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Part III

Statement of Program Service Accomplishments

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

☐

☒

1

Briefly describe the organization's mission

TO UNITE THE SUPPORT OF OUR CITIZENS TO MAKE A STRONGER, SAFER, HEALTHIER COMMUNITY

2

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

☐ Yes ☒ No

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

3

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

☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

4

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

4a

(Code) (Expenses \$ 2,616,875 including grants of \$ 2,616,875) (Revenue \$ 2,616,875)

Funds for the agency programs come from the contributions of United Way of the Big Bend (UWBB) supporters through THE annual fundraising campaign The Community Campaign AND Leon County Schools Campaign solicit monetary support from the corresponding constituents uwbb SUPPORTED over 197 PROGRAMS across the big bend are THE Allocation of funds is based on the decision of the Community Investment Team, COMPRISED OF UP TO 102 agencies knowledgeable about the community's needs A panel of volunteers reviews each agency's finances, programs, facilities, and long-range plan within the broad framework of community needs After thorough analysis, these volunteers recommend how THE FUNDS ARE ALLOCATED TO EACH AGENCY PROGRAM

4b

(Code) (Expenses \$ 36,000 including grants of \$) (Revenue \$ 21,250)

The ReadingPals Initiative focuses on early literacy intervention and reading readiness ReadingPals connects passionate, committed volunteers with students in kindergarten through second grade who have been identified as struggling readers Using a developed curriculum, each ReadingPal commits one hour a week for the entire school year to read to the same child and work on literacy skills Each student takes home a brand new book every week For the 2015-16 school year, ReadingPals volunteers were trained and deployed in 20 schools in Leon & Gadsden Counties and approximately 4,500 books were distributed Students participating in the ReadingPals program increased reading scores on average at three times the rate of their peers that did not receive assistance

4c

(Code) (Expenses \$ 108,065 including grants of \$) (Revenue \$ 5,000)

The Volunteer Income Tax Assistance (VITA) effort (part of our financial stability effort titled Believe, Earn, Save, Thrive - B E S T) offers free tax preparation by IRS-certified volunteers This fast and free service helps Big Bend residents avoid predatory income tax preparers and costly refund anticipation loans VITA prepared 2015 tax returns, free of charge, for 5,300 residents saving them more than \$1,400,000 in tax preparation fees, enabling families to claim over \$1,300,000 in Earned Income Tax Credits, and bnring more than \$4,800,000 million in tax refunds back into the community

4d

Other program services (Describe in Schedule O)

(Expenses \$ 1,113,730 including grants of \$) (Revenue \$)

4e

Total program service expenses ▶ 3,874,670

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	No
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f 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 Yes	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18 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	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

Part IV Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? 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			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		No
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		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?			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			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 <input type="checkbox"/>		
		<div>YesNo</div>
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	<div>1a21</div>	
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	<div>1b0</div>	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<div>1c</div>	
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.	<div>2a112</div>	
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).	<div>2b</div>	<div>Yes</div>
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	<div>3a</div>	<div>No</div>
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	<div>3b</div>	
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)?	<div>4a</div>	<div>No</div>
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?	<div>5a</div>	<div>No</div>
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<div>5b</div>	<div>No</div>
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	<div>5c</div>	
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?	<div>6a</div>	<div>No</div>
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<div>6b</div>	
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?	<div>7a</div>	<div>Yes</div>
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	<div>7b</div>	<div>Yes</div>
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<div>7c</div>	<div>No</div>
d If "Yes," indicate the number of Forms 8282 filed during the year.	<div>7d</div>	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<div>7e</div>	<div>No</div>
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<div>7f</div>	<div>No</div>
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<div>7g</div>	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<div>7h</div>	
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?	<div>8</div>	
9a Did the sponsoring organization make any taxable distributions under section 4966?	<div>9a</div>	
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<div>9b</div>	
10 Section 501(c)(7) organizations. Enter		
a Initiation fees and capital contributions included on Part VIII, line 12.	<div>10a</div>	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	<div>10b</div>	
11 Section 501(c)(12) organizations. Enter		
a Gross income from members or shareholders.	<div>11a</div>	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	<div>11b</div>	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	<div>12a</div>	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	<div>12b</div>	
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.	<div>13a</div>	
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.	<div>13b</div>	
c Enter the amount of reserves on hand.	<div>13c</div>	
14a Did the organization receive any payments for indoor tanning services during the tax year?	<div>14a</div>	<div>No</div>
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	<div>14b</div>	

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	1a 33		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b Enter the number of voting members included in line 1a, above, who are independent	1b 33		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6 Did the organization have members or stockholders?	6		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	No
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	No
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

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

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
 ► IRVIN CHIKOTI 307 E 7TH AVENUE tallahassee, FL 32303 (850) 414-0844

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

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

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

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

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

[illegible]

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

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

Part VIII

Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . .	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	4,608,210				
	g	Noncash contributions included in lines 1a-1f \$						
	h	Total. Add lines 1a-1f			4,608,210			
Program Service Revenue	2a	LE SPONSORSHIP	Business Code 900099	10,000	10,000			
	b							
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f			10,000			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		36,870			36,870
4		Income from investment of tax-exempt bond proceeds . . .		0				
5		Royalties		0				
6a		(i) Real		(ii) Personal				
		11,330						
		Less rental expenses						
		11,330		0				
d		Net rental income or (loss)			11,330			11,330
7a		(i) Securities		(ii) Other				
		1,351,646						
		Less cost or other basis and sales expenses						
		1,408,756						
c		Gain or (loss)		-57,110				
d		Net gain or (loss)			-57,110			-57,110
8a		Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18						
		a	33,201					
		b	45,900					
c		Net income or (loss) from fundraising events . . .			-12,699			-12,699
9a		Gross income from gaming activities See Part IV, line 19						
		a						
		b						
c		Net income or (loss) from gaming activities			0			
10a	Gross sales of inventory, less returns and allowances							
	a							
	b							
	c							
c	Net income or (loss) from sales of inventory . . .			0				
Miscellaneous Revenue		Business Code						
11a	MISCELLANEOUS INCOME		900099	1,870	1,870			
b								
c								
d	All other revenue							
e	Total. Add lines 11a-11d			1,870				
12	Total revenue. See Instructions			4,598,471	11,870		-21,609	

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

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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	2,787,427	2,787,427		
2	Grants and other assistance to domestic individuals See Part IV, line 22	11,118	11,118		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	295,635	189,974	81,081	24,580
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	845,105	456,357	185,923	202,825
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	24,228	13,083	5,330	5,815
9	Other employee benefits	46,408	25,060	10,210	11,138
10	Payroll taxes	84,872	45,831	18,672	20,369
11	Fees for services (non-employees)				
a	Management	0			
b	Legal	0			
c	Accounting	14,617	4,385	4,970	5,262
d	Lobbying	0			
e	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	10,928		10,928	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	97,927	83,238	6,855	7,834
12	Advertising and promotion	1,076	688	194	194
13	Office expenses	108,784	54,392	21,757	32,635
14	Information technology	8,819	2,646	2,998	3,175
15	Royalties	0			
16	Occupancy	32,364	9,709	11,004	11,651
17	Travel	7,062	1,201	4,378	1,483
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	19,226	9,036	5,191	4,999
20	Interest	4,550	1,365	1,547	1,638
21	Payments to affiliates	58,731	48,159		10,572
22	Depreciation, depletion, and amortization	24,369	7,311	8,285	8,773
23	Insurance	23,031	6,909	7,831	8,291
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	MISCELLANEOUS	11,777	8,716	1,649	1,412
b	BEST	108,065	108,065		
c	CAMPAIGN EXPENSE	49,776			49,776
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	4,675,895	3,874,670	388,803	412,422
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X

Balance Sheet

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

☐

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			71,827	1	365,681
	2	Savings and temporary cash investments			439,244	2	323,449
	3	Pledges and grants receivable, net			1,491,398	3	1,551,154
	4	Accounts receivable, net			133,562	4	130,805
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.			0	5	0
	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.			0	6	0
	7	Notes and loans receivable, net			0	7	0
	8	Inventories for sale or use			0	8	0
	9	Prepaid expenses and deferred charges			20,099	9	27,260
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.	10a	1,301,487			
	b	Less: accumulated depreciation	10b	633,490	677,583	10c	667,997
	11	Investments—publicly traded securities			1,765,200	11	1,083,535
	12	Investments—other securities. See Part IV, line 11.			0	12	0
	13	Investments—program-related. See Part IV, line 11.			0	13	0
	14	Intangible assets			0	14	0
	15	Other assets. See Part IV, line 11.			0	15	0
	16	Total assets. Add lines 1 through 15 (must equal line 34).			4,598,913	16	4,149,881
Liabilities	17	Accounts payable and accrued expenses			3,680,119	17	3,436,997
	18	Grants payable			0	18	0
	19	Deferred revenue			50,593	19	50,240
	20	Tax-exempt bond liabilities			0	20	0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.			0	21	0
	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.			0	22	0
	23	Secured mortgages and notes payable to unrelated third parties			150,000	23	0
	24	Unsecured notes and loans payable to unrelated third parties			0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D.			0	25	0
	26	Total liabilities. Add lines 17 through 25.			3,880,712	26	3,487,237
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			417,513	27	359,114
	28	Temporarily restricted net assets			190,688	28	193,530
	29	Permanently restricted net assets			110,000	29	110,000
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			718,201	33	662,644
	34	Total liabilities and net assets/fund balances			4,598,913	34	4,149,881

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,598,471
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,675,895
3	Revenue less expenses Subtract line 2 from line 1	3	-77,424
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	718,201
5	Net unrealized gains (losses) on investments	5	21,867
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	662,644

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 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both		No
	<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both	Yes	
	<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		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		

Additional Data

Software ID:
Software Version:
EIN: 59-6011150
Name: United Way of the Big Bend Inc

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			
Emory Mayfield Immediate Past Chair	1 5 0 0	X		X				0	0	0
Mark O'Bryant MEMBER AT LARGE	0 5 0 0	X						0	0	0
Tom Pennekamp COMMITTEE CHAIR	1 5 0 0	X		X				0	0	0
Ron Sachs Member at Large	0 5 0 0	X						0	0	0
John C Thomas Legislative Committee Chair	1 5 0 0	X		X				0	0	0
Berneice Cox Chair-Elect	1 5 0 0	X		X				0	0	0
Sam Rogers treasurer	1 5 0 0	X		X				0	0	0
BROOKE HALLOCK Treasurer	1 5 0 0	X		X				0	0	0
DR JIM MURDAUGH MEMBER AT LARGE	0 5 0 0	X						0	0	0
FRED BAGGETT Chair	1 5 0 0	X		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			
JOHN PADGETT MEMBER AT LARGE	0 5 0 0	X						0	0	0
Julie Montanaro Campaign Chair	1 5 0 0	X		X				0	0	0
VIRGINIA GLASS Member at large	0 5 0 0	X						0	0	0
Beth Corum Secretary	1 5 0 0	X		X				0	0	0
David Wilkins Member at large	0 5 0 0	X						0	0	0
Deanna Samaha Member at large	0 5 0 0	X						0	0	0
Dr Audra Pittman Member at large	0 5 0 0	X						0	0	0
Dr Fran Close Member at large	0 5 0 0	X						0	0	0
Keith Gilbert Treasurer-elect	1 5 0 0	X		X				0	0	0
Diana Cureton Ex-officio member (non-voting)	0 5 0 0	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			
Matt Guse Early Ex-officio Member (non-voting)	0 5 0 0	X						0	0	0
Alexis Phillips Ex-officio Member (non-voting)	0 5 0 0	X						0	0	0
Pam Wilson Ex-officio Member (Non-voting)	0 5 0 0	X						0	0	0
Reverend Dr Julius McAllister Jr Member at large	0 5 0 0	X						0	0	0
Steve Evans Member at large	0 5 0 0	X						0	0	0
Alan Williams Member at large	0 5 0 0	X						0	0	0
Tracey Cohen Member at large	0 5 0 0	X						0	0	0
Cynthia Barber Member at large	0 5 0 0	X						0	0	0
Darreck McGhee Member at large	0 5 0 0	X						0	0	0
Elmira Mangum Member at Large	0 5 0 0	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			
Eric Grant Member at large	0 5 0 0	X						0	0	0
Glenda Thornton Campaign Chair-elect	1 5 0 0	X		X				0	0	0
Liz Hirst Member at large	0 5 0 0	X						0	0	0
Scotty Crowe member at large	0 5 0 0	X						0	0	0
Skip Foster Member at large	0 5 0 0	X						0	0	0
Steve Uhlfelder Member at large	0 5 0 0	X						0	0	0
Tom Haney Member at Large	0 5 0 0	X						0	0	0
KATRINA ROLLE PRESIDENT	40 0 0 0			X				101,501	0	7,944
IRVIN CHIKOTI VP OF FINANCE & OPERATIONS	40 0 0 0			X				63,032	0	10,908
Susan Dunlap VP Collective Impact	40 0 0 0			X				66,496	0	15,321

SCHEDULE A
(Form 990 or 990EZ)

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

Department of the Treasury
Internal Revenue Service

Name of the organization United Way of the Big Bend Inc	Employer identification number 59-6011150
--	--

Part I

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

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

1

☐

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

2

☐

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

3

☐

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

4

☐

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

5

☐

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

6

☐

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

7

☒

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

8

☐

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

9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See**section 509(a)(2).** (Complete Part III)

10

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g

a

☐

Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b

☐

Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c

☐

Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d

☐

Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f

Enter the number of supported organizations

g

Provide the following information about the supported organization(s)

(i) 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?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II

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

Section A. Public Support

Calendar year (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)	5,716,340	4,694,335	4,429,508	4,503,252	4,608,210	23,951,645
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 Total. Add lines 1 through 3	5,716,340	4,694,335	4,429,508	4,503,252	4,608,210	23,951,645
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)						1,208,738
6 Public support. Subtract line 5 from line 4						22,742,907

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	5,716,340	4,694,335	4,429,508	4,503,252	4,608,210	23,951,645
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	113,140	83,224	61,956	56,611	36,870	351,801
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						0
11 Total support. Add lines 7 through 10						24,303,446

12 Gross receipts from related activities, etc (see instructions)

12830,258

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	93 579 %
15 Public support percentage for 2014 Schedule A, Part II, line 14	15	98 352 %

- 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 ► <input type="checkbox"/>						

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**

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

	Yes	No
1		
2		

Section C. Type II Supporting Organizations

- 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).*

	Yes	No
1		

Section D. All Type III Supporting Organizations

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

	Yes	No
1		
2		
3		

Section E. Type III Functionally-Integrated Supporting Organizations

- 1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (**see instructions**)
- a** ☐ 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).
- 2** Activities Test **Answer (a) and (b) below.**

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

	Yes	No
2a		
2b		
3a		
3b		

Part V

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

1

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 **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 0.35	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) <input type="checkbox"/>		

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

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

Section E - Distribution Allocations (see instructions)	(i) 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
United Way of the Big Bend Inc

Employer identification number
59-6011150

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

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

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

1

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

☐ Preservation of land for public use (e g , recreation or education)
☐ Protection of natural habitat
☐ Preservation of open space

☐ Preservation of an historically important land area
☐ Preservation of a certified historic structure

2

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

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

3

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

4

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

5

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

☐ Yes ☐ No

6

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

7

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

8

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

☐ Yes ☐ No

9

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

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

1a

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

b

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

(i)

Revenue included on Form 990, Part VIII, line 1
► \$

(ii)

Assets included in Form 990, Part X
► \$

2

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

a

Revenue included on Form 990, Part VIII, line 1
► \$

b

Assets included in Form 990, Part X
► \$

Part III

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

(continued)

3

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

a☐ Public exhibition

b☐ Scholarly research

c☐ Preservation for future generations

d☐ Loan or exchange programs

e☐ Other

4

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

5

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

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

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

1a

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

☐ Yes

☐ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

Amount

1c

1d

1e

1f

2a

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

☐ Yes

☐ No

b

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

☐

Part V

Endowment Funds.

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

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a	Beginning of year balance	124,183	127,991	117,688	111,268
b	Contributions				0
c	Net investment earnings, gains, and losses	-4,674	-3,808	10,303	6,420
d	Grants or scholarships				
e	Other expenditures for facilities and programs				
f	Administrative expenses				
g	End of year balance	119,509	124,183	127,991	117,688

2

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

a

Board designated or quasi-endowment

7 960 %

b

Permanent endowment

92 040 %

c

Temporarily restricted endowment

0 %

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

3a

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

(i) unrelated organizations

(ii) related organizations

Yes

No

3a(i)

Yes

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)	Accumulated (c)depreciation	(d)Book value
1a	Land	313,803		313,803
b	Buildings	765,242	464,321	300,921
c	Leasehold improvements	58,132	38,053	20,079
d	Equipment	160,310	131,116	29,194
e	Other	4,000		4,000
Total.	Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))			667,997

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	4,137,884
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	21,867
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	21,867
3	Subtract line 2e from line 1	3	4,116,017
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	482,454
c	Add lines 4a and 4b	4c	482,454
5	Total revenue Add lines 3 and 4c.(This must equal Form 990, Part I, line 12)	5	4,598,471

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	4,193,441
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	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	4,193,441
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	482,454
c	Add lines 4a and 4b	4c	482,454
5	Total expenses Add lines 3 and 4c.(This must equal Form 990, Part I, line 18)	5	4,675,895

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
part v Endowment Funds	Line 4 the endowment fund was established to make it possible for UWBB to help social services agencies sustain current programs and develop new ones as needed. All endowment funds are classified in accordance with donor stipulations. The overall objectives of the endowment fund are production of sufficient income to meet the goals of the account and to provide for growth of assets to meet future objectives. Part X Other Liabilities Line 2 With few exceptions, UWBB is no longer subject to examinations by major tax jurisdictions for years ended June 30, 2012 & prior. part xi Reconciliation of REvenue per audited financial statements with revenue per return line 4b designated pledges \$482,454. part xii Reconciliation of Expenses per Audited Financial Statements with expenses per return line 4b designated pledges \$482,454. FOR AUDITED FINANCIAL STATEMENT PURPOSES, WHEN A DONOR MAKES A CONTRIBUTION TO UWBB AND DESIGNATES A NAMED CHARITY AS THE BENEFICIARY, THE DONOR IS OPERATING AN AGENT TRANSACTION AND THE DONATION IS NOT CONSIDERED REVENUE TO UWBB. FOR TAX PURPOSES THESE DONOR DESIGNATED FUNDS ARE RECOGNIZED AS REVENUE AND THE SUBSEQUENT DONATION TO THE NAMED CHARITY IS RECOGNIZED AS AN EXPENSE.

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
United Way of the Big Bend Inc

Employer identification number
59-6011150

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

e ☐ Solicitation of non-government grants

b ☐ Internet and email solicitations

f ☐ Solicitation of government grants

c ☐ Phone solicitations

g ☐ Special fundraising events

d ☐ In-person solicitations
- 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?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

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

Part II Fundraising Events.

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

		(a)Event #1	(b)Event #2	(c)Other events	(d)
		<u>golf tournament</u> (event type)	<u>other</u> (event type)	<u>0</u> (total number)	Total events (add col (a) through col (c))
Revenue	1 Gross receipts	32,000	1,201		33,201
	2 Less Contributions				
	3 Gross income (line 1 minus line 2)	32,000	1,201		33,201
Direct Expenses	4 Cash prizes	3,500			3,500
	5 Noncash prizes				
	6 Rent/facility costs	7,600			7,600
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	6,600	28,200		34,800
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				45,900
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				-12,699

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				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Subtract line 7 from line 1, column (d) ▶				

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

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

b If "No," explain _____

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

b If "Yes," explain _____

11

Does the organization conduct gaming activities with nonmembers?

☐ Yes ☐ No

12

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

☐ Yes ☐ No

13

Indicate the percentage of gaming activity conducted in

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

14

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

Name ▶

Address ▶

15a

Does the organization have a contract with a third party from whom the organization receives gaming revenue?

☐ 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
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2015

Open to Public Inspection

59-6011150

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

[illegible]

3 Enter total number of other organizations listed in the line 1 table. 0

Part III

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

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
HUMAN SERVICE SUPPORT - (1) INDIVIDUALS	25	11,118		ACTUAL COST	

Part IV

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

Return Reference	Explanation
part I General information on Grants and Assistance	Line Each year, the United Way of the Big Bend organizes 18 community investment teams to review its grant-funded agencies and programs. Agencies must submit an annual grant application which contains three years of budget information plus a detailed narrative on how United Way funds were used in the previous year and how they will be used in the future. The teams also have an opportunity to ask the agency representatives in person, very specific questions about the overall agency budget and the use of United Way grant funds. In addition, the agencies are required to report annual performance outcomes to the teams.

Additional Data

Software ID:
Software Version:
EIN: 59-6011150
Name: United Way of the Big Bend 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
2-1-1 BIG BEND PO BOX 10950 TALLAHASSEE, FL 323022950	51-0201771	501(C)(3)	22,575				Human SRVC Support
ABILITY 1ST 1823 BUFORD COURT TALLAHASSEE, FL 32308	59-2091522	501(C)(3)	37,475				HUMAN SRVC SUPPORT
AMERICAN RED CROSS CAPITAL AREA CHAPTER 1115 Eastern Wood Dr TALLAHASSEE, FL 32311	59-0624360	501(C)(3)	31,500				HUMAN SRVC SUPPORT

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
AMERICA'S SECOND HARVEST OF THE BIG BEND 110 FOUR POINTS WAY TALLAHASSEE, FL 32305	59-2610345	501(C)(3)	43,750				HUMAN SRVC SUPPORT
BIG BEND CARES 2201 S MONROE ST TALLAHASSEE, FL 32301	59-2816580	501(C)(3)	94,354				HUMAN SRVC SUPPORT
BIG BEND HOMELESS COALITION 2729 W PENSACOLA ST TALLAHASSEE, FL 32304	59-2898810	501(C)(3)	30,000				HUMAN SRVC SUPPORT

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BIG BEND HOSPICE 1723 MAHAN CTR BLVD Talla,FL 323085428	59-2328806	501(C)(3)	87,653				HUMAN SRVC SUPPORT
BIG BROTHERS BIG SISTERS OF THE BIG BEND 565 E TENNESSEE ST TALLAHASSEE,FL 32308	59-2130789	501(C)(3)	128,200				HUMAN SRVC SUPPORT
BOY SCOUTS OF AMERICA SUWANNEE RIVER AREA COUNCIL 2032 THOMASVILLE ROAD SUITE C TALLAHASSEE,FL 32308	59-0624370	501(C)(3)	15,868				HUMAN SRVC SUPPORT

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
BOYS & GIRLS CLUB - TAYLOR PO BOX 1474 PERRY, FL 32347	59-2973927	501(C)(3)	54,000				HUMAN SRVC SUPPORT
BOYS & GIRLS CLUB OF THE BIG BEND 306 LAURA LEE AVENUE TALLAHASSEE, FL 32301	59-3076558	501(C)(3)	38,929				HUMAN SRVC SUPPORT
BOYS & GIRLS CLUB TABULA RASA PO BOX 251 GREENVILLE, FL 32331	20-5421558	501(C)(3)	8,500				HUMAN SRVC SUPPORT

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

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BOYS' CHOIR OF TALLAHASSEE 723 W Orange Ave TALLAHASSEE, FL 32310	20-3478334	501(C)(3)	39,000				HUMAN SRVC SUPPORT
BREHON INSTITUTE FOR FAMILY SERVICES 1315 Linda Ann Drive TALLAHASSEE, FL 32301	59-1865406	501(C)(3)	29,050				HUMAN SRVC SUPPORT
CAPITAL AREA COMMUNITY ACTION AGENCY 309 OFFICE PLAZA DR TALLAHASSEE, FL 32301	59-1117362	501(C)(3)	26,000				HUMAN SRVC SUPPORT

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
CAPITAL AREA HEALTHY START COALITION 1311 PAUL RUSSELL RD SUITE A101 TALL,FL 32301	59-3145687	501(C)(3)	15,000				HUMAN SRVC SUPPORT
CAPITAL CITY YOUTH SERVICES 2407 ROBERTS AVENUE TALLAHASSEE,FL 32310	59-3184365	501(C)(3)	74,450				HUMAN SRVC SUPPORT
CATHOLIC CHARITIES OF NORTHWEST FLORIDA 1380 Blountstown Hwy TALLAHASSEE,FL 32304	75-3196619	501(C)(3)	37,000				HUMAN SRVC SUPPORT

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 HOME SOCIETY OF FLORIDA 1801 MICCOSUKEE COMMONS DR TALL, FL 32308	52-0728032	501(C)(3)	50,580				HUMAN SRVC SUPPORT
CONSOLIDATED CHRISTIAN MINIST OF MADISON 799-C SW PINCKNEY ST MADISON, FL 32340	31-1630103	501(C)(3)	14,000				HUMAN SRVC SUPPORT
DICK HOWSER CENTER 240 MABRY TALLAHASSEE, FL 32304	59-1553555	501(C)(3)	110,000				HUMAN SRVC SUPPORT

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
EARLY LEARNING COALITION - BIG BEND 1940 N Monroe Ave TALLAHASSEE, FL 32303	59-3743672	501(C)(3)	54,471				HUMAN SRVC SUPPORT
ECHO OUTREACH MINISTRIES 702 WEST MADISON ST TALLAHASSEE, FL 32304	59-2290628	501(C)(3)	17,725				HUMAN SRVC SUPPORT
ELDER CARE SERVICES 2518 W TENNESSEE ST TALLAHASSEE, FL 32304	59-1426079	501(C)(3)	238,329				HUMAN SRVC SUPPORT

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EPILEPSY ASSOCIATION OF THE BIG BEND 1215 LEE AVENUE TALLAHASSEE, FL 32303	59-2935276	501(C)(3)	26,679				HUMAN SRVC SUPPORT
FELLOWSHIP OF CHRISTIAN ATHLETES 2221 OLD BAINBRIDGE RD TALL, FL 32303	44-0610626	501(C)(3)	7,380				HUMAN SRVC SUPPORT
JEFFERSON SENIOR CENTER 1155 N JEFFERSON ST MONTICELLO, FL 32344	59-2015689	501(C)(3)	10,000				HUMAN SRVC SUPPORT

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
KIDS INCORPORATED OF THE BIG BEND 2326 CENTERVILLE ROAD TALLAHASSEE, FL 32308	23-7411718	501(C)(3)	214,700				HUMAN SRVC SUPPORT
LEGAL AID FOUNDATION 2119 Delta Blvd TALLAHASSEE, FL 32303	59-1236357	501(c)(3)	20,000				HUMAN SRVC SUPPORT
LEGAL SERVICES OF NORTH FLORIDA 2119 DELTA BOULEVARD TALLAHASSEE, FL 32303	51-0197090	501(C)(3)	52,300				HUMAN SRVC SUPPORT

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LIGHTHOUSE OF THE BIG BEND 3071 Highland Oaks TALLAHASSEE, FL 32301	59-2288754	501(C)(3)	37,010				HUMAN SRVC SUPPORT
LITERACY VOLUNTEERS OF LEON COUNTY 200 West Park Avenue TALLAHASSEE, FL 32301	59-2937641	501(C)(3)	20,000				HUMAN SRVC SUPPORT
MADISON SENIOR CITIZENS 1161 SW Harvey Greene Dr MADISON, FL 32340	23-7097794	501(C)(3)	22,000				HUMAN SRVC SUPPORT

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

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NEIGHBORHOOD MEDICAL CENTER 438 W BREVARD STREET TALLAHASSEE, FL 32301	23-7422549	501(C)(3)	48,000				HUMAN SRVC SUPPORT
OFFICE OF THE PUBLIC GUARDIAN 2292 WEDNESDAY STREET SUITE 1 TALLAHASSEE, FL 32308	16-1652866	501(C)(3)	33,775				HUMAN SRVC SUPPORT
PACE CENTER FOR GIRLS 1344 Cross Creek Cir Tallahassee, FL 32301	59-2414492	501(C)(3)	10,556				HUMAN SRVC SUPPORT

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

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REFUGE HOUSE PO BOX 20910 TALLAHASSEE, FL 323160910	59-1869324	501(C)(3)	183,485				HUMAN SRVC SUPPORT
SICKLE CELL FOUNDATION 1336 VICKERS ROAD TALLAHASSEE, FL 32303	59-2518049	501(C)(3)	9,299				HUMAN SRVC SUPPORT
SPECIAL OLYMPICS OF FLORIDA - LEON COUNTY 2898-1 Mahan Drive TALLAHASSEE, FL 32308	23-7181560	501(C)(3)	27,500				HUMAN SRVC SUPPORT

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TAYLOR CO SENIOR SERVICES 428 North Jefferson Street PERRY, FL 32347	20-3093915	501(C)(3)	25,500				HUMAN SRVC SUPPORT
THE ALZHEIMER'S PROJECT 301 EAST THARPE ST TALLAHASSEE, FL 32303	59-2482011	501(C)(3)	33,250				HUMAN SRVC SUPPORT
THE SHELTER PO BOX 4062 TALLAHASSEE, FL 32315	59-2910293	501(C)(3)	302,500				HUMAN SRVC SUPPORT

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TURN ABOUT 2771 Miccosukee Road TALLAHASSEE, FL 32317	59-2147472	501(C)(3)	100,000				HUMAN SRVC SUPPORT
WAKULLA SENIOR CITIZENS 33 MICHAEL DRIVE CRAWFORDVILLE, FL 32327	59-1316667	501(C)(3)	33,618				HUMAN SRVC SUPPORT
WE CARE NETWORK 1204 MICCOSUKEE ROAD TALLAHASSEE, FL 32308	59-2104510	501(c)(3)	40,623				HUMAN SRVC SUPPORT

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FLORIDA DISABLED OUTDOORS ASSOCIATION 2475 APALACHEE Pwy StE 205 TAL, FL 32301	59-3051552	501(C)(3)	22,316				HUMAN SRVC SUPPORT

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 United Way of the Big Bend Inc	Employer identification number 59-6011150
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990 Schedule O, Supplemental Information

Return Reference	Explanation
part iii- PROGRAM SERVICE ACCOMPLISHMENTS	<p>Line 4D In partnership w ith the Leon County Health Department Center for Dental Care & Prevention and Leon County Schools, United Way of the Big Bend created SMILE UNITED in the fall of 2014 SMILE UNITED is a preventative dental sealants program that ensures all second graders in Leon County Title I Schools have the opportunity to receive the follow ing services a dental assessment, oral cleaning, sealants, fluoride varnish, oral health instruction and a personal dental kit SMILE UNITED services are provided for FREE to all students, regardless of the childs insurance or ability to pay During the 2015-2016 school year, SMILE UNITED served over 1,000 students at 15 Title I Schools, sealed more than 3,400 teeth and provided more than 7,600 other dental services During the first w eek of May, UWBB annually recruits more than 150 volunteers to read classic tales like The Cat in the Hat and Curious George in every first grade public school classroom in the eight-county Big Bend area (Franklin, Gadsden, Jefferson, Leon, Liberty, Madison, Taylor and Wakulla Counties) To encourage a love of reading, every first grade student takes home a brand new , free book to add to his/her home library Through READ UNITED, UWBB has distributed approximately 27,000 free books over the past six years PART VI, GOVERNANCE, MANAGEMENT AND DISCLOSURE section B line 11B THE VICE PRESIDENT OF FINANCE AND OPERATIONS REVIEWS A DRAFT OF FORM 990 AND RESOLVES ANY QUESTIONS WITH THE INDEPENDENT ACCOUNTING FIRM THAT PREPARES THE TAX RETURN AFTER BEING REVIEWED BY THE VICE PRESIDENT OF FINANCE & OPERATIONS AND THE PRESIDENT, THE 990 IS PRESENTED TO THE FINANCE COMMITTEE, CHAIRED BY THE BOARD TREASURER WHICH INCLUDES AT LEAST THREE (3) MEMBERS OF THE BOARD AFTER REVIEW BY THE COMMITTEE, THE 990 IS PRESENTED TO THE FULL BOARD FOR AUTHORIZATION PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE. line 12c THE STAFF, VOLUNTEERS AND BOARD MEMBERS OF THE UNITED WAY OF THE BIG BEND MUST SIGN THE CONFLICT OF INTEREST POLICY ANNUALLY DISCLOSURE IS REQUIRED FOR ANY MEMBER AGENCY RELATIONSHIPS, ANY BENEFIT IN TRANSACTIONS OR DECISIONS THAT FAMILY, EMPLOYER OR CLOSE ASSOCIATE STAND TO GAIN ALL CONFLICTS OR POTENTIAL CONFLICTS ARE RESOLVED BY THE CHAIRMAN OF THE BOARD line 15a THE ORGANIZATION HAS A COMPENSATION COMMITTEE COMPRISED OF BOARD MEMBERS THAT MEET ANNUALLY TO APPROVE THE PRESIDENTS COMPENSATION THE COMMITTEE REVIEWS COMPENSATION SURVEYS AND STUDIES FOR COMPARABLE COMPENSATION PACKAGES THE PRESIDENT'S COMPENSATION PACKAGE IS THEN SUBMITTED TO THE BOARD FOR APPROVAL THE PRESIDENT DETERMINES ALL OTHER STAFF SALARIES section c line 19 UNAUDITED FINANCIAL STATEMENTS ARE PRESENTED AT BIMONTHLY BOARD MEETINGS WHICH ARE OPEN TO THE PUBLIC THE AUDITED FINANCIAL STATEMENTS ARE AVAILABLE ON THE UWBB WEBSITE GOVERNANCE DOCUMENTS AND CONFLICT OF INTEREST POLICY DOCUMENTS ARE AVAILABLE UPON REQUEST THE ORGANIZATION MAKES ITS THREE MOST RECENT 990 FILINGS AVAILABLE TO THE PUBLIC UPON REQUEST</p>