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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2015

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 04-01-2015 , and ending 03-31-2016

B Check if applicable
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization
THE UNITED WAY INC

Doing business as
UNITED WAY OF AMARILLO & CANYON

Number and street (or P O box if mail is not delivered to street address) | Room/suite
2207 LINE AVE

City or town, state or province, country, and ZIP or foreign postal code
AMARILLO, TX 79106

D Employer identification number
75-0800600

E Telephone number
(806) 376-6359

G Gross receipts $ 5,087,871

F Name and address of principal officer
KATHERINE K NOFFSKER
2207 LINE AVENUE
AMARILLO,TX 79106

H(a) Is this a group return for subordinates? ☐ Yes ☑ No
H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)
H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J **Website:** ▶ WWW UNITEDWAYAMA ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1987 | M State of legal domicile TX

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
OUR MISSSION IS "TO IMPROVE LIVES THROUGH THE CARING POWER OF OUR COMMUNITY " UNITED WAY RECRUITS PEOPLE AND ORGANIZATIONS WHO BRING PASSION, EXPERTISE AND RESOURCES NEEDED TO RAISE THE MONEY TO GET THINGS DONE WE MOBILIZE THESE COMMUNITY RESOURCES AND VOLUNTEERS TO MEET HUMAN SERVICE NEEDS WE CONNECT PEOPLE TO SERVICES 24/7 THROUGH 2-1-1 TEXAS, LOCATED AT THE GUYON SAUNDERS RESOURCE CENTER THE UNITED WAY OF AMARILLO & CANYON IS AT THE FOREFRONT OF MAKING SYSTEMIC CHANGES IN THE AREAS OF EDUCATION, INCOME AND HEALTH, AND CREATING OPPORTUNITIES FOR A BETTER LIFE FOR ALL

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	37
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	36
5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	32
6	Total number of volunteers (estimate if necessary)	6	337
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	5,681,206	4,791,181
	9	Program service revenue (Part VIII, line 2g)	112,974	92,982
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,142	9,420
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	64,020	68,698
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,862,342	4,962,281
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	3,148,690	3,098,977
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,185,393	1,158,027
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶714,105		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	870,915	974,163
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	5,204,998	5,231,167
	19	Revenue less expenses Subtract line 18 from line 12	657,344	-268,886

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	9,660,501	9,194,736
	21	Total liabilities (Part X, line 26)	3,150,760	2,975,991
	22	Net assets or fund balances Subtract line 21 from line 20	6,509,741	6,218,745

Part II Signature Block

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

Sign Here

****** 2016-10-10
Signature of officer Date

KATHERINE K NOFFSKER EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
RICHARD W BLANKENSHIP CPA	RICHARD W BLANKENSHIP CPA	2016-10-31		P00172630

Firm's name ▶ JOHNSON & SHELDON PLLC — Firm's EIN ▶ 46-3602660

Firm's address ▶ PO BOX 509
AMARILLO, TX 791050509 — Phone no (806) 371-7661

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

OUR MISSSION IS "TO IMPROVE LIVES THROUGH THE CARING POWER OF OUR COMMUNITY " UNITED WAY RECRUITS PEOPLE AND ORGANIZATIONS WHO BRING PASSION, EXPERTISE AND RESOURCES NEEDED TO RAISE THE MONEY TO GET THINGS DONE WE MOBILIZE THESE COMMUNITY RESOURCES AND VOLUNTEERS TO MEET HUMAN SERVICE NEEDS WE CONNECT PEOPLE TO SERVICES 24/7 THROUGH 2-1-1 TEXAS, LOCATED AT THE GUYON SAUNDERS RESOURCE CENTER THE UNITED WAY OF AMARILLO & CANYON IS AT THE FOREFRONT OF MAKING SYSTEMIC CHANGES IN THE AREAS OF EDUCATION, INCOME AND HEALTH, AND CREATING OPPORTUNITIES FOR A BETTER LIFE FOR ALL

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 $ 546,394 including grants of $ 6,300) (Revenue $)

COMMUNITY SERVICES PROVIDE, MAINTAIN AND REFER PEOPLE TO VARIOUS, APPROPRIATE COMMUNITY RESOURCES THROUGH OUR INFORMATION AND REFERRAL SPECIALISTS OUR SPECIALISTS ARE TRAINED TO WORK WITH THE CLIENTS TO DETERMINE NOT ONLY THE IMMEDIATE NEED TO BE FULFILLED, BUT OTHER NEEDS OR ROOT CAUSES THAT FACTOR INTO THE PROBLEMS AS WELL THIS AFFORDS US THE BEST OPPORTUNITY TO DIRECT THEM TO THE HELP THEY NEED WE ALSO PROVIDE EMERGENCY ASSISTANCE FOR TRAVELERS AND FAMILIES IN CRISIS WHO DEMONSTRATE A VALIDATED NEED

4b (Code) (Expenses $ 3,251,113 including grants of $ 3,059,416) (Revenue $ 78,582)

COMMUNITY IMPACT PROGRAM REVIEWS THE STEWARDSHIP OF PROGRAM PROVIDERS AND PROGRAM FUNDING REQUESTS OF THOSE AGENCIES TO DETERMINE FUNDING RECOMMENDATIONS IN THE CONTEXT OF THE NEEDS RECOGNIZED IN OUR COMMUNITY

4c (Code) (Expenses $ 426,886 including grants of $ 33,261) (Revenue $)

COMMUNITY YOUTH DEVELOPMENT (CYD 79107) - CREATED TO REDUCE THE INCIDENCE OF VIOLENT JUVENILE CRIMES IN THESE TEXAS COUNTIES THE FOCUS FURTHER IDENTIFIED THE ZIP CODE IN THESE COUNTIES WITH THE HIGHEST RATE OF JUVENILE PROBATION REFERRALS THE PROGRAM SEEKS TO DETER OR PREVENT THIS BEHAVIOR BY PROVIDING SAFE, PRACTICAL ALTERNATIVES TO HIGH RISK BEHAVIOR

See Additional Data

4d Other program services (Describe in Schedule O)
(Expenses $ 37,731 including grants of $) (Revenue $ 14,400)

4e **Total program service expenses ▶** 4,262,124

Part IV Checklist of Required Schedules

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

			Yes	No
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a*	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	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? *If "Yes," complete Schedule L, Part III*	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	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? *If "Yes," complete Schedule L, Part IV*	28c		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	33		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	**1a**	10			
b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	**1b**	0			
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			**1c**	Yes	
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2a**	32			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			**2b**	Yes	
3a Did the organization have unrelated business gross income of $1,000 or more during the year?			**3a**		No
b If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O*			**3b**		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			**4a**		No
b If "Yes," enter the name of the foreign country ▶ ______ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)					
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			**5a**		No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			**5b**		No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			**5c**		
6a Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?			**6a**		No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			**6b**		
7 Organizations that may receive deductible contributions under section 170(c).					
a Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			**7a**	Yes	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?			**7b**	Yes	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			**7c**		No
d If "Yes," indicate the number of Forms 8282 filed during the year	**7d**				
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			**7e**		No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			**7f**		No
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**7h**		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			**8**		
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? **Note.** See the instructions for additional information the organization must report on Schedule O			**13a**		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**				
c Enter the amount of reserves on hand	**13c**				
14a Did the organization receive any payments for indoor tanning services during the tax year?			**14a**		No
b If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*			**14b**		

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	1a	37			
b	Enter the number of voting members included in line 1a, above, who are independent	1b	36			
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	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?			3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			5		No
6	Did the organization have members or stockholders?			6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?			7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?			7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following					
a	The governing body?			8a	Yes	
b	Each committee with authority to act on behalf of the governing body?			8b	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	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed▶

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply

☑ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

20 State the name, address, and telephone number of the person who possesses the organization's books and records
▶JEFF GULDE 2207 LINE AVENUE AMARILLO, TX 79106 (806) 376-6359

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position: Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
See Additional Data Table										

		(D)	(E)	(F)
1b	Sub-Total . . . . . ▶			
c	Total from continuation sheets to Part VII, Section A . . . ▶			
d	Total (add lines 1b and 1c) . . . . . ▶	158,009		21,570

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . **1a**	355,511				
	b	Membership dues **1b**					
	c	Fundraising events **1c**	28,678				
	d	Related organizations . . . **1d**					
	e	Government grants (contributions) **1e**	671,271				
	f	All other contributions, gifts, grants, and similar amounts not included above **1f**	3,735,721				
	g	Noncash contributions included in lines 1a-1f $	136,959				
	h	**Total.** Add lines 1a-1f . . . . ▶		4,791,181			
Program Service Revenue			Business Code				
	2a	SERVICE FEE INCOME		78,582	78,582		
	b	MANAGEMENT FEES		14,400	14,400		
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f . . . . ▶		92,982			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . ▶		9,420			9,420
	4	Income from investment of tax-exempt bond proceeds . . ▶					
	5	Royalties . . . . ▶					
			(i) Real / (ii) Personal				
	6a	Gross rents					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss) . . . . ▶					
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory					
	b	Less cost or other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss) . . . . ▶					
	8a	Gross income from fundraising events (not including $ 28,678 of contributions reported on line 1c) See Part IV, line 18 . . **a**	152,338				
	b	Less direct expenses . . . **b**	104,503				
	c	Net income or (loss) from fundraising events . . ▶		47,835			
	9a	Gross income from gaming activities See Part IV, line 19 . . . **a**	40,850				
	b	Less direct expenses . . . **b**	21,087				
	c	Net income or (loss) from gaming activities . . . ▶		19,763	19,763		
	10a	Gross sales of inventory, less returns and allowances . **a**					
	b	Less cost of goods sold . . **b**					
	c	Net income or (loss) from sales of inventory . . ▶					
		Miscellaneous Revenue	Business Code				
	11a	EXECUTOR REVENUE		4,206	4,206		
	b	ESTATE PROCEEDS		-3,106	-3,106		
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d . . . . . . ▶		1,100			
	12	**Total revenue.** See Instructions . . . . . ▶		4,962,281	113,845		9,420

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	3,092,677	3,092,677		
2 Grants and other assistance to domestic individuals See Part IV, line 22	6,300	6,300		
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	163,241	85,617	28,384	49,240
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	806,974	423,245	140,315	243,414
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	28,757	15,044	6,117	7,596
9 Other employee benefits	75,582	42,020	15,099	18,463
10 Payroll taxes	83,473	45,937	12,995	24,541
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	33,458	9,046	5,241	19,171
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	272,799	272,799		
12 Advertising and promotion	33,997	30,725		3,272
13 Office expenses	53,126	19,423	8,100	25,603
14 Information technology				
15 Royalties				
16 Occupancy	40,550	20,725	4,929	14,896
17 Travel	65,911	37,582	5,346	22,983
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	9,526	4,304	1,012	4,210
20 Interest				
21 Payments to affiliates	75,530	62,760		12,770
22 Depreciation, depletion, and amortization	50,427	14,588	8,772	27,067
23 Insurance	2,364	105	2,176	83
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 IN-KIND EXPENSE	116,959			116,959
b MAINTENANCE OF EQUIPMENT	68,829	35,848	6,014	26,967
c UNDERWRITING	50,561			50,561
d CREDIT CARD FEES	27,516			27,516
e All other expenses	72,610	43,379	10,438	18,793
25 **Total functional expenses.** Add lines 1 through 24e	5,231,167	4,262,124	254,938	714,105
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 . . . . ☐

Section	Line	Description			(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing			10,144	1	10,601
	2	Savings and temporary cash investments			5,404,438	2	5,392,713
	3	Pledges and grants receivable, net			2,926,612	3	2,600,838
	4	Accounts receivable, net			217,887	4	130,847
	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			23,008	9	29,614
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	952,913			
	b	Less accumulated depreciation	10b	711,092	276,070	10c	241,821
	11	Investments—publicly traded securities				11	
	12	Investments—other securities See Part IV, line 11				12	
	13	Investments—program-related See Part IV, line 11			451,060	13	437,020
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			351,282	15	351,282
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)			9,660,501	16	9,194,736
Liabilities	17	Accounts payable and accrued expenses			175,409	17	132,764
	18	Grants payable				18	
	19	Deferred revenue			800	19	24,973
	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			2,974,551	25	2,818,254
	26	**Total liabilities.** Add lines 17 through 25			3,150,760	26	2,975,991
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**					
	27	Unrestricted net assets			5,544,140	27	5,160,247
	28	Temporarily restricted net assets			329,340	28	311,082
	29	Permanently restricted net assets			636,261	29	747,416
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ 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			6,509,741	33	6,218,745
	34	Total liabilities and net assets/fund balances			9,660,501	34	9,194,736

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,962,281
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,231,167
3	Revenue less expenses Subtract line 2 from line 1	3	-268,886
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	6,509,741
5	Net unrealized gains (losses) on investments	5	-22,110
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	
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	6,218,745

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other ______________ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Additional Data

Software ID:
Software Version:
EIN: 75-0800600
Name: THE UNITED WAY INC

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

(Code) (Expenses $ 37,731 including grants of $) (Revenue $ 14,400)

GUYON SAUNDERS RESOURCE CENTER SUPPORT - PROVIDE SUPPORT TO THE GUYON SAUNDERS RECOURCE CENTER, THEREBY IMPROVING ACCESS TO MEDICAL AND SOCIAL SERVICES FOR CLIENTS IN NEED OF ASSISTANCE

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position: Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
W ASHLEY ALLEN DIRECTOR	1 00	X						0	0	0
ALI ALLISON VP CAMPAIGN	1 00	X		X				0	0	0
GREG AMMONS SECRETARY	1 00 0 50	X		X				0	0	0
LOUIS ANDERSON DIRECTOR	1 00	X						0	0	0
CAROLYN A BALZAR DIRECTOR	1 00	X						0	0	0
SCOTT BENTLEY DIRECTOR	1 00	X						0	0	0
PAUL BRAUN DIRECTOR	1 00	X						0	0	0
JIM BRYAN VP FINANCIAL	1 00	X		X				0	0	0
DR TAMARA CLUNIS DIRECTOR	1 00	X						0	0	0
RANDY CRISWELL VP CAMPAIGN	1 00	X		X				0	0	0
SMITH ELLIS DIRECTOR	1 00	X						0	0	0
MARVIN FRANZ DIRECTOR	1 00	X						0	0	0
MIKE GOOD DIRECTOR	1 00	X						0	0	0
PAUL HARPOLE DIRECTOR	1 00	X						0	0	0
DAVID HEMPHIL TREASURER	1 00 0 50	X		X				0	0	0
MICHAEL HOOTEN EDD NOMINATING C	1 00 0 50	X		X				0	0	0
AARON HOWERTON DIRECTOR	1 00	X						0	0	0
DAVID T HUDSON DIRECTOR	1 00	X						0	0	0
JULIE L HULSEY DIRECTOR	1 00	X						0	0	0
STEVE JONES DIRECTOR	1 00	X						0	0	0
CHRIS KOOP PRESIDENT	1 00 0 50	X		X				0	0	0
RUSSELL LOWERY-HART PH D DIRECTOR	1 00	X						0	0	0
SHARON MASSEY DIRECTOR	1 00	X						0	0	0
BRENT A MCCLURE VP MARKETING	1 00	X		X				0	0	0
ANDREW MITCHELL DIRECTOR	1 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JOHNNY MIZE VP COMMUNITY	1 00	X		X				0	0	0
JOE MORRIS DIRECTOR	1 00	X						0	0	0
MONICA A MUSICK SPHR DIRECTOR	1 00	X						0	0	0
TERESA PROCK DIRECTOR	1 00	X						0	0	0
MICHELLE REICHERT DIRECTOR	1 00	X						0	0	0
BOB SCHNEIDER DIRECTOR	1 00	X						0	0	0
TANYA SLUDER DIRECTOR	1 00	X						0	0	0
BETTY SOLIS DIRECTOR	1 00	X						0	0	0
DENNIS SPEAR DIRECTOR	1 00	X						0	0	0
WILLIAM WARE DIRECTOR	1 00	X						0	0	0
TERRI WHISENANT VP FIN ACCOU	1 00	X		X				0	0	0
KATHERINE K NOFFSKER EXECUTIVE DI	37 00 3 00			X				87,222	0	8,43
JEFFREY C GULDE SENIOR DIR O	37 00 3 00			X				70,787	0	13,13

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*.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
THE UNITED WAY INC

Employer identification number
75-0800600

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 331/3% 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 331/3% 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) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(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)	6,102,207	5,352,517	5,735,834	5,681,206	4,791,181	27,662,945
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	6,102,207	5,352,517	5,735,834	5,681,206	4,791,181	27,662,945
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)						769,841
6 **Public support.** Subtract line 5 from line 4						26,893,104

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4	6,102,207	5,352,517	5,735,834	5,681,206	4,791,181	27,662,945
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	5,487	6,539	4,924	4,142	9,420	30,512
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11 **Total support.** Add lines 7 through 10						27,693,457

12 Gross receipts from related activities, etc (see instructions) | 12 | 1,014,816

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 | 97 110 %

15 Public support percentage for 2014 Schedule A, Part II, line 14 | 15 | 96 820 %

16a **33 1/3% support test—2015.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☑

b **33 1/3% support test—2014.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10%-facts-and-circumstances test—2015.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

b **10%-facts-and-circumstances test—2014.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

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

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 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 (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 **stop here** ▶ ☐

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 **stop here.** 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 **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

Part IV Supporting Organizations

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

Part IV **Supporting Organizations** (continued)

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (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?	**1**		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in **Part VI** how the organization maintained a close and continuous working relationship with the supported organization(s)*	**2**		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in **Part VI** the role the organization's supported organizations played in this regard*	**3**		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**

a ☐ The organization satisfied the Activities Test Complete **line 2** below

b ☐ The organization is the parent of each of its supported organizations Complete **line 3** below

c ☐ The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instructions)

			Yes	No
2	Activities Test **Answer (a) and (b) below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities*	**2a**		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement*	**2b**		
3	Parent of Supported Organizations **Answer (a) and (b) below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI*	**3a**		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard*	**3b**		

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

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

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

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

Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions) ☐

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

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

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable 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			
a			
b			
c			
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 $ ____________			
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			
a			
b			
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 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*.

OMB No 1545-0047
2015
Open to Public Inspection

Name of the organization
THE UNITED WAY INC

Employer identification number
75-0800600

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

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

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

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

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

			Held at the End of the Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶______________

4 Number of states where property subject to conservation easement is located ▶______________

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

			Amount
b	If "Yes," explain the arrangement in Part XIII and complete the following table		
c	Beginning balance	1c	
d	Additions during the year	1d	
e	Distributions during the year	1e	
f	Ending balance	1f	

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

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

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

		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance	451,060	439,576	398,991	361,008	347,193
b	Contributions	3,852	4,585	3,604	7,098	3,395
c	Net investment earnings, gains, and losses	-15,413	7,482	37,541	30,885	10,425
d	Grants or scholarships					
e	Other expenditures for facilities and programs					
f	Administrative expenses	2,479	583	560		
g	End of year balance	437,020	451,060	439,576	398,991	361,013

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

a Board designated or quasi-endowment ▶

b Permanent endowment ▶ 100 000 %

c Temporarily restricted endowment ▶

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

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

			Yes	No
	(i) unrelated organizations	3a(i)	Yes	
	(ii) related organizations	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) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		25,000		25,000
b Buildings		356,051	224,187	131,864
c Leasehold improvements				
d Equipment		332,882	283,158	49,724
e Other		238,980	203,747	35,233
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				241,821

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

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

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

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶		

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

(a) Description	(b) Book value
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* . . . . ▶	

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

1. (a) Description of liability	(b) Book value
Federal income taxes	
ALLOCATIONS PAYABLE	2,194,388
DUE TO DESIGNATED ORGANIZATION	623,866
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	2,818,254

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	4,293,990
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains (losses) on investments	2a	-22,110		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d	125,590		
e	Add lines **2a** through **2d**			2e	103,480
3	Subtract line **2e** from line **1**			3	4,190,510
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	771,771		
c	Add lines **4a** and **4b**			4c	771,771
5	Total revenue Add lines **3** and **4c.**(This must equal Form 990, Part I, line 12)			5	4,962,281

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	4,584,986
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d	125,590		
e	Add lines **2a** through **2d**			2e	125,590
3	Subtract line **2e** from line **1**			3	4,459,396
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	771,771		
c	Add lines **4a** and **4b**			4c	771,771
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	5,231,167

Part XIII Supplemental Information

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

Return Reference	Explanation
SCHEDULE D, PAGE 3, PART X	THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(A) AS AN ORGANIZATION DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (THE CODE), AND HAS BEEN DETERMINED NOT TO BE A PRIVATE FOUNDATION UNDER SECTION 509(A) OF THE CODE AS A RESULT, INCOME TAXES ARE NOT INCLUDED IN THE ACCOMPANYING FINANCIAL STATEMENTS THE ORGANIZATION COMPLIES WITH FASB ASC TOPIC 740, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES (ASC 740), WHICH ADDRESSES THE DETERMINATION OF WHETHER TAX BENEFITS CLAIMED OR EXPECTED TO BE CLAIMED ON A TAX RETURN SHOULD BE RECORDED IN THE FINANCIAL STATEMENTS UNDER THIS GUIDANCE, THE ORGANIZATION MAY RECOGNIZE THE TAX BENEFIT FROM AN UNCERTAIN TAX POSITION ONLY IF IT IS MORE-LIKELY-THAN-NOT THAT THE TAX POSITION WILL BE SUSTAINED ON EXAMINATION BY TAXING AUTHORITIES, BASED ON THE TECHNICAL MERITS OF THE POSITION THE TAX BENEFITS RECOGNIZED IN THE FINANCIAL STATEMENTS FROM SUCH POSITION ARE MEASURED BASED ON THE LARGEST BENEFIT THAT HAS A GREATER THAN 50% LIKELIHOOD OF BEING REALIZED UPON ULTIMATE SETTLEMENT THE GUIDANCE ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES ALSO ADDRESSES DE- RECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES ON INCOME TAXES, AND ACCOUNTING IN INTERIM PERIODS MANAGEMENT EVALUATED THE ORGANIZATION'S TAX POSITIONS AND CONCLUDED THAT THE ORGANIZATION HAD TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE FINANCIAL STATEMENTS TO COMPLY WITH THE PROVISIONS OF THIS GUIDANCE WITH FEW EXCEPTIONS, THE ORGANIZATION IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY THE U S FEDERAL TAX AUTHORITIES FOR YEARS ENDING BEFORE 2013
SCHEDULE D, PAGE 4, PART XI, LINE 2D	DIRECT FUNDRAISING EXPENSES ON STATEMENT OF REVENUE 104,503 GAMING EXPENSES NETTED AGAINST REVENUE 21,087
SCHEDULE D, PAGE 4, PART XI, LINE 4B	DESIGNATED PLEDGES 771,771
SCHEDULE D, PAGE 4, PART XII, LINE 2D	DIRECT FUNDRAISING EXPENSES ON STATEMENT OF REVENUE 104,503 GAMING EXPENSES NETTED AGAINST REVENUE 21,087
SCHEDULE D, PAGE 4, PART XII, LINE 4B	DESIGNATED PLEDGES 771,771

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶Attach to Form 990 or Form 990-EZ

▶Information about Schedule G (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
THE UNITED WAY INC

Employer identification number
75-0800600

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

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

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

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

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

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

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

Part II Fundraising Events.

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

		(a) Event #1 GALAS (event type)	(b) Event #2 LOAN EXECUTIVE (event type)	(c) Other events 4 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	86,531	35,276	59,209	181,016
	2 Less Contributions	21,151		7,527	28,678
	3 Gross income (line 1 minus line 2)	65,380	35,276	51,682	152,338
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	620		2,284	2,904
	6 Rent/facility costs	2,009	21,142	7,150	30,301
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	32,408	17,450	21,440	71,298
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				104,503
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				47,835

Part III Gaming.

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue			40,850	40,850
Direct Expenses	2 Cash prizes				
	3 Noncash prizes			20,000	20,000
	4 Rent/facility costs				
	5 Other direct expenses			1,087	1,087
	6 Volunteer labor	☐ Yes ____ % ☑ No	☐ Yes ____ % ☑ No	☐ Yes ____ % ☑ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				21,087
	8 Net gaming income summary Subtract line 7 from line 1, column (d) ▶				19,763

9 Enter the state(s) in which the organization conducts gaming activities TX

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☑ No

b If "No," explain

TEXAS LAW ALLOWS FOR THE USE OF A RAFFLE AS A FUNDRAISING EVENT

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☑ No

b If "Yes," explain

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

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

13 Indicate the percentage of gaming activity conducted in

a The organization's facility	**13a**	%
b An outside facility	**13b**	100 000 %

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

Name ▶ JEFF GULDE

Address ▶ 2207 LINE AVENUE
AMARILLO, TX 79106

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☑ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ ____________ and the amount of gaming revenue retained by the third party ▶ $ ____________

c If "Yes," enter name and address of the third party

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ $

Description of services provided ▶

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

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

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

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

Return Reference	Explanation
SCHEDULE G, PAGE 2, PART III, LINE 9B	TWO PER CALENDAR YEAR, AS LONG AS OTHER CRITERIA ARE MET

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493305001286

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*.

OMB No 1545-0047
2015
Open to Public Inspection

Name of the organization
THE UNITED WAY INC

Employer identification number
75-0800600

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							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . ▶ 33

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

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
(1) BIRTH CERTIFICATE/STATE I	16	316			
(2) BUS TICKETS	1	225			
(3) FUEL VOUCHERS	1000	4,514			
(4) MEDICAL/PRESCRIPTION ASSI	1	24			
(5) RENT ASSISTANCE	1	389			
(6) TRANSPORTATION	1	75			
(7) UTILITY BILL ASSISTANCE	4	757			

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
SCHEDULE I, PAGE 1, PART I, LINE 2	THE RECIPIENTS PROVIDE QUARTERLY (IN SOME CASES, MONTHLY) FINANCIALS FOR REVIEW BY THE FINANCIAL ACCOUNTABILITY COMMITTEE THEY ALSO PROVIDE MONTHLY REPORTS TO THE COMMUNITY IMPACT DIRECTOR WHICH SHOW OUTPUTS/OUTCOMES TIED BACK TO THE FUNDS RECEIVED

Additional Data

Software ID:
Software Version:
EIN: 75-0800600
Name: THE UNITED WAY INC

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMARILLO AREA ADULT LITERACY COUNCIL PO BOX 447 AMARILLO,TX 79178	75-2055737	3	26,500				COMMUNITY IMPACT
AMARILLO AREA CASA 112 SW 8TH AVE 101 AMARILLO,TX 79101	75-2560069	3	11,306				DONOR DESIGNATIONS
AMARILLO COLLEGE FOUNDATION PO BOX 447 AMARILLO,TX 79178	75-6029084	3	24,349				DONOR DESIGNATIONS

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
AMARILLO MERCY MINISTRIES DBA AMARILLO MISSION 2123 S VAN BUREN AMARILLO,TX 79109	27-4201383	3	13,001				DONOR DESIGNATIONS
AMARILLO RECOVERY FROM ALCOHOL & DRUG ABUSE 2300 LINE AVE AMARILLO,TX 79106	26-2779312	3	35,000				COMMUNITY IMPACT
AMARILLO SWIM & SPORTS ASSOCIATION 4701 SPARTANBURG DR AMARILLO,TX 79119	75-2305445	3	7,838				DONOR DESIGNATIONS

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
AMARILLO YOUTH CHOIRS INC PO BOX 9421 AMARILLO,TX 79105	75-2507750	3	5,414				DONOR DESIGNATIONS
AMERICA'S BEST CHARITIES PO BOX 45753 SAN FRANCISCO,CA 94145	94-3067804	3	57,868				DONOR DESIGNATIONS
AMERICAN RED CROSS 1800 S HARRISON AMARILLO,TX 79102	75-0883101	3	60,000				COMMUNITY IMPACT

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 1800 S HARRISON AMARILLO,TX 79102	75-0883101	3	9,374				DONOR DESIGNATIONS
BAPTIST COMMUNITY SERVICES SNAK PACK 4 KIDS 701 PARK PLACE AVE AMARILLO,TX 79101	75-2206268	3	19,718				DONOR DESIGNATIONS
BIG BROTHER BIG SISTERS OF TX PANHANDLE 2110 S WESTERN AMARILLO,TX 79106	75-1086481	3	62,000				COMMUNITY IMPACT

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
BIG BROTHERS BIG SISTERS PANHANDLE 2110 S WESTERN AMARILLO,TX 79106	75-1086481	3	11,941				DONOR DESIGNATIONS
BOY SCOUTS OF AMERICA GOLDEN SPREAD COUNCIL 401 TASCOSA ROAD AMARILLO,TX 79124	75-1086481	3	14,044				DONOR DESIGNATIONS
BOY SCOUTS OF AMERICAN GOLDEN SPREAD COUNCIL 401 TASCOSA ROAD AMARILLO,TX 79124	75-0800613	3	245,000				COMMUNITY IMPACT

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
BUCKNER CHILDREN & FAMILY SERVICES TRANSITION CENTER 600 N PEARL ST SUITE 200 DALLAS,TX 75201	75-2571395	3	20,000				COMMUNITY IMPACT
CATHOLIC CHARITIES OF THE TEXAS PANHANDLE PO BOX 15127 AMARILLO,TX 79105	75-0818147	3	80,000				COMMUNITY IMPACT
CATHOLIC CHARITIES OF THE TEXAS PANHANDLE PO BOX 15127 AMARILLO,TX 79105	75-0818147	3	21,382				DONOR DESIGNATIONS

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
CHILDREN'S LEARNING CENTERS PO BOX 15408 AMARILLO,TX 79105	75-0800601	3	280,000				COMMUNITY IMPACT
COMMUNITY HEALTH CHARITIES OF TEXAS 16414 SAN PEDRO AVE STE 940 SAN ANTONIO,TX 78232	75-0954584	3	15,974				DONOR DESIGNATIONS
EPILEPSY FOUNDATION WEST TEXAS PO BOX 5884 AMARILLO,TX 79117	23-7220756	3	7,000				COMMUNITY IMPACT

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
FAMILY SUPPORT SERVICES 1001 S POLK ST AMARILLO,TX 79101	75-0800642	3	276,524				COMMUNITY IMPACT
FAMILY SUPPORT SERVICES 1001 S POLK ST AMARILLO,TX 79101	75-0800642	3	22,231				DONOR DESIGNATIONS
GIRL SCOUTS OF TEXAS OKLAHOMA PLAINS INC 6011 W 45TH AVE AMARILLO,TX 79109	75-0800602	3	133,903				COMMUNITY IMPACT

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
GOODWILL OF NORTHWEST TEXAS 1904 S BELL ST AMARILLO,TX 79106	75-1245780	3	150,000				COMMUNITY IMPACT
HIGH PLAINS CHILDREN'S HOME 11461 S WESTERN ST AMARILLO,TX 79118	75-1234350	3	26,658				DONOR DESIGNATIONS
HIGH PLAINS FOOD BANK PO BOX 31803 AMARILLO,TX 79120	75-1838348	3	21,054				DONOR DESIGNATIONS

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
HUTCHINSON COUNTY UNITED WAY PO BOX 1430 BORGER,TX 79008	75-0875853	3	7,859				DONOR DESIGNATIONS
JAN WERNER ADULT DAY CARE 3108 S FILLMORE AMARILLO,TX 79110	75-1593441	3	95,000				COMMUNITY IMPACT
JAN WERNER ADULT DAY CARE 3108 S FILLMORE AMARILLO,TX 79110	75-1593441	3	18,971				DONOR DESIGNATIONS

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
JUNIOR ACHIEVEMENT OF THE HIGH PLAINS 4302 SW 45TH AMARILLO,TX 79109	75-0944915	3	30,000				COMMUNITY IMPACT
LOCAL INDEPENDENT CHARITIES OF TEXAS 13740 RESEARCH BOULEVARD R-4 AUSTIN,TX 78750	94-3219813	3	7,959				DONOR DESIGNATIONS
MAVERICK BOYS & GIRLS CLUB 1923 S LINCOLN ST AMARILLO,TX 79109	75-0808760	3	442,818				COMMUNITY IMPACT

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
MAVERICK BOYS AND GIRLS CLUB 1923 S LINCOLN ST AMARILLO,TX 79109	75-0808760	3	19,543				DONOR DESIGNATIONS
PANHANDLE REGIONAL PLANNING COMMISSION 415 SW 8TH AMARILLO,TX 79101	75-1317291	GOV	110,000				COMMUNITY IMPACT
SALVATION ARMY INC 400 S HARRISON AMARILLO,TX 79101	58-0660607	3	171,900				COMMUNITY IMPACT

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
SALVATION ARMY INC 400 S HARRISON AMARILLO,TX 79101	58-0660607	3	20,222				DONOR DESIGNATIONS
TEXAS TECH UNIVERSITY HEALTH SCIENCES - NURSE FAMILY PARTNERSHIP 1400 WALLACE BLVD STE 238 AMARILLO,TX 79109	75-2668014	3	10,000				COMMUNITY IMPACT
THE BRIDGE 804 QUAIL CREEK DR AMARILLO,TX 79124	75-1995807	3	81,205				DONOR DESIGNATIONS

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
TURN CENTER 1250 WALLACE AMARILLO,TX 79106	75-1047725	3	6,059				DONOR DESIGNATIONS
WESLEY COMMUNITY CENTER 1615 S ROBERTS AMARILLO,TX 79102	51-0158641	3	52,000				COMMUNITY IMPACT
WESLEY COMMUNITY CENTER 1615 S ROBERTS AMARILLO,TX 79102	51-0158641	3	14,473				DONOR DESIGNATIONS

SCHEDULE M (Form 990)

Noncash Contributions

OMB No 1545-0047

2015

Open to Public Inspection

▶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*

Department of the Treasury
Internal Revenue Service

Name of the organization
THE UNITED WAY INC

Employer identification number
75-0800600

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures .				
3 Art—Fractional interests . .				
4 Books and publications . .				
5 Clothing and household goods	X		10,380	DONOR DETERMINED
6 Cars and other vehicles . .	X	1	20,000	DONOR DETERMINED
7 Boats and planes				
8 Intellectual property . . .				
9 Securities—Publicly traded .				
10 Securities—Closely held stock .				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous . .				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other . . .				
15 Real estate—Residential .				
16 Real estate—Commercial . .				
17 Real estate—Other . . .				
18 Collectibles				
19 Food inventory . . .	X	8	4,259	DONOR DETERMINED
20 Drugs and medical supplies .				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens . .				
24 Archeological artifacts . . .				
25 Other ▶ (MEDIA/ADVERTISE)	X	3	100,300	DONOR DETERMINED
26 Other ▶ (ROUND OF GOLF)	X	2	220	DONOR DETERMINED
27 Other ▶ (PROFESSIONAL)	X	1	1,800	DONOR DETERMINED
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 |

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

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ 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
THE UNITED WAY INC

Employer identification number
75-0800600

Return Reference	Explanation
FORM 990 - ORGANIZATION'S MISSION	OUR MISSSION IS "TO IMPROVE LIVES THROUGH THE CARING POWER OF OUR COMMUNITY " UNITED WAY RECRUITS PEOPLE AND ORGANIZATIONS WHO BRING PASSION, EXPERTISE AND RESOURCES NEEDED TO RAISE THE MONEY TO GET THINGS DONE WE MOBILIZE THESE COMMUNITY RESOURCES AND VOLUNTEERS TO MEET HUMAN SERVICE NEEDS WE CONNECT PEOPLE TO SERVICES 24/7 THROUGH 2-1-1 TEXAS, LOCATED AT THE GUYON SAUNDERS RESOURCE CENTER THE UNITED WAY OF AMARILLO & CANYON IS AT THE FOREFRONT OF MAKING SYSTEMIC CHANGES IN THE AREAS OF EDUCATION, INCOME AND HEALTH, AND CREATING OPPORTUNITIES FOR A BETTER LIFE FOR ALL

Return Reference	Explanation
FORM 990, PAGE 1, PART I, LINE 6	UNITED WAY WORLD WIDE REQUIRES AN ANNUAL REPORT THAT SEEKS THIS INFORMATION THE ESTIMATE INCLUDES THE FOLLOWING DETAIL BOARD/POLICY MAKING VOLUNTEERS - 37 CAMPAIGN VOLUNTEERS - 87 INTERNAL CAMPAIGN COORDINATORS - 74 COMMUNITY IMPACT VOULNTEERS - 39 OTHER VOLUNTEERS - 100

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4D	GUYON SAUNDERS RESOURCE CENTER SUPPORT - PROVIDE SUPPORT TO THE GUYON SAUNDERS RECOURCE CENTER, THEREBY IMPROVING ACCESS TO MEDICAL AND SOCIAL SERVICES FOR CLIENTS IN NEED OF ASSISTANCE.

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 2	WILLIAM WARE DIRECTOR DENNIS SPEAR TERRI WHISENANT DIRECTOR VP FIN ACCT 3 ABOVE HAVE THE SAME EMPLOYER

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 11B	THE FORM 990 WILL BE PRESENTED TO THE GOVERNING BOARD EITHER AT A NORMAL BOARD MEETING BY THE ACCOUNTING FIRM THAT PREPARED THE FORM OR ELECTRONICALLY PRIOR TO SUBMISSION OF THE FORM THE BOARD WILL HAVE AN OPPORTUNITY TO REVIEW THE FORM AND ASK ANY QUESTIONS EITHER OF THE ACCOUNTING FIRM OR OF THE STAFF TO PROVIDE CLARIFICATION, EXPLANATION, ETC

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 12C	UNITED WAY OF AMARILLO & CANYON GUIDELINES REGARDING THE CONFLICTS OF INTEREST POLICY THESE GUIDELINES SHALL CONTROL THE EFFECT AND OPERATION OF THE CONFLICTS OF INTEREST POLICY OF UNITED WAY OF AMARILLO & CANYON ADOPTED BY ITS BOARD OF DIRECTORS ON THE 21ST DAY OF OCTOBER, 1993 GUIDELINE 1 A FIDUCIARY WILL NOT BE DEEMED TO HAVE A CONFLICT OF INTEREST WITH UNITED WAY MERELY BECAUSE THAT FIDUCIARY, OR HIS OR HER BUSINESS, ENTERPRISE, ORGANIZATION, FRIEND, OR FAMILY MEMBER PROVIDES GOODS OR SERVICES TO UNITED WAY IN CIRCUMSTANCES WHERE THAT PERSON OR ENTITY IS THE ONLY PRACTICAL PROVIDER EXAMPLES OF SUCH CIRCUMSTANCES WOULD BE THE PROVIDING OF UTILITIES TO UNITED WAY (ADOPTED OCTOBER 21, 1993) GUIDELINE 2 A VOLUNTEER WHO IS FIDUCIARY HAVING A CONFLICT OF INTEREST WITH UNITED WAY SHALL NOT BE PREVENTED FROM PARTICIPATING IN DISCUSSIONS REGARDING, AND VOTING ON, ISSUES OR DECISIONS INDIRECTLY AFFECTED BY THAT CONFLICT OF INTEREST AN EXAMPLE OF THIS CIRCUMSTANCE WOULD BE DISCUSSION OF AND VOTING ON THE BUDGET OF UNITED WAY WHEN A CONTRACT THAT IS THE SUBJECT OF THE CONFLICT OF INTEREST IS INCLUDED IN THAT BUDGET IF, HOWEVER, THE MATTER THAT IS THE SUBJECT OF THE CONFLICT OF INTEREST IS SPECIFICALLY ADDRESSED IN THE BUDGET DISCUSSIONS, THEN THE FIDUCIARY HAVING THE CONFLICT OF INTEREST SHALL NOT PARTICIPATE IN THE SPECIFIC DISCUSSION REGARDING THAT MATTER AND SHALL LEAVE THE ROOM DURING THAT DISCUSSION (ADOPTED OCTOBER 21,1993) GUIDELINE 3 IF THERE IS A QUESTION CONCERNING WHETHER A FIDUCIARY SHOULD REFRAIN FROM DISCUSSION REGARDING A PARTICULAR MATTER AND LEAVE THE ROOM DURING THE DISCUSSION, THE OFFICER PRESIDING OVER THE MEETING SHALL DECIDE THAT OFFICER'S DECISION WILL BE MADE IN HIS OR HER SOLE DISCRETION AND WILL BE FINAL (ADOPTED OCTOBER 21,1993) IF A STAFF HAS A CONFLICT OF INTEREST OR A PERCEIVED CONFLICT OF INTEREST AND THERE IS A QUESTION CONCERNING WHETHER THE STAFF SHOULD SEVER A RELATIONSHIP, THEY WILL BRING IT TO THE EXECUTIVE DIRECTOR WHO, IN CONCERT WITH THE BOARD PRESIDENT, SHALL MAKE THE DECISION

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 15A	THE PROCESS FOR DETERMINING COMPENSATION FOR THE EXECUTIVE DIRECTOR AND OTHER KEY EMPLOYEES WAS HANDLED, IN PART, BY A SUBCOMMITTEE ESTABLISHED TO REVIEW COMPENSATION FROM LIKE-SIZED UNITED WAYS TO DETERMINE SALARY/HOURLY WAGES FOR THE DIFFERENT JOB DESCRIPTIONS IN EARLY 2009 THESE DISCUSSIONS WERE HELD IN EXECUTIVE SESSION SO CONTEMPORANEOUS SUBSTANTIATION OF THE DISCUSSION AND DECISION DO NOT EXIST HOWEVER, THE RESULTS OF THE DECISIONS WERE MADE AVAILABLE TO THE FINANCE DIRECTOR FOR THE EXPLICIT PURPOSE OF INCORPORATING THE RAW DATA INTO THE UPCOMING BUDGET, WHICH WAS APPROVED BY THE GOVERNING BOARD, AS RECOMMENDED BY THE EXECUTIVE BOARD THE RANGES SET DURING THAT PROCESS ARE STILL IN USE FOR CURRENT STAFF COMPENSATION THE EXECUTIVE DIRECTOR'S SALARY IS DETERMINED BY THE BOARD THE EXECUTIVE DIRECTOR HAS BEEN GIVEN THE AUTHORITY TO APPROVE THE COMPENSATION OF THE REMAINDER OF THE STAFF WITHIN THE BOUNDARIES SET BY THE GOVERNING BOARD

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 15B	THE PROCESS FOR DETERMINING COMPENSATION FOR THE EXECUTIVE DIRECTOR AND OTHER KEY EMPLOYEES WAS HANDLED, IN PART, BY A SUBCOMMITTEE ESTABLISHED TO REVIEW COMPENSATION FROM LIKE-SIZED UNITED WAYS TO DETERMINE SALARY/HOURLY WAGES FOR THE DIFFERENT JOB DESCRIPTIONS IN EARLY 2009 THESE DISCUSSIONS WERE HELD IN EXECUTIVE SESSION SO CONTEMPORANEOUS SUBSTANTIATION OF THE DISCUSSION AND DECISION DO NOT EXIST HOWEVER, THE RESULTS OF THE DECISIONS WERE MADE AVAILABLE TO THE FINANCE DIRECTOR FOR THE EXPLICIT PURPOSE OF INCORPORATING THE RAW DATA INTO THE UPCOMING BUDGET, WHICH WAS APPROVED BY THE GOVERNING BOARD, AS RECOMMENDED BY THE EXECUTIVE BOARD THE RANGES SET DURING THAT PROCESS ARE STILL IN USE FOR CURRENT STAFF COMPENSATION THE EXECUTIVE DIRECTOR'S SALARY IS DETERMINED BY THE BOARD THE EXECUTIVE DIRECTOR HAS BEEN GIVEN THE AUTHORITY TO APPROVE THE COMPENSATION OF THE REMAINDER OF THE STAFF WITHIN THE BOUNDARIES SET BY THE GOVERNING BOARD

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 19	WE MAKE OUR GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS, AVAILABLE TO THE PUBLIC BY INSPECTION AT OUR OFFICE DURING NORMAL BUSINESS HOURS, WHICH ARE 8 00 AM TO 5 00 PM, MONDAY THROUGH FRIDAY, EXCLUDING HOLIDAYS EXTENDED HOURS ARE RECOGNIZED (8 00 AM TO 5 30 PM) FROM SEPTEMBER THROUGH MID-NOVEMBER

Return Reference	Explanation
FORM 990, PART XI, LINE 9	DIRECT FUNDRAISING EXPENSES ON STATEMENT OF REVENUE 104,503 GAMING EXPENSES NETTED AGAINST REVENUE 21,087 DESIGNATED PLEDGES -771,771 DIRECT FUNDRAISING EXPENSES ON STATEMENT OF REVENUE -104,503 GAMING EXPENSES NETTED AGAINST REVENUE -21,087 DESIGNATED PLEDGES 771,771

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990. ▶ Information about Schedule R (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
THE UNITED WAY INC

Employer identification number

75-0800600

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	No
(1) TYLER STREET RESOURCE CENTER 200 SOUTH TYLER AMARILLO, TX 79101 75-2614211	PROGRAM	TX	501C3	9	N/A		No

Part III **Identification of Related Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity? Yes	(i) No

Part V Transactions With Related Organizations

Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

		Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b		No
c Gift, grant, or capital contribution from related organization(s)	1c		No
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k	Yes	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o Sharing of paid employees with related organization(s)	1o	Yes	
p Reimbursement paid to related organization(s) for expenses	1p		No
q Reimbursement paid by related organization(s) for expenses	1q		No
r Other transfer of cash or property to related organization(s)	1r		No
s Other transfer of cash or property from related organization(s)	1s		No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) TYLER STREET RESOURCE CENTER	K	16,991	FAIR MARKET VALUE
(2) TYLER STREET RESOURCE CENTER	M	54,722	FAIR MARKET VALUE
(3) TYLER STREET RESOURCE CENTER	L	14,400	CASH

Part VI **Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation