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|                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|
| Form <b>990</b><br><br>Department of the Treasury<br>Internal Revenue Service | <h1>Return of Organization Exempt From Income Tax</h1> <p><b>Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)</b></p> <ul style="list-style-type: none"> <li>▶ Do not enter social security numbers on this form as it may be made public</li> <li>▶ Information about Form 990 and its instructions is at <a href="http://www.irs.gov/form990">www.irs.gov/form990</a></li> </ul> | OMB No 1545-0047<br><div>2015</div> <div>Open to Public Inspection</div> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                                           |                                                                                                      |                                                                                                                                                                                                                                                                                                                      |                                                           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|
| <b>A For the 2015 calendar year, or tax year beginning 01-01-2015 , and ending 12-31-2015</b>                                                                                                                                                                                                             |                                                                                                      |                                                                                                                                                                                                                                                                                                                      |                                                           |
| <b>B</b> Check if applicable<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Final return/terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>C</b> Name of organization<br>UNITED WAY OF GREATER ST JOSEPH                                     |                                                                                                                                                                                                                                                                                                                      | <b>D</b> Employer identification number<br><br>44-0547802 |
|                                                                                                                                                                                                                                                                                                           | Doing business as                                                                                    |                                                                                                                                                                                                                                                                                                                      | <b>E</b> Telephone number<br><br>(816) 364-2381           |
|                                                                                                                                                                                                                                                                                                           | Number and street (or P O box if mail is not delivered to street address)<br>PO BOX 188              | Room/suite                                                                                                                                                                                                                                                                                                           | <b>G</b> Gross receipts \$ 3,318,367                      |
|                                                                                                                                                                                                                                                                                                           | City or town, state or province, country, and ZIP or foreign postal code<br>ST JOSEPH, MO 64502      |                                                                                                                                                                                                                                                                                                                      |                                                           |
|                                                                                                                                                                                                                                                                                                           | <b>F</b> Name and address of principal officer<br>KYLEE STROUGH<br>PO BOX 188<br>ST JOSEPH, MO 64502 |                                                                                                                                                                                                                                                                                                                      |                                                           |
| <b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527                                                                                                           |                                                                                                      | <b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If "No," attach a list (see instructions)<br><b>H(c)</b> Group exemption number ▶ |                                                           |
| <b>J</b> Website: ▶ WWW.STJOSEPHUNITEDWAY.ORG                                                                                                                                                                                                                                                             |                                                                                                      |                                                                                                                                                                                                                                                                                                                      |                                                           |
| <b>K</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶                                                                                                                        |                                                                                                      | <b>L</b> Year of formation    1916                                                                                                                                                                                                                                                                                   | <b>M</b> State of legal domicile<br>MO                    |

| Part I Summary                                                                    |                                                                                                                                          |                           |              |
|-----------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|--------------|
| Activities & Governance                                                           | 1 Briefly describe the organization's mission or most significant activities<br>TO IMPROVE LIVES THROUGH THE CARING POWER OF COMMUNITY   |                           |              |
|                                                                                   |                                                                                                                                          |                           |              |
|                                                                                   |                                                                                                                                          |                           |              |
|                                                                                   | 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets |                           |              |
|                                                                                   | 3 Number of voting members of the governing body (Part VI, line 1a) . . . . .                                                            | 3                         | 32           |
|                                                                                   | 4 Number of independent voting members of the governing body (Part VI, line 1b) . . . . .                                                | 4                         | 32           |
|                                                                                   | 5 Total number of individuals employed in calendar year 2015 (Part V, line 2a) . . . . .                                                 | 5                         | 12           |
| 6 Total number of volunteers (estimate if necessary) . . . . .                    | 6                                                                                                                                        | 640                       |              |
| 7a Total unrelated business revenue from Part VIII, column (C), line 12 . . . . . | 7a                                                                                                                                       | 0                         |              |
| 7b Net unrelated business taxable income from Form 990-T, line 34 . . . . .       | 7b                                                                                                                                       | 0                         |              |
| Revenue                                                                           | 8 Contributions and grants (Part VIII, line 1h) . . . . .                                                                                | Prior Year                | Current Year |
|                                                                                   | 9 Program service revenue (Part VIII, line 2g) . . . . .                                                                                 | 3,057,625                 | 2,974,163    |
|                                                                                   | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . .                                                               | 60,738                    | 62,557       |
|                                                                                   | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)                                                              | 311,542                   | 206,241      |
|                                                                                   | 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)                                                      | 71,928                    | 60,858       |
|                                                                                   |                                                                                                                                          | 3,501,833                 | 3,303,819    |
| Expenses                                                                          | 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) . . . . .                                                            | 2,348,139                 | 2,337,308    |
|                                                                                   | 14 Benefits paid to or for members (Part IX, column (A), line 4) . . . . .                                                               | 0                         | 0            |
|                                                                                   | 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)                                                     | 419,601                   | 412,744      |
|                                                                                   | 16a Professional fundraising fees (Part IX, column (A), line 11e) . . . . .                                                              | 0                         | 0            |
|                                                                                   | b Total fundraising expenses (Part IX, column (D), line 25) <input checked="" type="checkbox"/> 144,261                                  |                           |              |
|                                                                                   | 17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) . . . . .                                                                | 303,505                   | 312,634      |
|                                                                                   | 18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)                                                              | 3,071,245                 | 3,062,686    |
|                                                                                   | 19 Revenue less expenses Subtract line 18 from line 12 . . . . .                                                                         | 430,588                   | 241,133      |
|                                                                                   | Net Assets or Fund Balances                                                                                                              | Beginning of Current Year |              |
| 20 Total assets (Part X, line 16) . . . . .                                       |                                                                                                                                          | 10,347,824                | 10,379,223   |
| 21 Total liabilities (Part X, line 26) . . . . .                                  |                                                                                                                                          | 2,590,359                 | 2,615,839    |
| 22 Net assets or fund balances Subtract line 21 from line 20 . . . . .            |                                                                                                                                          | 7,757,465                 | 7,763,384    |

**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>              | *****                                                                                                                                            |  | 2016-05-12                                 |  |      |                                                                                                             |                   |
|                               | Signature of officer                                                                                                                             |  | Date                                       |  |      |                                                                                                             |                   |
|                               | ROBERT PRITCHETT TREASURER                                                                                                                       |  |                                            |  |      |                                                                                                             |                   |
|                               | Type or print name and title                                                                                                                     |  |                                            |  |      |                                                                                                             |                   |
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name<br>CARLA R LACKEY CPA                                                                                                 |  | Preparer's signature<br>CARLA R LACKEY CPA |  | Date | Check <input type="checkbox"/> if self-employed                                                             | PTIN<br>P00138993 |
|                               | Firm's name  CLIFTONLARSONALLEN LLP                           |  |                                            |  |      | Firm's EIN  41-0746749 |                   |
|                               | Firm's address  2301 VILLAGE DRIVE<br><br>ST JOSEPH, MO 64506 |  |                                            |  |      | Phone no (816) 232-8441                                                                                     |                   |

Part III

Statement of Program Service Accomplishments

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

☐

1

Briefly describe the organization's mission

THE MISSION OF THE UNITED WAY OF GREATER ST JOSEPH IS TO IMPROVE LIVES THROUGH THE CARING POWER OF COMMUNITY

2

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

☐ Yes ☒ No

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

3

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

☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

4

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

4a

(Code ) (Expenses \$ 2,376,692 including grants of \$ 2,333,419 ) (Revenue \$ 18,389 )

ALLOCATED SERVICESUNITED WAY FUNDING PRIMARILY SUPPORTS THE DIRECT CLIENT SERVICES RELATED TO EDUCATION, FINANCIAL STABILITY, AND HEALTH THAT ARE DELIVERED THROUGH UNITED WAY'S LOCAL 18 PARTNER AGENCIES AMONG THE ACHIEVEMENTS IN 2015 WERE EDUCATION UNITED WAY OF GREATER ST JOSEPH WORKS TO HELP PEOPLE OF ALL AGES REACH THEIR POTENTIAL THROUGH A VARIETY OF EDUCATIONAL PURSUITS THAT WILL, IN TURN, STRENGTHEN OUR COMMUNITY QUALITY EARLY LEARNING, YOUTH EDUCATION IN AND OUT OF THE CLASSROOM, AND OTHER INSTRUCTION FOR LIFE-LONG LEARNING ARE JUST A FEW WAYS UNITED WAY SUPPORTS EDUCATION -75 TEEN MOTHERS REMAINED IN SCHOOL OR AN ALTERNATIVE EDUCATIONAL PROGRAM THROUGHOUT PREGNANCY AND AFTER DELIVERY -165 CHILDREN WITH A DISABILITY OR SPECIAL NEED AND THEIR FAMILIES RECEIVED EARLY INTERVENTION SERVICES THAT HELPED THE CHILDREN WORK TOWARD IMPORTANT DEVELOPMENTAL MILESTONES FINANCIAL STABILITY STABLE HOUSEHOLD FINANCES ARE IMPORTANT FOR DAILY LIVING, WHICH IS WHY UNITED WAY OF GREATER ST JOSEPH ALSO FOCUSES ON FINANCIAL STABILITY UNITED WAY SUPPORTS EFFORTS FOR FAMILIES AND INDIVIDUALS IN CRISIS SUCH EFFORTS INCLUDE FOOD, DISASTER RELIEF, INFORMATION AND REFERRAL, AND SHELTER SERVICES RELATED TO HOMELESSNESS OR DOMESTIC VIOLENCE UNITED WAY IS ALSO WORKING TO PREVENT FINANCIAL SITUATIONS FOR BECOMING PROBLEMS IN THE FIRST PLACE - 105 ADULTS WITH DISABILITIES HELD JOBS THROUGH SHELTERED AND SUPPORTED EMPLOYMENT -11,310 REFERRALS WERE MADE TO FAMILIES SEEKING ASSISTANCE THROUGH THE LOCAL INFORMATION RESOURCE AND REFERRAL HOTLINE HEALTH IN THE GREATER ST JOSEPH AREA, YOUR CONTRIBUTIONS HELP PEOPLE OF ALL AGES IMPROVE THEIR PHYSICAL AND MENTAL WELL-BEING HEALTH IS PROMOTED THROUGH FITNESS AND WELLNESS ACTIVITIES, NUTRITION AND IN-HOME SERVICES, COUNSELING, AND OTHER IMPORTANT PROGRAMS GOOD HEALTH IS CRUCIAL FOR EVERYONE -\$21,100,511 IN UNCOMPENSATED MEDICAL CARE WAS PROVIDED TO BUCHANAN COUNTY CHILDREN -624 WOMEN RECEIVED MAMMOGRAMS OR WERE EDUCATED ABOUT GOOD BREAST HEALTH PRACTICES UNITED WAY IMPACT GRANT RECIPIENTS ARE AWARDED GRANTS FOR UP TO \$10,000 FOR LOCAL, EDUCATION, HEALTH-RELATED, OR FINANCIAL STABILITY PROGRAMS OR PROJECTS 2015 RECIPIENTS WERE SECOND HARVEST'S BACKPACK BUDDIES PROGRAM AND SOCIAL WELFARE BOARD'S DIABETES MANAGEMENT INITIATIVE IN 2015, REPRESENTATIVES FROM NON-PROFITS, CHURCHES, UTILITY COMPANIES, AND GOVERNMENT AGENCIES AS WELL AS COMMUNITY MEMBERS COLLABORATED TO HELP CLIENTS WITH NEEDS FOR WHICH THERE ARE FEW OR NO RESOURCES THROUGH THE WORK OF UNITED WAY UNMET NEEDS, AREA PEOPLE WERE CONNECTED TO RESOURCES TO HELP THEM GAIN AND MAINTAIN STABILITY

4b

(Code ) (Expenses \$ 287,307 including grants of \$ 3,889 ) (Revenue \$ 44,168 )

I UNITED WAY FINANCIAL STABILITY- PROVIDING OPPORTUNITIES FOR INDIVIDUALS AND FAMILIES TO BECOME FINANCIALLY SELF-SUFFICIENT THROUGH THE UNITED WAY FINANCIAL STABILITY INITIATIVE, COMMUNITY LEADERS FROM ALL SECTORS COLLABORATE TO FOCUS ON 1) PROVIDING FINANCIAL EDUCATION OPPORTUNITIES, 2) INCREASING THE USE OF FREE TAX PREPARATION SERVICES AND PROMOTING THE EARNED INCOME TAX CREDIT, AND 3) ADVOCATING FOR LOCAL, STATE AND FEDERAL POLICY CHANGE TO HELP PREVENT POVERTY AND TO HELP PEOPLE MOVE OUT OF POVERTY THE UNITED WAY FINANCIAL STABILITY INITIATIVE PROMOTED FREE TAX PREPARATION SERVICES OFFERED BY UNITED WAY PARTNER AGENCY INTERSERV DURING THE 2015 TAX SEASON, MORE THAN 1,500 INDIVIDUALS RECEIVED TAX ASSISTANCE THROUGH UNITED WAY PARTNER AGENCIES PREPARERS FILED 206 EARNED INCOME TAX CREDIT RETURNS FOR A TOTAL OF \$134,381, PLUS OVER \$1 2 MILLION WERE RECEIVED LOCALLY THROUGH TAX REFUNDS FREE TAX PREPARATION SERVICES HELP PEOPLE KEEP AND SAVE THEIR OWN MONEY II UNITED WAY LEADERSHIP ST JOSEPH BUILDING THE SKILLS OF INDIVIDUALS TO BE EFFECTIVE LEADERS IN THE COMMUNITY UNITED WAY LEADERSHIP ST JOSEPH IS AN ANNUAL, YEAR-LONG LEADERSHIP DEVELOPMENT PROGRAM FOR ADULTS LIVING OR WORKING IN THE ST JOSEPH AREA THE PROGRAM HELPS CREATE A NETWORK OF TRAINED INDIVIDUALS WILLING TO ENGAGE IN LEADERSHIP AND COMMUNITY SERVICE WITH ENHANCED KNOWLEDGE OF OUR COMMUNITY'S OPPORTUNITIES, REALITIES, AND CHALLENGES IN 2015, 25 COMMUNITY MEMBERS COMPLETED THE PROGRAM, BRINGING THE TOTAL NUMBER OF PROGRAM GRADUATES TO 800 SINCE 1982 DURING THE YEAR, PARTICIPANTS LEARNED AND PRACTICED PROJECT DEVELOPMENT RELATED TO ESSENTIAL LEADERSHIP SKILLS THE CLASS WAS DIVIDED INTO FOUR GROUPS AND CHALLENGED TO LEARN THE PROCESS OF DEVELOPING A PROJECT THAT WOULD MEET A COMMUNITY NEED THE CHALLENGE RESULTED IN THE FOLLOWING PROJECTS A PROPOSAL TO GIVE CHILDREN WHO LIVE NEAR OR VISIT THE FELIX STREET SQUARE A PLAYGROUND, A PROJECT TO IDENTIFY POTENTIAL, FUTURE DOWNTOWN ST JOSEPH REVITALIZATION PROJECTS THAT COULD INCLUDE THE ASSISTANCE OF STUDENTS IN THE MISSOURI WESTERN STATE UNIVERSITY'S GRIFFON EDGE FALL PROGRAM, A DRIVE TO COLLECT GENTLY USED OR NEW SPORTING EQUIPMENT FOR THE BENEFIT OF UNDERPRIVILEGED YOUTH, AND A MARKETING PLAN TO INCREASE AWARENESS OF BIG BROTHERS BIG SISTERS IN OUR COMMUNITY THE 2015 DISTINGUISHED LEADER AWARD WAS PRESENTED TO CLASS OF 1994 ALUMNUS, TOM RICHMOND III UNITED WAY PROFIT IN EDUCATION- TO IMPROVE THE EDUCATION LEVEL OF THE POTENTIAL AND CURRENT WORKFORCE UNITED WAY PROFIT IN EDUCATION WORKS TO CONTINUE INCREASING THE HIGH SCHOOL GRADUATION RATE BY COLLABORATING WITH AND SUPPORTING EDUCATION EFFORTS ACROSS THE COMMUNITY IN 2015, THE UNITED WAY BEST (BUSINESS AND EDUCATION SUCCEED TOGETHER) PROGRAM SERVED OVER 60 STUDENTS, GRADES 7-12 BUSINESS PARTNERS WORKED WITH STUDENTS, HELPING THEM LEARN ABOUT LOCAL BUSINESSES, DIFFERENT JOBS AVAILABLE, REQUIRED TRAINING, AND EDUCATION ALSO, UNITED WAY READING ADVENTURE WAS HELD DURING THE SCHOOL YEAR WITH SECOND GRADE CLASES AT TWO LOCAL ELEMENTARY SCHOOLS AND WAS HELD AT THREE SCHOOL-AGE CHILDCARE SITES DURING THE SUMMER THE GOAL OF UNITED WAY READING ADVENTURE IS TO HELP ELEMENTARY AGE STUDENTS MAINTAIN AND IMPROVE THEIR READING SKILLS AND TO HELP BUILD THEIR HOME LIBRARIES THROUGH BOOKS UNITED WAY PROFIT IN EDUCATION COMMITTEES ARE WORKING TO FURTHER THE IMPACT AND REACH OF THE STRATEGIC PLAN WITH A COMMITTEE FOCUSED ON CONNECTIN BUSINESS AND HUMAN RESOURCE EXPECTATIONS INTO THE CLASSROOM THROUGH A SPEAKERS' BUREAU OF BUSINESS VOLUNTEERS WILLING TO SPEAK WITH STUDENTS ABOUT CAREER FIELDS AND BUSINESS AND EMPLOYER EXPECTATIONS IV UNITED WAY SUCCESS BY 6- PREPARING CHILDREN TO BE SUCCESSFUL LEARNERS WHEN THEY BEGIN KINDERGARTEN UNITED WAY SUCCESS BY 6 FOSTERS AND PARTICIPATES IN COMMUNITY-WIDE PARTNERSHIPS TO PREPARE YOUNG CHILDREN FOR SUCCESS IN SCHOOL AND LIFE THE INITIATIVE AIMS TO STRENGTHEN THE SYSTEMS THAT NURTURE OUR COMMUNITY'S YOUNGEST MEMBERS BY WORKING WITH PARENTS, CHILDCARE PROVIDERS, EARLY EDUCATION TEACHERS, AND LOCAL BUSINESSES UNITED WAY SUCCESS BY 6 HOSTED A VARIETY OF PARENT-CENTERED ACTIVITIES IN 2015, INCLUDING THE OVERWHELMINGLY SUCCESSFUL EARLY LITERACY CELEBRATION HONORING DR SEUSS, CLOSE TO 1,000 PEOPLE ENJOYED EARLY LEARNING ACTIVITIES, A SEUSSICAL BRUNCH, AND A FREE BOOK RESOUCE KITS AIMED TO HELP PARENTS FACILITATE THEIR CHILD'S EARLY DEVELOPMENT WERE DISTRIBUTED TO 1,950 FAMILIES WITH NEWBORNS AND TO 850 FAMILIES WITH INCOMING KINDERGARTENERS BECAUSE THE EDUCATION LEVEL OF EARLY EDUCATORS AND CHILDCARE PROVIDERS IS A KEY FACTOR IN THE QUALITY OF CARE PROVIDED TO YOUNG CHILDREN IN THEIR CHARGE, UNITED WAY SUCCESS BY 6 DELIVERED OVER 2,329 CLOCK HOURS OF TRAINING TO AREA CHILDCARE PROVIDERS AND EARLY EDUCATORS IN ADDITION, UNITED WAY SUCCESS BY 6 AWARDED 14 SCHOLARSHIPS FOR AREA CHILDCARE PROVIDERS TO CONTINUE THEIR FORMAL EDUCATION V UNITED WAY VOLUNTEER CENTER- CONNECTING THE COMMUNITY THROUGH VOLUNTEERISM THE UNITED WAY VOLUNTEER CENTER IS A CENTRAL RESOURCE FOR VOLUNTEER NEEDS ACROSS THE GREATER ST JOSEPH AREA INDIVIDUALS, GROUPS AND CORPORATIONS SEEKING VOLUNTEER OPPORTUNITIES CAN FIND A VARIETY OF OPTIONS CALLING FOR VARYING COMMITMENTS AVAILABLE AT MANY DIFFERENT NON-PROFIT ORGANIZATIONS IN 2015, MONTHLY CVRN (COMMUNITY VOLUNTEER RESOURCE NETWORK) MEETINGS WERE ATTENDED BY 15 INDIVIDUALS WHO MANAGE VOLUNTEERS FOR THEIR NON-PROFIT ORGANIZATIONS UNITED WAY IS BUILDING THE CAPACITY OF COMMUNITY VOLUNTEER COORDINATORS THROUGH THE GROUP CVRN PROMOTES AND DEVELOPS EFFECTIVE VOLUNTEER MANAGEMENT PROGRAMS IN THE COMMUNITY AND ENHANCES THE KNOWLEDGE, SKILLS, AND CONNECTIONS AMONG MEMBERS THE SEVENTH YEAR OF THE UNITED WAY STUFF THE BUS! SCHOOL SUPPLIES DRIVE BROUGHT TOGETHER HUNDREDS OF VOLUNTEERS WHO COLLECTED OVER 23,234 PACKAGES OF SCHOOL SUPPLY ITEMS FOR STUDENTS WHO NEEDED THEM THE SECOND ANNUAL HOLIDAY VOLUNTEER GUIDE WAS CREATED TO CONNECT THOSE WANTING TO VOLUNTEER DURING THE HOLIDAY SEASON, AND THE AGENCIES WERE GRATEFUL FOR THE ADDITIONAL HELP

4c

(Code ) (Expenses \$ 73,904 including grants of \$ ) (Revenue \$ )

COMMUNICATIONSIT TAKES STRONG COMMUNITY SUPPORT TO PRODUCE THE LEVEL OF PROGRAM ACHIEVEMENTS (LISTED UNDER 4A), AND SUSTAINING THAT SUPPORT REQUIRES AN ACTIVE COMMUNICATIONS EFFORT UNITED WAY LETS DONORS AND THE GENERAL PUBLIC KNOW ABOUT THE ORGANIZATION'S ACCOMPLISHMENTS THROUGH PRINTED MATERIALS INCLUDING, AN ANNUAL REPORT, E-NEWSLETTERS, WEB SITE, VIDEO PRODUCTIONS, MEDIA OUTREACH, AND SPECIAL EVENTS

See Additional Data

4d

Other program services (Describe in Schedule O )

(Expenses \$ 69,293 including grants of \$ ) (Revenue \$ )

4e

Total program service expenses ▶ 2,807,196

Part IV Checklist of Required Schedules

|                                                                                                                                                                                                                                                                                                             | Yes | No  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|
| 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A                                                                                                                                                                         | 1   | Yes |
| 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?                                                                                                                                                                                                         | 2   | Yes |
| 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I                                                                                                                      | 3   | No  |
| 4 Section 501(c)(3) organizations.<br>Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II                                                                                                           | 4   | No  |
| 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III                                                                               | 5   | No  |
| 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I                                                    | 6   | No  |
| 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II                                                                                            | 7   | No  |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III                                                                                                                                                         | 8   | No  |
| 9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV             | 9   | No  |
| 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V                                                                                                     | 10  | Yes |
| 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable                                                                                                                                                           |     |     |
| a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.                                                                                                                                                                      | 11a | Yes |
| b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII                                                                                                     | 11b | No  |
| c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII                                                                                                     | 11c | No  |
| d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX                                                                                                                      | 11d | No  |
| e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X                                                                                                                                                                                     | 11e | No  |
| f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X                                                            | 11f | No  |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII                                                                                                                                                        | 12a | Yes |
| b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional                                                                           | 12b | No  |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E                                                                                                                                                                                                        | 13  | No  |
| 14a Did the organization maintain an office, employees, or agents outside of the United States?                                                                                                                                                                                                             | 14a | No  |
| b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV | 14b | No  |
| 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV                                                                                                           | 15  | No  |
| 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV                                                                                                     | 16  | No  |
| 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)                                                                                            | 17  | No  |
| 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II                                                                                                                           | 18  | No  |
| 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III                                                                                                                                                     | 19  | No  |
| 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H                                                                                                                                                                                                             | 20a | No  |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?                                                                                                                                                                                              | 20b |     |

Part IV Checklist of Required Schedules (continued)

|     |                                                                                                                                                                                                                                                                                                                            |     |     |    |
|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|----|
| 21  | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .                                                                                             | 21  | Yes |    |
| 22  | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .                                                                                                                 | 22  |     | No |
| 23  | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .                                                      | 23  |     | No |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> . . . . .                            | 24a |     | No |
| b   | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . .                                                                                                                                                                                                                  | 24b |     |    |
| c   | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .                                                                                                                                                                       | 24c |     |    |
| d   | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . .                                                                                                                                                                                                            | 24d |     |    |
| 25a | <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b><br>Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .                                                                                      | 25a |     | No |
| b   | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> . . . . .                                       | 25b |     | No |
| 26  | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> . . . . .                                 | 26  |     | No |
| 27  | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> . . . . . | 27  |     | No |
| 28  | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)                                                                                                                               |     |     |    |
| a   | A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .                                                                                                                                                                                                   | 28a |     | No |
| b   | A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .                                                                                                                                                                                | 28b |     | No |
| c   | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .                                                                                    | 28c |     | No |
| 29  | Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .                                                                                                                                                                                                  | 29  | Yes |    |
| 30  | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .                                                                                                                                  | 30  |     | No |
| 31  | Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .                                                                                                                                                                                        | 31  |     | No |
| 32  | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .                                                                                                                                                                      | 32  |     | No |
| 33  | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .                                                                                                                      | 33  |     | No |
| 34  | Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . .                                                                                                                                                                  | 34  |     | No |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)?                                                                                                                                                                                                                                    | 35a |     | No |
| b   | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .                                                                                         | 35b |     |    |
| 36  | <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .                                                                                                                           | 36  |     | No |
| 37  | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>                                                                                       | 37  |     | No |
| 38  | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .                                                                                                                              | 38  | Yes |    |

Part V

Statements Regarding Other IRS Filings and Tax Compliance

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

|                                                                                                                                                                                                                                               |                                                                                                                                                                                |     |     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|
|                                                                                                                                                                                                                                               |                                                                                                                                                                                | Yes | No  |
| 1a                                                                                                                                                                                                                                            | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.                                                                                                  | 5   |     |
| 1b                                                                                                                                                                                                                                            | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.                                                                                               | 0   |     |
| c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?                                                                                    |                                                                                                                                                                                | 1c  |     |
| 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. | 12  |     |
| b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?<br><b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).         |                                                                                                                                                                                | 2b  | Yes |
| 3a Did the organization have unrelated business gross income of \$1,000 or more during the year?                                                                                                                                              |                                                                                                                                                                                | 3a  | No  |
| b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.                                                                                                                                |                                                                                                                                                                                | 3b  |     |
| 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? |                                                                                                                                                                                | 4a  | No  |
| b If "Yes," enter the name of the foreign country: _____<br>See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).                                                               |                                                                                                                                                                                |     |     |
| 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?                                                                                                                                      |                                                                                                                                                                                | 5a  | No  |
| b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?                                                                                                                            |                                                                                                                                                                                | 5b  | No  |
| c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?                                                                                                                                                                          |                                                                                                                                                                                | 5c  |     |
| 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?                                    |                                                                                                                                                                                | 6a  | No  |
| b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?                                                                                               |                                                                                                                                                                                | 6b  |     |
| 7 Organizations that may receive deductible contributions under section 170(c).                                                                                                                                                               |                                                                                                                                                                                |     |     |
| a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?                                                                                             |                                                                                                                                                                                | 7a  | No  |
| b If "Yes," did the organization notify the donor of the value of the goods or services provided?                                                                                                                                             |                                                                                                                                                                                | 7b  |     |
| c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?                                                                                                        |                                                                                                                                                                                | 7c  | No  |
| d If "Yes," indicate the number of Forms 8282 filed during the year.                                                                                                                                                                          |                                                                                                                                                                                | 7d  |     |
| e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?                                                                                                                             |                                                                                                                                                                                | 7e  | No  |
| f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?                                                                                                                                |                                                                                                                                                                                | 7f  | No  |
| g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?                                                                                                            |                                                                                                                                                                                | 7g  |     |
| h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?                                                                                                          |                                                                                                                                                                                | 7h  |     |
| 8 Sponsoring organizations maintaining donor advised funds.<br>Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?                                                  |                                                                                                                                                                                | 8   |     |
| 9a Did the sponsoring organization make any taxable distributions under section 4966?                                                                                                                                                         |                                                                                                                                                                                | 9a  |     |
| b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?                                                                                                                                           |                                                                                                                                                                                | 9b  |     |
| 10 Section 501(c)(7) organizations. Enter                                                                                                                                                                                                     |                                                                                                                                                                                |     |     |
| a Initiation fees and capital contributions included on Part VIII, line 12.                                                                                                                                                                   |                                                                                                                                                                                | 10a |     |
| b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.                                                                                                                                                |                                                                                                                                                                                | 10b |     |
| 11 Section 501(c)(12) organizations. Enter                                                                                                                                                                                                    |                                                                                                                                                                                |     |     |
| a Gross income from members or shareholders.                                                                                                                                                                                                  |                                                                                                                                                                                | 11a |     |
| b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).                                                                                                                |                                                                                                                                                                                | 11b |     |
| 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?                                                                                                                                |                                                                                                                                                                                | 12a |     |
| b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.                                                                                                                                                      |                                                                                                                                                                                | 12b |     |
| 13 Section 501(c)(29) qualified nonprofit health insurance issuers.                                                                                                                                                                           |                                                                                                                                                                                |     |     |
| a Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.                                               |                                                                                                                                                                                | 13a |     |
| b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.                                                                                  |                                                                                                                                                                                | 13b |     |
| c Enter the amount of reserves on hand.                                                                                                                                                                                                       |                                                                                                                                                                                | 13c |     |
| 14a Did the organization receive any payments for indoor tanning services during the tax year?                                                                                                                                                |                                                                                                                                                                                | 14a | No  |
| b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.                                                                                                                                  |                                                                                                                                                                                | 14b |     |

Part VI

Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

Section A. Governing Body and Management

|    |                                                                                                                                                                                                                     | Yes | No  |
|----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|
| 1a | Enter the number of voting members of the governing body at the end of the tax year                                                                                                                                 |     |     |
|    | If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O    |     |     |
| b  | Enter the number of voting members included in line 1a, above, who are independent                                                                                                                                  |     |     |
| 2  | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?                                               | 2   | No  |
| 3  | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? | 3   | No  |
| 4  | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?                                                                                                    | 4   | No  |
| 5  | Did the organization become aware during the year of a significant diversion of the organization's assets?                                                                                                          | 5   | No  |
| 6  | Did the organization have members or stockholders?                                                                                                                                                                  | 6   | Yes |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?                                                                  | 7a  | Yes |
| b  | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?                                                           | 7b  | No  |
| 8  | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following                                                                                    |     |     |
| a  | The governing body?                                                                                                                                                                                                 | 8a  | Yes |
| b  | Each committee with authority to act on behalf of the governing body?                                                                                                                                               | 8b  | Yes |
| 9  | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O        | 9   | No  |

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

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

Section C. Disclosure

|    |                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                            |
|----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|
| 17 | List the States with which a copy of this Form 990 is required to be filed                                                                                                                                                                                                                                                                                                                                                | MO                                                         |
| 18 | Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.<br><input type="checkbox"/> Own website <input checked="" type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> 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                                                                                                                                                                                                                                                                                                            | KYLEE STROUGH 118 S 5TH ST JOSEPH, MO 64501 (816) 364-2381 |

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

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

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

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

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

[illegible]

## Part VII

|           |                                                                        |        |   |        |
|-----------|------------------------------------------------------------------------|--------|---|--------|
| <b>1b</b> | <b>Sub-Total . . . . .</b>                                             |        |   |        |
| <b>c</b>  | <b>Total from continuation sheets to Part VII, Section A . . . . .</b> |        |   |        |
| <b>d</b>  | <b>Total (add lines 1b and 1c) . . . . .</b>                           | 86,845 | 0 | 12,695 |

2

**3** Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual* . . . . .

4

5

## **Section B. Independent Contractors**

**1**

| (A)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

2

Part VIII

Statement of Revenue

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

|                                                           |                                                                    |                                                                                                                                               |                | (A)<br>Total revenue                              | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from<br>tax under<br>sections<br>512-514 |        |  |
|-----------------------------------------------------------|--------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|----------------|---------------------------------------------------|----------------------------------------------------|-----------------------------------------|---------------------------------------------------------------------|--------|--|
| Contributions, Gifts, Grants<br>and Other Similar Amounts | 1a                                                                 | Federated campaigns . . .                                                                                                                     | 1a             | 21,301                                            |                                                    |                                         |                                                                     |        |  |
|                                                           | b                                                                  | Membership dues . . . . .                                                                                                                     | 1b             |                                                   |                                                    |                                         |                                                                     |        |  |
|                                                           | c                                                                  | Fundraising events . . . . .                                                                                                                  | 1c             | 6,120                                             |                                                    |                                         |                                                                     |        |  |
|                                                           | d                                                                  | Related organizations . . . . .                                                                                                               | 1d             |                                                   |                                                    |                                         |                                                                     |        |  |
|                                                           | e                                                                  | Government grants (contributions)                                                                                                             | 1e             |                                                   |                                                    |                                         |                                                                     |        |  |
|                                                           | f                                                                  | All other contributions, gifts, grants, and<br>similar amounts not included above                                                             | 1f             | 2,946,742                                         |                                                    |                                         |                                                                     |        |  |
|                                                           | g                                                                  | Noncash contributions included in lines<br>1a-1f \$                                                                                           |                | 48,173                                            |                                                    |                                         |                                                                     |        |  |
|                                                           | h                                                                  | Total. Add lines 1a-1f . . . . .                                                                                                              |                |                                                   | 2,974,163                                          |                                         |                                                                     |        |  |
| Program Service Revenue                                   |                                                                    |                                                                                                                                               | Business Code  |                                                   |                                                    |                                         |                                                                     |        |  |
|                                                           | 2a                                                                 | LEADERSHIP PROGRAMS                                                                                                                           | 611430         | 32,400                                            | 32,400                                             |                                         |                                                                     |        |  |
|                                                           | b                                                                  | FUNDRAISING SERVICES                                                                                                                          | 813219         | 18,389                                            | 18,389                                             |                                         |                                                                     |        |  |
|                                                           | c                                                                  | SUCCESS BY 6 SEMINARS                                                                                                                         | 611710         | 7,413                                             | 7,413                                              |                                         |                                                                     |        |  |
|                                                           | d                                                                  | PROFIT IN EDUCATION                                                                                                                           | 611710         | 4,355                                             | 4,355                                              |                                         |                                                                     |        |  |
|                                                           | e                                                                  |                                                                                                                                               |                |                                                   |                                                    |                                         |                                                                     |        |  |
|                                                           | f                                                                  | All other program service revenue                                                                                                             |                |                                                   |                                                    |                                         |                                                                     |        |  |
|                                                           | g                                                                  | Total. Add lines 2a-2f . . . . .                                                                                                              |                |                                                   | 62,557                                             |                                         |                                                                     |        |  |
| Other Revenue                                             | 3                                                                  | Investment income (including dividends, interest,<br>and other similar amounts) . . . . .                                                     |                | 152,346                                           |                                                    |                                         | 152,346                                                             |        |  |
|                                                           | 4                                                                  | Income from investment of tax-exempt bond proceeds . .                                                                                        |                |                                                   |                                                    |                                         |                                                                     |        |  |
|                                                           | 5                                                                  | Royalties . . . . .                                                                                                                           |                |                                                   |                                                    |                                         |                                                                     |        |  |
|                                                           | 6a                                                                 | Gross rents                                                                                                                                   | (i) Real       | (ii) Personal                                     |                                                    |                                         |                                                                     |        |  |
|                                                           |                                                                    |                                                                                                                                               | 69,668         |                                                   |                                                    |                                         |                                                                     |        |  |
|                                                           |                                                                    |                                                                                                                                               | b              | Less rental expenses                              |                                                    |                                         |                                                                     | 0      |  |
|                                                           |                                                                    |                                                                                                                                               | c              | Rental income or (loss)                           |                                                    |                                         |                                                                     | 69,668 |  |
|                                                           | d                                                                  | Net rental income or (loss) . . . . .                                                                                                         |                | 69,668                                            |                                                    |                                         | 69,668                                                              |        |  |
|                                                           | 7a                                                                 | Gross amount<br>from sales of<br>assets other<br>than inventory                                                                               | (i) Securities | (ii) Other                                        |                                                    |                                         |                                                                     |        |  |
|                                                           |                                                                    |                                                                                                                                               | 53,895         |                                                   |                                                    |                                         |                                                                     |        |  |
|                                                           |                                                                    |                                                                                                                                               | b              | Less cost or<br>other basis and<br>sales expenses |                                                    |                                         |                                                                     | 0      |  |
|                                                           |                                                                    |                                                                                                                                               | c              | Gain or (loss)                                    |                                                    |                                         |                                                                     | 53,895 |  |
|                                                           | d                                                                  | Net gain or (loss) . . . . .                                                                                                                  |                | 53,895                                            |                                                    |                                         | 53,895                                                              |        |  |
|                                                           | 8a                                                                 | Gross income from fundraising<br>events (not including<br>\$ 6,120<br>of contributions reported on line 1c)<br>See Part IV, line 18 . . . . . |                |                                                   |                                                    |                                         |                                                                     |        |  |
|                                                           | a                                                                  | 5,586                                                                                                                                         |                |                                                   |                                                    |                                         |                                                                     |        |  |
|                                                           | b                                                                  | Less direct expenses . . . . .                                                                                                                | b              | 14,548                                            |                                                    |                                         |                                                                     |        |  |
|                                                           | c                                                                  | Net income or (loss) from fundraising events . .                                                                                              |                | -8,962                                            |                                                    |                                         |                                                                     |        |  |
|                                                           | 9a                                                                 | Gross income from gaming activities<br>See Part IV, line 19 . . . . .                                                                         |                |                                                   |                                                    |                                         |                                                                     |        |  |
|                                                           | a                                                                  |                                                                                                                                               |                |                                                   |                                                    |                                         |                                                                     |        |  |
|                                                           | b                                                                  | Less direct expenses . . . . .                                                                                                                | b              |                                                   |                                                    |                                         |                                                                     |        |  |
| c                                                         | Net income or (loss) from gaming activities . .                    |                                                                                                                                               |                |                                                   |                                                    |                                         |                                                                     |        |  |
| 10a                                                       | Gross sales of inventory, less<br>returns and allowances . . . . . |                                                                                                                                               |                |                                                   |                                                    |                                         |                                                                     |        |  |
| a                                                         |                                                                    |                                                                                                                                               |                |                                                   |                                                    |                                         |                                                                     |        |  |
| b                                                         | Less cost of goods sold . . . . .                                  | b                                                                                                                                             |                |                                                   |                                                    |                                         |                                                                     |        |  |
| c                                                         | Net income or (loss) from sales of inventory . .                   |                                                                                                                                               |                |                                                   |                                                    |                                         |                                                                     |        |  |
| Miscellaneous Revenue                                     |                                                                    | Business Code                                                                                                                                 |                |                                                   |                                                    |                                         |                                                                     |        |  |
| 11a                                                       | MISCELLANEOUS                                                      | 900099                                                                                                                                        | 152            |                                                   |                                                    | 152                                     |                                                                     |        |  |
| b                                                         |                                                                    |                                                                                                                                               |                |                                                   |                                                    |                                         |                                                                     |        |  |
| c                                                         |                                                                    |                                                                                                                                               |                |                                                   |                                                    |                                         |                                                                     |        |  |
| d                                                         | All other revenue . . . . .                                        |                                                                                                                                               |                |                                                   |                                                    |                                         |                                                                     |        |  |
| e                                                         | Total. Add lines 11a-11d . . . . .                                 |                                                                                                                                               |                | 152                                               |                                                    |                                         |                                                                     |        |  |
| 12                                                        | Total revenue. See Instructions . . . . .                          |                                                                                                                                               |                | 3,303,819                                         | 62,557                                             | 0                                       | 267,099                                                             |        |  |

Part IX Statement of Functional Expenses

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

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. |                                                                                                                                                                                                              | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|--------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------|----------------------------------------|-----------------------------|
| 1                                                                              | Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21                                                                                                          | 2,332,714             | 2,332,714                       |                                        |                             |
| 2                                                                              | Grants and other assistance to domestic individuals See Part IV, line 22                                                                                                                                     | 4,594                 | 4,594                           |                                        |                             |
| 3                                                                              | Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16                                                                              |                       |                                 |                                        |                             |
| 4                                                                              | Benefits paid to or for members                                                                                                                                                                              |                       |                                 |                                        |                             |
| 5                                                                              | Compensation of current officers, directors, trustees, and key employees                                                                                                                                     | 99,540                | 60,720                          | 17,917                                 | 20,903                      |
| 6                                                                              | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)                                                                |                       |                                 |                                        |                             |
| 7                                                                              | Other salaries and wages                                                                                                                                                                                     | 256,821               | 164,248                         | 42,726                                 | 49,847                      |
| 8                                                                              | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)                                                                                                           | 8,903                 | 5,472                           | 1,584                                  | 1,847                       |
| 9                                                                              | Other employee benefits                                                                                                                                                                                      | 21,950                | 13,389                          | 3,951                                  | 4,610                       |
| 10                                                                             | Payroll taxes                                                                                                                                                                                                | 25,530                | 16,154                          | 4,327                                  | 5,049                       |
| 11                                                                             | Fees for services (non-employees)                                                                                                                                                                            |                       |                                 |                                        |                             |
| a                                                                              | Management                                                                                                                                                                                                   |                       |                                 |                                        |                             |
| b                                                                              | Legal                                                                                                                                                                                                        |                       |                                 |                                        |                             |
| c                                                                              | Accounting                                                                                                                                                                                                   | 20,253                | 12,355                          | 3,645                                  | 4,253                       |
| d                                                                              | Lobbying                                                                                                                                                                                                     |                       |                                 |                                        |                             |
| e                                                                              | Professional fundraising services See Part IV, line 17                                                                                                                                                       |                       |                                 |                                        |                             |
| f                                                                              | Investment management fees                                                                                                                                                                                   | 40,563                | 24,758                          | 7,172                                  | 8,633                       |
| g                                                                              | Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)                                                                                                   | 9,573                 | 6,522                           | 1,406                                  | 1,645                       |
| 12                                                                             | Advertising and promotion                                                                                                                                                                                    | 15,818                | 7,680                           | 188                                    | 7,950                       |
| 13                                                                             | Office expenses                                                                                                                                                                                              | 14,596                | 8,417                           | 2,387                                  | 3,792                       |
| 14                                                                             | Information technology                                                                                                                                                                                       |                       |                                 |                                        |                             |
| 15                                                                             | Royalties                                                                                                                                                                                                    |                       |                                 |                                        |                             |
| 16                                                                             | Occupancy                                                                                                                                                                                                    | 41,276                | 25,152                          | 7,465                                  | 8,659                       |
| 17                                                                             | Travel                                                                                                                                                                                                       |                       |                                 |                                        |                             |
| 18                                                                             | Payments of travel or entertainment expenses for any federal, state, or local public officials                                                                                                               |                       |                                 |                                        |                             |
| 19                                                                             | Conferences, conventions, and meetings                                                                                                                                                                       | 17,770                | 12,433                          | 1,681                                  | 3,656                       |
| 20                                                                             | Interest                                                                                                                                                                                                     |                       |                                 |                                        |                             |
| 21                                                                             | Payments to affiliates                                                                                                                                                                                       | 33,373                | 20,358                          | 6,007                                  | 7,008                       |
| 22                                                                             | Depreciation, depletion, and amortization                                                                                                                                                                    | 41,330                | 24,710                          | 7,440                                  | 9,180                       |
| 23                                                                             | Insurance                                                                                                                                                                                                    | 12,950                | 7,995                           | 2,287                                  | 2,668                       |
| 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                                                                              | PARENT AWARENESS MATERI                                                                                                                                                                                      | 27,411                | 27,411                          | 0                                      | 0                           |
| b                                                                              | AWARDS (NON ASSISTANCE)                                                                                                                                                                                      | 21,208                | 21,208                          | 0                                      | 0                           |
| c                                                                              | TRAINING                                                                                                                                                                                                     | 6,772                 | 6,772                           | 0                                      | 0                           |
| d                                                                              | CFC CAMPAIGN EXPENSES                                                                                                                                                                                        | 3,632                 | 0                               | 0                                      | 3,632                       |
| e                                                                              | All other expenses                                                                                                                                                                                           | 6,109                 | 4,134                           | 1,046                                  | 929                         |
| 25                                                                             | Total functional expenses. Add lines 1 through 24e                                                                                                                                                           | 3,062,686             | 2,807,196                       | 111,229                                | 144,261                     |
| 26                                                                             | Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here if following SOP 98-2 (ASC 958-720) |                       |                                 |                                        |                             |

Part X

Balance Sheet

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

|                             |                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                        |     |            | (A)               |     |            | (B)         |  |
|-----------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|------------|-------------------|-----|------------|-------------|--|
|                             |                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                        |     |            | Beginning of year |     |            | End of year |  |
| Assets                      | 1                                                                                                                                                   | Cash—non-interest-bearing . . . . .                                                                                                                                                                                                                                                                                                    |     |            | 799,074           |     | 1          | 957,827     |  |
|                             | 2                                                                                                                                                   | Savings and temporary cash investments . . . . .                                                                                                                                                                                                                                                                                       |     |            | 784,659           |     | 2          | 334,684     |  |
|                             | 3                                                                                                                                                   | Pledges and grants receivable, net . . . . .                                                                                                                                                                                                                                                                                           |     |            | 2,648,526         |     | 3          | 2,628,970   |  |
|                             | 4                                                                                                                                                   | Accounts receivable, net . . . . .                                                                                                                                                                                                                                                                                                     |     |            |                   |     | 4          |             |  |
|                             | 5                                                                                                                                                   | Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .                                                                                                                                                           |     |            |                   |     |            |             |  |
|                             |                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                        |     |            |                   |     | 5          |             |  |
|                             | 6                                                                                                                                                   | Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L . . . . . |     |            |                   |     |            |             |  |
|                             |                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                        |     |            |                   |     | 6          |             |  |
|                             | 7                                                                                                                                                   | Notes and loans receivable, net . . . . .                                                                                                                                                                                                                                                                                              |     |            |                   |     | 7          |             |  |
|                             | 8                                                                                                                                                   | Inventories for sale or use . . . . .                                                                                                                                                                                                                                                                                                  |     |            |                   |     | 8          |             |  |
|                             | 9                                                                                                                                                   | Prepaid expenses and deferred charges . . . . .                                                                                                                                                                                                                                                                                        |     |            | 6,885             |     | 9          | 9,763       |  |
|                             | 10a                                                                                                                                                 | Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D                                                                                                                                                                                                                                                      | 10a | 878,489    |                   |     |            |             |  |
|                             | b                                                                                                                                                   | Less accumulated depreciation . . . . .                                                                                                                                                                                                                                                                                                | 10b | 490,478    | 429,340           | 10c | 388,011    |             |  |
|                             | 11                                                                                                                                                  | Investments—publicly traded securities . . . . .                                                                                                                                                                                                                                                                                       |     |            | 5,677,319         |     | 11         | 6,059,968   |  |
|                             | 12                                                                                                                                                  | Investments—other securities See Part IV, line 11 . . . . .                                                                                                                                                                                                                                                                            |     |            |                   |     | 12         |             |  |
|                             | 13                                                                                                                                                  | Investments—program-related See Part IV, line 11 . . . . .                                                                                                                                                                                                                                                                             |     |            |                   |     | 13         |             |  |
| 14                          | Intangible assets . . . . .                                                                                                                         |                                                                                                                                                                                                                                                                                                                                        |     |            |                   | 14  |            |             |  |
| 15                          | Other assets See Part IV, line 11 . . . . .                                                                                                         |                                                                                                                                                                                                                                                                                                                                        |     | 2,021      |                   | 15  | 0          |             |  |
| 16                          | Total assets.Add lines 1 through 15 (must equal line 34) . . . . .                                                                                  |                                                                                                                                                                                                                                                                                                                                        |     | 10,347,824 |                   | 16  | 10,379,223 |             |  |
| Liabilities                 | 17                                                                                                                                                  | Accounts payable and accrued expenses . . . . .                                                                                                                                                                                                                                                                                        |     |            | 2,587,959         |     | 17         | 2,615,839   |  |
|                             | 18                                                                                                                                                  | Grants payable . . . . .                                                                                                                                                                                                                                                                                                               |     |            |                   |     | 18         |             |  |
|                             | 19                                                                                                                                                  | Deferred revenue . . . . .                                                                                                                                                                                                                                                                                                             |     |            | 2,400             |     | 19         |             |  |
|                             | 20                                                                                                                                                  | Tax-exempt bond liabilities . . . . .                                                                                                                                                                                                                                                                                                  |     |            |                   |     | 20         |             |  |
|                             | 21                                                                                                                                                  | Escrow or custodial account liability Complete Part IV of Schedule D . . . . .                                                                                                                                                                                                                                                         |     |            |                   |     | 21         |             |  |
|                             | 22                                                                                                                                                  | Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .                                                                                                                                          |     |            |                   |     | 22         |             |  |
|                             | 23                                                                                                                                                  | Secured mortgages and notes payable to unrelated third parties . . . . .                                                                                                                                                                                                                                                               |     |            |                   |     | 23         |             |  |
|                             | 24                                                                                                                                                  | Unsecured notes and loans payable to unrelated third parties . . . . .                                                                                                                                                                                                                                                                 |     |            |                   |     | 24         |             |  |
|                             | 25                                                                                                                                                  | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D . . . . .                                                                                                                                                         |     |            |                   |     | 25         |             |  |
|                             | 26                                                                                                                                                  | Total liabilities.Add lines 17 through 25 . . . . .                                                                                                                                                                                                                                                                                    |     |            | 2,590,359         |     | 26         | 2,615,839   |  |
| Net Assets or Fund Balances | Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. |                                                                                                                                                                                                                                                                                                                                        |     |            |                   |     |            |             |  |
|                             | 27                                                                                                                                                  | Unrestricted net assets . . . . .                                                                                                                                                                                                                                                                                                      |     |            | 4,553,455         |     | 27         | 4,607,651   |  |
|                             | 28                                                                                                                                                  | Temporarily restricted net assets . . . . .                                                                                                                                                                                                                                                                                            |     |            | 1,289,868         |     | 28         | 1,226,591   |  |
|                             | 29                                                                                                                                                  | Permanently restricted net assets . . . . .                                                                                                                                                                                                                                                                                            |     |            | 1,914,142         |     | 29         | 1,929,142   |  |
|                             | Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.                          |                                                                                                                                                                                                                                                                                                                                        |     |            |                   |     |            |             |  |
|                             | 30                                                                                                                                                  | Capital stock or trust principal, or current funds . . . . .                                                                                                                                                                                                                                                                           |     |            |                   |     | 30         |             |  |
|                             | 31                                                                                                                                                  | Paid-in or capital surplus, or land, building or equipment fund . . . . .                                                                                                                                                                                                                                                              |     |            |                   |     | 31         |             |  |
|                             | 32                                                                                                                                                  | Retained earnings, endowment, accumulated income, or other funds . . . . .                                                                                                                                                                                                                                                             |     |            |                   |     | 32         |             |  |
|                             | 33                                                                                                                                                  | Total net assets or fund balances . . . . .                                                                                                                                                                                                                                                                                            |     |            | 7,757,465         |     | 33         | 7,763,384   |  |
|                             | 34                                                                                                                                                  | Total liabilities and net assets/fund balances . . . . .                                                                                                                                                                                                                                                                               |     |            | 10,347,824        |     | 34         | 10,379,223  |  |

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  | 3,303,819 |
| 2  | Total expenses (must equal Part IX, column (A), line 25)                                                      | 2  | 3,062,686 |
| 3  | Revenue less expenses Subtract line 2 from line 1                                                             | 3  | 241,133   |
| 4  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                     | 4  | 7,757,465 |
| 5  | Net unrealized gains (losses) on investments                                                                  | 5  | -235,214  |
| 6  | Donated services and use of facilities                                                                        | 6  |           |
| 7  | Investment expenses                                                                                           | 7  |           |
| 8  | Prior period adjustments                                                                                      | 8  |           |
| 9  | Other changes in net assets or fund balances (explain in Schedule O)                                          | 9  | 0         |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 7,763,384 |

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<br>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?<br>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<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | 2a  | No  |
| 2b Were the organization's financial statements audited by an independent accountant?<br>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<br><input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                | 2b  | Yes |
| 2c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?<br>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O                                                                    | 2c  | Yes |
| 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?                                                                                                                                                                                                                                                                 | 3a  | No  |
| 3b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits                                                                                                                                                                                                     | 3b  |     |

Additional Data

Software ID:  
Software Version:  
EIN: 44-0547802  
Name: UNITED WAY OF GREATER ST JOSEPH

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

|                                                                                                                                                                                |                |        |                        |               |   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|--------|------------------------|---------------|---|
| (Code                                                                                                                                                                          | ) (Expenses \$ | 69,293 | including grants of \$ | ) (Revenue \$ | ) |
| GENERAL ACTIVITIES OF THE UNITED WAY, WHICH CONTRIBUTE TO BUILDING COMMUNITY COALITIONS AND SUPPORTING COMMUNITY PLANNING, ARE ACCOUNTED FOR IN THE COMMUNITY BUILDING PROGRAM |                |        |                        |               |   |

| Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
|-----------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|--------|----------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| (A)<br>Name and Title                                                                                                                         | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|                                                                                                                                               |                                                                                            | Individual trustee or director                                                                            | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |                                                                      |                                                                           |                                                                                               |
| AUXIER RON<br>.....<br>BOARD MEMBER                                                                                                           | 1 00<br>.....                                                                              | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| BRADLEY DEBRA<br>.....<br>BOARD MEMBER                                                                                                        | 1 00<br>.....                                                                              | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| BRADLEY ERIC<br>.....<br>BOARD MEMBER                                                                                                         | 1 00<br>.....                                                                              | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| BRAX DAVID<br>.....<br>BOARD MEMBER                                                                                                           | 1 00<br>.....                                                                              | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| BYRD BEN<br>.....<br>BOARD MEMBER                                                                                                             | 1 00<br>.....                                                                              | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| CLINTON GEORGE<br>.....<br>BOARD MEMBER                                                                                                       | 1 00<br>.....                                                                              | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| CODER ELAINE<br>.....<br>BOARD MEMBER                                                                                                         | 1 00<br>.....                                                                              | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| DALSING MICHAEL<br>.....<br>BOARD MEMBER                                                                                                      | 1 00<br>.....                                                                              | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| EIMAN PATTI<br>.....<br>BOARD MEMBER                                                                                                          | 1 00<br>.....                                                                              | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| GADDIE JENNI<br>.....<br>BOARD MEMBER - LEFT JUNE 2015                                                                                        | 1 00<br>.....                                                                              | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| GRAYSON JASON<br>.....<br>BOARD MEMBER                                                                                                        | 1 00<br>.....                                                                              | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| HOOK RON<br>.....<br>BOARD MEMBER                                                                                                             | 1 00<br>.....                                                                              | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| HOY ANN<br>.....<br>BOARD MEMBER                                                                                                              | 1 00<br>.....                                                                              | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| MARGULIES MICHELLE<br>.....<br>BOARD MEMBER                                                                                                   | 1 00<br>.....                                                                              | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| MCANALLY BRAD<br>.....<br>BOARD MEMBER                                                                                                        | 1 00<br>.....                                                                              | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| MURPHY MICHAEL<br>.....<br>BOARD MEMBER                                                                                                       | 1 00<br>.....                                                                              | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| MURPHY SCOTT<br>.....<br>BOARD MEMBER                                                                                                         | 1 00<br>.....                                                                              | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| PULIDO MICHAEL<br>.....<br>BOARD MEMBER                                                                                                       | 1 00<br>.....                                                                              | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| RICHMOND TOM<br>.....<br>BOARD MEMBER - LEFT JANUARY 2015                                                                                     | 1 00<br>.....                                                                              | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| RUCKER LAVELL<br>.....<br>BOARD MEMBER                                                                                                        | 1 00<br>.....                                                                              | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| RYAN AMY<br>.....<br>BOARD MEMBER - LEFT JANUARY 2015                                                                                         | 1 00<br>.....                                                                              | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| STEELE DARREN<br>.....<br>BOARD MEMBER - LEFT JANUARY 2015                                                                                    | 1 00<br>.....                                                                              | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| STEIN ADAM<br>.....<br>BOARD MEMBER                                                                                                           | 1 00<br>.....                                                                              | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| THOMASON MICHELE<br>.....<br>BOARD MEMBER                                                                                                     | 1 00<br>.....                                                                              | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| VARTABEDIAN DR ROBERT<br>.....<br>BOARD MEMBER                                                                                                | 1 00<br>.....                                                                              | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |

| Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
|-----------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|--------|----------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| (A)<br>Name and Title                                                                                                                         | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|                                                                                                                                               |                                                                                            | Individual trustee or director                                                                            | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |                                                                      |                                                                           |                                                                                               |
| WEIL LISA<br>.....<br>BOARD MEMBER                                                                                                            | 1 00<br>.....                                                                              | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| WOODS JULIE<br>.....<br>BOARD MEMBER                                                                                                          | 1 00<br>.....                                                                              | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| MARTIN ROGER<br>.....<br>CHAIR                                                                                                                | 3 00<br>.....                                                                              | X                                                                                                         |                       | X       |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| CRIFE DAVID<br>.....<br>VICE CHAIR                                                                                                            | 2 00<br>.....                                                                              | X                                                                                                         |                       | X       |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| BURKE THOMAS<br>.....<br>SECRETARY                                                                                                            | 2 00<br>.....                                                                              | X                                                                                                         |                       | X       |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| ROSONKE DENNIS<br>.....<br>TREASURER                                                                                                          | 2 00<br>.....                                                                              | X                                                                                                         |                       | X       |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| PRITCHETT ROBERT<br>.....<br>COMMUNITY INVESTMENT CO-CHAIR                                                                                    | 2 00<br>.....                                                                              | X                                                                                                         |                       | X       |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| WYBLE MARK<br>.....<br>COMMUNITY INVESTMENT CO-CHAIR                                                                                          | 2 00<br>.....                                                                              | X                                                                                                         |                       | X       |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| HORN JASON<br>.....<br>CAMPAIGN CHAIR                                                                                                         | 3 00<br>.....                                                                              | X                                                                                                         |                       | X       |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| WRIGHT SETH<br>.....<br>COMMUNITY INITIATIVES CHAIR                                                                                           | 2 00<br>.....                                                                              | X                                                                                                         |                       | X       |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| JOHNSTON STEVE<br>.....<br>MARKETING/COMMUNICATIONS CHAIR                                                                                     | 2 00<br>.....                                                                              | X                                                                                                         |                       | X       |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| STROUGH KYLEE<br>.....<br>PRESIDENT                                                                                                           | 50 00<br>.....                                                                             |                                                                                                           |                       | X       |              |                              |        | 86,845                                                               | 0                                                                         | 12,695                                                                                        |

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury  
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2015

Open to Public Inspection

|                                                             |                                                  |
|-------------------------------------------------------------|--------------------------------------------------|
| Name of the organization<br>UNITED WAY OF GREATER ST JOSEPH | Employer identification number<br><br>44-0547802 |
|-------------------------------------------------------------|--------------------------------------------------|

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

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

- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).**(Attach Schedule E (Form 990 or 990-EZ))
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state \_\_\_\_\_
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II )
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☒

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II )
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 9

☐

An organization that normally receives (1) more than 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 . . . . . \_\_\_\_\_
- g

Provide the following information about the supported organization(s)

| (i)<br>Name of supported organization | (ii)EIN | (iii)<br>Type of organization (described on lines 1- 9 above (see instructions)) | (iv)<br>Is the organization listed in your governing document? |    | (v)<br>Amount of monetary support (see instructions) | (vi)<br>Amount of other support (see instructions) |
|---------------------------------------|---------|----------------------------------------------------------------------------------|----------------------------------------------------------------|----|------------------------------------------------------|----------------------------------------------------|
|                                       |         |                                                                                  | Yes                                                            | No |                                                      |                                                    |
|                                       |         |                                                                                  |                                                                |    |                                                      |                                                    |
|                                       |         |                                                                                  |                                                                |    |                                                      |                                                    |
| Total                                 |         |                                                                                  |                                                                |    |                                                      |                                                    |

Part II

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

| Section A. Public Support                                                                                                                                                                             |           |           |           |           |           |            |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------|-----------|-----------|-----------|------------|
| Calendar year<br>(or fiscal year beginning in) ▶                                                                                                                                                      | (a)2011   | (b)2012   | (c)2013   | (d)2014   | (e)2015   | (f)Total   |
| 1 Gifts, grants, contributions, and membership fees received (Do not include any unusual grants )                                                                                                     | 3,467,743 | 3,263,876 | 2,747,280 | 3,057,625 | 2,974,163 | 15,510,687 |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf                                                                                                     |           |           |           |           |           |            |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge                                                                                             |           |           |           |           |           |            |
| 4 Total. Add lines 1 through 3                                                                                                                                                                        | 3,467,743 | 3,263,876 | 2,747,280 | 3,057,625 | 2,974,163 | 15,510,687 |
| 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) |           |           |           |           |           | 155,434    |
| 6 Public support. Subtract line 5 from line 4                                                                                                                                                         |           |           |           |           |           | 15,355,253 |

| Section B. Total Support                                                                                                                                                                    |           |           |           |           |           |            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------|-----------|-----------|-----------|------------|
| Calendar year<br>(or fiscal year beginning in) ▶                                                                                                                                            | (a)2011   | (b)2012   | (c)2013   | (d)2014   | (e)2015   | (f)Total   |
| 7 Amounts from line 4                                                                                                                                                                       | 3,467,743 | 3,263,876 | 2,747,280 | 3,057,625 | 2,974,163 | 15,510,687 |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources                                                            | 163,661   | 184,974   | 185,540   | 185,409   | 222,014   | 941,598    |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on                                                                                        |           |           |           |           |           |            |
| 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI )                                                                                           | 21,225    | 13,147    | 11,782    | 15,767    | 5,738     | 67,659     |
| 11 Total support. Add lines 7 through 10                                                                                                                                                    |           |           |           |           |           | 16,519,944 |
| 12 Gross receipts from related activities, etc (see instructions)                                                                                                                           |           |           |           |           | 12        | 285,547    |
| 13 First five years.If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here . . . . . ▶ |           |           |           |           |           |            |

| Section C. Computation of Public Support Percentage |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |    |          |
|-----------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|----------|
| 14                                                  | Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))                                                                                                                                                                                                                                                                                                                                                                                                        | 14 | 92 950 % |
| 15                                                  | Public support percentage for 2014 Schedule A, Part II, line 14                                                                                                                                                                                                                                                                                                                                                                                                                               | 15 | 93 860 % |
| 16a                                                 | <b>33 1/3% support test—2015.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization                                                                                                                                                                             |    |          |
| b                                                   | <b>33 1/3% support test—2014.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization                                                                                                                                                                        |    |          |
| 17a                                                 | <b>10%-facts-and-circumstances test—2015.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization         |    |          |
| b                                                   | <b>10%-facts-and-circumstances test—2014.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization  |    |          |
| 18                                                  | <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions                                                                                                                                                                                                                                                                |    |          |

Part IIISupport 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<br>(or fiscal year beginning in) ▶                                                                                                                           | (a)2011 | (b)2012 | (c)2013 | (d)2014 | (e)2015 | (f)Total |
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")                                                                        |         |         |         |         |         |          |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose |         |         |         |         |         |          |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513                                                                             |         |         |         |         |         |          |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf                                                                          |         |         |         |         |         |          |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge                                                                  |         |         |         |         |         |          |
| 6 Total. Add lines 1 through 5                                                                                                                                             |         |         |         |         |         |          |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons                                                                                                |         |         |         |         |         |          |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year           |         |         |         |         |         |          |
| c Add lines 7a and 7b                                                                                                                                                      |         |         |         |         |         |          |
| 8 Public support. (Subtract line 7c from line 6.)                                                                                                                          |         |         |         |         |         |          |

| Section B. Total Support                                                                                                                                                                 |         |         |         |         |         |          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|---------|---------|---------|---------|----------|
| Calendar year<br>(or fiscal year beginning in) ▶                                                                                                                                         | (a)2011 | (b)2012 | (c)2013 | (d)2014 | (e)2015 | (f)Total |
| 9 Amounts from line 6                                                                                                                                                                    |         |         |         |         |         |          |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources                                                       |         |         |         |         |         |          |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975                                                                                |         |         |         |         |         |          |
| c Add lines 10a and 10b                                                                                                                                                                  |         |         |         |         |         |          |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on                                                           |         |         |         |         |         |          |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)                                                                                       |         |         |         |         |         |          |
| 13 Total support. (Add lines 9, 10c, 11, and 12.)                                                                                                                                        |         |         |         |         |         |          |
| 14 First five years.If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ▶ |         |         |         |         |         |          |

| Section C. Computation of Public Support Percentage                                       |    |  |
|-------------------------------------------------------------------------------------------|----|--|
| 15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f)) | 15 |  |
| 16 Public support percentage from 2014 Schedule A, Part III, line 15                      | 16 |  |

| Section D. Computation of Investment Income Percentage                                                                                                                                                                                                                      |    |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|--|
| 17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))                                                                                                                                                                              | 17 |  |
| 18 Investment income percentage from 2014 Schedule A, Part III, line 17                                                                                                                                                                                                     | 18 |  |
| 19a 33 1/3% support tests—2015.If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization ▶        |    |  |
| b 33 1/3% support tests—2014.If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization ▶ |    |  |
| 20 Private foundation.If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶                                                                                                                                                |    |  |

Part IV

Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV

Supporting Organizations (continued)

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

Part V

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

1

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

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

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

| Section C - Distributable Amount |                                                                                                                                                                          | Current Year |  |
|----------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|--|
| 1                                | Adjusted net income for prior year (from Section A, line 8, Column A)                                                                                                    | 1            |  |
| 2                                | Enter 85% of line 1                                                                                                                                                      | 2            |  |
| 3                                | Minimum asset amount for prior year (from Section B, line 8, Column A)                                                                                                   | 3            |  |
| 4                                | Enter greater of line 2 or line 3                                                                                                                                        | 4            |  |
| 5                                | Income tax imposed in prior year                                                                                                                                         | 5            |  |
| 6                                | <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)                                             | 6            |  |
| 7                                | Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions) <input type="checkbox"/> |              |  |

Part V

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

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

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

**Part VI Supplemental Information.**

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

**Facts And Circumstances Test**

| Return Reference                                          | Explanation                                                                                                                                                                                                                                                   |
|-----------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME | GROSS FUNDRAISING REVENUE - 2011 AMOUNT \$ 18,003 2012 AMOUNT \$ 8,413 2013 AMOUNT \$ 9,765 2014 AMOUNT \$ 13,911 2015 AMOUNT \$ 5,586 MISCELLANEOUS - 2011 AMOUNT \$ 3,222 2012 AMOUNT \$ 4,734 2013 AMOUNT \$ 2,017 2014 AMOUNT \$ 1,856 2015 AMOUNT \$ 152 |

SCHEDULE D  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization  
UNITED WAY OF GREATER ST JOSEPH

Employer identification number  
44-0547802

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

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

|   | (a) Donor advised funds                                                                                                                                                                                                                                                                                                                 | (b) Funds and other accounts |
|---|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|
| 1 | Total number at end of year                                                                                                                                                                                                                                                                                                             |                              |
| 2 | Aggregate value of contributions to (during year)                                                                                                                                                                                                                                                                                       |                              |
| 3 | Aggregate value of grants from (during year)                                                                                                                                                                                                                                                                                            |                              |
| 4 | Aggregate value at end of year                                                                                                                                                                                                                                                                                                          |                              |
| 5 | Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>                                                            |                              |
| 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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div> |                              |

Part II Conservation Easements.

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

1

Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or education) ☐ Preservation of an historically important land area  
☐ Protection of natural habitat ☐ Preservation of a certified historic structure  
☐ Preservation of open space

2

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

|   | Held at the End of the Year                                                                                                              |
|---|------------------------------------------------------------------------------------------------------------------------------------------|
| a | Total number of conservation easements                                                                                                   |
| b | Total acreage restricted by conservation easements                                                                                       |
| c | Number of conservation easements on a certified historic structure included in (a)                                                       |
| d | Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register |

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► \_\_\_\_\_

4

Number of states where property subject to conservation easement is located ► \_\_\_\_\_

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  
► \_\_\_\_\_

7

Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  
► \$ \_\_\_\_\_

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4) (B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

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

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

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

1a

If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i)

Revenue included on Form 990, Part VIII, line 1

► \$ \_\_\_\_\_

(ii)

Assets included in Form 990, Part X

► \$ \_\_\_\_\_

2

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

a

Revenue included on Form 990, Part VIII, line 1

► \$ \_\_\_\_\_

b

Assets included in Form 990, Part X

► \$ \_\_\_\_\_

Part III

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

(continued)

3

Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

|    | Amount |
|----|--------|
| 1c |        |
| 1d |        |
| 1e |        |
| 1f |        |

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ Yes

☐ No

b

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

☐

Part V

Endowment Funds.

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

|                                                            | (a)Current year | (b)Prior year | b (c)Two years back | (d)Three years back | (e)Four years back |
|------------------------------------------------------------|-----------------|---------------|---------------------|---------------------|--------------------|
| 1a Beginning of year balance . . . . .                     | 3,029,339       | 3,356,414     | 2,962,119           | 2,686,304           | 2,677,743          |
| b Contributions . . . . .                                  | 46,162          | 3,633         | 15,223              | 4,000               | 14,000             |
| c Net investment earnings, gains, and losses               | -7,206          | 147,898       | 379,072             | 287,039             | -5,439             |
| d Grants or scholarships . . . . .                         |                 |               |                     |                     |                    |
| e Other expenditures for facilities and programs . . . . . | 9,519           | 478,606       |                     | 15,224              |                    |
| f Administrative expenses . . . . .                        |                 |               |                     |                     |                    |
| g End of year balance . . . . .                            | 3,058,776       | 3,029,339     | 3,356,414           | 2,962,119           | 2,686,304          |

2

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

a

Board designated or quasi-endowment

2 850 %

b

Permanent endowment

63 070 %

c

Temporarily restricted endowment

34 080 %

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

3a

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

(i)

unrelated organizations . . . . .

(ii)

related organizations . . . . .

|        | Yes | No |
|--------|-----|----|
| 3a(i)  |     | No |
| 3a(ii) |     | No |

b

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

3b

4

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

Part VI

Land, Buildings, and Equipment.

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

| Description of property                                                                          | (a)<br>Cost or other basis<br>(investment) | (b)<br>Cost or other basis<br>(other) | (c)Accumulated<br>depreciation | (d)Book value |
|--------------------------------------------------------------------------------------------------|--------------------------------------------|---------------------------------------|--------------------------------|---------------|
| 1a Land . . . . .                                                                                |                                            | 33,400                                |                                | 33,400        |
| b Buildings . . . . .                                                                            |                                            | 795,038                               | 448,772                        | 346,266       |
| c Leasehold improvements . . . . .                                                               |                                            |                                       |                                |               |
| d Equipment . . . . .                                                                            |                                            | 50,051                                | 41,706                         | 8,345         |
| e Other . . . . .                                                                                |                                            |                                       |                                |               |
| Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) |                                            |                                       |                                | 388,011       |



|                                                                                                   |                                                                                         |    |           |  |
|---------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|----|-----------|--|
| <b>Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return</b> |                                                                                         |    |           |  |
| Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.                       |                                                                                         |    |           |  |
| 1                                                                                                 | Total revenue, gains, and other support per audited financial statements . . . . .      | 1  | 3,160,244 |  |
| 2                                                                                                 | Amounts included on line 1 but not on Form 990, Part VIII, line 12                      |    |           |  |
| a                                                                                                 | Net unrealized gains (losses) on investments . . . . .                                  | 2a | -235,214  |  |
| b                                                                                                 | Donated services and use of facilities . . . . .                                        | 2b | 91,639    |  |
| c                                                                                                 | Recoveries of prior year grants . . . . .                                               | 2c |           |  |
| d                                                                                                 | Other (Describe in Part XIII ) . . . . .                                                | 2d |           |  |
| e                                                                                                 | Add lines 2a through 2d . . . . .                                                       | 2e | -143,575  |  |
| 3                                                                                                 | Subtract line 2e from line 1 . . . . .                                                  | 3  | 3,303,819 |  |
| 4                                                                                                 | Amounts included on Form 990, Part VIII, line 12, but not on line 1                     |    |           |  |
| a                                                                                                 | Investment expenses not included on Form 990, Part VIII, line 7b . . . . .              | 4a |           |  |
| b                                                                                                 | Other (Describe in Part XIII ) . . . . .                                                | 4b |           |  |
| c                                                                                                 | Add lines 4a and 4b . . . . .                                                           | 4c | 0         |  |
| 5                                                                                                 | Total revenue Add lines 3 and 4c.(This must equal Form 990, Part I, line 12 ) . . . . . | 5  | 3,303,819 |  |

|                                                                                                       |                                                                                          |    |           |  |
|-------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|----|-----------|--|
| <b>Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.</b> |                                                                                          |    |           |  |
| Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.                           |                                                                                          |    |           |  |
| 1                                                                                                     | Total expenses and losses per audited financial statements . . . . .                     | 1  | 3,154,325 |  |
| 2                                                                                                     | Amounts included on line 1 but not on Form 990, Part IX, line 25                         |    |           |  |
| a                                                                                                     | Donated services and use of facilities . . . . .                                         | 2a | 91,639    |  |
| b                                                                                                     | Prior year adjustments . . . . .                                                         | 2b |           |  |
| c                                                                                                     | Other losses . . . . .                                                                   | 2c |           |  |
| d                                                                                                     | Other (Describe in Part XIII ) . . . . .                                                 | 2d |           |  |
| e                                                                                                     | Add lines 2a through 2d . . . . .                                                        | 2e | 91,639    |  |
| 3                                                                                                     | Subtract line 2e from line 1 . . . . .                                                   | 3  | 3,062,686 |  |
| 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 |           |  |
| c                                                                                                     | Add lines 4a and 4b . . . . .                                                            | 4c | 0         |  |
| 5                                                                                                     | Total expenses Add lines 3 and 4c.(This must equal Form 990, Part I, line 18 ) . . . . . | 5  | 3,062,686 |  |

|                                                                                                                                                                                                                                                                             |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>Part XIII Supplemental Information</b>                                                                                                                                                                                                                                   |  |
| Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information |  |

| Return Reference | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PART V, LINE 4   | SUCCESS BY 6 ENDOWMENT - THE FUNDS IN THIS ACCOUNT WILL BE USED TO SUPPORT THE SUCCESS BY 6 INITIATIVE FUNDS IN THIS ACCOUNT INCLUDE DONOR RESTRICTED FUNDS WITH INCOME BEING ABLE TO BE USED AT THE UNITED WAY BOARD OF DIRECTOR'S DISCRETION OPERATING ENDOWMENT - THE OPERATING ENDOWMENT IS A BOARD DESIGNATED ENDOWMENT THE FUNDS IN THIS ACCOUNT WILL BE USED TO REPLENISH ANY SMALL LOSSES SUSTAINED DURING NORMAL OPERATIONS CRYSTAL CIRCLE ENDOWMENT - THE CRYSTAL CIRCLE ENDOWMENT INCLUDES PERMANENTLY RESTRICTED DONOR FUNDS INCOME EARNED IN THIS ACCOUNT WILL FLOW INTO THE ANNUAL CAMPAIGN UNITED WAY ENDOWMENT - THE UNITED WAY ENDOWMENT INCLUDES PERMANENTLY RESTRICTED DONOR FUNDS UP TO 90% OF THE INCOME EARNED IN THIS ACCOUNT WILL FLOW INTO THE OPERATING ENDOWMENT, AND BE USED IN ACCORDANCE WITH THE OPERATING ENDOWMENT POLICY ANY ADDITIONAL DISTRIBUTION WILL NEED TO BE APPROVED BY THE UNITED WAY BOARD OF DIRECTORS |
|                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |

[illegible]

Schedule I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

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

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

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization  
UNITED WAY OF GREATER ST JOSEPH

Employer identification number  
44-0547802

Part I

General Information on Grants and Assistance

- 1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .

☒ Yes ☐ No
- 2

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

Part II

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|----------------------------------------------------|---------|-------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| See Additional Data Table                          |         |                               |                          |                                   |                                                       |                                        |                                    |
|                                                    |         |                               |                          |                                   |                                                       |                                        |                                    |
|                                                    |         |                               |                          |                                   |                                                       |                                        |                                    |
|                                                    |         |                               |                          |                                   |                                                       |                                        |                                    |
|                                                    |         |                               |                          |                                   |                                                       |                                        |                                    |
|                                                    |         |                               |                          |                                   |                                                       |                                        |                                    |
|                                                    |         |                               |                          |                                   |                                                       |                                        |                                    |
|                                                    |         |                               |                          |                                   |                                                       |                                        |                                    |
|                                                    |         |                               |                          |                                   |                                                       |                                        |                                    |
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|                                                    |         |                               |                          |                                   |                                                       |                                        |                                    |
|                                                    |         |                               |                          |                                   |                                                       |                                        |                                    |
|                                                    |         |                               |                          |                                   |                                                       |                                        |                                    |
|                                                    |         |                               |                          |                                   |                                                       |                                        |                                    |
|                                                    |         |                               |                          |                                   |                                                       |                                        |                                    |
|                                                    |         |                               |                          |                                   |                                                       |                                        |                                    |
|                                                    |         |                               |                          |                                   |                                                       |                                        |                                    |
|                                                    |         |                               |                          |                                   |                                                       |                                        |                                    |
|                                                    |         |                               |                          |                                   |                                                       |                                        |                                    |
|                                                    |         |                               |                          |                                   |                                                       |                                        |                                    |

2

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

20

3

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

0

Part III

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

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

Part IV

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

| Return Reference | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PART I, LINE 2   | THE UNITED WAY MONITORS GRANT FUNDS BY REQUIRING GRANT RECIPIENTS TO SUBMIT TO THE UNITED WAY BUDGET FORMS ON AN ANNUAL BASIS GRANT RECIPIENTS MUST ALSO SUBMIT ANNUAL OUTCOME REPORTS DETAILING THEIR ACCOMPLISHMENTS MONTHLY FINANCIAL STATEMENTS ARE ALSO REQUIRED PRIOR TO A RELEASE OF AN AGENCY'S MONTHLY ALLOCATION GRANTEEES MUST ALSO PROVIDE TO THE UNITED WAY A YEAR-END REPORT AND AN UP-TO-DATE AUDIT CONDUCTED BY A PROFESSIONAL INDEPENDENT AUDITOR OTHER SPECIFIC FINANCIAL MATERIALS MAY BE REQUESTED, AS NECESSARY THIS INFORMATION IS NOT ONLY REVIEWED BY THE UNITED WAY STAFF, BUT BY COMMUNITY VOLUNTEERS ON A YEARLY BASIS |

Additional Data

Software ID:  
Software Version:  
EIN: 44-0547802  
Name: UNITED WAY OF GREATER ST JOSEPH

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

| (a) Name and address of organization or government                              | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV , appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance                                                        |
|---------------------------------------------------------------------------------|------------|-------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|-------------------------------------------------------------------------------------------|
| AMERICAN RED CROSS<br>401 NORTH 12TH STREET<br>ST JOSEPH,MO 64501               | 44-0545909 | 501C3                         | 226,062                  |                                   |                                                        |                                        | \$216,062 FOR<br>GENERAL OPERATING<br>COSTS, \$10,000 FOR<br>DISASTER RELIEF              |
| BARTLETT CENTER<br>409 SOUTH 18TH<br>ST JOSEPH,MO 64501                         | 23-7116216 | 501C3                         | 32,910                   |                                   |                                                        |                                        | GENERAL OPERATING<br>COSTS                                                                |
| BIG BROTHERS AND BIG<br>SISTERS<br>1202 SOUTH 28TH STREET<br>ST JOSEPH,MO 64507 | 43-6068464 | 501C3                         | 37,417                   |                                   |                                                        |                                        | \$36,867 FOR<br>GENERAL OPERATING<br>COSTS, \$550<br>CLOTHING<br>DONATION BIN<br>PURCHASE |

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

| (a) Name and address of organization or government                    | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV , appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|-----------------------------------------------------------------------|------------|-------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| BOY SCOUTS-PONY EXPRESS COUNCIL<br>1704 BUCKINGHAM ST JOSEPH,MO 64506 | 44-0546279 | 501C3                         | 111,563                  |                                   |                                                        |                                        | GENERAL OPERATING COSTS            |
| CATHOLIC CHARITIES<br>902 EDMOND SUITE 204 ST JOSEPH,MO 64501         | 43-0887779 | 501C3                         | 77,180                   |                                   |                                                        |                                        | GENERAL OPERATING COSTS            |
| CHILDREN'S MERCY HOSPITAL<br>2401 GILLHAM ROAD KANSAS CITY,MO 64108   | 44-0605373 | 501C3                         | 24,927                   |                                   |                                                        |                                        | GENERAL OPERATING COSTS            |

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

| (a) Name and address of organization or government                       | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV , appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance                                            |
|--------------------------------------------------------------------------|------------|-------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|-------------------------------------------------------------------------------|
| COMMUNITY MISSIONS CORPORATION<br>700 OLIVE STREET<br>ST JOSEPH,MO 64501 | 90-0180479 | 501C3                         | 28,671                   |                                   |                                                        |                                        | GENERAL OPERATING COSTS                                                       |
| FAMILY GUIDANCE CENTER<br>724 NORTH 22ND STREET<br>ST JOSEPH,MO 64501    | 44-0666362 | 501C3                         | 295,352                  |                                   |                                                        |                                        | \$285,192 FOR GENERAL OPERATING COSTS, \$10,160 FOR MEDICAL AIDE              |
| INTERFAITH COMMUNITY SERVICES<br>200 CHEROKEE<br>ST JOSEPH,MO 64504      | 44-0545910 | 501C3                         | 427,239                  |                                   |                                                        |                                        | \$425,797 FOR GENERAL OPERATING COSTS, \$1,442 FOR UTILITY ASSISTANCE PROGRAM |

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

| (a) Name and address of organization or government                                       | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV , appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance                                         |
|------------------------------------------------------------------------------------------|------------|-------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|----------------------------------------------------------------------------|
| LEGAL AID OF WESTERN MISSOURI<br>106 SOUTH 7TH STREET<br>4TH FLOOR<br>ST JOSEPH,MO 64501 | 43-0824638 | 501C3                         | 68,100                   |                                   |                                                        |                                        | GENERAL OPERATING COSTS                                                    |
| NW MISSOURI COMMUNITY SERVICES<br>1203 NORTH 6TH STREET<br>ST JOSEPH,MO 64501            | 43-1496809 | 501C3                         | 146,083                  |                                   |                                                        |                                        | \$136,083 FOR GENERAL OPERATING COSTS, \$10,000 FOR ADOPT-A-FAMILY PROGRAM |
| SALVATION ARMY<br>622 MESSANIE<br>ST JOSEPH,MO 64501                                     | 44-0545998 | 501C3                         | 103,037                  |                                   |                                                        |                                        | GENERAL OPERATING COSTS                                                    |

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

| (a) Name and address of organization or government                                     | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV , appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|----------------------------------------------------------------------------------------|------------|-------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| SECOND HARVEST<br>915 DOUGLAS<br>ST JOSEPH,MO 64505                                    | 43-1268319 | 501C3                         | 7,000                    |                                   |                                                        |                                        | BACKPACK BUDDIES PROGRAM           |
| SOCIAL WELFARE BOARD<br>904 SOUTH 10TH STREET<br>ST JOSEPH,MO 64503                    | 44-6000455 | GOVERNMENT AGENCY             | 7,000                    |                                   |                                                        |                                        | DIABETES MANAGEMENT INITIATIVE     |
| SPECIALTY INDUSTRIES OF ST JOSEPH INC<br>3801 SOUTH LEONARD ROAD<br>ST JOSEPH,MO 64503 | 43-0896903 | 501C3                         | 7,228                    |                                   |                                                        |                                        | GENERAL OPERATING COSTS            |

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

| (a) Name and address of organization or government                                         | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV , appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance                                    |
|--------------------------------------------------------------------------------------------|------------|-------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|-----------------------------------------------------------------------|
| ST JOSEPH HEALTH AND SAFETY COUNCIL<br>118 SOUTH 5TH LOWER LEVEL<br>ST JOSEPH,MO 64501     | 44-0548468 | 501C3                         | 80,040                   |                                   |                                                        |                                        | \$74,040 FOR GENERAL OPERATING COSTS, \$6,000 FOR SAFETY TOWN PROGRAM |
| THE CENTER<br>902 EDMOND SUITE 203<br>ST JOSEPH,MO 64501                                   | 43-1615018 | 501C3                         | 68,360                   |                                   |                                                        |                                        | GENERAL OPERATING COSTS                                               |
| UNITED CEREBRAL PALSY OF NORTHWEST MISSOURI<br>3303 FREDERICK AVENUE<br>ST JOSEPH,MO 64506 | 43-0909607 | 501C3                         | 175,935                  |                                   |                                                        |                                        | GENERAL OPERATING COSTS                                               |

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

| (a) Name and address of organization or government | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV , appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|----------------------------------------------------|------------|-------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| YMCA<br>315 SOUTH 6TH<br>ST JOSEPH,MO 64501        | 44-0552491 | 501C3                         | 155,655                  |                                   |                                                        |                                        | GENERAL OPERATING COSTS            |
| YWCA<br>304 NORTH 8TH<br>ST JOSEPH,MO 64501        | 44-0552219 | 501C3                         | 251,818                  |                                   |                                                        |                                        | GENERAL OPERATING COSTS            |

SCHEDULE M  
(Form 990)

Noncash Contributions

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

► Attach to Form 990.

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

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization  
UNITED WAY OF GREATER ST JOSEPH

Employer identification number  
44-0547802

Part I

Types of Property

|                                                                            | (a)<br>Check<br>if<br>applicable | (b)<br>Number of contributions<br>or items contributed | (c)<br>Noncash contribution<br>amounts reported on<br>Form 990, Part VIII, line<br>1g | (d)<br>Method of determining<br>noncash contribution amounts |
|----------------------------------------------------------------------------|----------------------------------|--------------------------------------------------------|---------------------------------------------------------------------------------------|--------------------------------------------------------------|
| 1 Art—Works of art . . . . .                                               |                                  |                                                        |                                                                                       |                                                              |
| 2 Art—Historical treasures . . . . .                                       |                                  |                                                        |                                                                                       |                                                              |
| 3 Art—Fractional interests . . . . .                                       |                                  |                                                        |                                                                                       |                                                              |
| 4 Books and publications . . . . .                                         | X                                |                                                        | 23,776                                                                                | RETAIL VALUE                                                 |
| 5 Clothing and household<br>goods . . . . .                                |                                  |                                                        |                                                                                       |                                                              |
| 6 Cars and other vehicles . . . . .                                        |                                  |                                                        |                                                                                       |                                                              |
| 7 Boats and planes . . . . .                                               |                                  |                                                        |                                                                                       |                                                              |
| 8 Intellectual property . . . . .                                          |                                  |                                                        |                                                                                       |                                                              |
| 9 Securities—Publicly traded . . . . .                                     | X                                | 5                                                      | 16,842                                                                                | FAIR MARKET VALUE                                            |
| 10 Securities—Closely held stock . . . . .                                 |                                  |                                                        |                                                                                       |                                                              |
| 11 Securities—Partnership, LLC,<br>or trust interests . . . . .            |                                  |                                                        |                                                                                       |                                                              |
| 12 Securities—Miscellaneous . . . . .                                      |                                  |                                                        |                                                                                       |                                                              |
| 13 Qualified conservation<br>contribution—Historic<br>structures . . . . . |                                  |                                                        |                                                                                       |                                                              |
| 14 Qualified conservation<br>contribution—O ther . . . . .                 |                                  |                                                        |                                                                                       |                                                              |
| 15 Real estate—Residential . . . . .                                       |                                  |                                                        |                                                                                       |                                                              |
| 16 Real estate—Commercial . . . . .                                        |                                  |                                                        |                                                                                       |                                                              |
| 17 Real estate—Other . . . . .                                             |                                  |                                                        |                                                                                       |                                                              |
| 18 Collectibles . . . . .                                                  |                                  |                                                        |                                                                                       |                                                              |
| 19 Food inventory . . . . .                                                | X                                | 20                                                     | 7,555                                                                                 | RETAIL VALUE                                                 |
| 20 Drugs and medical supplies . . . . .                                    |                                  |                                                        |                                                                                       |                                                              |
| 21 Taxidermy . . . . .                                                     |                                  |                                                        |                                                                                       |                                                              |
| 22 Historical artifacts . . . . .                                          |                                  |                                                        |                                                                                       |                                                              |
| 23 Scientific specimens . . . . .                                          |                                  |                                                        |                                                                                       |                                                              |
| 24 Archeological artifacts . . . . .                                       |                                  |                                                        |                                                                                       |                                                              |
| 25 Other ► ( _____ )                                                       |                                  |                                                        |                                                                                       |                                                              |
| 26 Other ► ( _____ )                                                       |                                  |                                                        |                                                                                       |                                                              |
| 27 Other ► ( _____ )                                                       |                                  |                                                        |                                                                                       |                                                              |
| 28 Other ► ( _____ )                                                       |                                  |                                                        |                                                                                       |                                                              |

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

29

0

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? . . . . .

30a

No

b If "Yes," describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

31

Yes

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .

32a

No

b If "Yes," describe in Part II

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

Part II

Supplemental Information.

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

| Return Reference   | Explanation             |
|--------------------|-------------------------|
| PART I, COLUMN (B) | NUMBER OF CONTRIBUTIONS |

SCHEDULE O  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
▶ Attach to Form 990 or 990-EZ.  
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at  
www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public  
Inspection

|                                                             |                                              |
|-------------------------------------------------------------|----------------------------------------------|
| Name of the organization<br>UNITED WAY OF GREATER ST JOSEPH | Employer identification number<br>44-0547802 |
|-------------------------------------------------------------|----------------------------------------------|

990 Schedule O, Supplemental Information

| Return Reference                              | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|-----------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FORM 990, PART IV, LINE 11F                   | THE ORGANIZATION CONSIDERED UNCERTAIN TAX POSITIONS UNDER FIN48 (ASC740) AND DETERMINED THAT NO LIABILITY FOR UNCERTAIN TAX POSITIONS SHOULD BE RECORDED AS OF DECEMBER 31, 2015 THEREFORE, THERE IS NO FOOTNOTE REGARDING SUCH LIABILITY IN THE ORGANIZATION'S FINANCIAL STATEMENTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| FORM 990, PART VI, SECTION A, LINE 6          | EACH CONTRIBUTOR TO THE UNITED WAY CAMPAIGN IS A MEMBER OF THE ORGANIZATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| FORM 990, PART VI, SECTION A, LINE 7A         | THE GENERAL MEMBERSHIP ELECTS THE BOARD OF DIRECTORS AT THE ANNUAL MEETING TERMS OF BOARD MEMBERS ARE STAGGERED, WITH ONE-THIRD OF MEMBERS BEING ELECTED EACH YEAR THE BOARD MEMBERS MAY ELECT REPLACEMENT BOARD MEMBERS DURING THE YEAR IF A VACANCY SHOULD OCCUR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| FORM 990, PART VI, SECTION B, LINE 11         | THE FORM 990 IS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM A COMPLETED 990 IS REVIEWED BY THE BOARD OF DIRECTORS AT A REGULAR MEETING PRIOR TO THE FILING WITH THE INTERNAL REVENUE SERVICE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| FORM 990, PART VI, SECTION B, LINE 12C        | THE UNITED WAY OF GREATER ST JOSEPH REGULARLY AND CONSISTENTLY MONITORS AND ENFORCES COMPLIANCE WITH ITS CONFLICT OF INTEREST POLICY BY 1)MAINTAINING RECORDS OF THE CONFLICT OF INTEREST FORMS COMPLETED AND SIGNED EACH YEAR BY BOARD MEMBERS AND KEY STAFF, 2)REQUIRING MEMBERS TO DISCLOSE ANY DUALITY OR CONFLICT OF INTEREST ON ANY MATTER COMING TO A VOTE BY THE BOARD, PRIOR TO THAT VOTE BEING TAKEN A MEMBER DISCLOSING A CONFLICT OF INTEREST MAY NOT VOTE ON THE MATTER AND THE MINUTES OF THE MEETING MUST REFLECT THAT A DISCLOSURE WAS MADE AND THAT THERE WAS AN ABSTENTION BY THAT MEMBER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| FORM 990, PART VI, SECTION B, LINE 15A        | THE PROCESS FOR DETERMINING THE COMPENSATION OF THE PRESIDENT AND CEO OF THE UNITED WAY OF GREATER ST JOSEPH INCLUDES THE FOLLOWING STEPS- 1)THE PRESIDENT COMPLETES A SELF EVALUATION FORM THAT ENUMERATES THE GOALS AND ACCOMPLISHMENTS OF THE YEAR THIS FORM IS SUBMITTED TO THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS 2)THE EXECUTIVE COMMITTEE AND ANY BOARD MEMBER WHO WOULD LIKE TO PARTICIPATE MEETS WITH THE PRESIDENT AND REVIEWS THE PRESIDENT'S ACCOMPLISHMENTS FOR THE YEAR, MONITORING PROGRESS TOWARD GOALS 3)THE EXECUTIVE COMMITTEE CONSIDERS THE UNITED WAY WORLDWIDE SALARY SURVEY OF COMPARABLE UNITED WAYS AND OTHER NONPROFIT ORGANIZATIONS IN THE REGION ALL MOTIONS ARE RECORDED IN EXECUTIVE COMMITTEE MINUTES 4)THE EXECUTIVE COMMITTEE PRESENTS INFORMATION ON THE ENTIRE EVALUATION TO THE BOARD OF DIRECTORS, ALONG WITH A SALARY RECOMMENDATION FOR THE PRESIDENT THE BOARD THEN REVIEWS THE INFORMATION PROVIDED AND ASKS ADDITIONAL QUESTIONS IF DESIRED THE BOARD OF DIRECTORS MUST APPROVE THE RECOMMENDATION OR MAKE THEIR OWN RECOMMENDATION ON THE COMPENSATION OF THE PRESIDENT AND CEO THE RECOMMENDATION IS VOTED ON BY THE BOARD AND RECORDED IN THE MINUTES OF THE DECEMBER BOARD MEETING FORM 990, PART VI, SECTION B, LINE 15B NO OTHER EMPLOYEES ARE COMPENSATED AT A LEVEL THAT WOULD REQUIRE THIS PROCESS |
| FORM 990, PART VI, SECTION C, LINE 19         | THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC AT THE UNITED WAY OF GREATER ST JOSEPH OFFICE AT 118 S 5TH STREET, ST JOSEPH, MO 64501 ANY INDIVIDUAL OR ORGANIZATION WHO WOULD LIKE TO SEE THESE DOCUMENTS MAY DO SO DURING NORMAL OFFICE HOURS OF 8 AM TO 5 PM CENTRAL TIME, MONDAY THROUGH FRIDAY THE PHONE NUMBER FOR THE UNITED WAY OF GREATER ST JOSEPH IS (816) 364-2381                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| FORM 990, PART XII, LINE 2C OVERSIGHT PROCESS | PROCESS IS CONSISTENT WITH PRIOR YEARS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |