabilities.**

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

(a) Description of liability	(b) Book value
(1) Federal income taxes	0
(2) Payable to other organizations	79,307
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ►	79,307

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" to Form 990, Part IV, line 12a

1	Total revenue, gains, and other support per audited financial statements	1	4,211,222
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	-14,011
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII )	2d	20,214
e	Add lines 2a through 2d	2e	6,203
3	Subtract line 2e from line 1	3	4,205,019
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	19,244
b	Other (Describe in Part XIII )	4b	716,819
c	Add lines 4a and 4b	4c	736,063
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	4,941,082

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

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

1	Total expenses and losses per audited financial statements	1	4,072,124
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII )	2d	20,214
e	Add lines 2a through 2d	2e	20,214
3	Subtract line 2e from line 1	3	4,051,910
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	716,819
c	Add lines 4a and 4b	4c	716,819
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 )	5	4,768,729

**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 XI Line 4b The financial statement total revenue and total expenses are reported net

of contributions designated by donors in the amount of \$564,475. The uncollectable pledge

expense of \$152,344 is netted against revenue in the Audited Financial Statement. On the

990 it has been added back to contributions and added to the statement of functional

expenses

Part V Line 4 Endowment earnings are used to fund the annual campaign for grants

Part X Line 2 The organization was formed as a tax-exempt entity under Section 501(c)(3)

of the Internal Revenue Code. Management believes the Organization continues to qualify as

a tax-exempt entity. The Organization accounts for income taxes in accordance with

Financial Accounting Standard Board (FASB) Accounting Standards Codification (ASC) Topic

740, Accounting for Uncertainty Income Taxes. The standare provides detailed guidance for

the financial statement recognition, measurement and disclosure of uncertain tax positions

recognized in an enterprise's financial statements and requires an entity to recognize the

**Part XIII Supplemental Information (continued)**

financial statement impact of a tax position when it is more likely than not that the position will be sustained upon examination. Management does not believe any uncertain tax positions exist at June 30, 2015 and 2014. The Organization's tax years that remain open and subject to possible examination by federal and State of Illinois jurisdictions include the tax years 2012 through 2014.

Part XII Line 4b The financial statement total revenue and total expense are reported net of contributions designated by donors in the amount of \$ 564,475. The uncollectable pledge expense of \$152,344 is netted against revenue in the Audited Financial Statement. On the 990 it has been added back to contributions and added to the statement of functional expenses.

Part XI Line 2d The expenses of (\$20,214) associated with Special Events have been netted against revenue. On the Audited Financial Statement they are included in expenses.

Part XII Line 2d The expenses of (\$20,214) associated with Special Events have been netted against revenue. On the Audited Financial Statement they are included in expenses.



**Part II Fundraising Events.** Complete if the organization answered "Yes" to 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 Campaign Kick - Off (event type)	(b) Event #2 Campaign Thank You (event type)	(c) Other events NONE (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	4,400	12,211	0 16,611
	2 Less Contributions	1,196	4,331	0 5,527
	3 Gross income (line 1 minus line 2)	3,204	7,880	0 11,084
Direct Expenses	4 Cash prizes			0 0
	5 Noncash prizes			0 0
	6 Rent/facility costs			0 0
	7 Food and beverages	4,494	8,728	0 13,222
	8 Entertainment			0 0
	9 Other direct expenses	493	6,515	0 7,008
	10 Direct expense summary Add lines 4 through 9 in column (d)			► ( 20,230)
	11 Net income summary Subtract line 10 from line 3, column (d)			► ( -9,146)

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

	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue			0
	2 Cash prizes			0
	3 Noncash prizes			0
Direct Expenses	4 Rent/facility costs			0
	5 Other direct expenses			0
	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)			► ( 0)
	8 Net gaming income summary Subtract line 7 from line 1, column (d)			► 0

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

- a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No  
b If "No," explain \_\_\_\_\_
- .....

- 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes  No  
b If "Yes," explain \_\_\_\_\_
- .....

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

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

13 Indicate the percentage of gaming activity conducted in.

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

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

Name ►

**Address** ►

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  
b If "Yes," enter the amount of gaming revenue received by the organization ► \$ ..... 0 and the amount of gaming revenue retained by the third party ► \$ ..... 0  
c If "Yes," enter name and address of the third party

Yes  No

Name ► \_\_\_\_\_

Address ►

## 16 Gaming manager information

Name ► \_\_\_\_\_

Gaming manager compensation ► \$ 0

### Description of services provided

Director/officer  Employee  Independent contractor

## 17 Mandatory distributions

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

**b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ 0

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

**SCHEDULE I**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service  
Name of the organization

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

Department of the Treasury  
Internal Revenue Service  
Name of the organization

United Way of Rock River Valley

**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" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed

1 (a) Name and address of organization or government	1(b) EIN	1(c) IRC section if applicable	1(d) Amount of cash grant	1(e) Amount of non-cash assistance	1(f) Method of valuation (book, FMV, appraisal, other)	1(g) Description of non-cash assistance	1(h) Purpose of grant or assistance
(1) Abilities Center, Goodwill Industries Rockford, IL	36-2167846	501 (c) (3)	15,845				Program Support
(2) American Red Cross, Rock River Q Rockford, IL	53-0196605	501 (c) (3)	23,265				Program Support
(3) Angelic Organic Community Center Rockford, IL	36-4288904	501 (c) (3)	43,237				Program Support
(4) Banner of Truth- J.N.R.C. Rockford, IL	90-0777146	501 (c) (3)	17,866				Program Support
(5) Barbara Olson Center of Hope Rockford, IL	36-2212474	501 (c) (3)	43,823				Program Support
(6) Blackhawk Learning Connection Rockford, IL	36-2719365	501 (c) (3)	69,720				Program Support
(7) Boy Scouts of America, Blackhawk Rockford, IL	36-2169127	501 (c) (3)	62,724				Program Support
(8) Boys and Girls Club of Rockford Rockford, IL	36-2167840	501 (c) (3)	164,980				Program Support
(9) CASA Rockford, IL	36-2167743	501 (c) (3)	10,201				Program Support
(10) Catholic Charities, Diocese of Rockford, IL	36-2181998	501 (c) (3)	44,496				Program Support
(11) Chas! Rockford, IL	36-2167743	501 (c) (3)	65,452				Program Support
(12) Comprehensive Comm Solutions Rockford, IL	36-3842309	501 (c) (3)	45,568				Program Support

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

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

► 2 79

3 0

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

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

Part I Line 1 The United Way of Rock River Valley makes program grants to local agencies, the agencies complete a screening that

includes an application process, financial review of the organization, and verification of current status as a 501 (c) (3) organization. The organization is also monitored for program results and compliance with the terms of the grants

Part II Line 1 Organizations receiving donor designations are required to verify current status as a 501 (c) (3).

Part II Line 1 Some donor designations are paid directly to the designated agency by a third party, those designations total \$312,566

## Continuation Sheet for Schedule I (Form 990)

Name of the organization  
United Way of Rock River Valley

Page 1 of 4  
Employer identification number  
36-2167843

### Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(13) Crusader Community Health Clinic Rockford, IL	23-7076080	501 (c) (3)	5,000				Program Support
(14) Discovery Center Museum Rockford, IL	36-3292135	501 (c) (3)	20,300				Program Support
(15) Easter Seals Children's Development Ctr Rockford, IL	36-2169153	501 (c) (3)	36,148				Program Support
(16) Family Counseling Services of Northern Rockford, IL	36-2167065	501 (c) (3)	41,590				Program Support
(17) Focus House Rockford, IL	30-0285702	501 (c) (3)	23,571				Program Support
(18) Girl Scouts Rock River Valley Council Rockford, IL	36-2358083	501 (c) (3)	96,587				Program Support
(19) Harlem Community Center Rockford, IL	36-2706406	501 (c) (3)	15,534				Program Support
(20) Hope of Ogle County Rockford, IL	36-3304863	501 (c) (3)	27,135				Program Support
(21) Hub City Senior Center Rockford, IL	36-3531683	501 (c) (3)	17,191				Program Support
(22) Ken-Rock Community Center Rockford, IL	36-2204841	501 (c) (3)	47,185				Program Support
(23) LaVoz Latina Rockford, IL	36-2810675	501 (c) (3)	3,456				Program Support
(24) Lifescape Community Services, Inc. Rockford, IL	36-3303361	501 (c) (3)	108,782				Program Support
(25) Literacy Council Rockford, IL	36-3412185	501 (c) (3)	44,573				Program Support
(26) Lutheran Social Services of Illinois Rockford, IL	36-2584799	501 (c) (3)	61,070				Program Support
(27) Lydia Home Association Rockford, IL	36-1412810	501 (c) (3)	81,488				Program Support
(28) Mt. Morris Senior Citizen's Council, Inc. Rockford, IL	36-2938190	501 (c) (3)	5,591				Program Support
(29) Northwest Community Center Rockford, IL	36-2588247	501 (c) (3)	74,639				Program Support

## Continuation Sheet for Schedule I (Form 990)

Name of the organization  
United Way of Rock River Valley

Page 2 of 4

Employer identification number  
36-2167843

### Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC section, if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(30) Serenity Hospice and Home, Oregon, IL	36-3286347	501 (c) (3)	13,264				Program Support
(31) Ogle County Reporting Center, Oregon, IL	30-0285702	501 (c) (3)	14,776				Program Support
(32) Patriots Gateway Community Center, Rockford, IL	36-4048431	501 (c) (3)	21,329				Program Support
(33) Pinecrest Community Center, Rockford, IL	36-2181961	501 (c) (3)	5,338				Program Support
(34) Polo Senior Center, Polo, IL	36-3922525	501 (c) (3)	2,250				Program Support
(35) Prairie State Legal Services, Rockford, IL	37-1030764	501 (c) (3)	60,023				Program Support
(36) Ramp, Rockford, IL	36-3149827	501 (c) (3)	47,355				Program Support
(37) Remedies, Rockford, IL	36-2464898	501 (c) (3)	82,589				Program Support
(38) Rochelle CCSD#23, Rochelle, IL	36-4055491	501 (c) (3)	7,500				Program Support
(39) Rochelle Christian Food Pantry, Rochelle, IL	36-2181961	501 (c) (3)	6,538				Program Support
(40) Rock River Center, Rockford, IL	36-2882818	501 (c) (3)	22,796				Program Support
(41) Rockford ARTS Council, Rockford, IL	23-7039197	501 (c) (3)	2,883				Program Support
(42) Rockford Meld, Rockford, IL	36-3347409	501 (c) (3)	44,078				Program Support
(43) Rockford Sexual Assault Counseling, Rockford, IL	36-2969015	501 (c) (3)	62,474				Program Support
(44) Roscience, Rockford, IL	36-2862928	501 (c) (3)	47,200				Program Support
(45) Saint Elizabeth Catholic Community Center, Rockford, IL	36-2171737	501 (c) (3)	39,234				Program Support
(46) Salvation Army, Rockford, IL	36-3412185	501 (c) (3)	152,853				Program Support

## Continuation Sheet for Schedule I (Form 990)

Page 3 of 4

Name of the organization

United Way of Rock River Valley

Employer identification number

36-2167843

### Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(47) <u>Shelter Care Ministries</u> Rockford, IL	36-3374370	501 (c) (3)	39,660				Program Support
(48) <u>Shining Star</u> Rockford, IL	30-0135798	501 (c) (3)	13,166				Program Support
(49) <u>Village of Progress, Inc.</u> Rockford, IL	36-2167910	501 (c) (3)	19,027				Program Support
(50) <u>YMCA</u> Rockford, IL	36-2174838	501 (c) (3)	121,542				Program Support
(51) <u>Youth Services Bureau</u> Rockford, IL	36-2919569	501 (c) (3)	36,845				Program Support
(52) <u>Youth Services Network, Inc.</u> Rockford, IL	36-3297042	501 (c) (3)	15,961				Program Support
(53) <u>Zion Development</u> Rockford, IL	36-3229794	501 (c) (3)	22,577				Program Support
(54) <u>Bureau County United Way</u> Princeton, IL	51-0245216	501 (c) (3)	240				Donor Designations
(55) <u>Fox Valley United Way</u> Aurora, IL	36-2195467	501 (c) (3)	52				Donor Designations
(56) <u>Genoa-Kingston United Way</u> Genoa, IL	36-3003094	501 (c) (3)	593				Donor Designations
(57) <u>Great Rivers United Way, Inc.</u> Onalaska, WI	39-0848188	501 (c) (3)	50				Donor Designations
(58) <u>Kishwaukee United Way</u> Dekalb, IL	36-6158489	501 (c) (3)	3,641				Donor Designations
(59) <u>United Way of the Blackhawk Region</u> Janesville, IL	39-6006734	501 (c) (3)	7,621				Donor Designations
(60) <u>United Way of Boone County</u> Belvidere, IL	36-2700861	501 (c) (3)	40,506				Donor Designations
(61) <u>United Way of Central Kane County</u> St. Charles, IL	23-7101039	501 (c) (3)	192				Donor Designations
(62) <u>United Way of Dane County, Inc.</u> Madison, WI	39-0817532	501 (c) (3)	192				Donor Designations
(63) <u>United Way of Delaware, Inc.</u> Wilmington, DE	51-0073399	501 (c) (3)	130				Donor Designations

## Continuation Sheet for Schedule I (Form 990)

Page 4 of 4  
Employer identification number  
36-2167843

Name of the organization

United Way of Rock River Valley

### Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC section, if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(64) United Way of DuPage-West Cook Hinsdale, IL	45-1534557	501 (c) (3)	48				Donor Designations
(65) United Way of Greater Milwaukee Milwaukee, WI	39-0806190	501 (c) (3)	792			Donor Designations	
(66) United Way of Walworth County Elkhorn, IL	39-1471340	501 (c) (3)	1,416			Donor Designations	
(67) United Way of Lee County Dixon, IL	36-6009288	501 (c) (3)	757			Donor Designations	
(68) United Way of McHenry County, Inc. McHenry, IL	36-6147909	501 (c) (3)	7,079			Donor Designations	
(69) United Way of Northwest Illinois, Inc. Freeport, IL	36-2218134	501 (c) (3)	1,209			Donor Designations	
(70) United Way of Porter County Valparaiso, IL	35-6006484	501 (c) (3)	104			Donor Designations	
(71) United Way of Will County Joliet, IL	36-2515625	501 (c) (3)	640			Donor Designations	
(72) Heart of Illinois United Way Peoria, IL	37-0661504	501 (c) (3)	240			Donor Designations	
(73) Northwest Suburban United Way Mt. Prospect, IL	23-7116020	501 (c) (3)	4,467			Donor Designations	
(74) United Way of Effingham Effingham, IL	23-7087721	501 (c) (3)	312			Donor Designations	
(75) United Way of Elgin Elgin, IL	36-2167052	501 (c) (3)	96			Donor Designations	
(76) United Way of St. Joseph County, Inc. South Bend, IL	35-1063368	501 (c) (3)	288			Donor Designations	
(77) United Way of Whiteside County Sterling, IL	36-6009102	501 (c) (3)	96			Donor Designations	
(78) United Way of Jefferson North Walworth Fort Atkinson, WI	39-6046361	501 (c) (3)	900			Donor Designations	
(79) Third Party Payments		501 (c) (3)	312,566				
(80) .....							

**SCHEDULE O**  
(Form 990 or 990-EZ)Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.► Attach to Form 990 or 990-EZ.  
Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2014**Open to Public  
Inspection

Name of the organization

United Way of Rock River Valley

Employer identification number

36-2167843

Form 990, Part V, Section 2, Line A. The United Way has a contract with Staff Management,

whereby the staff of the United Way of the Rock River Valley are employees of Staff Management

via a Professional Employer Agreement. All wage and payroll tax returns are filed under the

FEIN# of Staff Management

Form 990, Part VI, Section B, Line 11A. The 990 is distributed to the Board of Directors prior

to filing.

Form 990, Part VI, Section B, Line 12c. Compliance with the Conflict of Interest Policy is

monitored by the Board of Directors. Annually, the governing body reviews the policy and each

director signs a conflict of interest disclosure statement

Form 990, Part VI, Section B, Line 15A. The Executive Committee is responsible for setting the

compensation of the C E O/President. The meeting is documented and the governing body is

informed of any changes in compensation of the C E O /President

Form 990, Part XII, Line 2C. The Audit Committee is comprised of current Board Members

Form 990, Part VI, Section C, Line 19. The governing documents and conflicts of interest are

available on request, the financial statements and 990 are published on [www.unitedwayrrv.org](http://www.unitedwayrrv.org)

Form 990, Part VI, Section A, Line 3. The United Way of Rock River Valley has a contract with

Staff Management, whereby the staff of the United Way of Rock River Valley are employees of

Staff Management via a Professional Employer Agreement. All wage and payroll tax returns are

filed on the FEIN # of Staff Management

Form 990, Part XI, Line 5. Net Unrealized gain (losses) on investments of (\$14,011) includes:

(\$10,558) unrealized loss on investment securities in unrestricted net assets class, (\$61,853)

unrealized loss on investments in the temporarily restricted net asset class, and an \$58,400

increase in the beneficial interest of the Corbett Trust

Form 990, Part XI, Line 7. Total investment expenses of \$19,244 includes fees of \$4,433 for

the management of investments that are unrestricted and fees of \$14,811 for the management of

investments in the restricted net asset class

Name of the organization

United Way of Rock River Valley

Employer identification number

36-2167843

Form 990, The United Way is in compliance with membership requirement A for the United way

Worldwide. The overhead percentage for the United Way of Rock River Valley is 12.78%. The

total expenses for M&G and Fundraising, as found on part IX, line 25 column C and D 631,825

divided by total income found on Part VIII line 12 Column A \$4,941,082, calculates to a 12.78%

overhead percentage