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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2017

Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 01-01-2017 , and ending 12-31-2017

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

C Name of organization
UNITED WAY OF GREATER ST JOSEPH

Doing business as

Number and street (or P O box if mail is not delivered to street address) | Room/suite
PO BOX 188

City or town, state or province, country, and ZIP or foreign postal code
ST JOSEPH, MO 64502

D Employer identification number
44-0547802

E Telephone number
(816) 364-2381

G Gross receipts $ 3,556,735

F Name and address of principal officer
KYLEE STROUGH
PO BOX 188
ST JOSEPH, MO 64502

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

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

J Website: ▶ WWW STJOSEPHUNITEDWAY ORG

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

L Year of formation 1916

M State of legal domicile MO

Part I Summary

1 Briefly describe the organization's mission or most significant activities
TO IMPROVE LIVES THROUGH THE CARING POWER OF COMMUNITY

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	32
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	32
5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	**5**	12
6	Total number of volunteers (estimate if necessary)	**6**	1,029
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	3,257,185	2,930,507
9	Program service revenue (Part VIII, line 2g)	68,442	66,011
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	77,563	308,122
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	69,405	50,442
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,472,595	3,355,082
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	2,383,505	2,245,055
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	418,190	421,273
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶59,173		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	323,100	389,270
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	3,124,795	3,055,598
19	Revenue less expenses Subtract line 18 from line 12	347,800	299,484

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	11,097,110	11,866,632
21	Total liabilities (Part X, line 26)	2,639,346	2,391,368
22	Net assets or fund balances Subtract line 21 from line 20	8,457,764	9,475,264

Part II Signature Block

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

Sign Here

****** 2018-06-08
Signature of officer Date

RENEE HURD TREASURER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
CARLA R LACKEY CPA	CARLA R LACKEY CPA			P00138993

Firm's name ▶ CLIFTONLARSONALLEN LLP — Firm's EIN ▶ 41-0746749

Firm's address ▶ 2301 VILLAGE DR
ST JOSEPH, MO 64506 — Phone no (816) 232-8441

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

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

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

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ 2,272,109 including grants of $ 2,232,137) (Revenue $ 17,569)

See Additional Data

4b (Code) (Expenses $ 425,309 including grants of $ 12,918) (Revenue $ 48,442)

See Additional Data

4c (Code) (Expenses $ 61,253 including grants of $ 0) (Revenue $ 0)

See Additional Data

(Code) (Expenses $ 71,294 including grants of $ 0) (Revenue $ 0)

GENERAL ACTIVITIES OF THE UNITED WAY, WHICH CONTRIBUTE TO BUILDING COMMUNITY COALITIONS AND SUPPORTING COMMUNITY PLANNING, ARE ACCOUNTED FOR IN THE COMMUNITY BUILDING PROGRAM

4d Other program services (Describe in Schedule O)

(Expenses $ 71,294 including grants of $ 0) (Revenue $ 0)

4e **Total program service expenses** ▶ 2,829,965

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		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No

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

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

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

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

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

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	32		
	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	32		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			No
6	Did the organization have members or stockholders?	6		Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	8a		Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9			No

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

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

Section C. Disclosure

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

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 ▶KYLEE STROUGH 118 S 5TH ST ST JOSEPH, MO 64501 (816) 364-2381

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

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

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								95,562	0	16,110

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 ▶ 0

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

Section B. Independent Contractors

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

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 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	390			
	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	2,930,117			
	g Noncash contributions included in lines 1a-1f $ 56,354					
	h Total. Add lines 1a-1f		2,930,507			

Program Service Revenue	Business Code				
2a LEADERSHIP PROGRAMS	611430	33,600	33,600		
b ~~FUNDRAISING SERVICES~~	813219	17,569	17,569		
c ~~SUCCESS BY 6 SEMINARS~~	611710	8,553	8,553		
d ~~PROFIT IN EDUCATION~~	611710	5,536	5,536		
e ~~EMERGENCY FOOD AND SHE~~	624200	753	753		
f All other program service revenue					
g Total. Add lines 2a–2f		66,011			

Other Revenue						
3 Investment income (including dividends, interest, and other similar amounts)			182,686			182,686
4 Income from investment of tax-exempt bond proceeds						
5 Royalties						
	(i) Real	(ii) Personal				
6a Gross rents	39,600					
b Less rental expenses	0					
c Rental income or (loss)	39,600					
d Net rental income or (loss)			39,600			39,600
	(i) Securities	(ii) Other				
7a Gross amount from sales of assets other than inventory	327,089					
b Less cost or other basis and sales expenses	201,653					
c Gain or (loss)	125,436					
d Net gain or (loss)			125,436			125,436
8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18	a					
b Less direct expenses	b					
c Net income or (loss) from fundraising events						
9a Gross income from gaming activities See Part IV, line 19	a					
b Less direct expenses	b					
c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances	a					
b Less cost of goods sold	b					
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code				
11a OTHER INCOME		900099	10,842			10,842
b						
c						
d All other revenue						
e Total. Add lines 11a–11d			10,842			
12 Total revenue. See Instructions			3,355,082	66,011	0	358,564

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	2,234,689	2,234,689		
2 Grants and other assistance to domestic individuals See Part IV, line 22	10,366	10,366		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	111,675	71,115	31,905	8,655
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	254,272	174,268	62,810	17,194
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	9,876	5,166	4,166	544
9 Other employee benefits	19,210	11,996	5,788	1,426
10 Payroll taxes	26,240	16,883	7,537	1,820
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	20,750	13,484	5,871	1,395
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	42,163	40,401	1,762	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	42,388	41,611	338	439
12 Advertising and promotion	14,606	9,112	1,207	4,287
13 Office expenses	14,579	9,006	3,587	1,986
14 Information technology				
15 Royalties . .				
16 Occupancy	30,596	20,972	6,518	3,106
17 Travel	8,422	5,357	2,408	657
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19 Conferences, conventions, and meetings	36,410	22,028	2,980	11,402
20 Interest				
21 Payments to affiliates	32,131	20,564	9,087	2,480
22 Depreciation, depletion, and amortization . .	38,205	24,382	12,275	1,548
23 Insurance . . .	13,180	8,418	3,741	1,021
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a PARENT AWARENESS ITEMS	35,064	35,064		
b TRAINING	29,431	29,431		
c EQUIP RENT/MAINTENANCE	12,280	7,893	3,446	941
d AWARDS (NON ASSISTANCE)	11,213	11,213		
e All other expenses	7,852	6,546	1,034	272
25 **Total functional expenses.** Add lines 1 through 24e	3,055,598	2,829,965	166,460	59,173
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing	611,460	1	1,014,595
	2	Savings and temporary cash investments	810,426	2	567,453
	3	Pledges and grants receivable, net	2,831,223	3	2,589,439
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	9,635	9	9,446
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D — 10a: 910,799			
	b	Less accumulated depreciation — 10b: 549,123	398,665	10c	361,676
	11	Investments—publicly traded securities	6,435,701	11	7,324,023
	12	Investments—other securities See Part IV, line 11		12	
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	11,097,110	16	11,866,632
Liabilities	17	Accounts payable and accrued expenses	2,638,146	17	2,387,543
	18	Grants payable		18	
	19	Deferred revenue	1,200	19	3,825
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		25	
	26	**Total liabilities.** Add lines 17 through 25	2,639,346	26	2,391,368
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	4,978,696	27	5,801,942
	28	Temporarily restricted net assets	1,441,401	28	1,635,568
	29	Permanently restricted net assets	2,037,667	29	2,037,754
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	8,457,764	33	9,475,264
	34	Total liabilities and net assets/fund balances	11,097,110	34	11,866,632

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,355,082
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,055,598
3	Revenue less expenses Subtract line 2 from line 1	3	299,484
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	8,457,764
5	Net unrealized gains (losses) on investments	5	519,085
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	198,931
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	9,475,264

Part XII Financial Statements and Reporting

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

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

Additional Data

Software ID:

Software Version:

EIN: 44-0547802

Name: UNITED WAY OF GREATER ST JOSEPH

Form 990 (2017)

Form 990, Part III, Line 4a:

UNITED WAY ALLOCATED SERVICESUNITED WAY FUNDING PRIMARILY SUPPORTS THE DIRECT CLIENT SERVICES RELATED TO EDUCATION, FINANCIAL STABILITY, AND HEALTH THAT ARE DELIVERED THROUGH UNITED WAY'S LOCAL 17 PARTNER AGENCIES AMONG THE ACHIEVEMENTS IN 2017 WERE EDUCATION UNITED WAY OF GREATER ST JOSEPH WORKS TO HELP PEOPLE OF ALL AGES REACH THEIR POTENTIAL THROUGH A VARIETY OF EDUCATIONAL PURSUITS THAT WILL, IN TURN, STRENGTHEN OUR COMMUNITY QUALITY EARLY LEARNING, YOUTH EDUCATION IN AND OUT OF THE CLASSROOM, AND OTHER INSTRUCTION FOR LIFE-LONG LEARNING ARE JUST A FEW WAYS UNITED WAY SUPPORTS EDUCATION -179 CHILDREN WITH A DISABILITY OR SPECIAL NEED AND THEIR FAMILIES RECEIVED EARLY INTERVENTION SERVICES THAT HELPED THE CHILDREN WORK TOWARD IMPORTANT DEVELOPMENTAL MILESTONES -MORE THAN 600 STUDENTS LEARNED ABOUT CAREER OPPORTUNITIES, EDUCATION AND TRAINING, AND EMPLOYER EXPECTATIONS TO PREPARE THEM FOR ENTRY INTO THE WORKFORCE AFTER HIGH SCHOOL FINANCIAL STABILITY STABLE HOUSEHOLD FINANCES ARE IMPORTANT FOR DAILY LIVING, WHICH IS WHY UNITED WAY OF GREATER ST JOSEPH ALSO FOCUSES ON FINANCIAL STABILITY UNITED WAY SUPPORTS EFFORTS FOR FAMILIES AND INDIVIDUALS IN CRISIS SUCH EFFORTS INCLUDE FOOD, DISASTER RELIEF, INFORMATION AND REFERRAL, AND SHELTER SERVICES RELATED TO HOMELESSNESS OR DOMESTIC VIOLENCE UNITED WAY IS ALSO WORKING TO PREVENT FINANCIAL SITUATIONS FOR BECOMING PROBLEMS IN THE FIRST PLACE -10,821 REFERRALS WERE MADE TO FAMILIES SEEKING ASSISTANCE THROUGH THE LOCAL INFORMATION RESOURCE AND REFERRAL HOTLINE -MORE THAN 32,000 NIGHTS OF SAFE AND STABLE SHELTER WERE PROVIDED -31 INDIVIDUALS WITH DISABILITIES WERE ASSISTED IN ACHIEVING COMPETITIVE EMPLOYMENT HEALTH IN THE GREATER ST JOSEPH AREA, YOUR CONTRIBUTIONS HELP PEOPLE OF ALL AGES IMPROVE THEIR PHYSICAL AND MENTAL WELL-BEING HEALTH IS PROMOTED THROUGH FITNESS AND WELLNESS ACTIVITIES, NUTRITION AND IN-HOME SERVICES, COUNSELING, AND OTHER IMPORTANT PROGRAMS GOOD HEALTH IS CRUCIAL FOR EVERYONE -MORE THAN $34 MILLION IN UNCOMPENSATED MEDICAL CARE WAS PROVIDED TO BUCHANAN COUNTY CHILDREN -MORE THAN 4,600 ADULTS AND CHILDREN RECEIVED NEEDED MENTAL HEALTH SERVICES -MORE THAN 80,450 MEALS WERE DELIVERED TO HOMEBOUND SENIORS THE UNITED WAY COMUNITY INVESTMENT FUND IS A GRANT OPPORTUNITY TO MEET EMERGING AND EMERGENCY NEEDS QUALIFYING AGENCIES MAY APPLY FOR FUNDS THROUGHT THE YEAR TO APPLY, AGENCIES MUST COMPLETE AN APPLICATION PROCESS EACH APPLICATION IS REVIEWED BY VOLUNTEERS WHO PRESENT FUNDING RECOMMENDATIONS TO THE UNITED WAY BOARD OF DIRECTORS IN 2017, REPRESENTATIVES FROM NON-PROFITS, CHURCHES, UTILITY COMPANIES, AND GOVERNMENT AGENCIES AS WELL AS COMMUNITY MEMBERS COLLABORATED TO HELP CLIENTS WITH NEEDS FOR WHICH THERE ARE FEW OR NO RESOURCES THROUGH THE WORK OF UNITED WAY UNMET NEEDS, AREA PEOPLE WERE CONNECTED TO RESOURCES TO HELP THEM GAIN AND MAINTAIN STABILITY

Form 990, Part III, Line 4b:

UNITED WAY INITIATIVES AND PROGRAMSI UNITED WAY FINANCIAL STABILITY- PROVIDING OPPORTUNITIES FOR INDIVIDUALS AND FAMILIES TO BECOME FINANCIALLY SELF-SUFFICIENT IN 2017,-901 MEN, WOMEN, AND CHILDREN RECEIVED MORE THAN 32,000 NIGHTS OF EMERGENCY SHELTER -86 ADULTS WITH DISABILITIES HELD JOBS THROUGH SHELTERED AND SUPPORTED EMPLOYMENT -249 LOW-INCOME OR ELDERLY PEOPLE WERE REPRESENTED IN COURT AT NO COST FOR NON-CRIMINAL CASES -154 PREVIOUSLY HOMELESS HOUSEHOLDS LIVED IN TRANSITIONAL, PERMANENT, OR SUPPORTIVE HOUSING THE UNITED WAY FINANCIAL STABILITY INITIATIVE ALSO PROMOTED FREE TAX PREPARATION SERVICES OFFERED BY UNITED WAY PARTNER AGENCY INTERSERV DURING THE 2017 TAX SEASON, MORE THAN 1,300 INDIVIDUALS RECEIVED TAX ASSISTANCE THROUGH UNITED WAY PARTNER AGENCIES PREPARERS FILED 23 EARNED INCOME TAX CREDIT RETURNS FOR A TOTAL OF $84,093, PLUS MORE THAN $1 MILLION DOLLARS WAS RECEIVED LOCALLY THROUGH TAX REFUNDS FREE TAX PREPARATION SERVICES HELP PEOPLE KEEP AND SAVE THEIR OWN MONEY II UNITED WAY LEADERSHIP ST JOSEPH-BUILDING THE SKILLS OF INDIVIDUALS TO BE EFFECTIVE LEADERS IN THE COMMUNITY UNITED WAY LEADERSHIP ST JOSEPH IS AN ANNUAL, YEAR-LONG LEADERSHIP DEVELOPMENT PROGRAM FOR ADULTS LIVING OR WORKING IN THE ST JOSEPH AREA THE PROGRAM HELPS CREATE A NETWORK OF TRAINED INDIVIDUALS WILLING TO ENGAGE IN LEADERSHIP AND COMMUNITY SERVICE WITH ENHANCED KNOWLEDGE OF OUR COMMUNITY'S OPPORTUNITIES, REALITIES, AND CHALLENGES IN 2017, TWENTY-SEVEN COMMUNITY MEMBERS COMPLETED THE PROGRAM, BRINGING THE TOTAL NUMBER OF PROGRAM GRADUATES TO 854 SINCE 1982 DURING THE YEAR, PARTICIPANTS LEARNED AND PRACTICED PROJECT DEVELOPMENT RELATED TO ESSENTIAL LEADERSHIP SKILLS THE CLASS WAS DIVIDED INTO FOUR GROUPS AND WASCHALLENGED TO LEARN THE PROCESS OF DEVELOPING A PROJECT THAT WOULD MEET A COMMUNITY NEED THE CHALLENGE RESULTED IN THE FOLLOWING PROJECTS PARTNERSHIPS WHICH WOULD DONATE AND COLLECT PLASTIC STORAGE TOTES FOR CLIENTS OF THE NOYES HOME AND THE YWCA, THE DEVELOPMENT OF A CAREER GUIDE FOR COUNSELORS AT HILLYARD TECHNICAL CENTER TO USE WHEN TALKING TO STUDENTS ABOUT CAREERS IN THE TRADES, CREATION OF A FRAMEWORK WHICH CAN BE USED IN NUMEROUS WAYS TO ENGAGE MIDDLE SCHOOL STUDENTS IN PLANNING THEIR FUTURE EDUCATIONAL CHOICES AND UNDERSTANDING THE IMPACT OF CURRENT DECISIONS ON THEIR FUTURE CAREERS, AND AN AWARENESS CAMPAIGN HIGHLIGHTING ADVANTAGES OF A VOCATIONAL DEGREE OR TRADE SCHOOL THE 2017 DISTINGUISHED LEADER AWARD WAS PRESENTED TO CLASS OF 1985 ALUMNA, DALE BOULWARE III UNITED WAY PROFIT IN EDUCATION- TO IMPROVE THE EDUCATION LEVEL OF THE POTENTIAL AND CURRENT WORKFORCE UNITED WAY PROFIT IN EDUCATION WORKS TO CONTINUE INCREASING THE HIGH SCHOOL GRADUATION RATE AND COLLABORATING WITH AND SUPPORTING EDUCATION EFFORTS ACROSS THE COMMUNITY IN 2017, UNITED WAY BEST (BUSINESS AND EDUCATION SUCCEED TOGETHER) SERVED STUDENTS AT BOTH LAFAYETTE AND BENTON HIGH SCHOOLS BUSINESS PARTNERS WORKED WITH STUDENTS, HELPING THEM LEARN ABOUT LOCAL BUSINESSES, DIFFERENT JOBS AVAILABLE, AND REQUIRED TRAINING AND EDUCATION ALSO, UNITED WAY READING ADVENTURE WAS HELD DURING THE SCHOOL YEAR WITH SECOND GRADE CLASSES AT SIX LOCAL ELEMENTARY SCHOOLS AND HELD AT NINE SCHOOL-AGE CHILDCARE SITES DURING THE SUMMER THE GOAL OF UNITED WAY READING ADVENTURE IS TO HELP ELEMENTARY AGE STUDENTS MAINTAIN AND IMPROVE THEIR READING SKILLS AND TO HELP BUILD THEIR HOME LIBRARIES THROUGH DONATED BOOKS IN ADDITION, UNITED WAY SPEAKERS' BUREAU LINKED BUSINESS VOLUNTEERS WITH CLASSROOMS TO HELP STUDENTS LEARN ABOUT DIFFERENT CAREERS AND EMPLOYER EXPECTATIONS THROUGH A SERIES TITLED BREAKFAST WITH THE EXPERTS, MORE THAN 600 MIDDLE AND HIGH SCHOOL STUDENTS LEARNED ABOUT CAREERS FROM A PANEL OF PEOPLE FROM A SPECIFIC FIELD, INCLUDING SKILLED TRADES, HEALTHCARE, INFORMATION TECHNOLOGY, EDUCATION, AND BUSINESS IV UNITED WAY SUCCESS BY 6- PREPARING CHILDREN TO BE SUCCESSFUL LEARNERS WHEN THEY BEGIN KINDERGARTEN UNITED WAY SUCCESS BY 6 FOSTERS AND PARTICIPATES IN COMMUNITY-WIDE PARTNERSHIPS TO PREPARE CHILDREN TO BE SUCCESSFUL LEARNERS WHEN THEY BEGIN KINDERGARTEN THE INITIATIVE AIMS TO STRENGTHEN THE SYSTEMS THAT NURTURE OUR COMMUNITY'S YOUNGEST MEMBERS BY WORKING WITH PARENTS, CHILDCARE PROVIDERS, EARLY EDUCATION TEACHERS, AND LOCAL BUSINESSES UNITED WAY SUCCESS BY 6 HOSTED A VARIETY OF PARENT-CENTERED ACTIVITIES IN 2017 THROUGH FAMILY FUN TIME, MORE THAN 60 FAMILIES ENJOYED EARLY LEARNING ACTIVITIES, A SNACK, AND A FREE BOOK AT EVENTS THROUGHOUT THE YEAR RESOURCE KITS AIMED TO HELP PARENTS FACILITATE THEIR CHILD'S EARLY DEVELOPMENT WERE DISTRIBUTED TO MORE THAN 2,100 FAMILIES WITH NEWBORNS AND TO 1,100 FAMILIES WITH INCOMING KINDERGARTENERS KINDERCLUB PREPARED CHILDREN STARTING KINDERGARTEN AND THEIR PARENTS FOR SCHOOL SUCCESS WITH LEARNING ACTIVITIES TOGETHER AND SEPARATELY IN A KINDERGARTEN CLASSROOM THEY MET TEACHERS, OTHER PARENTS, AND FUTURE CLASSMATES WHILE BECOMING FAMILIAR WITH THE SCHOOL BUILDING AND KINDERGARTEN EXPECTATIONS AND ROUTINES MORE THAN TWO HUNDRED CHILDREN COMPLETED THE KINDERCLUB PROGRAM IN 2017 IN ADDITION, UNITED WAY SUCCESS BY 6 RECEIVED A GRANT FROM MOSAIC LIFE CARE IN 2016 TO IMPLEMENT A PROJECT DESIGNED TO HELP PARENTS, CHILDCARE PROVIDERS, AND OTHER CAREGIVERS FOSTER THE SOCIAL-EMOTIONAL AND BEHAVIORAL DEVELOPMENT OF YOUNG CHILDREN SO THE CHILDREN COULD REMAIN IN A HIGH QUALITY CHILDCARE OR PRESCHOOL SETTING AND BE PREPARED TO BEGIN KINDERGARTEN ONE OF THE PROGRAMS ASSOCIATED WITH THE GRANT IS CONSCIOUS DISCIPLINE TRAINING FOR PARENTS AND CHILDCARE PROVIDERS IN 2017, AN AVERAGE OF 49 PARENTS AND 92 PROVIDERS ATTENDED EIGHT DIFFERENT TRAININGS BECAUSE THE EDUCATION LEVEL OF EARLY EDUCATORS AND CHILDCARE PROVIDERS IS A KEY FACTOR IN THE QUALITY OF CARE PROVIDED TO YOUNG CHILDREN IN THEIR CHARGE, UNITED WAY SUCCESS BY 6 DELIVERED MORE THAN 2,091 CLOCK HOURS OF TRAINING TO AREA CHILDCARE PROVIDERS AND EARLY EDUCATORS UNITED WAY SUCCESS BY 6 ALSO AWARDED 32 SCHOLARSHIPS FOR AREA CHILDCARE PROVIDERS TO CONTINUE THEIR FORMAL EDUCATION V UNITED WAY VOLUNTEER CENTER- CONNECTING THE COMMUNITY THROUGH VOLUNTEERISM UNITED WAY VOLUNTEER CENTER IS A CENTRAL RESOURCE FOR VOLUNTEER NEEDS ACROSS THE GREATER ST JOSEPH AREA INDIVIDUALS, GROUPS, AND CORPORATIONS SEEKING VOLUNTEER OPPORTUNITIES CAN FIND A VARIETY OF OPTIONS CALLING FOR VARYING COMMITMENTS AVAILABLE AT MANY DIFFERENT NON-PROFIT ORGANIZATIONS IN 2017, MONTHLY COMMUNITY VOLUNTEER RESOURCE NETWORK (CVRN) MEETINGS WERE ATTENDED BY INDIVIDUALS WHO MANAGE VOLUNTEERS FOR NON-PROFIT ORGANIZATIONS CVRN PROMOTES AND DEVELOPS EFFECTIVE VOLUNTEER MANAGEMENT PROGRAMS IN THE COMMUNITY AND ENHANCES THE KNOWLEDGE, SKILLS, AND CONNECTIONS AMONG MEMBERS UNITED WAY IS BUILDING THE CAPACITY OF COMMUNITY VOLUNTEER COORDINATORS THROUGH THE NETWORK THE NINTH YEAR OF UNITED WAY STUFF THE BUS' SCHOOL SUPPLIES DRIVE BROUGHT TOGETHER HUNDREDS OF VOLUNTEERS WHO COLLECTED MORE THAN 24,000 PACKAGES OF SCHOOL SUPPLY ITEMS FOR STUDENTS WHO NEEDED THEM ANOTHER VOLUNTEER CENTER PROJECT, THE ANNUAL HOLIDAY VOLUNTEER GUIDE, WAS CREATED TO CONNECT THOSE WANTING TO VOLUNTEER DURING THE HOLIDAY SEASON

Form 990, Part III, Line 4c:

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

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			
BRADLEY DEBRA CHAIR	3 00	X		X				0	0	0
ROSONKE DENNIS VICE CHAIR	2 00	X		X				0	0	0
WYBLE MARK SECRETARY AFTER 8/17	2 00	X		X				0	0	0
BURKE TOM SECRETARY THRU 8/17	2 00	X		X				0	0	0
HOY ANN TREASURER	2 00	X		X				0	0	0
HOOVER BRANDI COMMUNITY INVESTMENT CO-CHAIR	2 00	X		X				0	0	0
MARGULIES MICHELLE COMMUNITY INVESTMENT CO-CHAIR	2 00	X		X				0	0	0
AUXIER RON CAMPAIGN CHAIR	3 00	X		X				0	0	0
CRIPE DAVID COMMUNITY INITIATIVES CHAIR	2 00	X		X				0	0	0
JOHNSTON STEVE MARKETING/COMMUNICATIONS CHAIR	2 00	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			
BRADLEY ERIC BOARD MEMBER	1 00	X						0	0	0
BRAX DAVID BOARD MEMBER THRU 5/17	1 00	X						0	0	0
BYRD BEN BOARD MEMBER	1 00	X						0	0	0
CLINTON GEORGE BOARD MEMBER	1 00	X						0	0	0
CODER ELAINE BOARD MEMBER	1 00	X						0	0	0
DOOLAN MIKE BOARD MEMBER AFTER 10/17	1 00	X						0	0	0
EIMAN PATTI BOARD MEMBER	1 00	X						0	0	0
GLENN JAN BOARD MEMBER AFTER 8/17	1 00	X						0	0	0
GRAYSON JASON BOARD MEMBER	1 00	X						0	0	0
HOOK RON BOARD MEMBER	1 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
HORN JASON BOARD MEMBER THRU 2/17	1 00	X						0	0	0
HURD RENEE BOARD MEMBER	1 00	X						0	0	0
MARTIN ROGER BOARD MEMBER	1 00	X						0	0	0
MCANALLY BRAD BOARD MEMBER	1 00	X						0	0	0
MURPHY SCOTT BOARD MEMBER	1 00	X						0	0	0
PRITCHETT BOB BOARD MEMBER THRU 2/17	1 00	X						0	0	0
PULIDO MICHAEL BOARD MEMBER	1 00	X						0	0	0
RUCKER LAVELL BOARD MEMBER	1 00	X						0	0	0
SCRUGGS GIA BOARD MEMBER	1 00	X						0	0	0
SHIELDS BRANDT BOARD MEMBER	1 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
SILVEY GARY BOARD MEMBER	1 00	X						0	0	0
STEIN ADAM BOARD MEMBER	1 00	X						0	0	0
THOMASON MICHELE BOARD MEMBER	1 00	X						0	0	0
WEIL LISA BOARD MEMBER	1 00	X						0	0	0
WOODS JULIA BOARD MEMBER	1 00	X						0	0	0
WRIGHT SETH BOARD MEMBER	1 00	X						0	0	0
STROUGH KYLEE PRESIDENT/CEO	50 00			X				95,562	0	16,110

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
UNITED WAY OF GREATER ST JOSEPH

Employer identification number
44-0547802

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

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

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

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

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

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

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

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

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

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

9 ☐ An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university

_____

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

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

12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g

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

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

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

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

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

f Enter the number of supported organizations _____

g Provide the following information about the supported organization(s)

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

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

(Complete only if you checked the box on line 5, 7, 8, or 9 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")	2,747,280	3,057,625	2,974,163	3,257,185	2,930,507	14,966,760
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	2,747,280	3,057,625	2,974,163	3,257,185	2,930,507	14,966,760
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)						222,735
6 **Public support.** Subtract line 5 from line 4						14,744,025

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)2013	(b)2014	(c)2015	(d)2016	(e)2017	(f)Total
7 Amounts from line 4	2,747,280	3,057,625	2,974,163	3,257,185	2,930,507	14,966,760
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	185,540	185,409	222,014	236,395	222,286	1,051,644
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	11,782	15,767	5,738	1,237	10,842	45,366
11 **Total support.** Add lines 7 through 10						16,063,770

12 Gross receipts from related activities, etc (see instructions)	12	309,236

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 2017 (line 6, column (f) divided by line 11, column (f))	14	91 780 %
15 Public support percentage for 2016 Schedule A, Part II, line 14	15	92 520 %

16a **33 1/3% support test—2017.** 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—2016.** 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—2017.** 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—2016.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

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

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2017** (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from **2016** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2017.** 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—2016.** 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 12 of Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *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 12a or 12b 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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *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 section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)*	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 I of Schedule L (Form 990 or 990-EZ)*	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 9a) 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 9a) 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 section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b 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		

Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	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		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

- a ☐ The organization satisfied the Activities Test Complete **line 2** below
- b ☐ The organization is the parent of each of its supported organizations Complete **line 3** below
- c ☐ The organization supported a governmental entity Describe in **Part VI** how you supported a government entity (see instructions)

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

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

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

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

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

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

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

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

Section D - Distributions	**Current Year**
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in **Part VI**) See instructions	
7 **Total annual distributions.** Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**) See instructions	
9 Distributable amount for 2017 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-2017**	**(iii) Distributable Amount for 2017**
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013.			
c From 2014.			
d From 2015.			
e From 2016.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2017 from Section D, line 7 $			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 **Excess distributions carryover to 2018.** Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2013.			
b Excess from 2014.			
c Excess from 2015.			
d Excess from 2016.			
e Excess from 2017.			

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

990 Schedule A, Supplemental Information

Return Reference	Explanation
SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME	GROSS FUNDRAISING REVENUE - 2013 AMOUNT $ 9,765 2014 AMOUNT $ 13,911 2015 AMOUNT $ 5, 586 2016 AMOUNT $ 0 2017 AMOUNT $ 0 OTHER INCOME - 2013 AMOUNT $ 2,017 2014 AMOUNT $ 1,856 2015 AMOUNT $ 152 2016 AMOUNT $ 1,237 2017 AMOUNT $ 10,842

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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

2017

Open to Public Inspection

Name of the organization
UNITED WAY OF GREATER ST JOSEPH

Employer identification number
44-0547802

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

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

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

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

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

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

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

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

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

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

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

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

(i) Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

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

a Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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

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

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	3,637,880	3,058,776	3,029,339	3,356,414	2,962,119
b Contributions	105,518	422,700	46,162	3,633	15,223
c Net investment earnings, gains, and losses	440,227	156,404	-7,206	147,898	379,072
d Grants or scholarships					
e Other expenditures for facilities and programs	50,000		9,519	478,606	
f Administrative expenses					
g End of year balance	4,133,625	3,637,880	3,058,776	3,029,339	3,356,414

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

- a Board designated or quasi-endowment ▶ 18 160 %
- b Permanent endowment ▶ 49 300 %
- c Temporarily restricted endowment ▶ 32 540 %

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

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

	Yes	No
(i) unrelated organizations	3a(i)	No
(ii) related organizations	3a(ii)	No
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?	3b	

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		33,400		33,400
b Buildings		825,739	499,824	325,915
c Leasehold improvements				
d Equipment		51,660	49,299	2,361
e Other				
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				361,676

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

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

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

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

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* ▶	

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

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

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

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

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

1	Total revenue, gains, and other support per audited financial statements			1	4,000,274
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains (losses) on investments	2a	519,085		
b	Donated services and use of facilities	2b	126,107		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	645,192
3	Subtract line **2e** from line **1**			3	3,355,082
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	3,355,082

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	2,982,774
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a	126,107		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	126,107
3	Subtract line **2e** from line **1**			3	2,856,667
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	198,931		
c	Add lines **4a** and **4b**			4c	198,931
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	3,055,598

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
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

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

Supplemental Information

Return Reference	Explanation
PART V, LINE 4	SUCCESS BY 6 ENDOWMENT - THE FUNDS IN THIS ACCOUNT WILL BE USED TO SUPPORT THE SUCCESS BY 6 INITIATIVE FUNDS IN THIS ACCOUNT INCLUDE DONOR RESTRICTED FUNDS WITH INCOME BEING ABLE TO BE USED AT THE UNITED WAY BOARD OF DIRECTOR'S DISCRETION OPERATING ENDOWMENT - THE OPE RATING ENDOWMENT IS A BOARD DESIGNATED ENDOWMENT THE FUNDS IN THIS ACCOUNT WILL BE USED T O REPLENISH ANY SMALL LOSSES SUSTAINED DURING NORMAL OPERATIONS CRYSTAL CIRCLE ENDOWMENT - THE CRYSTAL CIRCLE ENDOWMENT INCLUDES PERMANENTLY RESTRICTED DONOR FUNDS INCOME EARNED IN THIS ACCOUNT WILL FLOW INTO THE ANNUAL CAMPAIGN UNITED WAY ENDOWMENT - THE UNITED WAY ENDOWMENT INCLUDES PERMANENTLY RESTRICTED DONOR FUNDS UP TO 90% OF THE INCOME EARNED IN T HIS ACCOUNT WILL FLOW INTO THE OPERATING ENDOWMENT, AND BE USED IN ACCORDANCE WITH THE OPE RATING ENDOWMENT POLICY ANY ADDITIONAL DISTRIBUTION WILL NEED TO BE APPROVED BY THE UNITE D WAY BOARD OF DIRECTORS

Supplemental Information

Return Reference	Explanation
PART X, LINE 2	THE ORGANIZATION IS TAX-EXEMPT UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND HA S BEEN DETERMINED NOT TO BE A PRIVATE FOUNDATION THEREFORE, NO INCOME OR EXCISE TAXES HAV E BEEN PROVIDED FOR IN THE FINANCIAL STATEMENTS THE ORGANIZATION FOLLOWS THE STANDARD FOR EVALUATING UNCERTAIN TAX POSITIONS AND HAS DETERMINED NO LIABILITY SHOULD BE RECORDED FOR UNCERTAIN TAX POSITIONS

Supplemental Information

Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS	REDUCTION OF PRIOR YEAR GRANTS AND ALLOCATIONS 198,931

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
UNITED WAY OF GREATER ST JOSEPH

Employer identification number
44-0547802

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ Yes ☐ No

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000 Part II can be duplicated if additional space is needed

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 18

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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) COLLEGE SCHOLARSHIP FOR EARLY CHILDHOOD PROFESSIONAL	16	9,676			
(2) PEST CONTROL	1	240			
(3) HOUSING ASSISTANCE	1	450			
(3)					
(4)					
(5)					
(6)					
(7)					

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

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

Additional Data

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

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
BARTLETT CENTER 409 SOUTH 18TH ST JOSEPH, MO 64501	23-7116216	501C3	75,093				$30,093 FOR GENERAL OPERATING COSTS, $45,000 FOR SUPPORT FOR RESTRUCTING AND CAPACITY BUILDING
BIG BROTHERS AND BIG SISTERS 1202 SOUTH 28TH ST ST JOSEPH, MO 64507	43-6068464	501C3	36,019				$35,119 FOR GENERAL OPERATING COSTS, $900 FOR OFFICE EQUIPMENT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOY SCOUTS-PONY EXPRESS COUNCIL 1704 BUCKINGHAM ST JOSEPH, MO 64506	44-0546279	501C3	105,467				GENERAL OPERATING COSTS
CATHOLIC CHARITIES 902 EDMOND STE 204 ST JOSEPH, MO 64501	43-0887779	501C3	86,696				GENERAL OPERATING COSTS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CHILDREN'S MERCY HOSPITAL 2401 GILLHAM RD KANSAS CITY, MO 64108	44-0605373	501C3	18,138				GENERAL OPERATING COSTS
COMMUNITY MISSIONS CORPORATION 700 OLIVE ST ST JOSEPH, MO 64501	90-0180479	501C3	27,137				GENERAL OPERATING COSTS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
FAMILY GUIDANCE CENTER 724 NORTH 22ND ST ST JOSEPH, MO 64501	44-0666362	501C3	347,260				$276,160 FOR GENERAL OPERATING COSTS, $51,100 FOR BEHAVIOR HEALTHCARE, $20,000 FOR MEDAID
INTERFAITH COMMUNITY SERVICES 200 CHEROKEE ST JOSEPH, MO 64504	44-0545910	501C3	429,578				$403,152 FOR GENERAL OPERATING COSTS, $25,000 FOR REIMBURSEMENT OF SOCIAL WORKER, AND $1,426 FOR UTILITY ASSISTANCE

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
LEGAL AID OF WESTERN MISSOURI 106 SOUTH 7TH ST 4TH FLR ST JOSEPH, MO 64501	43-0824638	501C3	99,055				$69,055 FOR GENERAL OPERATING COSTS, $30,000 FOR ELDER LAW ADVOCACY PROJECT
NORTHWEST MISSOURI COMMUNITY SERVICES 1203 NORTH 6TH ST ST JOSEPH, MO 64501	43-1496809	501C3	135,482				GENERAL OPERATING COSTS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SALVATION ARMY 622 MESSANIE ST JOSEPH, MO 64501	44-0545998	501C3	100,872				GENERAL OPERATING COSTS
SOCIAL WELFARE BOARD 904 SOUTH 10TH ST ST JOSEPH, MO 64503	44-6000455	GOVERNMENT AGENCY	7,000				DIABETES MANAGEMENT INITIATIVE

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
SPECIALTY INDUSTRIES OF ST JOSEPH INC 3801 SOUTH LEONARD RD ST JOSEPH, MO 64503	43-0896903	501C3	8,216				GENERAL OPERATING COSTS
ST JOSEPH SAFETY AND HEALTH COUNCIL 118 SOUTH 5TH LOWER LEVEL ST JOSEPH, MO 64501	44-0548468	501C3	77,473				$72,991 FOR GENERAL OPERATING COSTS, $4,482 FOR DRIVERS EDUCATION PROGRAM

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
THE CENTER 902 EDMOND STE 203 ST JOSEPH, MO 64501	43-1615018	501C3	86,711				$76,711 GENERAL OPERATING COSTS, $10,000 FOR PSYCHOLOGICAL TESTING FOR CHILDREN
UNITED CEREBRAL PALSY OF NORTHWEST MISSOURI 3303 FREDERICK AVE ST JOSEPH, MO 64506	43-0909607	501C3	205,279				$168,279 FOR GENERAL OPERATING COSTS, $37,000 FOR SPECIALTY SERVICES

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
YMCA 315 SOUTH 6TH ST JOSEPH, MO 64501	44-0552491	501C3	152,126				$132,126 FOR GENERAL OPERATING COSTS, $20,000 FOR REPLACEMENT OF AIR HANDLER
YWCA 304 NORTH 8TH ST JOSEPH, MO 64501	44-0552219	501C3	235,152				GENERAL OPERATING COSTS

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.
▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
UNITED WAY OF GREATER ST JOSEPH

Employer identification number
44-0547802

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art—Works of art				
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications	X		26,853	RETAIL VALUE
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded	X	6	22,858	FAIR MARKET VALUE
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution—Historic structures				
14	Qualified conservation contribution—Other				
15	Real estate—Residential				
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles				
19	Food inventory	X	12	6,643	RETAIL VALUE
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (_____)				
26	Other ▶ (_____)				
27	Other ▶ (_____)				
28	Other ▶ (_____)				

29	Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement	29	0

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a		No
b	If "Yes," describe the arrangement in Part II			
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	31	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		No
b	If "Yes," describe in Part II			
33	If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II			

Part II **Supplemental Information.**

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

Return Reference	Explanation
PART I, COLUMN (B)	THE FIGURE REPRESENTS THE NUMBER OF DONORS IN EACH CATEGORY

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
UNITED WAY OF GREATER ST JOSEPH

Employer identification number
44-0547802

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 1	IN LIMITED INSTANCES WHEN THE FULL BOARD IS NOT ABLE TO MEET, AND A TIME SENSITIVE DECISIO N NEEDS TO BE MADE, AUTHORITY MAY BE GIVEN TO THE EXECUTIVE COMMITTEE TO MAKE DECISIONS T HE EXECUTIVE COMMITTEE IS COMPRISED OF THE OFFICERS OF THE BOARD OF DIRECTORS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	EACH CONTRIBUTOR TO THE MOST RECENTLY COMPLETED UNITED WAY ANNUAL FUNDRAISING CAMPAIGN IS A MEMBER OF THE ORGANIZATION

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	THE GENERAL MEMBERSHIP ELECTS THE BOARD OF DIRECTORS AT THE ANNUAL MEETING TERMS OF BOARD MEMBERS ARE STAGGERED, WITH ONE-THIRD OF MEMBERS BEING ELECTED EACH YEAR THE BOARD MEMBE RS MAY ELECT REPLACEMENT BOARD MEMBERS DURING THE YEAR IF A VACANCY SHOULD OCCUR

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE FORM 990 IS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM A COMPLETED FORM 990 IS REVIEW ED BY THE BOARD OF DIRECTORS AT A REGULAR MEETING PRIOR TO THE FILING WITH THE INTERNAL RE VENUE SERVICE

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	THE UNITED WAY OF GREATER ST JOSEPH REGULARLY AND CONSISTENTLY MONITORS AND ENFORCES COMPL IANCE WITH ITS CONFLICT OF INTEREST POLICY BY 1) MAINTAINING RECORDS OF THE CONFLICT OF I NTEREST FORMS COMPLETED AND SIGNED EACH YEAR BY BOARD MEMBERS AND KEY STAFF, 2) REQUIRING MEMBERS TO DISCLOSE ANY DUALITY OR CONFLICT OF INTEREST ON ANY MATTER COMING TO A VOTE BY THE BOARD, PRIOR TO THAT VOTE BEING TAKEN A MEMBER DISCLOSING A CONFLICT OF INTEREST MAY NOT VOTE ON THE MATTER AND THE MINUTES OF THE MEETING MUST REFLECT THAT A DISCLOSURE WAS M ADE AND THAT THERE WAS AN ABSTENTION BY THAT MEMBER

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15A	THE PROCESS FOR DETERMINING THE COMPENSATION OF THE PRESIDENT AND CEO OF THE UNITED WAY OF GREATER ST JOSEPH INCLUDES THE FOLLOWING STEPS 1) THE PRESIDENT COMPLETES A SELF EVALUAT ION FORM THAT ENUMERATES THE GOALS AND ACCOMPLISHMENTS OF THE YEAR THIS FORM IS SUBMITTED TO THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS 2) THE EXECUTIVE COMMITTEE AND ANY BOARD MEMBER WHO WOULD LIKE TO PARTICIPATE MEETS WITH THE PRESIDENT AND REVIEWS THE PRESID ENT'S ACCOMPLISHMENTS FOR THE YEAR, MONITORING PROGRESS TOWARDS GOALS 3) THE EXECUTIVE CO MMITTEE CONSIDERS THE UNITED WAY WORLDWIDE SALARY SURVEY OF COMPARABLE UNITED WAYS AND OTH ER NONPROFIT ORGANIZATIONS IN THE REGION ALL MOTIONS ARE RECORDED IN EXECUTIVE COMMITTEE MINUTES 4) THE EXECUTIVE COMMITTEE PRESENTS INFORMATION ON THE ENTIRE EVALUATION TO THE B OARD OF DIRECTORS, ALONG WITH A SALARY RECOMMENDATION FOR THE PRESIDENT THE BOARD THEN RE VIEWS THE INFORMATION PROVIDED AND ASKS ADDITIONAL QUESTIONS IF DESIRED THE BOARD OF DIRE CTORS MUST APPROVE THE RECOMMENDATION OR MAKE THEIR OWN RECOMMENDATION ON THE COMPENSATION OF THE PRESIDENT AND CEO THE RECOMMENDATION IS VOTED ON BY THE BOARD AND RECORDED IN THE MINUTES OF THE DECEMBER BOARD MEETING FORM 990, PART VI, SECTION B, LINE 15B NO OTHER C OMPENSATED INDIVIDUALS MEET THE IRS DEFINITION OF OFFICER OR KEY EMPLOYEE

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABL E TO THE PUBLIC AT THE UNITED WAY OF GREATER ST JOSEPH OFFICE AT 118 S 5TH ST , ST JOSEP H, MO 64501 ANY INDIVIDUAL OR ORGANIZATION WHO WOULD LIKE TO SEE THESE DOCUMENTS MAY DO S O DURING NORMAL OFFICE HOURS OF 8 AM TO 5 PM CENTRAL TIME, MONDAY THROUGH FRIDAY THE PHON E NUMBER FOR THE UNITED WAY OF GREATER ST JOSEPH IS (816)364-2381

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	REDUCTION OF PRIOR YEAR GRANTS AND ALLOCATIONS 198,931

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XII, LINE 2C	PROCESS IS CONSISTENT WITH PRIOR YEARS