

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

OMB No. 1545-0047

# 2015

**Open to Public Inspection**

**A For the 2015 calendar year, or tax year beginning** 07/01, 2015, and ending 06/30, 2016

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization UNITED WAY, INC.		<b>D</b> Employer identification number 95-2274801
	Doing Business As UNITED WAY OF GREATER LOS ANGELES		<b>E</b> Telephone number (213) 808-6220
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>G</b> Gross receipts \$ 74,058,626.
	1150 S. OLIVE STREET, SUITE T500		
City or town, state or province, country, and ZIP or foreign postal code LOS ANGELES, CA 90015		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
<b>F</b> Name and address of principal officer: ELISE BUIK 1150 S. OLIVE ST., SUITE T500 LOS ANGELES, CA 90015		<b>H(c)</b> Group exemption number ▶	
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
<b>J</b> Website: ▶ WWW.UNITEDWAYLA.ORG			
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	<b>L</b> Year of formation: 1962	<b>M</b> State of legal domicile: CA	

## Part I Summary

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: TO PERMANENTLY BREAK THE CYCLE OF POVERTY FOR OUR MOST VULNERABLE NEIGHBORS: FAMILIES, STUDENTS, VETERANS AND THE HOMELESS.		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	40.
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	40.
	<b>5</b> Total number of individuals employed in calendar year 2015 (Part V, line 2a)	<b>5</b>	128.
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	1,230.
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0.
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	0.	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b> Program service revenue (Part VIII, line 2g)	65,981,395.	71,621,707.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	131,385.	304,592.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,209,325.	1,226,756.
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	67,322,105.	73,153,055.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	50,692,632.	56,349,717.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	8,183,181.	8,342,186.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶	52,355.	44,000.
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	7,167,045.	
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	6,881,347.	6,469,121.
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	65,809,515.	71,205,024.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	1,512,590.	1,948,031.
	<b>21</b> Total liabilities (Part X, line 26)	Beginning of Current Year	End of Year
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20.	45,654,743.	46,540,475.
		16,097,754.	19,286,107.
	29,556,989.	27,254,368.	

## Part II Signature Block

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

<b>Sign Here</b>		Date	5-9-17
	ELISE BUIK	PRESIDENT AND CEO	
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date
	ROSEMARIE BROWN		5/4/17
	Firm's name ▶ GRANT THORNTON LLP	Firm's EIN ▶ 36-6055558	Check <input type="checkbox"/> if self-employed
	Firm's address ▶ 515 S. FLOWER STREET, 7TH FLOOR LOS ANGELES, CA 90071	Phone no.	213-627-1717

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2015)

**Part III** Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III  Yes  No

**1** Briefly describe the organization's mission:

TO PERMANENTLY BREAK THE CYCLE OF POVERTY FOR OUR MOST VULNERABLE NEIGHBORS: FAMILIES, STUDENTS, VETERANS AND THE HOMELESS.

**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 \$ 7,976,738. including grants of \$ 5,602,653. ) (Revenue \$ )

IN OUR HOUSING WORK, OUR GOAL IS TO CREATE AND SUSTAIN AN END TO HOMELESSNESS, STARTING WITH VETERANS AND OUR CHRONICALLY HOMELESS NEIGHBORS. SEE SCHEDULE O FOR FURTHER DETAILS.

**4b** (Code: ) (Expenses \$ 3,168,306. including grants of \$ 2,225,335. ) (Revenue \$ )

IN OUR EDUCATION WORK, OUR GOAL IS TO INCREASE THE HIGH SCHOOL GRADUATION RATE TO 85%, ENSURING ALL STUDENTS GRADUATE AND ARE PREPARED FOR COLLEGE AND THE WORKFORCE. SEE SCHEDULE O FOR FURTHER DETAILS.

**4c** (Code: ) (Expenses \$ 5,925,783. including grants of \$ 4,162,116. ) (Revenue \$ )

IN OUR FINANCIAL STABILITY WORK, OUR GOAL IS TO REDUCE VETERAN UNEMPLOYMENT BY HALF AND IMPROVE THE FINANCIAL STABILITY FOR 10,000 FAMILIES. SEE SCHEDULE O FOR FURTHER DETAILS.

**4d** Other program services (Describe in Schedule O.) ATTACHMENT 1  
(Expenses \$ 44,359,613. including grants of \$ 44,359,613. ) (Revenue \$ 1,060,018. )

**4e** Total program service expenses ▶ 61,430,440.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i> . . . . .	X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? . . . . .	X	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i> . . . . .		X
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i> . . . . .	X	
<b>5</b> 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? <i>If "Yes," complete Schedule C, Part III.</i> . . . . .		X
<b>6</b> 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? <i>If "Yes," complete Schedule D, Part I.</i> . . . . .		X
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II.</i> . . . . .		X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i> . . . . .		X
<b>9</b> 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? <i>If "Yes," complete Schedule D, Part IV.</i> . . . . .	X	
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i> . . . . .	X	
<b>11</b> 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.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i> . . . . .	X	
<b>b</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? <i>If "Yes," complete Schedule D, Part VII.</i> . . . . .		X
<b>c</b> 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? <i>If "Yes," complete Schedule D, Part VIII.</i> . . . . .		X
<b>d</b> 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? <i>If "Yes," complete Schedule D, Part IX.</i> . . . . .		X
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> . . . . .	X	
<b>f</b> 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)? <i>If "Yes," complete Schedule D, Part X.</i> . . . . .	X	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII.</i> . . . . .	X	
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.</i> . . . . .		X
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i> . . . . .		X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .		X
<b>b</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? <i>If "Yes," complete Schedule F, Parts I and IV.</i> . . . . .		X
<b>15</b> 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? <i>If "Yes," complete Schedule F, Parts II and IV.</i> . . . . .		X
<b>16</b> 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? <i>If "Yes," complete Schedule F, Parts III and IV.</i> . . . . .		X
<b>17</b> 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? <i>If "Yes," complete Schedule G, Part I</i> (see instructions). . . . .	X	
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i> . . . . .		X
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i> . . . . .		X

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

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i> . . . . .		X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .		
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i> . . . . .	X	
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i> . . . . .		X
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i> . . . . .	X	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> . . . . .		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .		X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> . . . . .		X
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> . . . . .		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III.</i> . . . . .		X
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .		X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i> . . . . .		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i> . . . . .	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i> . . . . .		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i> . . . . .		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . .		X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .		X
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .		
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for line number, description, and Yes/No checkboxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited tax shelter transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (40), 1b (40), 2, 3, 4, 5, 6, 7a, 7b, 8, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed CA,
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
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: Lining Lee Recendez 1150 S. Olive Street Suite T500 Los Angeles, CA 90015 213-808-6399

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MARK LOUCHHEIM CHAIR	5.00 0.	X	X					0.	0.	0.
(2) MARK HUTCHINS VICE CHAIR	5.00 0.	X	X					0.	0.	0.
(3) CAROLINE NAHAS VICE CHAIR	5.00 0.	X	X					0.	0.	0.
(4) NOEL MASSIE CORPORATE SECRETARY	5.00 0.	X	X					0.	0.	0.
(5) BRIAN CULLINAN TREASURER	5.00 0.	X	X					0.	0.	0.
(6) LETICIA AGUILAR BOARD MEMBER	1.00 0.	X						0.	0.	0.
(7) DENNIS ARRIOLA BOARD MEMBER	1.00 0.	X						0.	0.	0.
(8) ADELE BERWANGER BOARD MEMBER	1.00 0.	X						0.	0.	0.
(9) ALICE BISNO BOARD MEMBER - PART YEAR	1.00 0.	X						0.	0.	0.
(10) BRETT BITTEL BOARD MEMBER	1.00 0.	X						0.	0.	0.
(11) CHRIS CAREY BOARD MEMBER	1.00 0.	X						0.	0.	0.
(12) CAROLINE CHOE BOARD MEMBER	1.00 0.	X						0.	0.	0.
(13) JANET CLAYTON BOARD MEMBER	1.00 0.	X						0.	0.	0.
(14) LISA CLERI REALE BOARD MEMBER	1.00 0.	X						0.	0.	0.

**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			
( 15) TROY DAWSON ----- BOARD MEMBER	1.00 ----- 0.	X						0.	0.	0.
( 16) ELISABETH DICK ----- BOARD MEMBER	1.00 ----- 0.	X						0.	0.	0.
( 17) DAVID DICRISTOFARO ----- BOARD MEMBER	1.00 ----- 0.	X						0.	0.	0.
( 18) WILLIAM DONOVAN, JR. ----- BOARD MEMBER	1.00 ----- 0.	X						0.	0.	0.
( 19) MARIA ELENA DURAZO ----- BOARD MEMBER	1.00 ----- 0.	X						0.	0.	0.
( 20) SEAN FOLEY ----- BOARD MEMBER - PART YEAR	1.00 ----- 0.	X						0.	0.	0.
( 21) MICHELLE FREYRE ----- BOARD MEMBER	1.00 ----- 0.	X						0.	0.	0.
( 22) JANA WARING GREER ----- BOARD MEMBER	1.00 ----- 0.	X						0.	0.	0.
( 23) MICHELE HAVENS ----- BOARD MEMBER	1.00 ----- 0.	X						0.	0.	0.
( 24) RUSTY HICKS ----- EX-OFFICIO	1.00 ----- 0.	X						0.	0.	0.
( 25) CAROL JACKSON ----- BOARD MEMBER	1.00 ----- 0.	X						0.	0.	0.
<b>1b Sub-total</b> . . . . .								0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .								1,094,975.	0.	219,042.
<b>d Total (add lines 1b and 1c)</b> . . . . .								1,094,975.	0.	219,042.

**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 **▶** 6

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

**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
ATTACHMENT 2		

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **▶** 7



**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			
( 26) LARRY JAMES ----- BOARD MEMBER	1.00 ----- 0.	X					0.	0.	0.	
( 27) LAURENCE KARSH ----- BOARD MEMBER	1.00 ----- 0.	X					0.	0.	0.	
( 28) KEVIN KIM ----- BOARD MEMBER	1.00 ----- 0.	X					0.	0.	0.	
( 29) STEWART KWOH ----- BOARD MEMBER	1.00 ----- 0.	X					0.	0.	0.	
( 30) JONATHAN LARSEN ----- BOARD MEMBER	1.00 ----- 0.	X					0.	0.	0.	
( 31) LESLIE LASSITER ----- BOARD MEMBER	1.00 ----- 0.	X					0.	0.	0.	
( 32) JOHN MACK ----- BOARD MEMBER	1.00 ----- 0.	X					0.	0.	0.	
( 33) CARMEN MOCH ----- BOARD MEMBER	1.00 ----- 0.	X					0.	0.	0.	
( 34) PETER NARBONNE ----- BOARD MEMBER	1.00 ----- 0.	X					0.	0.	0.	
( 35) JERRY NEUMAN ----- BOARD MEMBER	1.00 ----- 0.	X					0.	0.	0.	
( 36) IRENE OH ----- BOARD MEMBER	1.00 ----- 0.	X					0.	0.	0.	
<b>1b Sub-total</b> . . . . .										
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 6

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

**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 in compensation from the organization **▶**

**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			
( 37) STEVE OLSON ----- BOARD MEMBER	1.00 ----- 0.	X					0.	0.	0.	
( 38) HEATHER RIM ----- BOARD MEMBER	1.00 ----- 0.	X					0.	0.	0.	
( 39) REGINA ROSSALL ----- BOARD MEMBER	1.00 ----- 0.	X					0.	0.	0.	
( 40) MIGUEL SANTANA ----- EX-OFFICIO	1.00 ----- 0.	X					0.	0.	0.	
( 41) MICHAEL SILACCI ----- BOARD MEMBER	1.00 ----- 0.	X					0.	0.	0.	
( 42) RENATA SIMRIL ----- BOARD MEMBER	1.00 ----- 0.	X					0.	0.	0.	
( 43) JOHN VILJA ----- BOARD MEMBER - PART YEAR	1.00 ----- 0.	X					0.	0.	0.	
( 44) BOB WILLIS ----- BOARD MEMBER - PART YEAR	1.00 ----- 0.	X					0.	0.	0.	
( 45) ELISE BUIK ----- PRESIDENT & CEO	50.00 ----- 0.			X			367,773.	0.	79,852.	
( 46) LINING REZENDEZ ----- CONTROLLER	50.00 ----- 0.			X			141,936.	0.	29,464.	
( 47) MARIO MARIN ----- VP, DEVELOPMENT	50.00 ----- 0.				X		200,521.	0.	19,813.	
<b>1b Sub-total</b> . . . . .										
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 6

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

**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 in compensation from the organization **▶**

**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			
( 48 ) MAE (MEIWAH) TUCK VP, MARKETING & COMMUNICATION	50.00 0.					X	142,410.	0.	29,258.	
( 49 ) CHRISTINE MARGIOTTA VP, COMMUNITY IMPACT	50.00 0.					X	140,504.	0.	27,595.	
( 50 ) CAMELLIA BROWN DIRECTOR, GIFT PROCESSING	50.00					X	101,831.	0.	33,060.	
<b>1b Sub-total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **6**

	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		X
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	X	
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		X

**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 in compensation from the organization

**Part VIII Statement of Revenue**

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>	3,410,101.				
	<b>b</b> Membership dues . . . . .	<b>1b</b>					
	<b>c</b> Fundraising events . . . . .	<b>1c</b>					
	<b>d</b> Related organizations . . . . .	<b>1d</b>					
	<b>e</b> Government grants (contributions) . . . . .	<b>1e</b>	652,711.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above . . . . .	<b>1f</b>	67,558,895.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ . . . . .		662,461.				
	<b>h Total.</b> Add lines 1a-1f . . . . . ▶		71,621,707.				
	<b>Program Service Revenue</b>	<b>2a</b> _____	<b>Business Code</b>				
<b>b</b> _____							
<b>c</b> _____							
<b>d</b> _____							
<b>e</b> _____							
<b>f</b> All other program service revenue . . . . .							
<b>g Total.</b> Add lines 2a-2f . . . . . ▶				0.			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts). . . . . ▶			304,592.			304,592.
	<b>4</b> Income from investment of tax-exempt bond proceeds . ▶			0.			
	<b>5</b> Royalties . . . . . ▶			1,531.			1,531.
	<b>6a</b> Gross rents . . . . .	(i) Real	(ii) Personal				
		<b>b</b> Less: rental expenses . . . . .					
		<b>c</b> Rental income or (loss) . . . . .					
		<b>d</b> Net rental income or (loss) . . . . . ▶			0.		
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		905,571.					
		<b>b</b> Less: cost or other basis and sales expenses . . . . .					
		905,571.					
	<b>c</b> Gain or (loss) . . . . .						
	<b>d</b> Net gain or (loss) . . . . . ▶			0.			
	<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . . <b>a</b>						
		<b>b</b> Less: direct expenses . . . . . <b>b</b>					
<b>c</b> Net income or (loss) from fundraising events. . . . . ▶				0.			
<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . . <b>a</b>							
	<b>b</b> Less: direct expenses . . . . . <b>b</b>						
	<b>c</b> Net income or (loss) from gaming activities. . . . . ▶			0.			
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . . <b>a</b>							
	<b>b</b> Less: cost of goods sold . . . . . <b>b</b>						
	<b>c</b> Net income or (loss) from sales of inventory. . . . . ▶			0.			
<b>Miscellaneous Revenue</b>		<b>Business Code</b>					
<b>11a</b> ADMINISTRATIVE FEE AND EXPENSE RECOVERY	900099		1,060,018.	1,060,018.			
<b>b</b> ALL OTHER REVENUE	900099		165,207.	165,207.			
<b>c</b> _____							
<b>d</b> All other revenue . . . . .							
<b>e Total.</b> Add lines 11a-11d . . . . . ▶			1,225,225.				
<b>12 Total revenue.</b> See instructions. . . . . ▶			73,153,055.	1,225,225.		306,123.	

**Part IX Statement of Functional Expenses**

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

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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	56,349,717.	56,349,717.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	0.			
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .	0.			
<b>4</b> Benefits paid to or for members . . . . .	0.			
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	844,223.	175,070.	373,014.	296,139.
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0.			
<b>7</b> Other salaries and wages . . . . .	5,750,243.	2,042,101.	617,463.	3,090,679.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	693,455.	186,719.	152,047.	354,689.
<b>9</b> Other employee benefits . . . . .	594,405.	231,544.	80,543.	282,318.
<b>10</b> Payroll taxes . . . . .	459,860.	149,376.	67,307.	243,177.
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management . . . . .	57,758.		57,758.	
<b>b</b> Legal . . . . .	145,991.		145,991.	
<b>c</b> Accounting . . . . .	159,602.		159,602.	
<b>d</b> Lobbying . . . . .	0.			
<b>e</b> Professional fundraising services. See Part IV, line 17.	44,000.			44,000.
<b>f</b> Investment management fees . . . . .	6,418.		6,418.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . . . .	1,166,443.	818,808.	125,003.	222,632.
<b>12</b> Advertising and promotion . . . . .	901,811.	190,832.	70,550.	640,429.
<b>13</b> Office expenses . . . . .	327,546.	109,816.	50,080.	167,650.
<b>14</b> Information technology . . . . .	531,794.	140,776.	136,719.	254,299.
<b>15</b> Royalties . . . . .	0.			
<b>16</b> Occupancy . . . . .	904,243.	267,051.	184,048.	453,144.
<b>17</b> Travel . . . . .	311,349.	114,017.	36,725.	160,607.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
<b>19</b> Conferences, conventions, and meetings . . . . .	406,073.	201,767.	42,244.	162,062.
<b>20</b> Interest . . . . .	26,908.	7,265.	5,920.	13,723.
<b>21</b> Payments to affiliates . . . . .	530,809.	143,318.	116,778.	270,713.
<b>22</b> Depreciation, depletion, and amortization . . . . .	182,030.	49,148.	40,047.	92,835.
<b>23</b> Insurance . . . . .	82,905.	22,384.	18,239.	42,282.
<b>24</b> 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.)				
<b>a</b> MISCELLANEOUS EXPENSES -----	727,441.	230,731.	121,043.	375,667.
<b>b</b> -----				
<b>c</b> -----				
<b>d</b> -----				
<b>e</b> All other expenses -----				
<b>25</b> Total functional expenses. Add lines 1 through 24e	71,205,024.	61,430,440.	2,607,539.	7,167,045.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .	0.			

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing . . . . .	20,215,932.	<b>1</b>	20,790,700.
	<b>2</b> Savings and temporary cash investments . . . . .	56,967.	<b>2</b>	57,053.
	<b>3</b> Pledges and grants receivable, net . . . . .	12,237,236.	<b>3</b>	13,554,887.
	<b>4</b> Accounts receivable, net . . . . .	2,134,025.	<b>4</b>	2,211,060.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .	0.	<b>5</b>	0.
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L . . . . .	0.	<b>6</b>	0.
	<b>7</b> Notes and loans receivable, net . . . . .	0.	<b>7</b>	0.
	<b>8</b> Inventories for sale or use . . . . .	0.	<b>8</b>	0.
	<b>9</b> Prepaid expenses and deferred charges . . . . .	1,168,563.	<b>9</b>	277,522.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	<b>10a</b> 3,183,144.		
	<b>b</b> Less: accumulated depreciation . . . . .	<b>10b</b> 1,996,400.	1,368,774.	<b>10c</b> 1,186,744.
	<b>11</b> Investments - publicly traded securities . . . . .	8,473,246.	<b>11</b>	8,462,509.
	<b>12</b> Investments - other securities. See Part IV, line 11 . . . . .	0.	<b>12</b>	0.
	<b>13</b> Investments - program-related. See Part IV, line 11 . . . . .	0.	<b>13</b>	0.
	<b>14</b> Intangible assets . . . . .	0.	<b>14</b>	0.
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	0.	<b>15</b>	0.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	45,654,743.	<b>16</b>	46,540,475.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	4,773,205.	<b>17</b>	3,818,208.
	<b>18</b> Grants payable . . . . .	8,851,272.	<b>18</b>	9,793,627.
	<b>19</b> Deferred revenue . . . . .	155,695.	<b>19</b>	126,195.
	<b>20</b> Tax-exempt bond liabilities . . . . .	0.	<b>20</b>	0.
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .	0.	<b>21</b>	0.
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .	0.	<b>22</b>	0.
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	0.	<b>23</b>	0.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	0.	<b>24</b>	0.
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . . .	2,317,582.	<b>25</b>	5,548,077.
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	16,097,754.	<b>26</b>	19,286,107.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	22,204,956.	<b>27</b>	18,653,830.
	<b>28</b> Temporarily restricted net assets . . . . .	7,352,033.	<b>28</b>	8,600,538.
	<b>29</b> Permanently restricted net assets . . . . .	0.	<b>29</b>	0.
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
	<b>33</b> Total net assets or fund balances . . . . .	29,556,989.	<b>33</b>	27,254,368.
<b>34</b> Total liabilities and net assets/fund balances . . . . .	45,654,743.	<b>34</b>	46,540,475.	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	73,153,055.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	71,205,024.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	1,948,031.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	29,556,989.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-372,062.
<b>6</b>	Donated services and use of facilities	<b>6</b>	0.
<b>7</b>	Investment expenses	<b>7</b>	0.
<b>8</b>	Prior period adjustments	<b>8</b>	0.
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	-3,878,590.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	27,254,368.

**Part XII Financial Statements and Reporting**

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

- 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? .....  
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? .....  
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? 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? .....
- 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.

	Yes	No
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>		X
<b>3b</b>		

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2015**

**Open to Public Inspection**

Name of the organization

UNITED WAY, INC.

Employer identification number

95-2274801

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

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

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations . . . . .
  - g Provide the following information about the supported organization(s).

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

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

Schedule A (Form 990 or 990-EZ) 2015



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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	65,340,499.	68,837,401.	66,410,600.	65,981,395.	71,621,707.	338,191,602.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						0.
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						0.
<b>4 Total.</b> Add lines 1 through 3. . . . .	65,340,499.	68,837,401.	66,410,600.	65,981,395.	71,621,707.	338,191,602.
<b>5</b> 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). . . . .						70,758,897.
<b>6 Public support.</b> Subtract line 5 from line 4.						267,432,705.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>7</b> Amounts from line 4 . . . . .	65,340,499.	68,837,401.	66,410,600.	65,981,395.	71,621,707.	338,191,602.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	127,050.	120,397.	122,897.	134,276.	306,123.	810,743.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						0.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . <b>ATCH. 1</b> . . . . .	20,565.	57,440.	1,162.	44,539.		123,706.
<b>11 Total support.</b> Add lines 7 through 10 . . . . .						339,126,051.
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	6,435,484.
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	78.86 %
<b>15</b> Public support percentage from 2014 Schedule A, Part II, line 14 . . . . .	<b>15</b>	84.49 %
<b>16a 33 1/3% support test - 2015.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . . ▶ <input checked="" type="checkbox"/>		
<b>b 33 1/3% support test - 2014.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test - 2015.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
<b>b 10%-facts-and-circumstances test - 2014.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ▶ <input type="checkbox"/>		

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> 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 . . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
<b>b</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 . . . . .						
<b>c</b> Add lines 7a and 7b. . . . .						
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>9</b> Amounts from line 6. . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>13 Total support.</b> (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**

<b>15</b> Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2014 Schedule A, Part III, line 15 . . . . .	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from 2014 Schedule A, Part III, line 17 . . . . .	<b>18</b>	%

**19a 33 1/3% support tests - 2015.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

**b 33 1/3% support tests - 2014.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (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? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> 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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</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? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> 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)? <i>If "Yes," answer 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

		Yes	No
<b>11</b>	Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b>	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	<b>11 a</b>	
<b>b</b>	A family member of a person described in (a) above?	<b>11 b</b>	
<b>c</b>	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .	<b>11 c</b>	

**Section B. Type I Supporting Organizations**

		Yes	No
<b>1</b>	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 <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	<b>1</b>	
<b>2</b>	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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	<b>2</b>	

**Section C. Type II Supporting Organizations**

		Yes	No
<b>1</b>	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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	<b>1</b>	

**Section D. All Type III Supporting Organizations**

		Yes	No
<b>1</b>	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?	<b>1</b>	
<b>2</b>	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 <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	<b>2</b>	
<b>3</b>	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 <b>Part VI</b> the role the organization's supported organizations played in this regard.	<b>3</b>	

**Section E. Type III Functionally-Integrated Supporting Organizations**

<b>1</b>	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):			
<b>a</b>	<input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.			
<b>b</b>	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.			
<b>c</b>	<input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).			
<b>2</b>	Activities Test. Answer (a) and (b) below.		Yes	No
<b>a</b>	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 <b>Part VI</b> identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	<b>2a</b>		
<b>b</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 <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	<b>2b</b>		
<b>3</b>	Parent of Supported Organizations. Answer (a) and (b) below.			
<b>a</b>	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 <b>Part VI</b> .	<b>3a</b>		
<b>b</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 <b>Part VI</b> the role played by the organization in this regard.	<b>3b</b>		

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

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

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	8	
<b>Section B - Minimum Asset Amount</b>		(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):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	
<b>Section C - Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> 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
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2015 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

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

**Part VI** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2011	2012	2013	2014	2015	TOTAL
ALL OTHER REVENUE	20,565.	57,440.	1,162.	44,539.		123,706.
TOTALS	<u>20,565.</u>	<u>57,440.</u>	<u>1,162.</u>	<u>44,539.</u>		<u>123,706.</u>

**Schedule of Contributors**

**2015**

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**  
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

<b>Name of the organization</b> UNITED WAY, INC.	<b>Employer identification number</b> 95-2274801
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**Organization type** (check one):

**Filers of:**

**Section:**

- Form 990 or 990-EZ  501(c)(<sup>3</sup>) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization
- Form 990-PF  501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year . . . . . ▶ \$ \_\_\_\_\_

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).



Name of organization **UNITED WAY, INC.**

Employer identification number  
95-2274801

**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 22,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 4,852,507.	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 3,410,101.	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 3,250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 2,872,570.	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 2,089,268.	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

<b>Name of organization</b> UNITED WAY, INC.	<b>Employer identification number</b> 95-2274801
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**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	_____	\$ 1,602,757.	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	_____	\$ 1,450,086.	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization UNITED WAY, INC.

Employer identification number

95-2274801

**Part II** Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization UNITED WAY, INC.

Employer identification number  
95-2274801

**Part III** *Exclusively* religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ► \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

**SCHEDULE C**  
**(Form 990 or 990-EZ)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2015**

**Open to Public Inspection**

**For Organizations Exempt From Income Tax Under section 501(c) and section 527**

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**  
▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

**If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then**

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

**If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then**

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

**If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then**

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization UNITED WAY, INC.	Employer identification number 95-2274801
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures . . . . . ▶ \$ \_\_\_\_\_
- 3 Volunteer hours . . . . . \_\_\_\_\_

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 . . . . . ▶ \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 . . . . . ▶ \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? . . . . .  Yes  No
- 4a Was a correction made? . . . . .  Yes  No
- b If "Yes," describe in Part IV.

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities . . . . . ▶ \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities . . . . . ▶ \$ \_\_\_\_\_
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b . . . . . ▶ \$ \_\_\_\_\_
- 4 Did the filing organization file **Form 1120-POL** for this year? . . . . .  Yes  No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

- A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check  if the filing organization checked box A and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying) . . . . .		1,480.	
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .		28,290.	
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) . . . . .		29,770.	
<b>d</b> Other exempt purpose expenditures . . . . .		71,175,254.	
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) . . . . .		71,205,024.	
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.		1,000,000.	
<b>If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is:</b>			
Not over \$500,000		20% of the amount on line 1e.	
Over \$500,000 but not over \$1,000,000		\$100,000 plus 15% of the excess over \$500,000.	
Over \$1,000,000 but not over \$1,500,000		\$175,000 plus 10% of the excess over \$1,000,000.	
Over \$1,500,000 but not over \$17,000,000		\$225,000 plus 5% of the excess over \$1,500,000.	
Over \$17,000,000		\$1,000,000.	
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) . . . . .		250,000.	
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- . . . . .		0.	0.
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- . . . . .		0.	0.
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? . . . . .			<input type="checkbox"/> Yes <input type="checkbox"/> No

**4-Year Averaging Period Under section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total
<b>2a</b> Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					6,000,000.
<b>c</b> Total lobbying expenditures	89,325.	92,856.	52,896.	29,770.	264,847.
<b>d</b> Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
<b>f</b> Grassroots lobbying expenditures	48,874.	65,008.	28,123.	1,480.	143,485.

**Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers?			
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
<b>c</b> Media advertisements?			
<b>d</b> Mailings to members, legislators, or the public?			
<b>e</b> Publications, or published or broadcast statements?			
<b>f</b> Grants to other organizations for lobbying purposes?			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
<b>i</b> Other activities?			
<b>j</b> Total. Add lines 1c through 1i			
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

	Yes	No
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?	<b>1</b>	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	<b>2</b>	
<b>3</b> Did the organization agree to carry over lobbying and political expenditures from the prior year?	<b>3</b>	

**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."**

<b>1</b> Dues, assessments and similar amounts from members	<b>1</b>	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year	<b>2a</b>	
<b>b</b> Carryover from last year	<b>2b</b>	
<b>c</b> Total	<b>2c</b>	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	<b>3</b>	
<b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	<b>4</b>	
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions)	<b>5</b>	

**Part IV Supplemental Information**

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

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SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

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.

2015

Attach to Form 990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization

Employer identification number

UNITED WAY, INC.

95-2274801

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.

Table with 3 columns: Line number, Description, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for total number at end of year, aggregate value of contributions, grants, and end of year, and two rows for donor advisement questions with Yes/No checkboxes.

Part II Conservation Easements.

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

Table with 3 columns: Line number, Description, and Held at the End of the Tax Year. Includes rows for purpose(s) of conservation easements, total number of easements, acreage, and number of easements on historic structures, and rows for monitoring and expenses.

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.

Table with 3 columns: Line number, Description, and Amount. Includes rows for reporting works of art, historical treasures, or other similar assets held for public exhibition, education, or research.

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

Schedule D (Form 990) 2015



**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   |
|--|----------|
| <b>c</b> Beginning balance             | 419,000. |
| <b>d</b> Additions during the year     |          |
| <b>e</b> Distributions during the year |          |
| <b>f</b> Ending balance                | 419,000. |
- 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 on 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
<b>1a</b> Beginning of year balance	3,056,016.	2,954,153.	2,499,524.	2,210,068.	2,240,831.
<b>b</b> Contributions					
<b>c</b> Net investment earnings, gains, and losses	-100,881.	101,863.	454,629.	289,456.	-30,763.
<b>d</b> Grants or scholarships					
<b>e</b> Other expenditures for facilities and programs					
<b>f</b> Administrative expenses					
<b>g</b> End of year balance	2,955,135.	3,056,016.	2,954,153.	2,499,524.	2,210,068.

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment  %
  - b** Permanent endowment  %
  - c** Temporarily restricted endowment  %
- The percentages on lines 2a, 2b, and 2c should equal 100%.

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

	Yes	No
<b>(i)</b> unrelated organizations	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>(ii)</b> related organizations	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	<input type="checkbox"/>	<input type="checkbox"/>

- 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
<b>1a</b> Land				
<b>b</b> Buildings				
<b>c</b> Leasehold improvements		1,728,117.	723,440.	1,004,677.
<b>d</b> Equipment		1,123,524.	1,099,838.	23,686.
<b>e</b> Other		331,503.	173,122.	158,381.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,186,744.

**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) _____		
<b>Total.</b> (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)		
<b>Total.</b> (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)	
<b>Total.</b> (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) DEFERRED RENT AND LEASE INCENTIVE	1,942,467.	
(3) CAPITALIZED LEASE OBLIGATIONS	163,937.	
(4) PENSION PLAN LIABILITY	3,441,673.	
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (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 XIII** Supplemental Information *(continued)*

SCHEDULE D, PART IV, LINE 1B

CUSTODIAN FUNDS ARE HELD BY UNITED WAY ON BEHALF OF OTHER ENTITIES AND ARE DISBURSED ONLY UPON INSTRUCTIONS FROM SUCH ENTITIES.

SCHEDULE D, PART V, LINE 4

THE BOARD DESIGNATED ENDOWMENT FUND WAS SET UP TO INVEST FUNDS AND PROVIDE SECURITY TO THE FUTURE OPERATIONS OF UNITED WAY.

SCHEDULE D, PART X, LINE 2

UNITED WAY HAS BEEN RECOGNIZED BY THE INTERNAL REVENUE SERVICE AND FRANCHISE TAX BOARD AS A NONPROFIT ORGANIZATION EXEMPT FROM FEDERAL AND STATE INCOME TAX ON ITS INCOME, OTHER THAN UNRELATED BUSINESS INCOME, UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, AND SECTION 23701(D) OF THE CALIFORNIA REVENUE AND TAXATION CODE, RESPECTIVELY.

ASC TOPIC NO. 740, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, REQUIRES ENTITIES TO DETERMINE WHETHER IT IS "MORE LIKELY THAN NOT" THAT A TAX POSITION WILL BE SUSTAINED UPON EXAMINATION BY THE APPROPRIATE TAXING AUTHORITIES. AN UNCERTAIN TAX POSITION WILL NOT BE RECOGNIZED IF IT HAS LESS THAN A 50% LIKELIHOOD OF BEING SUSTAINED. THE ORGANIZATION BELIEVES THAT THERE ARE NO UNCERTAIN TAX POSITIONS WITHIN ITS FINANCIAL STATEMENTS. THERE HAVE BEEN NO MATERIAL CHANGES IN UNRECOGNIZED BENEFITS AS OF JUNE 30, 2016, NOR ARE ANY ANTICIPATED IN THE 12 MONTHS FOLLOWING JUNE 30, 2016. THERE HAVE BEEN NO RELATED TAX PENALTIES OR INTEREST, WHICH WOULD BE CLASSIFIED AS TAX EXPENSES IN THE STATEMENT OF ACTIVITIES AND CHANGES IN NET ASSETS. AS A RESULT, NO PROVISION FOR INCOME TAXES HAS BEEN RECORDED IN THE ACCOMPANYING FINANCIAL STATEMENTS.

**Part XIII** Supplemental Information (continued)

THE OPEN FEDERAL AND STATE TAX YEARS ARE AS FOLLOWS:

JURISDICTION	OPEN TAX YEARS
FEDERAL - US	2012 THROUGH 2015
CALIFORNIA	2011 THROUGH 2015

SCHEDULE D, PART XI, LINE 4B

ON BEHALF OF ITS DONORS, UNITED WAY PROCESSED DESIGNATIONS TO OTHER  
NONPROFIT ORGANIZATIONS IN THE AMOUNT OF \$44,359,613.

SCHEDULE D, PART XII, LINE 4B

ON BEHALF OF ITS DONORS, UNITED WAY PROCESSED DESIGNATIONS TO OTHER  
NONPROFIT ORGANIZATIONS IN THE AMOUNT OF \$44,359,613.



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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		(event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	<b>1</b> Gross receipts . . . . .				
	<b>2</b> Less: Contributions . . . . .				
	<b>3</b> Gross income (line 1 minus line 2) . . . . .				
Direct Expenses	<b>4</b> Cash prizes . . . . .				
	<b>5</b> Noncash prizes . . . . .				
	<b>6</b> Rent/facility costs . . . . .				
	<b>7</b> Food and beverages . . . . .				
	<b>8</b> Entertainment . . . . .				
	<b>9</b> Other direct expenses . . . . .				
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶				
	<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶				

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	<b>1</b> Gross revenue . . . . .				
Direct Expenses	<b>2</b> Cash prizes . . . . .				
	<b>3</b> Noncash prizes . . . . .				
	<b>4</b> Rent/facility costs . . . . .				
	<b>5</b> Other direct expenses . . . . .				
	<b>6</b> Volunteer labor . . . . .	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) . . . . . ▶				
	<b>8</b> Net gaming income summary. Subtract line 7 from line 1, column (d) . . . . . ▶				

**9** Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_  
**a** Is the organization licensed to conduct gaming activities in each of these states?  Yes  No  
**b** If "No," explain: \_\_\_\_\_

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

- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity conducted in:
 

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

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_.
- c If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

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

SCHEDULE G, PART I, LINE 2B

RESOURCE ONE

2900 EAST PACHE

TULSA, OKLAHOMA 74110

THE FUNDRAISER WAS PAID \$44,000 FOR ITS PROFESSIONAL FUNDRAISING SERVICES

AND THIS AMOUNT WAS REPORTED IN PART I, LINE 2B. THE FUNDRAISER WAS ALSO



- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity conducted in:
 

a The organization's facility	<b>13a</b>	%
b An outside facility	<b>13b</b>	%

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_.
- c If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

Director/officer       Employee       Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

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

PAID \$288,009 FOR FUNDRAISING EXPENSES, SUCH AS PRINTING, PAPER, ENVELOPES, POSTAGE, MAILING LIST AND OTHER REIMBURSABLE EXPENSES. FUNDRAISING EXPENSES WERE SEPARATELY IDENTIFIED ON INVOICES.

990, SCHEDULE G, PART I - HIGHEST PAID FUNDRAISER

NAME AND ADDRESS OF FUNDRAISER	ACTIVITY	DID FUNDRAISER HAVE CUSTODY OR CONTROL OF CONTRIBUTIONS?		GROSS RECEIPTS FROM ACTIVITY	AMOUNT PAID TO (OR RETAINED BY FUNDRAISER	AMOUNT PAID TO (OR RETAINED BY ORGANIZATION
		YES	NO			
RESOURCE ONE  2900 EAST APACHE TULSA OK 74110	DIRECTMAIL		X	645,179.	44,000.	601,179.

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2015**

**Open to Public  
Inspection**

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

▶ Attach to Form 990.

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

UNITED WAY, INC.

Employer identification number

95-2274801

**Part I General Information on Grants and Assistance**

- 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
- 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.

1 (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
(1) 1736 FAMILY CRISIS CENTER 2116 ARLINGTON AVENUE STE 200	95-3989251	501 (C)(3)	40,000.				HOUSING
(2) 211 - COUNTY OF LOS ANGELES 526 WEST LAS TUNAS DRIVE	95-3510017	501 (C)(3)	84,750.				FINANCIAL STABILITY
(3) ADVANCEMENT THROUGH OPPORTUNITY AND KNOWLE 1200 WEST 37TH PLACE LOS ANGELES, CA 90007	95-4415115	501 (C)(3)	40,000.				EDUCATION
(4) AFTER-SCHOOL ALL STARS 6501 FOUNTAIN AVENUE LOS ANGELES, CA 90028	91-2162719	501 (C)(3)	40,000.				EDUCATION
(5) ALL PEOPLE'S CHRISTIAN 822 EAST 20TH STREET LOS ANGELES, CA 90011	95-2669400	501 (C)(3)	45,000.				EDUCATION
(6) AMERICAN RED CROSS OF GREATER LOS ANGELES 11355 OHIO AVENUE LOS ANGELES, CA 90025	95-1643964	501 (C)(3)	275,000.				FINANCIAL STABILITY
(7) ANTELOPE VALLEY BOYS & GIRLS CLUB PO BOX 10047 LANCASTER, CA 93584	95-4290055	501 (C)(3)	30,000.				EDUCATION
(8) ANTELOPE VALLEY DOMESTIC VIOLENCE COUNCIL PO BOX 2980 LANCASTER, CA 93539	95-3582588	501 (C)(3)	451,900.				HOUSING
(9) ANTELOPE VALLEY PARTNERS FOR HEALTH 45104 10TH STREET WEST LANCASTER, CA 93534	47-0957404	501 (C)(3)	35,000.				EDUCATION
(10) ASIAN AMERICAN CENTER FOR ADVANCE JUSTICE 1145 WILSHIRE BOULEVARD, 2ND FLOOR	95-3854152	501 (C)(3)	75,000.				HOUSING
(11) ASIAN AMERICAN DRUG ABUSE PROGRAM 2900 CRENSHAW BLVD. LOS ANGELES, CA 90016	95-2848695	501 (C)(3)	50,000.				FINANCIAL STABILITY
(12) BOYS & GIRLS CLUB OF CARSON 1950 E 220TH STREET, STE# 102	33-0475452	501 (C)(3)	40,000.				EDUCATION

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

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

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

Schedule I (Form 990) (2015)

**SCHEDULE I  
(Form 990)**

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Department of the Treasury  
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1 (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
<b>(1)</b> BOYS AND GIRLS CLUB OF EAST LOS ANGELES 324 N. MCDONNELL AVE LOS ANGELES, CA 90022	95-1865996	501 (C)(3)	35,000.				EDUCATION
<b>(2)</b> BOYS & GIRLS CLUB OF THE LOS ANGELES HARBOR 1200 S. CABRILLO AVENUE SAN PEDRO, CA 90731	95-1661682	501 (C)(3)	50,000.				EDUCATION
<b>(3)</b> BOYS & GIRLS CLUB OF VENICE 2232 LINCOLN BOULEVARD VENICE, CA 90291	95-6209203	501 (C)(3)	50,000.				EDUCATION
<b>(4)</b> BOYS & GIRLS CLUB OF WEST SAN GABRIEL VALLE 328 SOUTH RAMONA AVE	95-2782501	501 (C)(3)	45,000.				EDUCATION
<b>(5)</b> BOYS & GIRLS CLUB OF WHITTIER 7905 S. GREENLEAF AVENUE WHITTIER, CA 90602	95-6151763	501 (C)(3)	45,000.				EDUCATION
<b>(6)</b> BOYS AND GIRLS CLUB OF BURBANK 2244 N. BUENA VISTA ST. BURBANK, CA 91504	95-4485745	501 (C)(3)	35,000.				EDUCATION
<b>(7)</b> SANTA CLARITA COMMUNITY DEVELOPMENT (BRIDGE P.O. BOX 802978 SANTA CLARITA, CA 91380	95-4587823	501 (C)(3)	35,000.				HOUSING
<b>(8)</b> BUILDING SKILLS PARTNERSHIP 828 W. WASHINGTON BLVD.	26-1254255	501 (C)(3)	145,000.				EDUCATION & FINANCIA
<b>(9)</b> CALIFORNIANS FOR JUSTICE EDUCATION FUND 1971 LAS PLUMAS AVENUE SAN JOSE, CA 95133	94-3256009	501 (C)(3)	30,000.				EDUCATION
<b>(10)</b> CANGRESS LA COMMUNITY ACTION NETWORK 530 SOUTH MAIN STREET LOS ANGELES, CA 90013	02-0661629	501 (C)(3)	25,000.				HOUSING
<b>(11)</b> CATHOLIC CHARITIES OF LOS ANGELES, INC. 1531 JAMES M. WOOD BLVD.	95-1690973	501 (C)(3)	100,000.				HOUSING & FINACIAL S
<b>(12)</b> CENTER FOR PACIFIC ASIAN FAMILY, INC. 543 NORTH FAIRFAX AVENUE #108	95-3532351	501 (C)(3)	25,000.				HOUSING

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

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

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Schedule I (Form 990) (2015)

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Department of the Treasury  
Internal Revenue Service

Name of the organization

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**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.

1 (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
<b>(1)</b> CENTER FOR POWERFUL PUBLIC SCHOOLS 350 SOUTH BIXEL STREET, SUITE 180	26-0326342	501 (C)(3)	30,000.				EDUCATION
<b>(2)</b> CENTRAL AMERICAN RESOURCE CENTER OF CA 2845 W. 7TH STREET, LOS ANGELES, CA 90005	95-3867724	501 (C)(3)	31,800.				EDUCATION
<b>(3)</b> CENTRAL CITY NEIGHBORHOOD PARTNERS 501 SOUTH BIXEL STREET	95-4837709	501 (C)(3)	35,000.				FINANCIAL STABILITY
<b>(4)</b> CHILD AND FAMILY GUIDANCE CENTER 8550 BLABOA BLVD., SUITE 216	95-2217348	501 (C)(3)	40,000.				FINANCIAL STABILITY
<b>(5)</b> CHILDREN'S BUREAU OF SOUTHERN CALIFORNIA 1910 MAGNOLIA AVENUE LOS ANGELES, CA 90007	95-1690975	501 (C)(3)	25,000.				FINANCIAL STABILITY
<b>(6)</b> CHINATOWN SERVICE CENTER 767 N. HILL STREET, SUITE 400	95-2918844	501 (C)(3)	25,000.				FINANCIAL STABILITY
<b>(7)</b> CHRYSALIS CENTER 522 S MAIN STREET LOS ANGELES, CA 90013	95-3972624	501 (C)(3)	25,000.				FINANCIAL STABILITY
<b>(8)</b> CITY YEAR 606 S OLIVE STREET 2ND FLOOR	22-2882549	501 (C)(3)	30,000.				EDUCATION
<b>(9)</b> COALITION FOR HUMANE IMMIGRANT RIGHTS OF LA 2533 WEST THIRD STREET, STE 101	95-4421521	501 (C)(3)	30,000.				EDUCATION
<b>(10)</b> COALITION FOR RESPONSIBLE COMMUNITY DEV 3101 SOUTH GRAND AVENUE	20-2445113	501 (C)(3)	25,000.				FINANCIAL STABILITY
<b>(11)</b> COLLEGE TRACK 2130 EAST 1ST STREET LOS ANGELES, CA 90033	94-3279613	501 (C)(3)	30,000.				EDUCATION
<b>(12)</b> COMMON GROUND COMMUNITIES, INC. (DBA COMMUN 125 MAIDEN LANE, 16C NEW YORK, NY 10038	11-3048002	501 (C)(3)	37,500.				HOUSING

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

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

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Schedule I (Form 990) (2015)

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**Grants and Other Assistance to Organizations,  
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Department of the Treasury  
Internal Revenue Service

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- 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.

1 (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
(1) COMMUNITIES IN SCHOOLS LA WEST 2000 AVENUE OF STARS, SUITE 803	26-0404220	501 (C)(3)	30,000.				EDUCATION
(2) COMMUNITY ASSET DEVELOPMENT RE-DEFINING (CA 8410 SOUTH BROADWAY LOS ANGELES, CA 90003	26-4753821	501 (C)(3)	45,000.				EDUCATION
(3) COMMUNITY CAREER DEVELOPMENT, INC. 3550 WILSHIRE BLVD., STE 500	23-7209115	501 (C)(3)	50,000.				FINANCIAL STABILITY
(4) COMMUNITY COALITION FOR SUBSTANCE ABUSE PRE 8101 S. VERMONT AVENUE	95-4298811	501 (C)(3)	37,500.				EDUCATION
(5) COMMUNITY DEVELOPMENT TECHNOLOGIES CENTER 520 WEST 23RD STREET LOS ANGELES, CA 90007	95-4546040	501 (C)(3)	40,000.				EDUCATION
(6) CORPORATION FOR SUPPORTIVE HOUSING 61 BROADWAY, SUITE 2300 NEW YORK, NY 10006	13-3600232	501 (C)(3)	95,000.				HOUSING
(7) DIDI HIRSCH COMMUNITY 4760 S. SEPULVEDA BOULEVARD	95-1816023	501 (C)(3)	50,000.				HOUSING
(8) DOOR OF HOPE 669 N LOS ROBLES AVE PASADENA, CA 91101	95-4044568	501 (C)(3)	70,604.				HOUSING
(9) EAST LA COMMUNITY CORP 530 SOUTH BOYLE AVENUE	95-4531076	501 (C)(3)	50,000.				FINANCIAL STABILITY
(10) EDUCARE FOUNDATION 16134 WYANDOTTE STREET VAN NUYS, CA 91406	95-4285350	501 (C)(3)	30,000.				EDUCATION
(11) EDUCATORS 4 EXCELLENCE 448 S. HILL STREET LOS ANGELES, CA 90013	27-3382030	501 (C)(3)	50,000.				EDUCATION
(12) EL CENTRO DE AYUDA 1972 E. CESAR CHAVEZ LOS ANGELES, CA 90033	95-4563348	501 (C)(3)	115,000.				FINANCIAL STABILITY

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

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

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Schedule I (Form 990) (2015)

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2015**

**Open to Public  
Inspection**

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Department of the Treasury  
Internal Revenue Service

Name of the organization

UNITED WAY, INC.

Employer identification number

95-2274801

**Part I General Information on Grants and Assistance**

- 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
- 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.

1 (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
(1) ENTERPRISE COMMUNITY PARTNERS 600 WILSHIRE BLVD., SUITE 600	52-1231931	501 (C)(3)	30,000.				HOUSING
(2) FAMILIES IN SCHOOLS 1545 WILSHIRE BOULEVARD, SUITE 700	95-4818894	501 (C)(3)	45,000.				EDUCATION
(3) FULFILLMENT FUND 6100 WILSHIRE BLVD; SUITE 600	95-3180934	501 (C)(3)	30,000.				EDUCATION
(4) GREEN DOT PUBLIC SCHOOLS 1149 S HILL STREET, STE- 600	95-4679811	501 (C)(3)	25,000.				EDUCATION
(5) HARBOR INTERFAITH SERVICES, INC. 670 W NINTH STREET SAN PEDRO, CA 90731	33-0031099	501 (C)(3)	372,500.				HOUSING
(6) HEART OF LOS ANGELES YOUTH 2701 WILSHIRE BOULEVARD	95-4397418	501 (C)(3)	40,000.				EDUCATION
(7) HOMELESS HEALTH CARE LOS ANGELES (UNITED HO 2330 BEVERLY BLVD., LOS ANGELES, CA 90057	95-4074970	501 (C)(3)	25,000.				HOUSING
(8) IMAGINE L A 5455 WILSHIRE BLVD., STE- 1001	20-4637089	501 (C)(3)	25,000.				FINANCIAL STABILITY
(9) INNER CITY LAW CENTER 1309 E 7TH STREET LOS ANGELES, CA 90021	95-3697572	501 (C)(3)	40,000.				HOUSING
(10) INNERCITY STRUGGLE 124 NORTH TOWNSEND AVENUE	27-2133211	501 (C)(3)	50,000.				EDUCATION
(11) INTERVAL HOUSE 6615 EAST PACIFIC COAST HIGHWAY, STE#170	95-3389113	501 (C)(3)	30,000.				HOUSING
(12) INTERNATIONAL TRADE EDUCATION PROGRAMS 2417 E. CARSON STREET, STE 200	74-3161465	501 (C)(3)	25,000.				EDUCATION

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

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

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

Schedule I (Form 990) (2015)

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2015**

**Open to Public  
Inspection**

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Department of the Treasury  
Internal Revenue Service

Name of the organization

UNITED WAY, INC.

Employer identification number

95-2274801

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1 (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
<b>(1)</b> JEWISH VOCATIONAL SERVICES 6505 WILSHIRE BLVD., SUITE 700	95-1691012	501 (C)(3)	50,000.				FINANCIAL STABILITY
<b>(2)</b> KOREATOWN YOUTH AND COMMUNITY CENTER, INC. 3727 W. 6TH ST. SUITE 300	95-3779389	501 (C)(3)	75,000.				FINANCIAL STABILITY
<b>(3)</b> LA AREA CHAMBER OF COMMERCE 350 S. BIXEL STREET LOS ANGELES, CA 90017	95-2597392	501 (C)(3)	25,000.				EDUCATION
<b>(4)</b> L.A VOICE 760 S WESTMORELAND ST., #336	95-4781974	501 (C)(3)	30,000.				EDUCATION
<b>(5)</b> L.A. FAMILY HOUSING CORPORATION 7843 LANKERSHIM BOULEVARD	95-3920560	501 (C)(3)	473,500.				HOUSING
<b>(6)</b> LABOR COMMUNITY SERVICES 2130 JAMES M. WOOD BLVD.	95-4147259	501 (C)(3)	71,000.				FINANCIAL STABILITY
<b>(7)</b> LACER AFTERSHOOL PROGRAM 1277 WILCOX AVENUE, SUITE 2	95-3890819	501 (C)(3)	30,000.				EDUCATION
<b>(8)</b> LAMP INC. 526 SAN PEDRO ST LOS ANGELES, CA 90013	95-3993742	501 (C)(3)	502,500.				HOUSING
<b>(9)</b> LA'S PROMISE 202 WEST FIRST STREET, SUITE 4-0160	20-4562686	501 (C)(3)	30,000.				EDUCATION
<b>(10)</b> LATINO RESOURCE ORGANIZATION, INC. 610 CALIFORNIA AVENUE VENICE, CA 90291	95-3655201	501 (C)(3)	25,000.				FINANCIAL STABILITY
<b>(11)</b> LIFT, INC. 1910 MAGNOLIA AVENUE LOS ANGELES, CA 90007	52-2168409	501 (C)(3)	25,000.				FINANCIAL STABILITY
<b>(12)</b> LOS ANGELES ALLIANCE FOR A NEW ECONOMY 464 LUCAS AVE., SUITE 202	95-4459427	501 (C)(3)	35,000.				FINANCIAL STABILITY

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

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

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Schedule I (Form 990) (2015)



**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2015**

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Inspection**

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Department of the Treasury  
Internal Revenue Service

Name of the organization

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**Part I General Information on Grants and Assistance**

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

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1 (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
(1) LOS ANGELES BLACK WORKER CENTER 1000 NORTH ALAMEDA, SUITE 240	95-4302067	501 (C)(3)	25,000.				FINANCIAL STABILITY
(2) LOS ANGELES EDUCATION PARTNERSHIP 1055 WEST 7TH STREET, SUITE 200	95-3909218	501 (C)(3)	25,000.				EDUCATION
(3) LOS ANGELES URBAN LEAGUE 3450 MOUNT VERNON DRIVE	95-1691288	501 (C)(3)	100,000.				EDUCATION & FINANCIA
(4) MENTAL HEALTH AMERICA OF LOS ANGELES 100 W. BROADWAY, SUITE 5010	95-1881491	501 (C)(3)	25,000.				HOUSING & FINANCIAL
(5) MEXICAN AMERICAN LEGAL DEFENSE AND EDUCATIO 634 S. SPRING ST., 11TH FLOOR	74-1563270	501 (C)(3)	45,000.				EDUCATION
(6) MEXICAN AMERICAN OPPORTUNITY FOUNDATION 401 NORTH GARFIELD AVENUE	95-2594166	501 (C)(3)	50,000.				FINANCIAL STABILITY
(7) MIND RESEARCH INSTITUTE 111 ACADEMY, SUITE 100 IRVINE, CA 92617	33-0798804	501 (C)(3)	25,000.				EDUCATION
(8) P.F. BRESEE FOUNDATION 184 BIMINI PLACE LOS ANGELES, CA 90004	95-3797363	501 (C)(3)	25,000.				FINANCIAL STABILITY
(9) PACIFIC ASIAN CONSORTIUM EMPLOYMENT (PACE) 1055 WILSHIRE BOULEVARD, SUITE 1475	51-0192025	501 (C)(3)	40,000.				FINANCIAL STABILITY
(10) PARA LOS NINOS 500 LUCAS AVENUE LOS ANGELES, CA 90017	95-3443276	501 (C)(3)	30,000.				EDUCATION
(11) PARENT INSTITUTE FOR QUALITY EDUCATION 825 COLORADO BLVD., SUITE 228	33-0259359	501 (C)(3)	30,000.				EDUCATION
(12) PARTNERSHIP FOR LA SCHOOLS 1541 WILSHIRE BLVD., SUITE 200	26-1759681	501 (C)(3)	45,000.				EDUCATION

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

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Schedule I (Form 990) (2015)

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
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OMB No. 1545-0047

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Department of the Treasury  
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**Part I General Information on Grants and Assistance**

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

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(1) PATHWAYS TO HOUSING NATIONAL INC 27 WARREN PLACE MONTCLAIR, NJ 07042	37-1464353	501 (C)(3)	45,000.				HOUSING
(2) PEOPLE ASSISTING THE HOMELESS (PATH) PARTNE 340 N MADISON AVENUE LOS ANGELES, CA 90004	95-3950196	501 (C)(3)	1,521,000.				HOUSING
(3) PROJECT GRAD LOS ANGELES 10200 SEPULVEDA BLVD., SUITE 255	95-4724314	501 (C)(3)	30,000.				EDUCATION
(4) PROYECTO PASTORAL 135 N. MISSION ROAD LOS ANGELES, CA 90033	95-3213958	501 (C)(3)	30,430.				EDUCATION
(5) PUBLIC COUNSEL 610 SOUTH ARDMORE AVENUE	23-7105149	501 (C)(3)	65,000.				HOUSING & EDUCATION
(6) PVJOBS (PLAYA VISTA JOB OPPORTUNITIES AND B 4112 S. MAIN STREET LOS ANGELES, CA 90037	95-4706948	501 (C)(3)	40,000.				FINANCIAL STABILITY
(7) SHELTER PARTNERSHIP, INC. 520 SOUTH GRAND AVENUE, SUITE 695	95-3976214	501 (C)(3)	45,000.				HOUSING
(8) SHIELDS FOR FAMILIES PROJECT 11601 S WESTERN AVE LOS ANGELES, CA 90047	95-4336420	501 (C)(3)	25,000.				FINANCIAL STABILITY
(9) SINGLE ROOM OCCUPANCY HOUSING CORPORATION 1055 W. 7TH STREET, SUITE 3250	95-3909215	501 (C)(3)	35,000.				HOUSING
(10) SOUTH ANTELOPE VALLEY 39139 10TH STREET E PALMDALE, CA 93550	26-1445699	501 (C)(3)	30,000.				EDUCATION
(11) SOUTH BAY CENTER FOR COUNSELING 540 NORTH MARINE AVENUE	23-7360521	501 (C)(3)	75,000.				EDUCATION & FINANCIA
(12) SOUTHERN CALIFORNIA GRANTMAKERS 1000 N. ALAMDEA STREET, SUITE 230	95-2831058	501 (C)(3)	35,000.				HOUSING

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<b>(1)</b> SOUTHERN CALIFORNIA ASSOCIATION OF NONPROFI 501 SHATTO PLACE, STE# 403	95-4019655	501 (C)(3)	35,000.				HOUSING
<b>(2)</b> SPECIAL SERVICES FOR GROUPS, INC. 905 EAST 8TH STREET LOS ANGELES, CA 90021	95-1716914	501 (C)(3)	493,300.				HOUSING
<b>(3)</b> ST. JOSEPH CENTER 204 HAMPTON DRIVE VENICE, CA 90291	95-3874381	501 (C)(3)	304,000.				HOUSING
<b>(4)</b> STEP UP ON SECOND 1328 SECOND STREET SANTA MONICA, CA 90401	95-4109386	501 (C)(3)	55,000.				HOUSING
<b>(5)</b> STREETLIGHTS, INC. 622 N VAN NESS AVENUE, STE 105	95-4499501	501 (C)(3)	25,000.				FINANCIAL STABILITY
<b>(6)</b> THE EDUCATION TRUST 1250 H STREET NW SUITE 700	52-1982223	501 (C)(3)	10,000.				EDUCATION
<b>(7)</b> THE SALVATION ARMY 180 E. OCEAN BLVD., SUITE 500	13-5562351	501 (C)(3)	40,000.				EDUCATION
<b>(8)</b> THE WHOLE CHILD-MENTAL HEALTH & HOUSING 10155 COLIMA ROAD WHITTIER, CA 90603	95-2031148	501 (C)(3)	40,000.				HOUSING
<b>(9)</b> THINK TOGETHER 2101 E. 4TH STREET SANTA ANA, CA 92705	33-0781751	501 (C)(3)	40,000.				EDUCATION
<b>(10)</b> UAW - LABOR EMPLOYMENT AND TRAINING CORP 3965 S. VERMONT AVENUE	95-3929756	501 (C)(3)	25,000.				FINANCIAL STABILITY
<b>(11)</b> UNION STATION HOMELESS SERVICES 825 EAST ORANGE GROVE BLVD.	95-3958741	501 (C)(3)	483,600.				HOUSING
<b>(12)</b> UNITE LA 350 S BIXEL STREET SUITE 200	82-0576380	501 (C)(3)	40,000.				EDUCATION

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(1) UNITED FRIENDS OF THE CHILDREN 1055 WILSHIRE BLVD., STE# 1955	95-3665186	501 (C)(3)	30,000.				EDUCATION
(2) UNITED STATES VETERANS INITATIVE 800 W. 6TH ST., SUITE 1505	95-4382752	501 (C)(3)	50,000.				HOUSING & FINANCIAL
(3) UNITED WAYS OF CALIFORNIA 1107 FAIR OAKS AVENUE #12	94-1646369	501 (C)(3)	86,577.				FINANCIAL STABILITY
(4) UPWARD BOUND HOUSE 1104 WASHINGTON AVE. SANTA MONICA, CA 90403	95-4288926	501 (C)(3)	35,000.				HOUSING & FINANCIAL
(5) VETERANS CAREER XCHANGE (FORMER: SILHOUETTE) 17412 VENTURA BLVD, STE# 218	46-4927755	501 (C)(3)	20,000.				FINANCIAL STABILITY
(6) VETERANS IN FILM AND TELEVISION P O BOX 291959 STUDIO CITY, CA 90029	80-0805473	501 (C)(3)	25,000.				FINANCIAL STABILITY
(7) VOLUNTEERS OF AMERICA LOS ANGELES 3600 WILSHIRE BLVD., SUITE 1500	95-1691330	501 (C)(3)	25,000.				FINANCIAL STABILITY
(8) WATTS/WILLOWBROOK BOYS & GIRLS CLUB 1339 EAST 120TH ST. LOS ANGELES, CA 90059	95-1945829	501 (C)(3)	35,000.				EDUCATION
(9) WEST VALLEY BOYS & GIRLS CLUB 7245 REMMET AVENUE CANOGA PARK, CA 91303	95-4419365	501 (C)(3)	30,000.				EDUCATION
(10) WESTERN CENTER ON LAW AND PROVERTY 3701 WILSHIRE BLVD., SUITE 208	95-2897721	501 (C)(3)	25,000.				HOUSING
(11) WOMEN IN NON TRADITION EMPLOYMENT ROLES, IN 3655 S. GRAND AVENUE, #210	95-4513961	501 (C)(3)	35,000.				FINANCIAL STABILITY
(12) WOODCRAFT RANGERS 340 EAST SECOND STREET, SUITE 200	95-1729319	501 (C)(3)	40,000.				EDUCATION

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Schedule I (Form 990) (2015)

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2015**

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Department of the Treasury  
Internal Revenue Service

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Name of the organization

UNITED WAY, INC.

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(1) YMCA OF GREATER LONG BEACH 525 EAST 7TH STREET LONG BEACH, CA 90813	95-1643396	501 (C)(3)	50,000.				EDUCATION
(2) YOUTH POLICY INSTITUTE 634 S. SPRING STREET, 10TH FLOOR	52-1278339	501 (C)(3)	75,000.				EDUCATION
(3) YWCA OF GREATER LOS ANGELES 1020 S OLIVE STREET LOS ANGELES, CA 90015	95-1652919	501 (C)(3)	50,000.				EDUCATION & FINANCIA
(4) YWCA OF SAN GABRIEL VALLEY 943 N. GRAND AVE. COVINA, CA 91724	95-1641967	501 (C)(3)	40,000.				HOUSING
(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 ▶ 124.

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

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

Schedule I (Form 990) (2015)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

**Part IV Supplemental Information.** Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

SCHEDULE I, PART I, LINE 2

ALL GRANTEES ARE REQUIRED TO SUBMIT REPORTS TO US TWICE PER YEAR. THE GRANT PERIOD BEGINS ON JULY 1ST SO THE FIRST REPORT IS DUE BY JANUARY 15TH AND THE SECOND REPORT IS DUE 15 DAYS AFTER THE GRANT PERIOD IS OVER (JULY 15TH) IN ORDER FOR US TO RECEIVE FINAL RESULTS. THE REPORT INCLUDES QUANTITATIVE AND QUALITATIVE DATA REQUESTS. WE ALSO REQUIRE UPDATED FINANCIALS AND AUDIT REPORTS. UWGLA STAFF REVIEW THESE REPORTS TO ASCERTAIN PROGRESS AGAINST OBJECTIVES AND OUTCOMES IN EACH GRANTEE SCOPE OF WORK. AN ANALYSIS OF THE REPORT AGGREGATING ALL THE DATA IS PROVIDED TO THE COMMUNITY IMPACT CABINET (CIC) FOR THEIR REVIEW. ANY GRANTEE

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

**Part IV Supplemental Information.** Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

PERFORMANCE PROBLEMS ARE HIGHLIGHTED TO THE CIC WITH A STAFF PLAN ON HOW

THESE GRANTS WILL BE MONITORED.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
UNITED WAY, INC.

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
▶ Attach to Form 990.

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

OMB No. 1545-0047

**2015**

**Open to Public  
Inspection**

Employer identification number

95-2274801

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees   |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?

**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                                |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input checked="" type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? . . . . .
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? . . . . .
- c** Participate in, or receive payment from, an equity-based compensation arrangement? . . . . .
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? . . . . .
- b** Any related organization? . . . . .
- If "Yes" to line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? . . . . .
- b** Any related organization? . . . . .
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III. . . . .

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III . . . . .

**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? . . . . .

	Yes	No
<b>1a</b>		
<b>1b</b>		
<b>2</b>		
<b>3</b>		
<b>4a</b>	X	
<b>4b</b>	X	
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2015



**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

**Note:** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 ELISE BUIK PRESIDENT & CEO	(i)	309,155.	55,507.	3,111.	60,706.	19,146.	447,625.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 LINING REZENDEZ CONTROLLER	(i)	136,654.	5,000.	282.	10,318.	19,146.	171,400.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3 MARIO MARIN VP, DEVELOPMENT	(i)	184,154.	9,773.	6,594.	667.	19,146.	220,334.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
4 MAE (MEIWAH) TUCK VP, MARKETING & COMMUNICATION	(i)	100,465.	7,458.	34,487.	3,244.	26,014.	171,668.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
5 CHRISTINE MARGIOTTA VP, COMMUNITY IMPACT	(i)	130,055.	4,201.	6,248.	7,923.	19,672.	168,099.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

**Part III Supplemental Information**

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE J, PART I, LINE 4A

THE ORGANIZATION PAID ONE OF ITS FORMER EMPLOYEES (MAE (MEIWAH) TUCK) A SEVERANCE IN THE AMOUNT OF \$17,568 IN NOVEMBER 2015.

SCHEDULE J, PART I, LINE 4B

THE ORGANIZATION HAS A BENEFIT RESTORATION PLAN (BRP) FOR ITS CURRENT CEO AND PRESIDENT, ELISE BUIK. THIS PLAN WAS APPROVED BY THE BOARD IN JULY 2008 AND \$25,000 WAS FUNDED TO A RABBI TRUST IN DECEMBER 2008. ADDITIONAL AMOUNT WAS FUNDED IN FISCAL YEAR 2016. THE \$10,813 ESTIMATED INCREASE IN THE VALUE OF THE PLAN IS REPORTED AS DEFERRED COMPENSATION IN SCHEDULE J, PART II. MS. BUIK IS NOT VESTED AND THE PLAN DID NOT MAKE ANY DISTRIBUTIONS. THE BRP IS SUBJECT TO SUBSTANTIAL RISK OF FORFEITURE AND THESE AMOUNTS MAY NEVER BE RECEIVED BY THE INDIVIDUAL. IF ANY AMOUNTS ARE PAID OUT UNDER THE BRP, THE AMOUNT WILL ALSO BE REPORTED AS COMPENSATION IN THE YEAR PAID. SEE SCHEDULE O FOR FURTHER DETAILS ON PERFORMANCE PAY.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2015**

**Open To Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

Name of the organization  
UNITED WAY, INC.

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**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art . . . . .				
2 Art - Historical treasures . . . . .				
3 Art - Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities - Publicly traded . . . . .	X	42 .	662,461 .	FMV
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 . . . . .				
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**

	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? . . . . .		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? . . . . .	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .		X
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.		

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

Schedule M (Form 990) (2015)

JSA

**Part II** **Supplemental Information.** Complete this part to 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.

---

SCHEDULE M, PART I, COLUMN (B)

THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTIONS RECEIVED IN

COLUMN (B).

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

UNITED WAY, INC.

**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.**

OMB No. 1545-0047

**2015**

**Open to Public  
Inspection**

Employer identification number

95-2274801

FORM 990, PART III, LINE 4

STATEMENT OF PURPOSE:

UNITED WAY'S CREATING PATHWAYS OUT OF POVERTY PLAN COMBATS POVERTY AT ITS  
ROOTS - LACK OF ACCESS TO A QUALITY EDUCATION, LACK OF A STABLE HOME, AND  
FINANCIAL INSTABILITY AND WE FOCUS ON LONG-TERM SOLUTIONS. WE DO THIS BY  
WORKING SIDE-BY-SIDE WITH PUBLIC, PRIVATE AND NON-PROFIT SECTORS TO  
TACKLE THE ROOT CAUSES OF POVERTY IN A HOLISTIC AND SUSTAINABLE MANNER.

OUR MISSION:

TO PERMANENTLY BREAK THE CYCLE OF POVERTY FOR OUR MOST VULNERABLE  
NEIGHBORS: FAMILIES, STUDENTS, VETERANS AND THE HOMELESS.

OUR 10-YEAR CREATING PATHWAYS OUT OF POVERTY ACTION PLAN BEGAN IN 2007  
AND FOCUSES ON PROVIDING LONG-TERM SOLUTIONS TO THREE ROOT CAUSES OF  
POVERTY WITH GOALS IN EACH AREA.

HOUSING: CREATE AND SUSTAIN AN END TO HOMELESSNESS, STARTING WITH  
VETERANS AND OUR CHRONICALLY HOMELESS NEIGHBORS.

EDUCATION: INCREASE THE HIGH SCHOOL GRADUATION RATE TO 85%, ENSURING ALL  
STUDENTS GRADUATE AND ARE PREPARED FOR COLLEGE AND THE WORKFORCE.

FINANCIAL STABILITY: REDUCE VETERAN UNEMPLOYMENT BY HALF AND IMPROVE THE  
FINANCIAL STABILITY FOR 10,000 FAMILIES.

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HOW WE'RE LEADING THE MOVEMENT TO END POVERTY

#### SCALING SOLUTIONS

IMPROVING POLICY AND DRIVING SYSTEMS CHANGE IS A CRITICAL PART OF THE WORK WE DO AT UNITED WAY. IN A REGION AS LARGE, COMPLEX AND FRAGMENTED AS LOS ANGELES COUNTY, SYSTEMS CHANGE IS THE ONLY WAY TO SCALE LONG-TERM SOLUTIONS THAT TRULY BREAK THE CYCLE OF POVERTY. WE ADVOCATE FOR AND INFLUENCE PUBLIC POLICY, DEMANDING SOLUTIONS THAT PROVIDE LASTING CHANGE WHILE MAKING LONG-TERM COMMITMENTS TO IMPLEMENTING THEM. WE ALSO RESEARCH SOCIAL PROBLEMS TO DELIVER DATA AND EVIDENCE-BASED SOLUTIONS THAT DEMONSTRATE REAL OUTCOMES.

#### LEVERAGING PARTNERSHIPS

SOLVING COMPLEX PROBLEMS LIKE POVERTY CAN'T BE DONE BY THE POWER OF ONE - IT REQUIRES THE POWER OF MANY. THIS IS THE REASON WHY WE FOCUS ON BRINGING PEOPLE TOGETHER TO WORK ON OUR REGION'S MOST DIFFICULT ISSUES. WE WORK SIDE-BY-SIDE WITH PUBLIC, PRIVATE AND NON-PROFIT SECTORS TO TACKLE THE ROOT CAUSES OF POVERTY; AND WE BUILD ON PROGRAMS AND STRATEGIES THAT IMPACT AND INFLUENCE A GREATER NUMBER OF NEIGHBORS AND COMMUNITIES.

#### MAKING COMMUNITY IMPACT

THROUGH OUR GRANTS, WE INVEST IN LOCAL NONPROFITS AND PROGRAMS WHICH WILL HAVE THE GREATEST IMPACT IN REACHING OUR GOALS TO END POVERTY, EXPANDING

Name of the organization UNITED WAY, INC.	Employer identification number
--	--------------------------------

THEIR RESOURCES TO MEET THE NEEDS OF THE MOST VULNERABLE PEOPLE IN OUR COMMUNITIES. WE INVEST IN 150 HIGH-PERFORMING NON-PROFIT PARTNERS WHO ARE ALIGNED WITH THE GOALS IN OUR THREE PILLARS.

FORM 990, PART III, LINE 4A

PROGRAM SERVICE ACTIVITY - ENDING HOMELESSNESS THROUGH HOUSING STABILITY

GOAL

CREATE AND SUSTAIN AN END TO HOMELESSNESS, STARTING WITH VETERANS AND OUR CHRONICALLY HOMELESS NEIGHBORS.

OUR WORK AND RESULTS

THROUGH UNITED WAY OF GREATER LOS ANGELES'S HOME FOR GOOD INITIATIVE, LAUNCHED IN 2010 WITH THE LOS ANGELES AREA CHAMBER OF COMMERCE AND POWERED BY THE PARTNERSHIP OF OVER 200 CROSS-SECTOR LEADERS, WE HAVE HOUSED OVER 33,000 FORMERLY HOMELESS PEOPLE, AND WE'VE REDUCED VETERAN HOMELESSNESS BY 60% IN THE LAST FIVE YEARS.

EACH YEAR WE HOLD HOMEWALK, A 5K FAMILY RUN/WALK THAT RAISES FUNDS AND AWARENESS AROUND ENDING HOMELESSNESS, MOBILIZING OVER 85,000 WALKERS AND RAISING \$7.6M OVER ITS TEN-YEAR HISTORY. THROUGH HOMEWALK, WE HAVE TRANSFORMED 18,000 LIVES WITH THE STABILITY OF A HOME.

UNITED WAY OF GREATER LOS ANGELES WAS ENGAGED IN THE CAMPAIGN TO PASS PROP HHH, THE MOST SIGNIFICANT EFFORT TO END HOMELESSNESS. THE MEASURE PASSED BY AN OVERWHELMINGLY 77% OF VOTERS IN NOVEMBER 2016, AND WILL

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RAISE \$1.2 BILLION TO CREATE 10,000 UNITS OF PERMANENT SUPPORTIVE HOUSING  
- ENOUGH TO HOUSE ALL OF OUR CHRONICALLY HOMELESS IN THE CITY OF LOS  
ANGELES.

UNITED WAY OF GREATER LOS ANGELES HELPED DEVELOP THE COORDINATED ENTRY  
SYSTEM (CES), WHICH MATCHES HOMELESS INDIVIDUALS TO THE OPTIMAL RESOURCES  
FOR THEIR NEEDS. PILOTED IN 2011, CES NOW OPERATES IN ALL AREAS OF LOS  
ANGELES COUNTY THROUGH THE SUPPORT AND COORDINATION OF OVER 100 LOCAL  
SERVICE PROVIDERS. CES NOW SERVES AS A NATIONAL MODEL FOR SOLVING  
HOMELESSNESS.

OVER THE LAST FIVE YEARS, THE HOME FOR GOOD FUNDER'S COLLABORATIVE HAS  
JOINTLY INVESTED \$1 BILLION IN PUBLIC RESOURCES AND PRIVATE PHILANTHROPY  
THAT PROVIDE PERMANENT SOLUTIONS, LIKE THE COORDINATED ENTRY SYSTEM, TO  
END HOMELESSNESS IN LOS ANGELES COUNTY.

FORM 990, PART III, LINE 4B

PROGRAM SERVICE ACTIVITY - HELPING STUDENTS GRADUATE AND PREPARE FOR  
COLLEGE AND THE WORKFORCE

GOAL

INCREASE THE HIGH SCHOOL GRADUATION RATE TO 85%, ENSURING ALL STUDENTS  
GRADUATE AND ARE PREPARED FOR COLLEGE AND THE WORKFORCE.

OUR WORK AND RESULTS



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--	--------------------------------

## 2007 STATISTICS

- LAUSD: 67% GRAD RATE; 47% A-G COMPLETIONS WITH A "C" OR BETTER
- COUNTYWIDE: 76% GRAD RATE; 40% A-G COMPLETIONS WITH A "C" OR BETTER

## 2015 STATISTICS (2016 DATA NOT YET FINALIZED)

- LAUSD: 72% GRAD RATE, 52% A-G COMPLETIONS WITH A "C" OR BETTER
- COUNTYWIDE: 79% GRAD RATE, 47% A-G COMPLETIONS WITH A "C" OR BETTER

## SERVICE DELIVERY

- 40,000 WORK-BASED LEARNING OPPORTUNITIES CREATED
- 4,000+ BOOKS DISTRIBUTED TO STUDENTS AND FAMILIES
- APPROXIMATELY 250 FAMILIES ENROLLED IN PARENT LITERACY PROGRAMS
- APPROXIMATELY 24,000 STUDENTS ENROLLED IN AFTER-SCHOOL PROGRAMS

## CONVENING

THROUGH OUR EDUCATION PARTNERS, 19,331 STUDENTS HAVE RECEIVED ACADEMIC TUTORING, MENTORING, COUNSELING SERVICES AND 9,060 STUDENTS AND PARENTS PARTICIPATED IN SHAPING EDUCATION POLICY.

THROUGH "CLASS" (COALITION FOR LOS ANGELES STUDENT SUCCESS), UNITED WAY'S EDUCATIONAL JUSTICE COALITION OF NONPROFIT ADVOCACY AND COMMUNITY ORGANIZATIONS, WE HAVE FOUGHT FOR KEY POLICY CHANGES AND EQUITABLE SCHOOL EXPERIENCES FOR ALL LAUSD STUDENTS, MOBILIZING OVER 150,000 STUDENTS, PARENTS, AND TEACHERS. A PRIMARY FOCUS FOR UNITED WAY OVER THE LAST 10 YEARS, AND OF "CLASS" SINCE IT BEGAN SEVERAL YEARS AGO, HAS BEEN ACCESS

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TO QUALITY A-G COURSES AND STUDENTS' COMPLETION OF THESE COURSES WITH A "C" OR BETTER. THE LAUSD SCHOOL BOARD CURRENTLY HAS A GRADUATION REQUIREMENT THAT STUDENTS COMPLETE THEIR A-G COURSES WITH A "D" OR BETTER, AND OUR COALITION IS WORKING TO SHIFT THIS TO A "C" OR BETTER REQUIREMENT, AS WELL AS ENSURING SCHOOLS ARE WORKING WITH STUDENTS EARLY IN HIGH SCHOOL TO MAKE A PLAN FOR SUCCESSFUL COMPLETION OF THESE COURSES. 26,500 INDIVIDUALS HAVE ENGAGED IN TRAINING AND ADVOCACY AND SECURED \$85M TO ENSURE RESOURCES ARE INVESTED INTO PROPER COLLEGE AND CAREER-READY SUPPORT PROGRAMS AMONG SCHOOLS WITH THE HIGHEST NEED.

THE PASSAGE OF LCFF (LOCAL CONTROL FUNDING FORMULA) PRESENTS A TREMENDOUS OPPORTUNITY TO UNDERSERVED STUDENTS OUR LOCAL SCHOOLS (STUDENTS IN FOSTER CARE, ENGLISH LANGUAGE LEARNERS, & HOMELESS STUDENTS). SCHOOLS ARE REQUIRED TO GO THROUGH A COMMUNITY FEEDBACK PROCESS THAT WILL SHAPE THE USE OF LOCAL DOLLARS (THROUGH THE LCAP PROCESS). WE HOLD COMMUNITY TOWN HALLS AND FORUMS FOR PARENTS TO PROVIDE INPUT IN THIS PROCESS, AND WE PUBLISH A SCORECARD EACH YEAR THAT BREAKS DOWN LAUSD'S EFFECTIVENESS AND SHORTFALLS IN IMPLEMENTING LCFF AS A TOOL FOR ADVOCACY AND MOBILIZATION.

UNITED WAY OF GREATER LOS ANGELES AND THE COMMUNITIES FOR LOS ANGELES STUDENT SUCCESS ("CLASS") COALITION LAUNCHED THE PARENT ENGAGEMENT TOOLKIT, AIMED AT HELPING PARENTS NAVIGATE THE COMPLEX LOS ANGELES UNIFIED SCHOOL DISTRICT (LAUSD) SYSTEM, AND DETERMINE IF THEIR SCHOOL IS ADEQUATELY SUPPORTING THEIR CHILDREN TOWARD GRADUATION, COLLEGE AND CAREER. THE FOCUS OF THE TOOLKIT, DESIGNED BY UNITED WAY, IS TO HELP

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STRENGTHEN AND SUPPORT PARENT-PRINCIPAL PARTNERSHIPS, CREATE A SYSTEM-WIDE CONVERSATION ABOUT INADEQUATE FUNDING FOR HIGH-NEED STUDENT POPULATIONS, AND ENCOURAGE SCHOOL SITES TO RETHINK BUDGET ALLOCATIONS. THE FREE PRINTED AND DOWNLOADABLE GUIDE IS AVAILABLE IN ENGLISH AND SPANISH. MORE THAN 5,000 COPIES OF THE FREE PARENT ENGAGEMENT TOOLKIT WILL BE DISTRIBUTED TO PARENTS.

SINCE 2013, 150 STUDENT LEADERS HAVE GRADUATED FROM UNITED WAY'S YOUNG CIVIC LEADERS PROGRAM. STUDENT LEADERS COMPLETE AN EIGHT-MONTH FELLOWSHIP WHERE THEY DELVE DEEPLY INTO EDUCATION POLICY AND SOCIAL JUSTICE WHILE LEADING CAMPAIGNS AT THEIR SCHOOL SITES. DURING THE SUMMER, THEY PARTICIPATE IN INTERNSHIPS WITH EDUCATION AND COMMUNITY ORGANIZATIONS.

LA YOUTH VOTE: UNITED WAY'S EFFORT TO REGISTER/PRE-REGISTER STUDENTS TO VOTE. THIS YEAR ALONE, OVER 2,000 HIGH SCHOOL STUDENTS REGISTERED TO VOTE. THROUGH THESE EFFORTS, THE COMMUNITY HAS MORE INPUT OVER WHO WILL MANAGE LAUSD'S \$8 BILLION BUDGET, WHICH DIRECTLY AFFECTS THE LIVES OF 650,000 STUDENTS AND APPROXIMATELY 35,000 EDUCATORS. THE MOVEMENT STRATEGY CENTER IS CURRENTLY RUNNING THIS CAMPAIGN IN PARTNERSHIP WITH UNITED WAY.

UNITED WAY OF GREATER LOS ANGELES CREATED STUDENT-LED CANDIDATE FORUMS FOR THREE OPEN LAUSD BOARD SEATS. THIS UNIQUE APPROACH IS DESIGNED TO PUT STUDENTS AT THE FOREFRONT OF THE EDUCATIONAL DIALOGUE, AND TO DRAW THE MEDIA TO SHINE A SPOTLIGHT ON THESE SCHOOL BOARD RACES THAT ARE OFTEN

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OVERLOOKED.

UNITED WAY IS THE BACKBONE FOR THE LINKED LEARNING PROGRAM IN LOS ANGELES COUNTY. LINKED LEARNING IS A TRANSFORMATIVE EDUCATIONAL MODEL THAT INTEGRATES RIGOROUS ACADEMICS WITH REAL WORLD WORKPLACE EXPERIENCES. TO DATE, MORE THAN 40,000 STUDENTS ACROSS THE COUNTY HAVE PARTICIPATED IN THIS CAREER-BASED LEARNING OPPORTUNITY, RANGING FROM INTERNSHIPS TO CAREER DAYS.

FORM 990, PART III, LINE 4C

PROGRAM SERVICE ACTIVITY - ENSURING FINANCIAL STABILITY THROUGH JOBS AND FINANCIAL COACHING.

GOAL

REDUCE VETERAN UNEMPLOYMENT BY HALF AND IMPROVE THE FINANCIAL STABILITY FOR 10,000 FAMILIES.

OUR WORK AND RESULTS

- IN 2015, UNITED WAY HELPED PILOT THE VETERAN PRE-APPRENTICESHIP PROGRAM, A UNIQUE INITIATIVE THAT ALLOWS VETERANS ACCESS TO PRE-APPRENTICESHIP PROGRAMS FOR ENTRY INTO HARD TO ATTAIN TRADE WORK PROGRAMS. THE PROGRAM HELPED PLACE 600 VETERANS INTO SECURE AND GOOD PAYING APPRENTICESHIP PROGRAMS.

- LAST YEAR, 42,500 FAMILIES CLAIMED \$46 MILLION IN TOTAL TAX RETURNS THROUGH THE EARNED INCOME TAX CREDIT, PUTTING ECONOMIC STABILITY BACK

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--	--------------------------------

INTO HOUSEHOLDS AND THE ECONOMY.

- SINCE 2012, THROUGH UNITED WAY'S PARTNER AGENCIES, OVER 6,600  
POST-9/11 VETERANS HAVE BEEN PLACED INTO PERMANENT JOBS. OVER 12,000  
LOW-INCOME FAMILIES HAVE IMPROVED THEIR FINANCIAL HABITS.

FORM 990, PART VI, LINE 4D

OTHER PROGRAM SERVICES - DESIGNATIONS TO OTHER NONPROFIT ORGANIZATIONS:

ON BEHALF OF ITS DONORS, UNITED WAY PROCESSED \$44,359,613 IN DESIGNATIONS  
TO OTHER NONPROFIT ORGANIZATIONS.

FORM 990, PART VI, SECTION B, LINE 11B

ONCE THE FORM 990 HAS BEEN COMPLETED BY STAFF AND REVIEWED BY  
PROFESSIONAL TAX PREPARERS, THE DOCUMENT WAS SENT ELECTRONICALLY ON MARCH  
15, 2017 TO THE MEMBERS OF THE AUDIT COMMITTEE. THE COMMITTEE MEMBERS  
REVIEWED THE DOCUMENT AS PART OF A MEETING ON APRIL 19, 2017. THE  
COMMITTEE THEN REVIEWED AND ACCEPTED THE DOCUMENT. THE FORM 990 WAS THEN  
SENT ELECTRONICALLY TO EACH BOARD MEMBER. THE FORM 990 IS SCHEDULED TO  
BE FILED BY MAY 15, 2017.

FORM 990, PART VI, SECTION B, LINE 12C

ANNUALLY, BOARD MEMBERS AND MEMBERS OF CERTAIN COMMITTEES ARE PROVIDED A  
COPY OF THE CONFLICT OF INTEREST POLICY AND A QUESTIONNAIRE THAT ELICITS  
RESPONSES TO A VARIETY OF QUESTIONS RELATED TO ANY ACTUAL OR PERCEIVED  
CONFLICTS OF INTEREST IN THEIR ROLE. THE QUESTIONNAIRES ARE REVIEWED AND  
ANY POTENTIAL CONFLICTS ARE DISCUSSED AND FURTHER DOCUMENTED. IN THE  
VERY LIMITED NUMBER OF CASES WHERE A BOARD MEMBER OR THE FIRMS THAT THEY

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REPRESENT ARE PAID FOR SERVICES, THE BOARD APPROVES THE POTENTIAL CONFLICT OF INTEREST. IN THE CASES WHERE A BOARD MEMBER HAS A RELATIONSHIP WITH AN ORGANIZATION THAT RECEIVES GRANT FUNDING FROM UNITED WAY, THE BOARD MEMBER RECUSES HERSELF/HIMSELF FROM ANY DISCUSSIONS RELATED TO THE POTENTIAL CONFLICT OF INTEREST. STAFF RECEIVE AND SIGN THE SAME POLICY AND QUESTIONNAIRE.

FORM 990, PART VI, SECTION B, LINES 15A AND 15B

UNITED WAY OF GREATER LOS ANGELES

FISCAL YEAR 2016 HUMAN RESOURCES COMMITTEE REPORT

THIS REPORT WAS APPROVED BY THE HUMAN RESOURCES COMMITTEE ("THE COMMITTEE") OF THE BOARD OF THE UNITED WAY OF GREATER LOS ANGELES ("UWGLA") ON MARCH 28, 2017 FOR INCLUSION WITH THE REQUIRED FORM 990 FILING. THE COMMITTEE AIMS TO FULLY DISCLOSE THE COMPENSATION PAID OUT IN AN OPEN AND TRANSPARENT MANNER WHICH IS CONSISTENT WITH BEST PRACTICES AND APPLICABLE REGULATORY REQUIREMENTS. TO THAT END, THIS REPORT PROVIDES INFORMATION ON UNITED WAY OF GREATER LOS ANGELES' GOVERNANCE AND OVERSIGHT OF EXECUTIVE COMPENSATION AND BENEFIT PROGRAMS, GENERAL COMPENSATION PHILOSOPHY, AND KEY FEATURES OF THE EXECUTIVE COMPENSATION PROGRAM. THE PRACTICE OF THE COMMITTEE INCLUDES ALL OF THE FOLLOWING:

- ADOPTION OF SOUND CORPORATE GOVERNANCE PROCEDURES INCLUDING A COMPENSATION COMMITTEE CHARTER AND A REGULAR CALENDAR OF ACTIVITIES.
- ADOPTION OF A COMPREHENSIVE COMPENSATION POLICY STATEMENT, INCLUDING: PEER GROUPS, SOURCES OF COMPARABILITY DATA, MARKET PHILOSOPHY, USE OF

Name of the organization UNITED WAY, INC.	Employer identification number
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INCENTIVE ARRANGEMENTS, ETC.

- DEVELOPMENT OF EFFECTIVE INCENTIVE ARRANGEMENTS, INCLUDING DOCUMENTED GOALS, AWARD CAPS, AND ALIGNMENT OF PAY WITH ORGANIZATION MISSION, VALUES, AND PERFORMANCE.
- CONVENING OF REGULAR COMPENSATION EVALUATIONS AND ESTABLISH A "REBUTTABLE PRESUMPTION" OF REASONABLENESS.
- OBTAINING MARKET COMPARABILITY DATA FROM INDEPENDENT SOURCES.
- AVOID ANY APPEARANCE OF CONFLICT OF INTEREST.
- APPLY "INITIAL CONTRACT" EXCEPTION WHERE AVAILABLE AND APPROPRIATE.
- MAINTAIN WELL DOCUMENTED MINUTES OF ALL BOARD OR COMMITTEE MEETINGS.

WITHIN THE SPIRIT OF THE PARAMETERS OF THE ABOVE BEST PRACTICES, THE INTENT OF THE COMMITTEE IS TO PROVIDE A TOTAL COMPENSATION PROGRAM FOR THE CEO AND VICE PRESIDENTS THAT PROMOTES THE UNITED WAY'S LONG-TERM STRATEGIC OBJECTIVES. IN SEEKING TO ACHIEVE SUCH A PROGRAM, THE COMMITTEE CONSIDERS MANY FACTORS IN DETERMINING HOW TO SET EXECUTIVE REMUNERATION INCLUDING: UWGLA'S MISSION AND GOALS, THE PERFORMANCE OF UWGLA AS AN ORGANIZATION, THE MARKET FOR EXECUTIVE TALENT, AND THE PERFORMANCE OF EACH EXECUTIVE. GIVEN THE COMMITTEE'S FOCUS ON PERFORMANCE AND THE OBJECTIVES OF THE ORGANIZATION, THE COMMITTEE ALSO AIMS TO PUT A PORTION OF EACH EXECUTIVE'S COMPENSATION AT RISK IN THE FORM OF A PERFORMANCE PAY PLAN.

ON AN ANNUAL BASIS, THE COMMITTEE IS RESPONSIBLE FOR EVALUATING THE

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PERFORMANCE OF THE CEO AND RECOMMENDING TO THE FULL BOARD FOR APPROVAL ANY ADJUSTMENTS TO THIS COMPENSATION AND BENEFITS, INCLUDING INCENTIVE OR PERFORMANCE PAY AWARDS. THE COMMITTEE IS ALSO RESPONSIBLE FOR APPROVING INCENTIVE AWARDS AND ANY ADJUSTMENTS TO THE COMPENSATION AND BENEFITS OF THE VICE PRESIDENTS, AS RECOMMENDED BY THE CEO. ALSO, THE COMMITTEE IS RESPONSIBLE FOR REVIEWING AND RECOMMENDING TO THE FULL BOARD FOR APPROVAL ANY NEW COMPENSATION OR BENEFITS PLANS OR PROGRAMS, OR ANY CHANGES TO EXISTING PLANS AND PROGRAMS THAT RELATE TO THE CEO OR THE VICE PRESIDENTS.

#### GENERAL COMPENSATION PHILOSOPHY

THE UNITED WAY OF GREATER LOS ANGELES IS DEDICATED TO MAKING A MEASURABLE IMPACT IN LOS ANGELES AND ITS SURROUNDING COMMUNITIES. THE UNITED WAY'S MISSION IS TO IMPROVE THE QUALITY OF LIFE FOR EVERYONE IN GREATER LOS ANGELES BY CREATING PATHWAYS OUT OF POVERTY.

THE COMMITTEE UNDERSTANDS THE IMPORTANCE OF A STRONG LEADERSHIP TEAM IN MAINTAINING AND STRENGTHENING UWGLA'S ABILITY TO SERVE COMMUNITIES, AND HAS THEREFORE ADOPTED A COMPENSATION POLICY THAT IS CONSISTENT WITH THE ORGANIZATION'S MISSION.

THE PRIMARY OBJECTIVE OF UWGLA'S COMPENSATION POLICY IS TO PROVIDE REASONABLE AND COMPETITIVE TOTAL COMPENSATION OPPORTUNITIES TO EXECUTIVES, CONSISTENT WITH MARKET-BASED COMPENSATION PRACTICES FOR



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INDIVIDUALS POSSESSING THE EXPERIENCE AND SKILLS NEEDED TO IMPROVE THE OVERALL PERFORMANCE OF THE ORGANIZATION.

THE ORGANIZATION'S EXECUTIVE COMPENSATION PROGRAM IS DESIGNED TO:

- PROVIDE BASE COMPENSATION AT THE MEDIAN OF THE LOCAL MARKET; OR, NATIONAL MARKET DEPENDING ON THE NATURE OF THE EXECUTIVE POSITION
- PROVIDE TOTAL COMPENSATION POTENTIAL TO BE AROUND THE 75TH PERCENTILE THROUGH ITS VARIABLE PERFORMANCE PAY PLAN IN THOSE YEARS WHEN THE RESULTS ARE OUTSTANDING
- BE FLEXIBLE TO REWARD INDIVIDUAL ACCOMPLISHMENTS AS WELL AS ORGANIZATIONAL SUCCESS
- ENCOURAGE THE ATTRACTION AND RETENTION OF HIGH CALIBER EXECUTIVES
- PROVIDE A COMPETITIVE TOTAL COMPENSATION PACKAGE, INCLUDING BENEFITS
- BALANCE THE NEED TO BE COMPETITIVE WITHIN THE LIMITS OF AVAILABLE FINANCIAL RESOURCES
- ENSURE THAT PAY IS PERCEIVED TO BE FAIR AND EQUITABLE
- ENSURE THAT THE PROGRAM IS EASY TO EXPLAIN, UNDERSTAND AND ADMINISTER
- ENSURE THAT PROGRAM COMPLIES WITH STATE AND FEDERAL LEGISLATION

IN ORDER TO REINFORCE PAY-FOR-PERFORMANCE AND TO ENSURE A FOCUS ON THE UWGLA MISSION, THE COMMITTEE BELIEVES A PORTION OF EXECUTIVE COMPENSATION SHOULD BE AT-RISK. AS SUCH, THE COMMITTEE HAS INSTITUTED A PERFORMANCE PAY PLAN WHICH PROVIDES THE CEO AND VICE PRESIDENTS THE OPPORTUNITY TO

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EARN PERFORMANCE AWARDS BASED ON SUCCESSFULLY PRODUCING THE RESULTS DETERMINED ANNUALLY IN UWGLA'S PERFORMANCE SCORECARD. THE ANNUAL GOALS WHICH FORM THE SCORECARD ARE TIED DIRECTLY TO OUR MISSION OF CREATING PATHWAYS OUT OF POVERTY AND THE 10 YEAR LONG-TERM GOALS NOTED BELOW.

- OUR MISSION IS TO PERMANENTLY BREAK THE CYCLE OF POVERTY FOR OUR MOST VULNERABLE NEIGHBORS: FAMILIES, STUDENTS, VETERANS, AND THE HOMELESS.
- IN OUR EDUCATION WORK, OUR GOAL IS TO INCREASE THE HIGH SCHOOL GRADUATION RATE TO 85%, ENSURING ALL STUDENTS GRADUATE PREPARED FOR COLLEGE AND THE WORKFORCE.
- IN OUR HOUSING WORK, OUR GOAL IS TO CREATE AND SUSTAIN AN END TO HOMELESSNESS, STARTING WITH VETERANS AND OUR CHRONICALLY HOMELESS NEIGHBORS.
- IN OUR FINANCIAL STABILITY WORK, OUR GOAL IS TO REDUCE VETERAN UNEMPLOYMENT BY HALF AND IMPROVE THE FINANCIAL STABILITY FOR 10,000 FAMILIES.

TO HELP THE COMMITTEE EVALUATE ITS COMPENSATION POLICY AND RELATED PROGRAMS, THE COMMITTEE PERIODICALLY COMMISSIONS AN INDEPENDENT CONSULTING FIRM TO REVIEW CEO AND VICE PRESIDENTS' COMPENSATION TO ENSURE THE COMPENSATION PROGRAMS AND LEVELS REFLECT THE COMMITTEE'S COMMITMENT TO ALIGNING COMPENSATION WITH ORGANIZATION GOALS, OBJECTIVES, AND PERFORMANCE. IN THOSE YEARS WHERE AN INDEPENDENT CONSULTANT IS NOT ENGAGED, THE HUMAN RESOURCES COMMITTEE RELIES ON GENERAL MARKET CONDITIONS TO MAKE ANY CHANGES TO THE EXECUTIVE COMPENSATION PROGRAM.

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ALTHOUGH FOR FISCAL YEAR 2015 THE COMMITTEE DID NOT ENGAGE AN OUTSIDE CONSULTANT; BASED ON THE DATA SUPPLIED BY THE CONSULTANT FROM 2012 AND GENERAL MARKET CONDITION, THE COMMITTEE MADE SOME CHANGES WHICH ARE REFLECTED BELOW.

#### CHIEF EXECUTIVE OFFICER COMPENSATION

FOR CEO COMPENSATION COMPARISONS, UWGLA UTILIZES SEVERAL NATIONAL AND LOCAL SURVEYS TO DETERMINE THE PAY OF THE CHIEF EXECUTIVE OFFICER.

THE COMPENSATION PROGRAM CONSISTS OF FOUR KEY ELEMENTS: (I) TOTAL CASH COMPENSATION INCLUDING BASE COMPENSATION AND PERFORMANCE PAY, (II) HEALTH AND WELFARE BENEFITS, (III) RETIREMENT BENEFITS, AND (IV) OTHER BENEFITS AND ALLOWANCES.

#### BASE COMPENSATION:

THE COMMITTEE STRIVES TO PROVIDE MARKET COMPETITIVE BASE SALARIES FOR COMPARABLE POSITIONS. FOR THE CEO, THE MARKET IS DEEMED TO BE NATIONAL AS WELL AS COMPARABLE UNITED WAY ORGANIZATIONS THROUGHOUT THE COUNTRY.

BASED ON THE COMPENSATION EVALUATION PERFORMED BY AN OUTSIDE CONSULTANT FROM 2012 AND GENERAL MARKET CONDITION, WE WERE ABLE TO DETERMINE THAT THE CEO BASE SALARY WAS COMPARABLE TO THE MARKET FOR SIMILAR POSITIONS. AS SUCH, IN FISCAL YEAR 2016 THE COMMITTEE RECOMMENDED THE BASE SALARY

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FOR THE CEO REMAIN THE SAME FOR CALENDAR YEAR 2015 AT \$315,000 (FOR FISCAL YEAR 2016 \$315,000). THE FULL BOARD APPROVED THE RECOMMENDATION IN JULY 2015. (NOTE: THE DIFFERENCE BETWEEN THE BASE SALARY APPROVED BY THE COMMITTEE AND THE BOARD AND THE AMOUNT REPORTED IN SCHEDULE J PART II B(I) OF THE FORM 990 IS \$5,845 AND REPRESENTS THE EMPLOYEE'S PRETAX CONTRIBUTION TO THE EMPLOYER'S GROUP HEALTH INSURANCE.)

## PERFORMANCE PAY:

THE PROGRAM PROVIDES THE CEO THE OPPORTUNITY TO EARN A PERFORMANCE-BASED INCENTIVE OF UP TO 25% OF HER BASE SALARY. THE PERFORMANCE PAY OPPORTUNITY IS DIRECTLY TIED TO ACHIEVEMENT OF THE GOALS WHICH ARE SET FORTH IN THE ANNUAL ORGANIZATIONAL SCORECARD. NO CHANGE TO THIS ARRANGEMENT WAS MADE FOR CALENDAR YEAR 2015. FOR CALENDAR YEAR 2015, MS. BUIK RECEIVED PERFORMANCE PAY OF \$40,507. WHILE IT IS THE INTENT TO AWARD PERFORMANCE PAY BASED ON PREDETERMINED GOALS AND PERFORMANCE RELATING TO ACHIEVING THESE GOALS, THE HUMAN RESOURCES COMMITTEE OF THE BOARD MAY, AT ITS DISCRETION, ADJUST THE ACTUAL BONUS PAYMENTS DUE TO EXCEPTIONAL CIRCUMSTANCES THAT MAY ARISE DURING THE FISCAL PERIOD. THE CEO WAS AWARDED A \$15,000 FOR TAKING ON ADDITIONAL RESPONSIBILITIES WHILE THE ORGANIZATION SEARCHED FOR ITS CHIEF OPERATING OFFICER.

## TOTAL CASH COMPENSATION:

THE COMMITTEE ANNUALLY EVALUATES THE CEO'S PERFORMANCE AGAINST SEVERAL

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KEY OBJECTIVES INCLUDING THE SCORECARD RESULTS. IN ADDITION TO MEASURING THE CEO'S PERFORMANCE AGAINST THESE OBJECTIVES, THE COMMITTEE ALSO EVALUATES THE LEVEL AT WHICH THE CEO DEMONSTRATES LEADERSHIP COMPETENCIES UTILIZING PAST 360 DEGREE REVIEWS CONDUCTED BY AN INDEPENDENT CONSULTANT.

THE COMMITTEE EVALUATED THE CEO'S PERFORMANCE AGAINST THE ORGANIZATION'S SCORECARD, HER PERSONAL OBJECTIVES AS WELL AS HER GENERAL MANAGEMENT AND LEADERSHIP COMPETENCIES. IN CALENDAR YEAR 2015, THE TOTAL CASH COMPENSATION FOR THE CEO WAS \$370,507 - BASE COMPENSATION OF \$309,155, AND BONUS & INCENTIVE COMPENSATION OF \$55,507 AS REPORTED IN SCHEDULE J PART II OF THE FORM 990, PLUS \$5,845 OF THE EMPLOYEE'S PRETAX CONTRIBUTION TO THE EMPLOYER'S GROUP HEALTH INSURANCE.

UWGLA OFFERS STANDARD HEALTH AND WELFARE BENEFITS TO THE CEO THAT ARE AVAILABLE TO ALL FULL-TIME UWGLA EMPLOYEES.

RETIREMENT BENEFITS:

UWGLA OFFERS A COMPREHENSIVE RETIREMENT PROGRAM THAT INCLUDES BOTH QUALIFIED AND NONQUALIFIED RETIREMENT PLAN BENEFITS. THE FOLLOWING RETIREMENT BENEFITS ARE AVAILABLE TO ALL EMPLOYEES:

- A CODE SECTION 403(B) TAX DEFERRED ANNUITY PLAN WITH A MATCHING CONTRIBUTION, WHICH IS A TAX-DEFERRED UNTIL WITHDRAWAL. THE ANNUAL

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EMPLOYEE CONTRIBUTION LIMIT WAS \$18,000 IN 2015. AFTER ONE YEAR OF SERVICE, UWGLA MAKES MATCHING CONTRIBUTIONS EQUAL TO 50% OF THE FIRST 6% OF EMPLOYEE CONTRIBUTION, WHICH CONTRIBUTIONS VEST OVER TWO TO FIVE YEARS BASED ON YEARS OF VESTING SERVICE.

- A DEFINED BENEFIT RETIREMENT PLAN PROVIDING EMPLOYEES WITH A FUNDED RETIREMENT BENEFIT. THE PARTICIPANT IS PROVIDED A SPECIFIC BENEFIT BASED ON COMPENSATION AND YEARS OF SERVICE PAYABLE AT NORMAL RETIREMENT AGE, WITH REDUCED BENEFITS PAYABLE AT AN EARLIER RETIREMENT DATE.

UWGLA ALSO PROVIDES RESTORATION BENEFITS TO THE CEO.

- A NONQUALIFIED "BENEFIT RESTORATION" PLAN (FOR COMPENSATION ABOVE THE IRS ANNUAL LIMIT FOR QUALIFIED PLANS), PROVIDING A BENEFIT EQUAL TO THE AMOUNT THAT WOULD OTHERWISE BE PROVIDED UNDER THE DEFINED BENEFIT PLAN IF IT WERE NOT SUBJECT TO CERTAIN LIMITS ON COMPENSATION OR ANNUAL BENEFIT, AS DETERMINED BY THE INTERNAL REVENUE SERVICE.

OTHER BENEFITS AND ALLOWANCES:

UWGLA OFFERS MINIMAL PERQUISITES AND SUPPLEMENTAL BENEFITS EXCEPT WHERE NECESSARY TO ATTRACT AND RETAIN THE MANAGEMENT TEAM IT REQUIRES TO ACHIEVE THE GOALS OF THE ORGANIZATION. AN AUTOMOBILE AND AN ANNUAL EXECUTIVE PHYSICAL ARE ADDITIONAL BENEFITS PROVIDED FOR THE CEO.

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## CHIEF OPERATING OFFICER

THE CHIEF ADMINISTRATIVE OFFICER'S POSITION WAS VACANT PRIOR TO FISCAL YEAR 2016. UWGLA REEVALUATED THE JOB FUNCTION AND RESPONSIBILITIES OF THIS ROLE, WHICH RESULTED IN AN INCREASE IN SCOPE AND CHANGED TO CHIEF OPERATING OFFICER. THE CHIEF OPERATING OFFICER POSITION WAS FILLED IN SEPTEMBER 2016; THEREFORE, FOR THE PURPOSE OF THIS LETTER, THERE WAS NO EMPLOYEE IN THIS ROLE FOR THE YEAR.

## VICE PRESIDENT COMPENSATION PROGRAM

FOR EXECUTIVES OTHER THAN THE CEO, THE COMMITTEE RECOGNIZES THAT THE MARKET FOR EXECUTIVE TALENT MAY BE BROADER THAN NATIONAL CHARITIES AND OTHER NOT-FOR-PROFIT ORGANIZATIONS GENERALLY. AS SUCH, THE COMMITTEE, WITH ASSISTANCE FROM ITS EXTERNAL CONSULTANT, CONSIDERS SEVERAL NATIONALLY PUBLISHED SURVEY SOURCES FOR EXECUTIVE COMPENSATION PRACTICES FOR COMPARABLE POSITIONS, INCLUDING:

- NOT-FOR-PROFIT ORGANIZATIONS, INCLUDING CHARITIES, FOUNDATIONS, ASSOCIATIONS, HIGHER EDUCATION, GOVERNMENTAL, AND HEALTH CARE SERVICES
- FOR-PROFIT ORGANIZATIONS, EXCLUDING THE FINANCIAL SERVICES INDUSTRY

BASED ON THE MARKET COMPOSITE DATA DERIVED FROM THESE SURVEYS, THE COMMITTEE REVIEWS AND APPROVES BASE SALARY AND PERFORMANCE INCENTIVE AWARD RECOMMENDATIONS FOR EACH VICE PRESIDENT. THE COMMITTEE AIMS TO

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PROVIDE COMPENSATION WITHIN THE COMPETITIVE RANGE OF THE BLENDED MARKET COMPOSITE. INDIVIDUAL SALARIES ARE DETERMINED BY EXPERIENCE, JOB COMPLEXITY AND SCOPE OF RESPONSIBILITY, AND PERFORMANCE.

IN GENERAL, THE UWGLA POSITIONS BASE COMPENSATION, INCLUDING BENEFITS, AT THE MEDIAN OF THE MARKET WITH THE ABILITY FOR THE VICE PRESIDENTS TO ACHIEVE COMPENSATION POTENTIAL TO BE AROUND THE 75TH PERCENTILE THROUGH THE PERFORMANCE PAY PLAN WHEN ANNUAL RESULTS ARE OUTSTANDING. THE COMPENSATION PROGRAM FOR THE VICE PRESIDENTS CONSISTS OF THE SAME KEY ELEMENTS AS DESCRIBED ABOVE FOR THE CHIEF EXECUTIVE OFFICE.

**BASE COMPENSATION:**

THE COMMITTEE STRIVES TO PROVIDE MARKET COMPETITIVE BASE SALARIES FOR COMPARABLE POSITIONS. NO INCREASES WERE PROVIDED TO THE VICE PRESIDENTS.

**PERFORMANCE PAY:**

THE COMMITTEE INTENDS AND AIMS TO ALIGN PAY WITH PERFORMANCE AND ORGANIZATION OBJECTIVES THROUGH THE USE OF PERFORMANCE-BASED INCENTIVES. UWGLA'S PERFORMANCE PAY PLAN PROVIDES THE VICE PRESIDENTS THE OPPORTUNITY TO EARN A PERFORMANCE-BASED AWARD UP TO 15% OF BASE SALARY. THE INCENTIVE OPPORTUNITY IS INTENDED TO REINFORCE TEAMWORK, COLLABORATION, AND THE ACHIEVEMENT OF SPECIFIC OVERALL ORGANIZATION GOALS. NO STRUCTURAL



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CHANGES WERE RECOMMENDED FOR THE PERFORMANCE PAY PLAN. THE VICE PRESIDENTS RECEIVED PERFORMANCE PAY FOR CALENDAR YEAR 2015 AS NOTED IN SCHEDULE J OF FORM 990. WHILE IT IS THE INTENT TO AWARD PERFORMANCE PAY BASED ON PREDETERMINED GOALS AND PERFORMANCE RELATING TO ACHIEVING THESE GOALS, THE HUMAN RESOURCES COMMITTEE OF THE BOARD MAY, AT ITS DISCRETION, ADJUST THE ACTUAL BONUS PAYMENTS DUE TO EXCEPTIONAL CIRCUMSTANCES THAT MAY ARISE DURING THE FISCAL PERIOD.

**HEALTH AND WELFARE BENEFITS:**

UWGLA OFFERS STANDARD HEALTH AND WELFARE BENEFITS TO ALL VICE PRESIDENTS THAT ARE AVAILABLE TO ALL FULL-TIME UWGLA EMPLOYEES.

**RETIREMENT BENEFITS:**

UWGLA OFFERS A COMPREHENSIVE RETIREMENT PROGRAM THAT INCLUDES BOTH QUALIFIED AND NONQUALIFIED RETIREMENT PLAN BENEFITS. THE FOLLOWING RETIREMENT BENEFITS ARE AVAILABLE TO ALL EMPLOYEES:

- A CODE SECTION 403(B) TAX DEFERRED ANNUITY PLAN WITH A MATCHING CONTRIBUTION, WHICH IS A TAX-DEFERRED UNTIL WITHDRAWAL. THE ANNUAL EMPLOYEE CONTRIBUTION LIMIT WAS \$18,000 IN 2015. AFTER ONE YEAR OF SERVICE, UWGLA MAKES MATCHING CONTRIBUTIONS EQUAL TO 50% OF THE FIRST 6% OF EMPLOYEE CONTRIBUTION, WHICH CONTRIBUTIONS VEST OVER TWO TO FIVE YEARS BASED ON YEARS OF VESTING SERVICE.

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- A DEFINED BENEFIT RETIREMENT PLAN PROVIDING EMPLOYEES WITH A FUNDED RETIREMENT BENEFIT. THE PARTICIPANT IS PROVIDED A SPECIFIC BENEFIT BASED ON COMPENSATION AND YEARS OF SERVICE PAYABLE AT NORMAL RETIREMENT AGE, WITH REDUCED BENEFITS PAYABLE AT AN EARLIER RETIREMENT DATE.

## OTHER BENEFITS AND ALLOWANCES:

UWGLA OFFERS MINIMAL PERQUISITES AND SUPPLEMENTAL BENEFITS EXCEPT WHERE NECESSARY TO ATTRACT AND RETAIN THE MANAGEMENT TEAM IT REQUIRES TO ACHIEVE THE GOALS OF THE ORGANIZATION. A MONTHLY TAXABLE AUTOMOBILE ALLOWANCE OF \$500 (\$6,000 ANNUALLY) IS PROVIDED TO ALL VICE PRESIDENTS.

## SUMMARY

IN SUMMARY, THE COMMITTEE BELIEVES THAT THE ABOVE DESCRIBED COMPENSATION PROGRAM FOR EXECUTIVES IS CONSISTENT WITH THE COMPENSATION POLICY IT HAS ESTABLISHED, IS ALIGNED WITH UWGLA'S MISSION, GOALS AND OBJECTIVES, AND PROVIDES A COMPETITIVE AND MOTIVATING PROGRAM TO ATTRACT AND RETAIN THE OUTSTANDING LEADERSHIP TEAM IT NEEDS TO MEET THE GOALS OF THE ORGANIZATION AND MAKE A MEASURABLE IMPACT IN COMMUNITIES IT SERVES.

FORM 990, PART VI, SECTION C, LINE 19

ANNUAL FINANCIAL STATEMENTS ARE AVAILABLE THROUGH THE ORGANIZATION'S WEBSITE. WE MAKE OUR CONFLICT OF INTEREST POLICY AND BYLAWS AVAILABLE

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UPON REQUEST.

FORM 990, PART XI, LINE 9

CHANGE IN ADDITIONAL PENSION LIABILITY - UNITED WAY HAS A DEFINED BENEFIT, NONCONTRIBUTORY PENSION PLAN COVERING SUBSTANTIALLY ALL OF ITS REGULAR EMPLOYEES. ACCOUNTING STANDARDS CODIFICATION TOPIC 715 REQUIRES EMPLOYERS TO RECOGNIZE NON-CASH PERIODIC PENSION EXPENSE, CHANGES IN THE FUNDED STATUS AND ACTUARIAL VALUATION OF THE PLAN IN THE YEAR IN WHICH THE EXPENSE AND CHANGES OCCUR THROUGH CHANGES IN NET ASSETS. THAT AMOUNT WAS \$(3,878,590) IN THE CURRENT YEAR.

ATTACHMENT 1

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES

<u>DESCRIPTION</u>	<u>GRANTS</u>	<u>EXPENSES</u>	<u>REVENUE</u>
DESIGNATIONS TO OTHER NONPROFIT ORGANIZATIONS	44,359,613.	44,359,613.	1,060,018.
TOTALS	<u>44,359,613.</u>	<u>44,359,613.</u>	<u>1,060,018.</u>

ATTACHMENT 2

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
VERITIMO, INC. 16843 LA VEDA AVENUE CANYON COUNTRY, CA 91387	IT MANAGEMENT	327,820.
RESOURCE ONE 2900 EAST APACHE TULSA, OK 74110	DIR MAIL FUNDRAISING	271,491.
BERKEMER CLAYTON, INC. 241 S. FIGUEROA STREET, SUITE 300 LOS ANGELES, CA 90012	EMPLOYEE RECRUITMENT	203,218.

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ATTACHMENT 2 (CONT'D)990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
SPG ASSOCIATES, INC. 103 UNWIN PLACE CHAPEL HILL, NC 27516	CONSULTING	194,482.
THE TECH INFO GROUP, LLC 10801 NATIONAL BLVD., SUITE 220 LOS ANGELES, CA 90064	IT SUPPORT	142,330.