

# Return of Organization Exempt From Income Tax

## 2016

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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).

<b>A</b> For the 2016 calendar year, or tax year beginning <b>05/01</b> , 2016, and ending <b>04/30</b> , 20 <b>17</b>	
<b>B</b> Check if applicable:	<b>C</b> Name of organization <b>METRO UNITED WAY INC</b>
<input type="checkbox"/> Address change	Doing business as
<input type="checkbox"/> Name change	Number and street (or P.O. box if mail is not delivered to street address) Room/suite
<input type="checkbox"/> Initial return	<b>334 East Broadway</b>
<input type="checkbox"/> Final return/terminated	City or town, state or province, country, and ZIP or foreign postal code
<input type="checkbox"/> Amended return	<b>Louisville, KY, 40202</b>
<input type="checkbox"/> Application pending	<b>F</b> Name and address of principal officer: <b>Theresa Reno-Weber</b>
	<b>Same as C above, Louisville, KY 40202</b>
	<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>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>D</b> Employer identification number <b>61-0444680</b>
<b>J</b> Website: ▶ <b>www.metrounitedway.org</b>	<b>E</b> Telephone number <b>502-583-2821</b>
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	<b>G</b> Gross receipts \$ <b>25,626,353</b>
<b>L</b> Year of formation: <b>1917</b>	<b>H(c)</b> Group exemption number ▶
<b>M</b> State of legal domicile: <b>KY</b>	

### Part I Summary

<b>Activities &amp; Governance</b>	<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>Metro United Way's mission is to improve lives and our community by engaging people to give, advocate and volunteer.</b>		
	<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>	<b>48</b>
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>48</b>
	<b>5</b>	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	<b>5</b>	<b>81</b>
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	<b>15,251</b>
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0</b>
<b>b</b>	Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0</b>	
<b>Revenue</b>	<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b> 26,049,728	<b>Current Year</b> 24,278,565
	<b>9</b>	Program service revenue (Part VIII, line 2g)	80,778	31,702
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	496,560	353,744
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	41,055	6,014
	<b>12</b>	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>26,668,121</b>	<b>24,670,025</b>
<b>Expenses</b>	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	16,719,158	15,801,718
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	5,572,973	5,717,001
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>2,954,316</b>		
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	4,538,618	4,115,634
<b>18</b>	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<b>26,830,749</b>	<b>25,634,353</b>	
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	<b>-162,628</b>	<b>-964,328</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b>	Total assets (Part X, line 16)	<b>Beginning of Current Year</b> 24,435,728	<b>End of Year</b> 23,664,687
	<b>21</b>	Total liabilities (Part X, line 26)	7,299,526	5,597,754
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	<b>17,136,202</b>	<b>18,066,933</b>

### 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>	Signature of officer	Date			
	<b>Phillip Bond, CFO</b> Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶	Firm's EIN ▶			
	Firm's address ▶	Phone no.			

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

**Part III** Statement of Program Service Accomplishments

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

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

Our mission is to improve lives and our community by engaging people to give, advocate and volunteer. For 100 years, Metro United Way has been dedicated to improving lives and that will never change. We are on a mission to build a stronger community and brighter tomorrow; our vision is a community where every one achieves their full potential and succeeds in life.

**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 \$ 5,427,755 including grants of \$ 2,940,019 ) (Revenue \$ 0 )

Education: With the support of individuals and organizations working together to tackle the toughest challenges and issues throughout Kentuckiana, we are creating a legacy of achievement for generations to come: The Ready for K Alliance has seen a 190% increase in on-time kindergarten registration in Metro United Way's priority zip codes. Over 20,000 youth benefitted from quality out-of-school time programs and services toward achieving academic success with help from BLOCS. Families of 2,042 children participated in our Ages and Stages Questionnaire (ASQ) to measure their child's development and 90% of parents report the information they receive is helpful.

**4b** (Code: ) (Expenses \$ 3,972,322 including grants of \$ 3,706,430 ) (Revenue \$ 0 )

Healthy Lives: 103,174 people were assisted by Metro United Way's 2-1-1 information and referral service to find the resources they needed.

**4c** (Code: ) (Expenses \$ 3,588,694 including grants of \$ 3,440,362 ) (Revenue \$ 0 )

Financial Stability: 18,853 people received free tax preparation services and financial stability services through a Metro United Way funded Volunteer Income Tax Assistance program.

**4d** Other program services (Describe in Schedule O.) See Schedule O, Statement 2  
(Expenses \$ 7,954,661 including grants of \$ 5,714,907 ) (Revenue \$ 31,702 )

**4e** Total program service expenses **▶** 20,943,432

**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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>12 a</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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>14 a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<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 (see instructions) . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

	Yes	No
<b>20 a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H . . . . .</i>		✓
<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>	✓	
<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>		✓
<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>	✓	
<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>		✓
<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>		✓
<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>		✓
<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>		✓
<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>		✓
<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>		✓
<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>		✓
<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>		✓
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M . . . . .</i>	✓	
<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>		✓
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I . . . . .</i>		✓
<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>		✓
<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>		✓
<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>		✓
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .		✓
<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>		✓
<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>		✓
<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.	✓	

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

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

		Yes	No		
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . .	<b>1a</b>	<b>40</b>		
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .	<b>1b</b>	<b>0</b>		
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	<b>1c</b>			
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	<b>2a</b>	<b>81</b>		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . . . . . <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) . . . . .	<b>2b</b>		<input checked="" type="checkbox"/>	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .	<b>3a</b>			<input checked="" type="checkbox"/>
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O . . . . .	<b>3b</b>			
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .	<b>4a</b>			<input checked="" type="checkbox"/>
<b>b</b>	If "Yes," enter the name of the foreign country: ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .	<b>5a</b>			<input checked="" type="checkbox"/>
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>			<input checked="" type="checkbox"/>
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? . . . . .	<b>5c</b>			
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . . .	<b>6a</b>			<input checked="" type="checkbox"/>
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	<b>6b</b>			
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>				
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .	<b>7a</b>			<input checked="" type="checkbox"/>
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	<b>7b</b>			
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .	<b>7c</b>			<input checked="" type="checkbox"/>
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year . . . . .	<b>7d</b>			
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>			<input checked="" type="checkbox"/>
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .	<b>7f</b>			<input checked="" type="checkbox"/>
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>			
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>			
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .	<b>8</b>			
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>				
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966? . . . . .	<b>9a</b>			
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .	<b>9b</b>			
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:				
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	<b>10a</b>			
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . .	<b>10b</b>			
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:				
<b>a</b>	Gross income from members or shareholders . . . . .	<b>11a</b>			
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .	<b>11b</b>			
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>			
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . .	<b>12b</b>			
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>				
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? . . . . . <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>			
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . .	<b>13b</b>			
<b>c</b>	Enter the amount of reserves on hand . . . . .	<b>13c</b>			
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year? . . . . .	<b>14a</b>			<input checked="" type="checkbox"/>
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .	<b>14b</b>			

**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

**Section A. Governing Body and Management**

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

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

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

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed ► IN, KY
- 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.  
 Own website     Another's website     Upon request     Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: ►

**Phillip Bond, (502)292-6121**  
**334 East Broadway, Louisville, KY 40212**



**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			
Muhammad Babar	0.5									
Director	0	✓					0	0	0	
Amer Beharic	0.5									
Director	0	✓					0	0	0	
Michael Betson	0.5									
Director	0	✓					0	0	0	
Kent W Blake	0.5									
Director	0	✓					0	0	0	
Christopher L Bottorff	0.5									
Director	0	✓					0	0	0	
David M Bowling	0.5									
Director	0	✓					0	0	0	
Robert W Bracy	0.5									
Director	0	✓					0	0	0	
Terry I Brooks	0.5									
Director	0	✓					0	0	0	
Christopher S Burnside	0.5									
Director	0	✓					0	0	0	
Jeffrey A Calabrese	0.5									
Director	0	✓					0	0	0	
Angela M Corbett	0.5									
Director	0	✓					0	0	0	
Karen M Cost	0.5									
Director	0	✓					0	0	0	
Gale R Cox	0.5									
Director	0	✓					0	0	0	
Katharine R Dobbins	0.5									
Director	0	✓					0	0	0	

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
Ashley Duncan	0.5									
Director	0	✓					0	0	0	
Nicole R Durbin	0.5									
Director	0	✓					0	0	0	
Mark Eddy	0.5									
Director	0	✓					0	0	0	
Libby A Elswick	0.5									
Director	0	✓					0	0	0	
Pat Hargadon	0.5									
Director	0	✓					0	0	0	
Jennifer Helgeson	0.5									
Director	0	✓					0	0	0	
Jerry Henderson	0.5									
Director	0	✓					0	0	0	
Chris Hermann	0.5									
Chair	0	✓					0	0	0	
Lynn Howard	0.5									
Director	0	✓					0	0	0	
Louis S Jensen	0.5									
Director	0	✓					0	0	0	
Thomas Johnson	0.5									
Director	0	✓					0	0	0	
Mark A Kristy	0.5									
Director	0	✓					0	0	0	
Glenn E Levine	0.5									
Director	0	✓					0	0	0	
John Marshall	0.5									
Director	0	✓					0	0	0	



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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
<b>Robert A McIntosh</b> ----- Director	<b>0.5</b> ----- <b>0</b>	<input checked="" type="checkbox"/>						<b>0</b>	<b>0</b>	<b>0</b>
<b>Jo A McKim</b> ----- Director	<b>0.5</b> ----- <b>0</b>	<input checked="" type="checkbox"/>						<b>0</b>	<b>0</b>	<b>0</b>
<b>Lynn Meyer</b> ----- Director	<b>0.5</b> ----- <b>0</b>	<input checked="" type="checkbox"/>						<b>0</b>	<b>0</b>	<b>0</b>
<b>Jane C Morreau</b> ----- Director	<b>0.5</b> ----- <b>0</b>	<input checked="" type="checkbox"/>						<b>0</b>	<b>0</b>	<b>0</b>
<b>Jeffrey W Nally</b> ----- Director	<b>0.5</b> ----- <b>0</b>	<input checked="" type="checkbox"/>						<b>0</b>	<b>0</b>	<b>0</b>
<b>Kent Oyler</b> ----- Director	<b>0.5</b> ----- <b>0</b>	<input checked="" type="checkbox"/>						<b>0</b>	<b>0</b>	<b>0</b>
<b>Hex Persephone</b> ----- Director	<b>0.5</b> ----- <b>0</b>	<input checked="" type="checkbox"/>						<b>0</b>	<b>0</b>	<b>0</b>
<b>Holly Dukes Prather</b> ----- Director	<b>0.5</b> ----- <b>0</b>	<input checked="" type="checkbox"/>						<b>0</b>	<b>0</b>	<b>0</b>
<b>Renee Reynolds</b> ----- Director	<b>0.5</b> ----- <b>0</b>	<input checked="" type="checkbox"/>						<b>0</b>	<b>0</b>	<b>0</b>
<b>Carlos Rivas</b> ----- Director	<b>0.5</b> ----- <b>0</b>	<input checked="" type="checkbox"/>						<b>0</b>	<b>0</b>	<b>0</b>
<b>Randy Schuette</b> ----- Director	<b>0.5</b> ----- <b>0</b>	<input checked="" type="checkbox"/>						<b>0</b>	<b>0</b>	<b>0</b>
<b>Tim Snaveley</b> ----- Director	<b>0.5</b> ----- <b>0</b>	<input checked="" type="checkbox"/>						<b>0</b>	<b>0</b>	<b>0</b>
<b>C Michael Stewart</b> ----- Director	<b>0.5</b> ----- <b>0</b>	<input checked="" type="checkbox"/>						<b>0</b>	<b>0</b>	<b>0</b>
<b>William D Stout</b> ----- Treasurer	<b>0.5</b> ----- <b>0</b>	<input checked="" type="checkbox"/>						<b>0</b>	<b>0</b>	<b>0</b>

**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			
Justin M Suer Director	0.5 0	<input checked="" type="checkbox"/>						0	0	0
Morris A Turner Director	0.5 0	<input checked="" type="checkbox"/>						0	0	0
Pattie Dale Tye Director	0.5 0	<input checked="" type="checkbox"/>						0	0	0
Vincent Walker Director	0.5 0	<input checked="" type="checkbox"/>						0	0	0
Anne S Wilhelmus Director	0.5 0	<input checked="" type="checkbox"/>						0	0	0
Deborah B Williams Director	0.5 0	<input checked="" type="checkbox"/>						0	0	0
Joseph P Tolan President, CEO and Board Secretary	50 0			<input checked="" type="checkbox"/>				234,207	0	48,613
Theresa Reno-Weber President, CEO and Board Secretary	50 0			<input checked="" type="checkbox"/>				0	0	0
Phillip Bond Vice President and CFO	50 0			<input checked="" type="checkbox"/>				125,907	0	74,603
Gilbert Betz Chief Strategic Officer	50 0					<input checked="" type="checkbox"/>		119,713	0	32,700
<b>1b Sub-total</b>								<b>479,827</b>	<b>0</b>	<b>155,916</b>
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>								<b>479,827</b>	<b>0</b>	<b>155,916</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 **▶ 3**

	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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**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
Bisig Impact Group Inc, 640 South 4th Street, Suite 300, Louisville, KY 40202	Marketing and advertising	320,402
Upic Solutions, 2400 Reading Road, Cincinnati, OH 45202	Provide data management ser	207,824
HBSA Inc, 11720 Beltsville Drive, Suite 900, Beltsville, MD 20705	Evaluation of ASQ data for ch	155,116

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **▶ 3**

**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> 0					
	<b>b</b> Membership dues . . . . .	<b>1b</b> 0					
	<b>c</b> Fundraising events . . . . .	<b>1c</b> 0					
	<b>d</b> Related organizations . . . . .	<b>1d</b> 0					
	<b>e</b> Government grants (contributions)	<b>1e</b> 0					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b> 24,278,565					
	<b>g</b> Noncash contributions included in lines 1a-1f: \$	407,260					
	<b>h Total.</b> Add lines 1a-1f . . . . .	▶	24,278,565				
<b>Program Service Revenue</b>	<b>Business Code</b>						
	<b>2a</b> Rental income from affiliates	531120	14,408	14,408	0	0	
	<b>b</b> Administrative services	541200	17,294	17,294	0	0	
	<b>c</b> _____						
	<b>d</b> _____						
	<b>e</b> _____						
	<b>f</b> All other program service revenue .		0	0	0	0	
<b>g Total.</b> Add lines 2a-2f . . . . .	▶	31,702					
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .	▶	111,149	0	0	111,149	
	<b>4</b> Income from investment of tax-exempt bond proceeds ▶		0	0	0	0	
	<b>5</b> Royalties . . . . .	▶	0	0	0	0	
	<b>6a</b> Gross rents . . . . .	(i) Real	0				
		(ii) Personal	0				
		<b>b</b> Less: rental expenses	0	0			
		<b>c</b> Rental income or (loss)	0	0			
	<b>d</b> Net rental income or (loss) . . . . .	▶	0	0	0	0	
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	1,198,923				
		(ii) Other	0				
		<b>b</b> Less: cost or other basis and sales expenses . . . . .	956,328	0			
		<b>c</b> Gain or (loss) . . . . .	242,595	0			
	<b>d</b> Net gain or (loss) . . . . .	▶	242,595	0	0	242,595	
	<b>8a</b> Gross income from fundraising events (not including \$ 0 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 . ▶					
	<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 . . ▶							
<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 . . ▶						
<b>Miscellaneous Revenue</b>		<b>Business Code</b>					
<b>11a</b> Miscellaneous fees and reimburseme	900099	6,014	6,014	0	0		
<b>b</b> _____							
<b>c</b> _____							
<b>d</b> All other revenue . . . . .		0	0	0	0		
<b>e Total.</b> Add lines 11a-11d . . . . .	▶	6,014					
<b>12 Total revenue.</b> See instructions. . . . .	▶	24,670,025	37,716	0	353,744		

**Part IX Statement of Functional Expenses**

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

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

**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	<b>15,801,718</b>	<b>15,801,718</b>		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	<b>0</b>	<b>0</b>		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .	<b>0</b>	<b>0</b>		
<b>4</b> Benefits paid to or for members . . . . .	<b>0</b>	<b>0</b>		
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	<b>417,029</b>	<b>76,502</b>	<b>264,025</b>	<b>76,502</b>
<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) . . . . .	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>7</b> Other salaries and wages . . . . .	<b>3,959,168</b>	<b>1,767,613</b>	<b>725,982</b>	<b>1,465,573</b>
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	<b>615,286</b>	<b>295,435</b>	<b>62,255</b>	<b>257,596</b>
<b>9</b> Other employee benefits . . . . .	<b>400,195</b>	<b>169,118</b>	<b>84,452</b>	<b>146,625</b>
<b>10</b> Payroll taxes . . . . .	<b>325,323</b>	<b>139,258</b>	<b>68,318</b>	<b>117,747</b>
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management . . . . .	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>b</b> Legal . . . . .	<b>1,669</b>	<b>0</b>	<b>1,669</b>	<b>0</b>
<b>c</b> Accounting . . . . .	<b>38,875</b>	<b>0</b>	<b>38,875</b>	<b>0</b>
<b>d</b> Lobbying . . . . .	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>e</b> Professional fundraising services. See Part IV, line 17 . . . . .	<b>0</b>			<b>0</b>
<b>f</b> Investment management fees . . . . .	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . . . .	<b>1,683,340</b>	<b>1,451,594</b>	<b>138,329</b>	<b>93,417</b>
<b>12</b> Advertising and promotion . . . . .	<b>172,380</b>	<b>65,081</b>	<b>35,570</b>	<b>71,729</b>
<b>13</b> Office expenses . . . . .	<b>437,621</b>	<b>248,223</b>	<b>59,257</b>	<b>130,141</b>
<b>14</b> Information technology . . . . .	<b>320,332</b>	<b>132,803</b>	<b>54,737</b>	<b>132,792</b>
<b>15</b> Royalties . . . . .	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>16</b> Occupancy . . . . .	<b>242,010</b>	<b>98,222</b>	<b>40,510</b>	<b>103,278</b>
<b>17</b> Travel . . . . .	<b>135,632</b>	<b>89,032</b>	<b>15,162</b>	<b>31,438</b>
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>19</b> Conferences, conventions, and meetings . . . . .	<b>447,903</b>	<b>344,523</b>	<b>32,117</b>	<b>71,263</b>
<b>20</b> Interest . . . . .	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>21</b> Payments to affiliates . . . . .	<b>378,879</b>	<b>159,129</b>	<b>64,409</b>	<b>155,341</b>
<b>22</b> Depreciation, depletion, and amortization . . . . .	<b>207,104</b>	<b>86,983</b>	<b>35,208</b>	<b>84,913</b>
<b>23</b> Insurance . . . . .	<b>31,845</b>	<b>11,656</b>	<b>8,206</b>	<b>11,983</b>
<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> <b>Membership dues</b> . . . . .	<b>11,340</b>	<b>6,263</b>	<b>1,743</b>	<b>3,334</b>
<b>b</b> . . . . .				
<b>c</b> . . . . .				
<b>d</b> . . . . .				
<b>e</b> All other expenses . . . . .	<b>6,704</b>	<b>279</b>	<b>5,781</b>	<b>644</b>
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	<b>25,634,353</b>	<b>20,943,432</b>	<b>1,736,605</b>	<b>2,954,316</b>
<b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .				

**Part X Balance Sheet**

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

		(A)		(B)	
		Beginning of year		End of year	
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	0	<b>1</b>	0	
	<b>2</b> Savings and temporary cash investments . . . . .	2,856,170	<b>2</b>	1,992,802	
	<b>3</b> Pledges and grants receivable, net . . . . .	11,473,750	<b>3</b>	10,924,426	
	<b>4</b> Accounts receivable, net . . . . .	292,330	<b>4</b>	311,652	
	<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 . . . . .	0	<b>9</b>		
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	6,665,459			
	<b>b</b> Less: accumulated depreciation . . . . .	4,203,435	2,508,284	<b>10c</b>	2,462,024
	<b>11</b> Investments—publicly traded securities . . . . .	7,305,194	<b>11</b>	7,973,783	
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .		<b>12</b>		
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .		<b>13</b>		
	<b>14</b> Intangible assets . . . . .		<b>14</b>		
	<b>15</b> Other assets. See Part IV, line 11 . . . . .		<b>15</b>		
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	24,435,728	<b>16</b>	23,664,687		
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	4,489,052	<b>17</b>	3,340,856	
	<b>18</b> Grants payable . . . . .	2,682,288	<b>18</b>	2,113,740	
	<b>19</b> Deferred revenue . . . . .	0	<b>19</b>	0	
	<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 . . . . .		<b>24</b>		
	<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 . . . . .	128,186	<b>25</b>	143,158	
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	7,299,526	<b>26</b>	5,597,754	
<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 . . . . .	10,129,469	<b>27</b>	10,370,752	
	<b>28</b> Temporarily restricted net assets . . . . .	5,270,627	<b>28</b>	5,940,804	
	<b>29</b> Permanently restricted net assets . . . . .	1,736,106	<b>29</b>	1,755,377	
	<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 . . . . .	17,136,202	<b>33</b>	18,066,933	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	24,435,728	<b>34</b>	23,664,687		

**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>	<b>24,670,025</b>
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	<b>25,634,353</b>
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	<b>-964,328</b>
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	<b>17,136,202</b>
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	<b>352,653</b>
<b>6</b>	Donated services and use of facilities	<b>6</b>	<b>0</b>
<b>7</b>	Investment expenses	<b>7</b>	<b>0</b>
<b>8</b>	Prior period adjustments	<b>8</b>	<b>0</b>
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	<b>1,542,406</b>
<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>	<b>18,066,933</b>

**Part XII Financial Statements and Reporting**

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

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b> 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<input checked="" type="checkbox"/>
<b>b</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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<input checked="" type="checkbox"/>	
<b>c</b> 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.	<input checked="" type="checkbox"/>	
<b>3a</b> 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? . . . . .		<input checked="" type="checkbox"/>
<b>b</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.		

**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

**2016**

**Open to Public Inspection**

Name of the organization <b>METRO UNITED WAY INC</b>	Employer identification number <b>61-0444680</b>
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**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

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

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vii)**. (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  An organization that normally receives: (1) more than 33<sup>1</sup>/<sub>3</sub>% 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<sup>1</sup>/<sub>3</sub>% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						



**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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	30,702,470	27,413,104	26,891,899	26,049,728	24,278,565	135,335,766
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .	0	0	0			0
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .	0	0	0			0
<b>4 Total.</b> Add lines 1 through 3 . . . . .	30,702,470	27,413,104	26,891,899	26,049,728	24,278,565	135,335,766
<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) . . . . .						40,868,246
<b>6 Public support.</b> Subtract line 5 from line 4						94,467,520

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>7</b> Amounts from line 4 . . . . .	30,702,470	27,413,104	26,891,899	26,049,728	24,278,565	135,335,766
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	152,789	197,195	120,884	85,687	111,149	667,704
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .	0	0	0	0	0	0
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .	24,875	14,854	8,252	41,055	6,012	95,048
<b>11 Total support.</b> Add lines 7 through 10						136,098,518
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					12	876,148
<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 2016 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	69.41 %
<b>15</b> Public support percentage from 2015 Schedule A, Part II, line 14 . . . . .	<b>15</b>	69.39 %
<b>16a 33 1/3% support test—2016.</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—2015.</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—2016.</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—2015.</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 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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.) . . . .						
<b>14 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>15</b> Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f)) . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2015 Schedule A, Part III, line 15 . . . .	<b>16</b>	%

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

<b>17</b> Investment income percentage for <b>2016</b> (line 10c, column (f) divided by line 13, column (f)) . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2015</b> Schedule A, Part III, line 17 . . . .	<b>18</b>	%

**19a 33 1/3% support tests—2016.** 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—2015.** 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 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? <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>		
2	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>		
3a	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>		
3b	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>		
3c	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>		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
4b	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>		
4c	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>		
5a	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>		
5b	<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?		
5c	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8	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>		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
9b	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>		
9c	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>		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
10b	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>11a</b>	
<b>b</b> A family member of a person described in (a) above?	<b>11b</b>	
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>	<b>11c</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? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>	<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? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>	<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)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>	<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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>	<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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>	<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. <b>Answer (a) and (b) below.</b>		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? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	<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? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>	<b>2b</b>		
<b>3</b> Parent of Supported Organizations. <b>Answer (a) and (b) below.</b>			
<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? <i>Provide details in Part VI.</i>	<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? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>	<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 (explain in Part VI). **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)
<b>1</b> Net short-term capital gain	<b>1</b>		
<b>2</b> Recoveries of prior-year distributions	<b>2</b>		
<b>3</b> Other gross income (see instructions)	<b>3</b>		
<b>4</b> Add lines 1 through 3.	<b>4</b>		
<b>5</b> Depreciation and depletion	<b>5</b>		
<b>6</b> 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)	<b>6</b>		
<b>7</b> Other expenses (see instructions)	<b>7</b>		
<b>8 Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4).	<b>8</b>		
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
<b>a</b> Average monthly value of securities	<b>1a</b>		
<b>b</b> Average monthly cash balances	<b>1b</b>		
<b>c</b> Fair market value of other non-exempt-use assets	<b>1c</b>		
<b>d Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>		
<b>e Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):			
<b>2</b> Acquisition indebtedness applicable to non-exempt-use assets	<b>2</b>		
<b>3</b> Subtract line 2 from line 1d.	<b>3</b>		
<b>4</b> Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	<b>4</b>		
<b>5</b> Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>		
<b>6</b> Multiply line 5 by .035.	<b>6</b>		
<b>7</b> Recoveries of prior-year distributions	<b>7</b>		
<b>8 Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>		
<b>Section C - Distributable Amount</b>			Current Year
<b>1</b> Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>		
<b>2</b> Enter 85% of line 1.	<b>2</b>		
<b>3</b> Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>		
<b>4</b> Enter greater of line 2 or line 3.	<b>4</b>		
<b>5</b> Income tax imposed in prior year	<b>5</b>		
<b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	<b>6</b>		
<b>7</b> <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 2016 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-2016	(iii) Distributable Amount for 2016
<b>1</b> Distributable amount for 2016 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2016 (reasonable cause required—explain in Part VI). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2016:			
<b>a</b>			
<b>b</b>			
<b>c</b> From 2013 . . . . .			
<b>d</b> From 2014 . . . . .			
<b>e</b> From 2015 . . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2016 distributable amount			
<b>i</b> Carryover from 2011 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2016 from Section D, line 7: <span style="float: right;">\$</span>			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2016 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
<b>6</b> Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
<b>7 Excess distributions carryover to 2017.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b>			
<b>b</b> Excess from 2013 . . .			
<b>c</b> Excess from 2014 . . .			
<b>d</b> Excess from 2015 . . .			
<b>e</b> Excess from 2016 . . .			





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

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2016**

**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 <b>METRO UNITED WAY INC</b>	Employer identification number <b>61-0444680</b>
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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. (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) . . . . . ▶ \$
- 3 Volunteer hours for political campaign activities (see instructions) . . . . .

**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) . . . . .														
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .														
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b) . . . . .														
<b>d</b>	Other exempt purpose expenditures . . . . .														
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d) . . . . .														
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	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.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
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) . . . . .														
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0- . . . . .														
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

**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?	✓		21,000
<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			21,000
<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?	1	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
<b>3</b> Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3	

**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	1	
<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	2a	
<b>b</b> Carryover from last year	2b	
<b>c</b> Total	2c	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
<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?	4	
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions)	5	

**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.

Schedule C, Part II-B, Line 1 - Lobbying state government to provide adequate funding for childcare and other activities to help children to be ready to succeed in school, beginning with kindergarten.

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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization: METRO UNITED WAY INC; Employer identification number: 61-0444680

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 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 for values, 5-6 for Yes/No questions.

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

Questions 1-9 regarding conservation easements, including a table for 'Held at the End of the Tax Year' with rows 2a-2d.

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.

Questions 1a-2 regarding art and historical treasures, including revenue and asset reporting.

**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>1c</b> Beginning balance	
<b>1d</b> Additions during the year	
<b>1e</b> Distributions during the year	
<b>1f</b> Ending balance	

**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	2,474,814	2,481,910	2,388,657	2,201,551	1,742,015
<b>b</b> Contributions	10,850	145,274	10,000	23,000	261,395
<b>c</b> Net investment earnings, gains, and losses	359,859	42,961	248,827	288,933	234,822
<b>d</b> Grants or scholarships	0	0	0	0	0
<b>e</b> Other expenditures for facilities and programs	127,517	195,331	165,574	124,827	36,681
<b>f</b> Administrative expenses	0	0	0	0	0
<b>g</b> End of year balance	2,718,006	2,474,814	2,481,910	2,388,657	2,201,551

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

- a** Board designated or quasi-endowment ▶ 0 %
- b** Permanent endowment ▶ 56 %
- c** Temporarily restricted endowment ▶ 44 %

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

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

- (i)** unrelated organizations
- (ii)** related organizations

	Yes	No
<b>3a(i)</b>	✓	
<b>3a(ii)</b>		✓
<b>3b</b>		

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

**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	0	403,218	0	403,218
<b>b</b> Buildings	0	4,721,566	2,713,984	2,007,582
<b>c</b> Leasehold improvements	0	22,688	22,688	0
<b>d</b> Equipment	0	1,483,071	1,431,847	51,224
<b>e</b> Other	0	34,916	34,916	0
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				2,462,024

**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) <b>Amounts due custodian funds</b>	<b>143,158</b>	
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►	<b>143,158</b>	

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

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .		<b>1</b>	<b>19,795,863</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>	<b>352,653</b>	
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	<b>0</b>	
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	<b>0</b>	
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	<b>0</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .			<b>2e</b> <b>352,653</b>
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .			<b>3</b> <b>19,443,210</b>
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	<b>0</b>	
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	<b>5,226,815</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .			<b>4c</b> <b>5,226,815</b>
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) . . . . .			<b>5</b> <b>24,670,025</b>

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

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

<b>1</b>	Total expenses and losses per audited financial statements . . . . .		<b>1</b>	<b>20,407,538</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	<b>0</b>	
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>	<b>0</b>	
<b>c</b>	Other losses . . . . .	<b>2c</b>	<b>0</b>	
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	<b>0</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .			<b>2e</b> <b>0</b>
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .			<b>3</b> <b>20,407,538</b>
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	<b>0</b>	
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	<b>5,226,815</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .			<b>4c</b> <b>5,226,815</b>
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) . . . . .			<b>5</b> <b>25,634,353</b>

**Part XIII Supplemental Information.**

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

Schedule D, Part V, Line 4 - Metro United Way intends to use the net income from its endowment funds for purposes approved by its Board of Directors and in accordance with the intentions of the donors who provided the funds.

Schedule D, Part X, Line 2 - The Internal Revenue Service has ruled that the Organization is exempt from the payment of federal income tax (except on unrelated business income) under the provisions of Section 501(c)(3) of the Internal Revenue Code of 1954. There were no taxes due for the years ended April 30, 2017 and 2016, as there was no unrelated business income for these years.

Schedule D, Part XI, Line 4b - Donor designated contributions

Schedule D, Part XII, Line 4b - Donor designated contributions.



**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2016**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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).

Name of the organization

Employer identification number

**METRO UNITED WAY INC**

**61-0444680**

**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.

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

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **▶ 105**
- 3** Enter total number of other organizations listed in the line 1 table **▶ 0**



## Description of Grants and Other Assistance to Governments and Organizations in the United States

		Recipient EIN	Amt. of cash grant	Amt. of non- cash asst.
<b>Name and address</b>	Academy Of Music Production Ed & Development Llc 4425 Greenwood Avenue Louisville, KY 40211	47-1113120	11,500	
<b>IRC code section</b>	501(C)(3)			
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>				
<b>Purpose of grant</b>	Supports youth programming			
<b>Name and address</b>	American Heart Association 240 Whittington Parkway Louisville, KY 40222	13-5613797	10,000	
<b>IRC code section</b>	501(C)(3)			
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>				
<b>Purpose of grant</b>	Strives to reduce disability and death from cardiovascular diseases and stroke.			
<b>Name and address</b>	American Red Cross PO Box 1675 Louisville, KY 40201	53-0196605	1,894,361	
<b>IRC code section</b>	501(C)(3)			
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>				
<b>Purpose of grant</b>	Fund raising partnership payments			
<b>Name and address</b>	Americana Community Center Inc 4801 Southside Dr Louisville, KY 40214	61-1251306	125,477	
<b>IRC code section</b>	501(C)(3)			
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>				
<b>Purpose of grant</b>	Americana Community Center strives to provide a spectrum of services to the diverse families of the Louisville Metro area, including refugees, immigrants and those born in the U.S,			
<b>Name and address</b>	Bates Community Development Corporation 1228 South Jackson St Louisville, KY 40203	61-1303937	5,500	
<b>IRC code section</b>	501(C)(3)			
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>				
<b>Purpose of grant</b>	Enhance the quality of urban life by combating community blight and deterioration and contributing to family empowerment and community advancement of residents in Louisville Metro.			
<b>Name and address</b>	Big Brothers Big Sisters 1519 Gardiner Ln B Louisville, KY 40218	61-6057856	267,764	
<b>IRC code section</b>	501(C)(3)			
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>				
<b>Purpose of grant</b>	Provides 1-to-1 relationship with a mature volunteer for youth in need of			

	friendship.		
<b>Name and address</b>	Bingham Child Guidance 200 E Chestnut Street Louisville, KY 40202	61-0445838	65,273
<b>IRC code section</b>	501(C)(3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Provides psychiatric mental health services to children and adolescents with emotional and behavioral problems.		
<b>Name and address</b>	Blue River Services PO Box 547 Corydon, IN 47112	35-1101603	32,200
<b>IRC code section</b>	501(C)(3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Provides services, training and transportation for children and adults with disabilities and the general community.		
<b>Name and address</b>	Boys & Girls Clubs Of Kentuckiana 1516 Story Ave Louisville, KY 40206	61-0568789	716,145
<b>IRC code section</b>	501(C)(3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Provides social, vocational, cultural, spiritual and other programming for children ages 6-18		
<b>Name and address</b>	Boys And Girls Club Of Harrison County 600 East Chestnut St Corydon, IN 47112	35-1983078	7,622
<b>IRC code section</b>	501(C)(3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Supporting youth programming		
<b>Name and address</b>	Bridgehaven Inc 950 South First St Louisville, KY 40203	61-0548949	105,644
<b>IRC code section</b>	501(C)(3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Provides psychiatric rehabilitation, recovery and community integration services for adults with serious mental illnesses.		
<b>Name and address</b>	Bullitt County Public Schools 1040 Highway 44 East Shepherdsville, KY 40165	61-6001357	96,000
<b>IRC code section</b>			
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Support Teen Aged Parenting Program		
<b>Name and address</b>	California Area Family Development Center Inc 1705 South 13th Street Louisville, KY 40210	61-0668916	141,954
<b>IRC code section</b>	501(C)(3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			

## Schedule I, Part IV, Statement 1

METRO UNITED WAY INC

<b>Purpose of grant</b>	Offers childcare services and developmental programs for infants, toddlers, pre-school and school-aged children.		
<b>Name and address</b>	Canaan Community Development Corporation 2600 West Broadway Suite 205 Louisville, KY 40211	61-1233868	10,500
<b>IRC code section</b>	501(C)(3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Promotes community outreach, youth and leadership development, workforce development, health and wellness and senior services.		
<b>Name and address</b>	Casa Bullitt County Inc PO Box 1025 Shepherdsville, KY 40165	61-1454102	10,932
<b>IRC code section</b>	501(C)(3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Provides volunteer advocates who are committed to work on behalf of abused and neglected children.		
<b>Name and address</b>	Center For Lay Ministries 213 E Maple St Jeffersonville, IN 47131	31-0903413	27,354
<b>IRC code section</b>	501(C)(3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Provides emergency services - such as a food pantry and funding assistance - for Clark County, Indiana residents.		
<b>Name and address</b>	Center For Non-Profit Excellence 323 W Broadway Suite 501 Louisville, KY 40202	20-0040424	23,309
<b>IRC code section</b>	501(C)(3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Central point to access information, best practices, professional development, and hands-on consultation to help local non-profits reach individual and collective aspirations		
<b>Name and address</b>	Center For Women & Families PO Box 2048 Louisville, KY 40201	61-0444846	479,662
<b>IRC code section</b>	501(C)(3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Provides programs and housing for people affected by domestic violence, rape/sexual assault and economic hardship.		
<b>Name and address</b>	Centro Latino Of Shelbyville Inc 121 Main St Shelbyville, KY 40065	02-0628043	20,977
<b>IRC code section</b>	501(C)(3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Delivers services and educational programs to residents of Shelby, Spencer, Trimble and Henry counties in Kentucky.		
<b>Name and address</b>	Clark Co Youth Shelter PO Box 886	31-1126065	8,398

## Schedule I, Part IV, Statement 1

METRO UNITED WAY INC

	Clarksville, IN 47131		
<b>IRC code section</b>	501(C)(3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Provides 24-hour residential care for adolescents in crisis situations.		
<b>Name and address</b>	Coalition For The Homeless 1115 S Fourth Street Louisville, KY 40203	61-1118307	20,918
<b>IRC code section</b>	501(C)(3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Promotes collaboration in our community to best meet the needs of the homeless and the providers that serve them		
<b>Name and address</b>	Communities In School Clark County 1406 Fredrick St Jeffersonville, IN 47130	32-0015379	32,412
<b>IRC code section</b>	501(C)(3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Surrounds students with a community of support, empowering them to stay in school and achieve in life.		
<b>Name and address</b>	Community Chest Of Oldham Co Kentucky Inc PO Box 556 LaGrange, KY 40031	61-6013124	50,599
<b>IRC code section</b>	501(C)(3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Provides assistance to families in Oldham County that need emergency aid to temporarily meet basic needs.		
<b>Name and address</b>	Community Coordinated Child Care Inc 960 South Third Street Louisville, KY 40203	23-7160437	244,368
<b>IRC code section</b>	501(C)(3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Assists parents in locating and paying for childcare; offers innovative training for childcare providers; provides childcare data to employers and policy makers; advocates for children and families on a national, state and local level.		
<b>Name and address</b>	Community Foundation Of Louisville Inc 325 West Main ST Suite 1110 Louisville, KY 40202	31-0997017	7,000
<b>IRC code section</b>	501(C)(3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	15K degrees initiatives; refugee education funding; donor designations		
<b>Name and address</b>	Concordia Lutheran Church 1127 East Broadway Louisville, KY 40204	61-0461819	26,409
<b>IRC code section</b>	501(C)(3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Doner designations		

Schedule I, Part IV, Statement 1

METRO UNITED WAY INC

<b>Name and address</b>	Council On Developmental Disabilities Inc 1151 South Third Street Louisville, KY 40203	61-0476686	177,763
<b>IRC code section</b>	501(C)(3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Provides information, support and advocacy services to children and adults with mental retardation and their families and other interested persons in the community.		
<b>Name and address</b>	Dorman Preschool Center PO Box 853 Shelbyville, KY 40066	61-0620554	72,187
<b>IRC code section</b>	501(C)(3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Provides early intervention to at-risk children in need of multiple support services.		
<b>Name and address</b>	Educational Justice Inc 4050 Westport Road Louisville, KY 40207	27-0405207	10,000
<b>IRC code section</b>	501(C)(3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Supporting ACT preparation for youth		
<b>Name and address</b>	Elderserve Inc 411 E Muhammad Ali Blvd Louisville, KY 40202	61-6024140	275,146
<b>IRC code section</b>	501(C)(3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Provides social services, senior companions, home care, adult daycare, telephone reassurance, crime victims advocacy and other services for seniors throughout Jefferson County.		
<b>Name and address</b>	Family And Children'S Place PO Box 3784 Louisville, KY 40201	61-0549561	1,271,082
<b>IRC code section</b>	501(C)(3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Provides services for children and families affected by abuse, neglect and violence.		
<b>Name and address</b>	Family Health Centers Of Southern Indiana 1301 Akers Avenue Jeffersonville, IN 47130	35-1842342	39,436
<b>IRC code section</b>	501(C)(3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Provides primary and preventative care and education to low-income, uninsured Clark County residents.		
<b>Name and address</b>	Family Worship Center 2200 Highway 44 West Shepherdsville, KY 40165	61-1225391	15,000
<b>IRC code section</b>	501(C)(3)		

## Method of valuation

## Desc. of Non-Cash Asst.

Purpose of grant Provides hope, shelter and resources to the homeless in Bullitt County

<b>Name and address</b>	Family Scholar House Inc 403 Reg Smith Circle Louisville, KY 40208	61-1285124	133,003
<b>IRC code section</b>	501(C)(3)		

## Method of valuation

## Desc. of Non-Cash Asst.

Purpose of grant Support for single parents

<b>Name and address</b>	First Gethsemane Baptist Church 1221 First Gathsemane Ave Louisville, KY 40208	61-1309277	7,367
<b>IRC code section</b>	501(C)(3)		

## Method of valuation

## Desc. of Non-Cash Asst.

Purpose of grant Supporting youth programming

<b>Name and address</b>	First Gethsemane Child Development Center 1221 First Gathsemane Ave Louisville, KY 40208	61-1309277	9,000
<b>IRC code section</b>	501(C)(3)		

## Method of valuation

## Desc. of Non-Cash Asst.

Purpose of grant Supporting youth programming

<b>Name and address</b>	Good News Shelter Corporation 4901 South Highway 53 Crestwood, KY 40014	61-1334374	10,000
<b>IRC code section</b>	501(C)(3)		

## Method of valuation

## Desc. of Non-Cash Asst.

Purpose of grant To support their homeless shelter

<b>Name and address</b>	Goodwill Of Southern Indiana PO Box 2488 Clarksville, IN 47131	35-1019658	148,227
<b>IRC code section</b>	501(C)(3)		

## Method of valuation

## Desc. of Non-Cash Asst.

Purpose of grant Offers rehabilitation, child development, family support, job placement: an array of programs under one roof.

<b>Name and address</b>	Greater Clark County Schools 2710 East Tenth Street Jeffersonville, IN 47130	35-1151414	20,000
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## IRC code section

## Method of valuation

## Desc. of Non-Cash Asst.

Purpose of grant supporting the college to career initiative

<b>Name and address</b>	Greater Louisville United Labor Picnic Inc 2005 Patricia Drive Louisville, KY 40272	61-1387836	7,851
<b>IRC code section</b>	501(C)(4)		

## Method of valuation

## Desc. of Non-Cash Asst.

Purpose of grant Emergency assistance



<b>Name and address</b>	Guardiacare Services Inc 215 W Breckinridge St Louisville, KY 40203	61-0926169	9,226
<b>IRC code section</b>	501(C)(3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Provides financial management, guardianship and adult day health services to seniors and others at risk.		
<b>Name and address</b>	Harrison Co Community Services PO Box 308 Corydon, IN 47112	35-1378568	69,021
<b>IRC code section</b>	501(C)(3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Provides programs in crisis assistance including a Food Pantry and Clothes Closet. Assists individuals and families in accessing services and building assets.		
<b>Name and address</b>	Highland Community Ministries Inc - St Paul 2000 Douglass Boulevard Louisville, KY 40205	61-0708776	5,830
<b>IRC code section</b>			
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Childcare and youth enrichment		
<b>Name and address</b>	Hjw Career And Financial Literacy Institute PO Box 71 Shelbyville, KY 40066	20-3329409	21,220
<b>IRC code section</b>	501(C)(3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Financial stability efforts in Shelby and Oldham Counties		
<b>Name and address</b>	Home Of The Innocents 1100 E Market Street Louisville, KY 40203	61-0445834	226,697
<b>IRC code section</b>	501(C)(3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Provides emergency and long-term residential treatment and services to children with a variety of needs.		
<b>Name and address</b>	Hoosier Hills Pact 35 N Public Square Salem, IN 47167	23-7351004	11,428
<b>IRC code section</b>	501(C)(3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Provides advocacy, shelter, support and referral service to victims of domestic violence and other crimes. Provides Day Reporting Program and cognitive behavioral and educational groups for adult offenders.		
<b>Name and address</b>	Hope Southern Indiana 702 E Market Street New Albany, IN 47150	35-1128300	147,258
<b>IRC code section</b>	501(C)(3)		
<b>Method of valuation</b>			

**Desc. of Non-Cash Asst.**

**Purpose of grant** Provides emergency financial, seasonal and food assistance in Floyd County and provides the RSVP (Retired Senior Volunteer Program) in Clark, Floyd, Harrison, Jefferson and Scott counties. Collaborates in multiple initiatives and provides a Youth Developm

<b>Name and address</b>	House Of Ruth Inc 607 E St Catherine St Louisville, KY 40203	61-1231355	49,703
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**IRC code section** 501(C)(3)

**Method of valuation**

**Desc. of Non-Cash Asst.**

**Purpose of grant** Provides housing and support services for individuals and families affected by HIV/AIDS.

<b>Name and address</b>	Jewish Community Of Louisville 3600 Dutchmans Lane Louisville, KY 40205	61-0445859	66,318
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**IRC code section** 501(C)(3)

**Method of valuation**

**Desc. of Non-Cash Asst.**

**Purpose of grant** Provides health-related activities, cultural and educational programs to the community at large, including at-risk individuals.

<b>Name and address</b>	Jewish Family And Career Services 3587 Dutchmans Lane Louisville, KY 40205	61-0444704	236,327
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**IRC code section** 501(C)(3)

**Method of valuation**

**Desc. of Non-Cash Asst.**

**Purpose of grant** Serves families and individuals facing emotional crises or seeking improvement in their lives.

<b>Name and address</b>	Kentucky Youth Advocates Inc 11001 Bluegrass Pkwy Ste 100 Louisville, KY 40299	61-0929390	100,766
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**IRC code section** 501(C)(3)

**Method of valuation**

**Desc. of Non-Cash Asst.**

**Purpose of grant** Kentucky Youth Advocates is the independent voice for Kentucky's children through research; work toward national and state policy reform; and, case advocacy/referral service.

<b>Name and address</b>	Kids Center For Pediatric Therapies 982 Eastern Pkwy Box 6 Louisville, KY 40217	61-0492378	199,711
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**IRC code section** 501(C)(3)

**Method of valuation**

**Desc. of Non-Cash Asst.**

**Purpose of grant** Provides early intervention for children with cerebral palsy, traumatic head injuries and other developmental disabilities.

<b>Name and address</b>	Lagrange Baptist Church 1139 Commerce Pkwy LaGrange, KY 40031	61-0594847	25,000
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**IRC code section** 501(C)(3)

**Method of valuation**

**Desc. of Non-Cash Asst.**

**Purpose of grant** Hope Health Clinic

## Schedule I, Part IV, Statement 1

## METRO UNITED WAY INC

<b>Name and address</b>	Learning For Life Inc 1201 Sycamore Station Place Louisville, KY 40299	46-5501637	131,374
<b>IRC code section</b>	501(C)(3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Supports youth programming		
<b>Name and address</b>	Legal Aid Society Inc 425 W Muhammad Ali Blvd Louisville, KY 40202	61-0537626	208,136
<b>IRC code section</b>	501(C)(3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Offers legal advice and representation to clients who meet poverty guidelines.		
<b>Name and address</b>	Lifespan Resources Inc PO Box 995 New Albany, IN 47151	35-1306887	47,840
<b>IRC code section</b>	501(C)(3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Provides a service network enabling older adults and the disabled to remain independent.		
<b>Name and address</b>	Lighthouse Promise Inc 5312 Shepherdsville Road Louisville, KY 40228	61-1362760	5,700
<b>IRC code section</b>	501(C)(3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Out of school time programs for youth.		
<b>Name and address</b>	Louisville Asset Building Coalition 334 East Broadway Louisville, KY 40202	61-0444680	75,204
<b>IRC code section</b>	501(C)(3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Help people live better lives today and have brighter futures tomorrow by increasing the financial stability of families		
<b>Name and address</b>	Louisville Central Community Ctrs 1300 W Muhammad Ali Blvd Louisville, KY 40203	61-0590743	454,253
<b>IRC code section</b>	501(C)(3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Promotes self-sufficiency in the Russell neighborhood through a variety of programs for people of all ages and provides childcare and developmental programs for infants and school-age children.		
<b>Name and address</b>	Louisville Education & Employment Program PO Box 34020 Louisville, KY 40202	61-6001316	88,953
<b>IRC code section</b>			
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			

## Schedule I, Part IV, Statement 1

METRO UNITED WAY INC

<b>Purpose of grant</b>	Assist students, with the help of career planners at their schools, to remain in high school, to graduate, and to make a successful transition to employment and/or post-secondary education or military service		
<b>Name and address</b>	Louisville Urban League 1535 W Broadway Louisville, KY 40203	61-0444771	300,169
<b>IRC code section</b>	501(C)(3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Assists minorities and disadvantaged persons through workforce development, housing counseling, and youth development and education. Improving race relations by promoting a greater appreciation for diversity.		
<b>Name and address</b>	Maryhurst Inc 1015 Dorsey Lane Louisville, KY 40223	31-1542209	209,400
<b>IRC code section</b>	501(C)(3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Offers treatment programs for emotionally disabled children who have been neglected, abandoned or abused.		
<b>Name and address</b>	Multi Purpose Caa PO Box 305 Shelbyville, KY 40065	61-0867061	19,615
<b>IRC code section</b>	501(C)(3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Provides numerous services to the elderly, mentally retarded and others in need.		
<b>Name and address</b>	Nafc Education Foundation Inc 2813 Grantline Road New Albany, IN 47150	20-2552199	15,000
<b>IRC code section</b>			
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Assist and benefit public education in Floyd County, Indiana		
<b>Name and address</b>	Nafc School Corporation 2813 Grantline Road New Albany, IN 47150	20-2552199	23,696
<b>IRC code section</b>			
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	supporting the Imagination Library		
<b>Name and address</b>	Neighborhood House 201 N 25th Street Louisville, KY 40212	61-0445842	241,737
<b>IRC code section</b>	501(C)(3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Provides services which enhance the quality of life for individuals of all ages in the Portland area.		
<b>Name and address</b>	New Directions Housing Corp 1000 E Liberty Street Louisville, KY 40204	61-0715630	133,063

## Schedule I, Part IV, Statement 1

METRO UNITED WAY INC

<b>IRC code section</b>	501(C)(3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Provides housing and support services for children and single-parent homeless families.		
<b>Name and address</b>	Norfolk Community Area Council Inc 1226 Krupp Park Dr Louisville, KY 40213	61-1370473	5,500
<b>IRC code section</b>	501(C)(3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Out of school time programs for youth.		
<b>Name and address</b>	Northside Christian Church 4407 Charlestown Rd New Albany, IN 47150	23-7449624	8,760
<b>IRC code section</b>	501(C)(3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Donor designations		
<b>Name and address</b>	Oldham County Public Library 308 Yager Ave LaGrange, KY 40031	61-0595340	6,000
<b>IRC code section</b>	501(C)(3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Literary outreach program		
<b>Name and address</b>	Oldham County Public Schools 6165 W HIGHWAY 146 Louisville, KY 40014	61-6001306	30,000
<b>IRC code section</b>			
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Increase reading skills of children from pre-kindergarten through 3rd grade		
<b>Name and address</b>	Open Door of Hope 7361 Dover Road Shelbyville, KY 40065	26-4436314	16,000
<b>IRC code section</b>	501(C)(3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Helps adults break the cycle of addictions and other social disorders		
<b>Name and address</b>	Operation Care Inc PO Box 1393 Shelbyville, KY 40066	61-1211189	44,289
<b>IRC code section</b>	501(C)(3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Offers women and children emergency assistance, including shelter, food, clothing and medical attention.		
<b>Name and address</b>	Options Unlimited 205 Castlerock Drive Shepherdsville, KY 40165	61-1127409	11,807
<b>IRC code section</b>	501(C)(3)		
<b>Method of valuation</b>			

## Desc. of Non-Cash Asst.

**Purpose of grant** Student transition/employment programs

<b>Name and address</b>	Our Place Drug & Alcohol Education Services Inc PO Box 8 Mount St Francis, IN 47146	31-1202976	19,117
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**IRC code section** 501(C)(3)

**Method of valuation**

## Desc. of Non-Cash Asst.

**Purpose of grant** Offers a variety of prevention, intervention and education services for youth, adults and family.

<b>Name and address</b>	Personal Counseling Services 1205 Applegate Lane Clarksville, IN 47129	31-0919635	33,325
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**IRC code section** 501(C)(3)

**Method of valuation**

## Desc. of Non-Cash Asst.

**Purpose of grant** Offers counseling and therapy to individuals, couples and families both on- and off-site.

<b>Name and address</b>	Plymouth Community Renewal Center Inc 1626 West Chestnut St Louisville, KY 40203	31-1064465	5,500
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**IRC code section** 501(C)(3)

**Method of valuation**

## Desc. of Non-Cash Asst.

**Purpose of grant** A community center committed to improving the lives of Russell residents through programs that educate and empower.

<b>Name and address</b>	Prichard Committee For Academic Excellence 271 W Short St Suite 202 Lexington, KY 40507	61-1026214	22,500
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**IRC code section**

**Method of valuation**

## Desc. of Non-Cash Asst.

**Purpose of grant** Advocacy

<b>Name and address</b>	Rauch Inc 845 Park Place New Albany, IN 47150	35-1011521	55,927
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**IRC code section** 501(C)(3)

**Method of valuation**

## Desc. of Non-Cash Asst.

**Purpose of grant** Provides employment, therapy, day and other services for adults and children with disabilities and the disenfranchised.

<b>Name and address</b>	Salvation Army Louisville 216 W Chestnut Street Louisville, KY 40202	58-0660607	215,502
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**IRC code section** 501(C)(3)

**Method of valuation**

## Desc. of Non-Cash Asst.

**Purpose of grant** Provides shelter, food, clothing and other essential services to families in need.

<b>Name and address</b>	Salvation Army Southern Indiana 2300 Green Valley Rd New Albany, IN 47151	58-0660607	109,020
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**IRC code section** 501(C)(3)

## Method of valuation

## Desc. of Non-Cash Asst.

**Purpose of grant** Supports self-sufficiency and long-range stability through case management in emergency financial assistance.

<b>Name and address</b>	Serenity Center 98 7th Street Shelbyville, KY 40065	45-5074375	16,000
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**IRC code section** 501(C)(3)

## Method of valuation

## Desc. of Non-Cash Asst.

**Purpose of grant** Provides food for needy school age children

<b>Name and address</b>	Seven Counties Services 101 W Muhammad Ali Blvd Louisville, KY 40202	31-0939757	106,566
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**IRC code section** 501(C)(3)

## Method of valuation

## Desc. of Non-Cash Asst.

**Purpose of grant** A 24-hour telephone hotline providing suicide prevention and intervention, crisis counseling, and information and referral to health and human services.

<b>Name and address</b>	Shelby County Public Schools 1155 Main Street Shelbyville, KY 40065	61-6001356	50,000
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**IRC code section**

## Method of valuation

## Desc. of Non-Cash Asst.

**Purpose of grant** Early education programs

<b>Name and address</b>	Shively Baptist Church 1599 Sadie Lane Louisville, KY 40216	61-0561851	9,902
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**IRC code section** 501(C)(3)

## Method of valuation

## Desc. of Non-Cash Asst.

**Purpose of grant** Donor designations

<b>Name and address</b>	Southeast Christian Church 920 Blankenbaker Rd Louisville, KY 40243	61-0850307	39,242
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**IRC code section** 501(C)(3)

## Method of valuation

## Desc. of Non-Cash Asst.

**Purpose of grant** Donor designations

<b>Name and address</b>	St Benedict Center 946 S 25th Street Louisville, KY 40210	61-0719980	102,495
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**IRC code section** 501(C)(3)

## Method of valuation

## Desc. of Non-Cash Asst.

**Purpose of grant** Serves children (6 weeks-12 years) through a variety of programs, including after-school and summer programs.

<b>Name and address</b>	St Francis In The Fields Episcopap Church 6710 Wolf Pen Branch Road Harrods Creek, KY 40027	61-1322473	7,500
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**IRC code section** 501(C)(3)

## Method of valuation

## Desc. of Non-Cash Asst.

## Purpose of grant

Donor designations

<b>Name and address</b>	St George Community Center 1205 South 26th Street Louisville, KY 40210	61-0651560	5,500
<b>IRC code section</b>	501(C)(3)		

## Method of valuation

## Desc. of Non-Cash Asst.

## Purpose of grant

Out of school time programs for youth.

<b>Name and address</b>	St George'S Scholar Institute 1508 W Kentucky Street Louisville, KY 40210	61-0651560	10,000
<b>IRC code section</b>	501(C)(3)		

## Method of valuation

## Desc. of Non-Cash Asst.

## Purpose of grant

Out of school time programs for youth.

<b>Name and address</b>	The Arthur S Kling Center Inc 219 West Ormsby Ave Louisville, KY 40203	31-0993739	60,868
<b>IRC code section</b>	501(C)(3)		

## Method of valuation

## Desc. of Non-Cash Asst.

## Purpose of grant

A senior center that serves older adults both directly and through links to other providers.

<b>Name and address</b>	The Caring Place PO Box 945 Lebanon, KY 40033	61-1242828	10,000
<b>IRC code section</b>	501(C)(3)		

## Method of valuation

## Desc. of Non-Cash Asst.

## Purpose of grant

Provides family crisis services

<b>Name and address</b>	Tri-County Community Action Agency 1015 Dispatchers Way LaGrange, KY 40031	61-0856637	42,242
<b>IRC code section</b>	501(C)(3)		

## Method of valuation

## Desc. of Non-Cash Asst.

## Purpose of grant

Serves elderly and low-income people in Oldham County; provides adult day care, meal delivery and other services.

<b>Name and address</b>	United Way Of Central Kentucky Inc 1111 N Dixie Hwy Elizabethtown, KY 42701	61-1397560	7,518
<b>IRC code section</b>	501(C)(3)		

## Method of valuation

## Desc. of Non-Cash Asst.

## Purpose of grant

Donor designation

<b>Name and address</b>	United Way Of Greater Cincinnati Inc 2400 Reading Rd Cincinnati, OH 45202	31-0537502	21,000
<b>IRC code section</b>	501(C)(3)		

## Method of valuation

## Desc. of Non-Cash Asst.



## Schedule I, Part IV, Statement 1

METRO UNITED WAY INC

Purpose of grant	Donor designations		
<b>Name and address</b>	United Way Of Kentucky Inc 334 East Broadway Louisville, KY 40202	31-1106795	6,000
<b>IRC code section</b>	501(C)(3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Childcare and youth enrichment		
<b>Name and address</b>	United Way Of Santa Fe County 440 Cerrillos Rd Santa Fe, NM 87501	85-0163601	10,000
<b>IRC code section</b>	501(C)(3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Donor designations		
<b>Name and address</b>	United Way of Southeastern Michigan 660 Woodward Ave Detroit, MI 48226	20-3099071	5,152
<b>IRC code section</b>	501(C)(3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Donor designation		
<b>Name and address</b>	Uspiritus Inc 2125 Goldsmith Lane Louisville, KY 40218	61-0471572	44,260
<b>IRC code section</b>	501(C)(3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Provides residential and outpatient treatment for children and youth with emotional disabilities.		
<b>Name and address</b>	Visually Impaired Preschool Services Inc 1906 Goldsmith Lane Louisville, KY 40218	61-1061973	75,784
<b>IRC code section</b>	501(C)(3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Provides early educational services to children (birth to school age) who are blind or visually impaired.		
<b>Name and address</b>	Wellspring PO Box 1927 Louisville, KY 40201	31-1020023	92,399
<b>IRC code section</b>	501(C)(3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Promotes the recovery of people with psychiatric disabilities; provides supportive housing with rehabilitation.		
<b>Name and address</b>	Wesley House Community Services 5114 Preston Highway Louisville, KY 40213	61-0449663	41,138
<b>IRC code section</b>	501(C)(3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Offers childcare, youth services, computer education, a gently used clothing		

store and volunteer income tax assistance.

<b>Name and address</b>	Ymca Of Greater Louisville Inc 545 South 2nd Street Louisville, KY 40202	61-0444843	587,544
<b>IRC code section</b>	501(C)(3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Community-based programs that support young children, teens, adults and families in building healthy spirit, mind and body for all. Programs include leadership development, healthy actions, childcare and social services.		
<b>Name and address</b>	Ymca Of Southern Indiana Inc PO Box 1525 Clarksville, IN 47131	31-1183203	8,582
<b>IRC code section</b>	501(C)(3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Provides developmental childcare to infants through school-age children and support services to at-risk girls ages 7-18.		
<b>Name and address</b>	Young Adult Development In Action Inc 800 S Preston PO Box 638 Louisville, KY 40203	61-1374470	10,300
<b>IRC code section</b>	501(C)(3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Champion young adults to be great citizens who build productive lives and sustainable communities.		

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**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

**2016**

**Open to Public Inspection**

Employer identification number

**61-044680**

**METRO UNITED WAY INC**

**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 (such as, 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 on 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 type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations     | <input 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:

- |  |           |                          |                                     |
|--|-----------|--------------------------|-------------------------------------|
| <b>a</b> Receive a severance payment or change-of-control payment? . . . . .                             | <b>4a</b> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? . . . . . | <b>4b</b> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? . . . . .    | <b>4c</b> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

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:

- |  |           |                          |                                     |
|--|-----------|--------------------------|-------------------------------------|
| <b>a</b> The organization? . . . . .         | <b>5a</b> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <b>b</b> Any related organization? . . . . . | <b>5b</b> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

If "Yes" on 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:

- |  |           |                          |                                     |
|--|-----------|--------------------------|-------------------------------------|
| <b>a</b> The organization? . . . . .         | <b>6a</b> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <b>b</b> Any related organization? . . . . . | <b>6b</b> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

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 nonfixed 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" on 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>		<input checked="" type="checkbox"/>
<b>4b</b>		<input checked="" type="checkbox"/>
<b>4c</b>		<input checked="" type="checkbox"/>
<b>5a</b>		<input checked="" type="checkbox"/>
<b>5b</b>		<input checked="" type="checkbox"/>
<b>6a</b>		<input checked="" type="checkbox"/>
<b>6b</b>		<input checked="" type="checkbox"/>
<b>7</b>		<input checked="" type="checkbox"/>
<b>8</b>		<input checked="" type="checkbox"/>
<b>9</b>		

**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 aren't 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 Joseph P Tolan, President, CEO and Board Secretary	(i)	233,192	0	5,652	37,312	6,665	282,821	
	(ii)	0	0	0	0	0	0	0
2 Phillip Bond, Vice President and CFO	(i)	123,521	0	3,078	66,628	6,473	199,700	0
	(ii)	0	0	0	0	0	0	0
3 Gilbert Betz, Chief Strategic Officer	(i)	117,422	0	6,675	21,412	6,904	152,413	0
	(ii)	0	0	0	0	0	0	0
4	(i)							
	(ii)							
5	(i)							
	(ii)							
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)							



**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2016**

**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

Employer identification number

**METRO UNITED WAY INC**

**61-0444680**

**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 . . . . .	✓	67	407,260	Market Value
10 Securities—Closely held stock . . . . .				
11 Securities—Partnership, LLC, or trust interests . . . . .				
12 Securities—Miscellaneous . . . . .				
13 Qualified conservation contribution—Historic structures . . . . .				
14 Qualified conservation contribution—Other . . . . .				
15 Real estate—Residential . . . . .				
16 Real estate—Commercial . . . . .				
17 Real estate—Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶ ( )				
26 Other ▶ ( )				
27 Other ▶ ( )				
28 Other ▶ ( )				

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

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



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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

**2016**

**Open to Public Inspection**

Name of the organization

**METRO UNITED WAY INC**

Employer identification number

**61-0444680**

**Form 990, Part VI, Section B, Line 11b - The IRS Form 990 is reviewed by Harding, Shymanski & Company P.S.C., the independent accounting firm that conducted Metro United Way's most recent audit. It is also reviewed by the Metro United Way Finance Committee on behalf of the Board of Directors. A copy of the 990 is provided to every member of the Board of Directors prior to filing with the IRS.**

**Form 990, Part VI, Section B, Line 12c - All members of the Metro United Way Board of Directors, and all employees of Metro United Way are required to disclose any potential conflicts of interest on an annual basis. In addition, all employees must disclose any outside boards or committees on which they serve. These disclosures are reviewed by both the Chief Executive Officer (CEO) and the Vice President of Human Resources. Metro United Way employees are prohibited from serving on boards or committees of any not-for-profit organization either funded or actively involved with Metro United Way without the prior permission of the CEO. The CEO must receive permission from the Metro United Way Board of Directors to serve on such boards or committees.**

**Form 990, Part VI, Section B, Line 15 - Compensation for Metro United Way's Chief Executive Officer is approved by independent persons on the Board of Directors, including the Board Chair, the Board Treasurer and the Chair of the Metro United Way Human Resources Committee. Prior to approving compensation, a review of compensation data from comparable sources is performed. Deliberation and discussions are contemporaneously documented. The most recent review process occurred in August 2016 when Metro United Way's new Chief Executive Officer was hired.**

**Form 990, Part VI, Section C, Line 19 - Metro United Way makes its governing documents, conflict of interest policy and financial documents available to the public upon request.**

**Form 990, Part XI, Line 9 - Pension related changes other than net periodic pension expense. This represents the "Net Effect of Adoption of Recognition Provision of FAS 158".**



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**Reasonable Cause Explanations**

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**Explanation**

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An extension request was filed prior to the due date in order to secure additional time to gather the data necessary to file a complete and accurate return.

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**Other Program Services Accomplishments**

Activity Code	Description	Expense	Grants	Revenue
	Grants to not-for-profit organizations as a result of donor contributions to the Metro United Campaign that were designated to those organizations.	5,226,815	5,226,815	0
	Other programs targeting homelessness, substance abuse, disabilities, foster care, other neighborhood issues and strategies designed to encourage the public to become engaged as volunteers and advocates of Metro United Way's community impact activities.	2,727,846	488,092	31,702
<b>Total:</b>		<b>7,954,661</b>	<b>5,714,907</b>	<b>31,702</b>