

Return of Organization Exempt From Income Tax

2015

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.

A For the 2015 calendar year, or tax year beginning 05/01, 2015, and ending 04/30, 20 16

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

C Name of organization METRO UNITED WAY INC
 Doing business as _____
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
334 East Broadway
 City or town, state or province, country, and ZIP or foreign postal code
Louisville, KY, 40202

D Employer identification number
61-0444680

E Telephone number
502-583-2821

F Name and address of principal officer: Metro United Way Inc
334 East Broadway, Louisville, KY 40202

G Gross receipts \$ 27,196,169

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. (see instructions)

H(c) Group exemption number ▶ _____

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

J Website: ▶ www.metrounitedway.org

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1917 **M** State of legal domicile: KY

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>Metro United Way's mission is to improve lives and our community by engaging people to give, advocate and volunteer.</u>		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	36
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	36
	5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	85
	6	Total number of volunteers (estimate if necessary)	6	26,700
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year <u>26,681,899</u>	Current Year <u>26,049,728</u>
	9	Program service revenue (Part VIII, line 2g)	<u>169,270</u>	<u>80,778</u>
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>248,685</u>	<u>496,560</u>
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u>8,252</u>	<u>41,055</u>
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>27,108,106</u>	<u>26,668,121</u>
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	<u>17,179,234</u>	<u>16,719,158</u>
	14	Benefits paid to or for members (Part IX, column (A), line 4)	<u>0</u>	<u>0</u>
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	<u>5,111,530</u>	<u>5,572,973</u>
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	<u>0</u>	<u>0</u>
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>3,119,018</u>		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	<u>4,259,496</u>	<u>4,538,618</u>
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<u>26,550,260</u>	<u>26,830,749</u>	
19	Revenue less expenses. Subtract line 18 from line 12	<u>557,846</u>	<u>-162,628</u>	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year <u>26,057,948</u>	End of Year <u>24,435,728</u>
	21	Total liabilities (Part X, line 26)	<u>12,235,688</u>	<u>7,299,526</u>
	22	Net assets or fund balances. Subtract line 21 from line 20	<u>13,822,260</u>	<u>17,136,202</u>

Part II Signature Block

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

Sign Here

Signature of officer _____ Date _____
Phillip Bond, CFO
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name _____ Preparer's signature _____ Date _____ Check 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. At Metro United Way, our vision is a community whose people achieve their fullest potential through education, financial stability and healthy lives. We believe that a strong education leads to a good job, enough income to support a family through retirement and good health. A
(Continued on Schedule O, Statement 2)

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 \$ 9,540,237 including grants of \$ 6,428,636) (Revenue \$ 0)

Education: To have strong and productive communities, to develop a skilled workforce, to compete in the global economy and so on, we know that we have to focus our energies on those areas that will lead to significant, lasting change - such as early education. And when individuals are unable to meet their immediate needs, it is more difficult for them to focus on long-term goals such as employment, housing or education... and that's why we'll continue to help individuals get back on their feet and on the road to self-reliance. We are changing the odds for kids and families in school and in life: (1) Our Excellence Academy children are 2 times more likely to be ready for kindergarten than their like peers. (2) Over 20,000 youth benefitted from quality out-of-school time programs and services. (3) Families of 1,535 children participated in the Ages and Stages Questionnaire to measure development.

4b (Code:) (Expenses \$ 1,796,858 including grants of \$ 1,415,541) (Revenue \$ 0)

Financial Stability: When families have the tools to be financially independent, neighborhoods become stronger, our schools improve and our businesses prosper. Approximately 19,000 people received free tax preparation services and financial stability services through a Metro United Way funded Volunteer Income Tax Assistance Program.

4c (Code:) (Expenses \$ 5,234,842 including grants of \$ 4,377,005) (Revenue \$ 0)

Healthy Lives: When our needs are met, we are healthier, more financially stable, our kids do better in school and our communities thrive. Over 103,000 people were assisted by Metro United Way's 2-1-1 information and referral service to find the resources they needed.

4d Other program services (Describe in Schedule O.) See Schedule O, Statement 3
(Expenses \$ 5,202,870 including grants of \$ 4,497,975) (Revenue \$ 80,778)

4e Total program service expenses **▶** 21,774,807

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3 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"/>
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7 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"/>
8 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"/>
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10 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"/>
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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"/>
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e 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"/>
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12 a 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 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"/>
13 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"/>
14 a Did the organization maintain an office, employees, or agents outside of the United States?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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"/>
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I (see instructions)</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
18 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"/>
19 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
20 a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		✓
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	✓	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		✓
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	✓	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		✓
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		✓
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>		✓
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		✓
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		✓
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		✓
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		✓
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		✓
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	✓	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		✓
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		✓
32 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>		✓
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		✓
34 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>		✓
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		✓
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>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		✓
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		✓
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	✓	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for line numbers (1a-14b), descriptions of questions, and Yes/No checkboxes. Includes sub-questions for various IRS forms and reporting requirements.

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
1a	Enter the number of voting members of the governing body at the end of the tax year		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
1b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		<input checked="" type="checkbox"/>
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		<input checked="" type="checkbox"/>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<input checked="" type="checkbox"/>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		<input checked="" type="checkbox"/>
6	Did the organization have members or stockholders?		<input checked="" type="checkbox"/>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		<input checked="" type="checkbox"/>
7b	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"/>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	<input checked="" type="checkbox"/>	
8b	Each committee with authority to act on behalf of the governing body?	<input checked="" type="checkbox"/>	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		<input checked="" type="checkbox"/>

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		<input checked="" type="checkbox"/>
10b	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?		
11a	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"/>	
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	<input checked="" type="checkbox"/>	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<input checked="" type="checkbox"/>	
12c	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"/>	
13	Did the organization have a written whistleblower policy?	<input checked="" type="checkbox"/>	
14	Did the organization have a written document retention and destruction policy?	<input checked="" type="checkbox"/>	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official	<input checked="" type="checkbox"/>	
15b	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).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		<input checked="" type="checkbox"/>
16b	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

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			
Jane C Morreau	1									
Chair	0	✓		✓			0	0	0	
Shane Foley	1									
Treasurer	0	✓		✓			0	0	0	
Johnny A Alse	0.5									
Director	0	✓					0	0	0	
J Barry Barker	0.5									
Director	0	✓					0	0	0	
Michael Betson	0.5									
Director	0	✓					0	0	0	
Kent 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	
Campbell Boyer	0.5									
Director	0	✓					0	0	0	
Robert W Bracy	0.5									
Director	0	✓					0	0	0	
Joseph L Brown	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	
Karen M Cost	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			
Gale R Cox ----- Director	0.5 ----- 0	<input checked="" type="checkbox"/>						0	0	0
Katharine R Dobbins ----- Director	0.5 ----- 0	<input checked="" type="checkbox"/>						0	0	0
Nicole R Durbin ----- Director	0.5 ----- 0	<input checked="" type="checkbox"/>						0	0	0
Mark Eddy ----- Director	0.5 ----- 0	<input checked="" type="checkbox"/>						0	0	0
Libby A Elswick ----- Director	0.5 ----- 0	<input checked="" type="checkbox"/>						0	0	0
Christine A Harbeson ----- Director	0.5 ----- 0	<input checked="" type="checkbox"/>						0	0	0
Jennifer Helgeson ----- Director	0.5 ----- 0	<input checked="" type="checkbox"/>						0	0	0
Chris Hermann ----- Director	0.5 ----- 0	<input checked="" type="checkbox"/>						0	0	0
Lynn Howard ----- Director	0.5 ----- 0	<input checked="" type="checkbox"/>						0	0	0
Louis S Jensen ----- Director	0.5 ----- 0	<input checked="" type="checkbox"/>						0	0	0
Thomas Johnson ----- Director	0.5 ----- 0	<input checked="" type="checkbox"/>						0	0	0
Beverly Keepers ----- Director	0.5 ----- 0	<input checked="" type="checkbox"/>						0	0	0
Mark A Kristy ----- Director	0.5 ----- 0	<input checked="" type="checkbox"/>						0	0	0
Glenn E Levine ----- Director	0.5 ----- 0	<input checked="" type="checkbox"/>						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			
<u>John Marshall</u>	<u>0.5</u>									
Director	0	✓					0	0	0	
<u>Robert A McIntosh</u>	<u>0.5</u>									
Director	0	✓					0	0	0	
<u>Jo A McKim</u>	<u>0.5</u>									
Director	0	✓					0	0	0	
<u>Andrew Melin</u>	<u>0.5</u>									
Director	0	✓					0	0	0	
<u>Jeffrey W Nally</u>	<u>0.5</u>									
Director	0	✓					0	0	0	
<u>Anthony L Newberry</u>	<u>0.5</u>									
Director	0	✓					0	0	0	
<u>Hex Persephone</u>	<u>0.5</u>									
Director	0	✓					0	0	0	
<u>Randy Schuette</u>	<u>0.5</u>									
Director	0	✓					0	0	0	
<u>Tim Snavely</u>	<u>0.5</u>									
Director	0	✓					0	0	0	
<u>C Michael Stewart</u>	<u>0.5</u>									
Director	0	✓					0	0	0	
<u>William D Stout</u>	<u>0.5</u>									
Director	0	✓					0	0	0	
<u>Justin M Suer</u>	<u>0.5</u>									
Director	0	✓					0	0	0	
<u>Pattie Dale Tye</u>	<u>0.5</u>									
Director	0	✓					0	0	0	
<u>Vincent Walker</u>	<u>0.5</u>									
Director	0	✓					0	0	0	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations	
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				
Kelly Wathen 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"/>				228,008	0	55,082	
Phillip Bond Vice President and CFO	50 0			<input checked="" type="checkbox"/>				121,921	0	71,011	
Gilbert Betz Chief Strategic Officer	50 0					<input checked="" type="checkbox"/>		115,698	0	43,738	
1b Sub-total								465,627	0	169,831	
c Total from continuation sheets to Part VII, Section A											
d Total (add lines 1b and 1c)								465,627	0	169,831	

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
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	<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
United Way of Greater Cincinnati Inc, 2400 Reading Road, Cincinnati, OH 45202	2-1-1 Help Line	411,696
Bisig Impact Group Inc, 640 South 4th Street, Suite 300, Louisville, KY 40202	Marketing and advertising	261,212
Upic Solutions, 2400 Reading Road, Cincinnati, OH 45202	Provide data management ser	197,229
United Way of Metropolitan Dallas, 1800 N Lamar, Dallas, TX 75202	Consulting for Kotter Initiative	141,662
Faulkner Real Estate, 9625 Ormsby Station Road, Louisville, KY 40223	Building maintenance	102,239

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 **▶ 7**

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a 0					
	b Membership dues	1b 0					
	c Fundraising events	1c 0					
	d Related organizations	1d 0					
	e Government grants (contributions)	1e 0					
	f All other contributions, gifts, grants, and similar amounts not included above	1f 26,049,728					
	g Noncash contributions included in lines 1a-1f: \$	791,731					
	h Total. Add lines 1a-1f ▶		26,049,728				
Program Service Revenue	Business Code						
	2a Rental income from affiliates	531120	13,935	13,935	0	0	
	b Administrative and HR services	541200	66,843	66,843	0	0	
	c _____						
	d _____						
	e _____						
	f All other program service revenue .		0	0	0	0	
g Total. Add lines 2a-2f ▶		80,778					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶		85,687	0	0	85,687	
	4 Income from investment of tax-exempt bond proceeds ▶		0	0	0	0	
	5 Royalties ▶		0	0	0	0	
	6a Gross rents	(i) Real	(ii) Personal				
		b Less: rental expenses					
		c Rental income or (loss)	0	0			
		d Net rental income or (loss) ▶					
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b Less: cost or other basis and sales expenses		528,048	0		
		c Gain or (loss)		410,873	0		
		d Net gain or (loss) ▶		410,873	0	0	410,873
	8a Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c). See Part IV, line 18 a						
	b Less: direct expenses b						
	c Net income or (loss) from fundraising events . ▶						
	9a Gross income from gaming activities. See Part IV, line 19 a						
	b Less: direct expenses b						
	c Net income or (loss) from gaming activities . . ▶						
10a Gross sales of inventory, less returns and allowances a							
b Less: cost of goods sold b							
c Net income or (loss) from sales of inventory . . ▶							
Miscellaneous Revenue		Business Code					
11a Miscellaneous fees and reimburseme	900099	41,055	41,055	0	0		
b _____							
c _____							
d All other revenue		0	0	0	0		
e Total. Add lines 11a-11d ▶		41,055					
12 Total revenue. See instructions. ▶		26,668,121	121,833	0	496,560		

Part IX Statement of Functional Expenses

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

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

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	16,719,158	16,719,158		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0	0		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0	0		
4 Benefits paid to or for members	0	0		
5 Compensation of current officers, directors, trustees, and key employees	475,040	97,726	279,589	97,725
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0
7 Other salaries and wages	3,771,091	1,577,051	724,540	1,469,500
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	572,794	250,475	68,096	254,223
9 Other employee benefits	444,191	169,496	98,760	175,935
10 Payroll taxes	309,857	123,754	68,403	117,700
11 Fees for services (non-employees):				
a Management	0	0	0	0
b Legal	5,008	0	5,008	0
c Accounting	36,065	0	36,065	0
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	2,100,860	1,733,472	193,215	174,173
12 Advertising and promotion	149,856	34,547	41,453	73,856
13 Office expenses	525,336	287,028	134,974	103,334
14 Information technology	347,176	138,945	60,827	147,404
15 Royalties				
16 Occupancy	278,223	109,743	45,175	123,305
17 Travel	171,383	104,358	17,446	49,579
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	290,200	188,870	41,429	59,901
20 Interest	362,111	137,602	65,180	159,329
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	217,884	82,797	39,218	95,869
23 Insurance	30,478	9,787	8,674	12,017
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <u>Membership dues</u>	17,590	9,980	3,244	4,366
b <u>Miscellaneous</u>	6,448	18	5,628	802
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	26,830,749	21,774,807	1,936,924	3,119,018
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	0	1	0
	2 Savings and temporary cash investments	3,043,346	2	2,856,170
	3 Pledges and grants receivable, net	11,620,813	3	11,473,750
	4 Accounts receivable, net	378,692	4	292,330
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0	6	0
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	0	8	0
	9 Prepaid expenses and deferred charges	0	9	0
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	6,529,805		
	b Less: accumulated depreciation	4,021,521		
	11 Investments—publicly traded securities	8,471,755	11c	2,508,284
	12 Investments—other securities. See Part IV, line 11	0	12	7,305,194
	13 Investments—program-related. See Part IV, line 11	0	13	
	14 Intangible assets	0	14	
	15 Other assets. See Part IV, line 11	0	15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	26,057,948	16	24,435,728	
Liabilities	17 Accounts payable and accrued expenses	4,425,309	17	4,489,052
	18 Grants payable	7,624,345	18	2,682,288
	19 Deferred revenue	0	19	0
	20 Tax-exempt bond liabilities	0	20	0
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	0	24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	186,034	25	128,186
	26 Total liabilities. Add lines 17 through 25	12,235,688	26	7,299,526
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	7,042,847	27	10,129,469
	28 Temporarily restricted net assets	5,172,489	28	5,270,627
	29 Permanently restricted net assets	1,606,924	29	1,736,106
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	13,822,260	33	17,136,202
34 Total liabilities and net assets/fund balances	26,057,948	34	24,435,728	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	26,668,121
2	Total expenses (must equal Part IX, column (A), line 25)	2	26,830,749
3	Revenue less expenses. Subtract line 2 from line 1	3	-162,628
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	13,822,260
5	Net unrealized gains (losses) on investments	5	-703,017
6	Donated services and use of facilities	6	0
7	Investment expenses	7	0
8	Prior period adjustments	8	4,009,543
9	Other changes in net assets or fund balances (explain in Schedule O)	9	170,044
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	17,136,202

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <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.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<input checked="" type="checkbox"/>
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"/>	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	<input checked="" type="checkbox"/>	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		<input checked="" type="checkbox"/>
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)

Public Charity Status and Public Support

OMB No. 1545-0047

2015

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.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization METRO UNITED WAY INC	Employer identification number 61-0444680
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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 11, check only one box.)

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

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

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	27,764,717	30,702,470	27,413,104	26,891,899	26,049,728	138,821,918
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0		0
3 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0		0
4 Total. Add lines 1 through 3	27,764,717	30,702,470	27,413,104	26,891,899	26,049,728	138,821,918
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						41,892,494
6 Public support. Subtract line 5 from line 4.						96,929,424

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4	27,764,717	30,702,470	27,413,104	26,891,899	26,049,728	138,821,918
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	178,405	152,789	197,195	120,884	85,687	734,960
9 Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0		0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	36,074	24,875	14,854	8,252	41,055	125,110
11 Total support. Add lines 7 through 10						139,681,988
12 Gross receipts from related activities, etc. (see instructions)					12	1,014,752
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	69.39 %
15 Public support percentage from 2014 Schedule A, Part II, line 14	15	69.98 %
16a 33 1/3% support test—2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test—2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test—2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10%-facts-and-circumstances test—2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	%
19a 33 1/3% support tests—2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33 1/3% support tests—2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <input type="checkbox"/>		

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? <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 11a or 11b 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	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
5c	Substitutions only. 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
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b	A family member of a person described in (a) above?		
c	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>		

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <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>		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <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>		

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <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>		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1	<i>Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):</i>		
a	<input type="checkbox"/> The organization satisfied the Activities Test. <i>Complete line 2 below.</i>		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>		
c	<input type="checkbox"/> The organization supported a governmental entity. <i>Describe in Part VI how you supported a government entity (see instructions).</i>		
2	Activities Test. Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <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	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>		
3	Parent of Supported Organizations. Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
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>		

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

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

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

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

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2015

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

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

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 METRO UNITED WAY INC	Employer identification number 61-0444680
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

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

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

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

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

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

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures														
e	Total exempt purpose expenditures (add lines 1c and 1d)														
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">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.														
g	Grassroots nontaxable amount (enter 25% of line 1f)														
h	Subtract line 1g from line 1a. If zero or less, enter -0-														
i	Subtract line 1f from line 1c. If zero or less, enter -0-														
j	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.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f 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
1 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:			
a Volunteers?	✓		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		✓	
c Media advertisements?		✓	
d Mailings to members, legislators, or the public?		✓	
e Publications, or published or broadcast statements?		✓	
f Grants to other organizations for lobbying purposes?	✓		21,000
g Direct contact with legislators, their staffs, government officials, or a legislative body?		✓	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		✓	
i Other activities?		✓	
j Total. Add lines 1c through 1i			21,000
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		✓	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d 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
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political 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."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 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	
5 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

2015

Open to Public Inspection

Name of the organization METRO UNITED WAY INC	Employer identification number 61-0444680
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Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply). <input type="checkbox"/> Preservation of land for public use (e.g., recreation or education) <input type="checkbox"/> Preservation of a historically important land area <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure <input type="checkbox"/> Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.	
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶	
4 Number of states where property subject to conservation easement is located ▶	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? <input type="checkbox"/> Yes <input type="checkbox"/> No	
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶	
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.	

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.	
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:	
(i) Revenue included on Form 990, Part VIII, line 1	▶ \$
(ii) Assets included in Form 990, Part X	▶ \$
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	
a Revenue included on Form 990, Part VIII, line 1	▶ \$
b Assets included in Form 990, Part X	▶ \$

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

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

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

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

	Amount
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f 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
1a Beginning of year balance	2,481,910	2,388,657	2,201,551	1,742,015	1,469,353
b Contributions	145,274	10,000	23,000	261,395	250,200
c Net investment earnings, gains, and losses	42,961	248,827	288,933	234,822	59,611
d Grants or scholarships	0	0	0	0	0
e Other expenditures for facilities and programs	195,331	165,574	124,827	36,681	37,149
f Administrative expenses	0	0	0	0	0
g End of year balance	2,474,814	2,481,910	2,388,657	2,201,551	1,742,015

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 ▶ 61 %
- c** Temporarily restricted endowment ▶ 39 %

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

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

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

	Yes	No
3a(i)	✓	
3a(ii)		✓
3b		

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
1a Land	0	403,218		403,218
b Buildings	0	4,582,249	2,556,709	2,025,540
c Leasehold improvements	0	22,688	22,688	0
d Equipment	0	1,461,543	1,382,017	79,526
e Other	0	60,107	60,107	0
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				2,508,284

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

Part VIII Investments—Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes	0	
(2) Amounts due custodian funds	128,186	
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►	128,186	

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	20,354,291
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-703,017	
b	Donated services and use of facilities	2b	0	
c	Recoveries of prior year grants	2c	0	
d	Other (Describe in Part XIII.)	2d	0	
e	Add lines 2a through 2d	2e	-703,017	
3	Subtract line 2e from line 1		3	21,057,308
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	0	
b	Other (Describe in Part XIII.)	4b	5,610,813	
c	Add lines 4a and 4b	4c	5,610,813	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	26,668,121

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

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

1	Total expenses and losses per audited financial statements		1	21,219,936
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	0	
b	Prior year adjustments	2b	0	
c	Other losses	2c	0	
d	Other (Describe in Part XIII.)	2d	0	
e	Add lines 2a through 2d	2e	0	
3	Subtract line 2e from line 1		3	21,219,936
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	0	
b	Other (Describe in Part XIII.)	4b	5,610,813	
c	Add lines 4a and 4b	4c	5,610,813	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	26,830,749

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, 2016 and 2015, 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

2015

**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.**

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.

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

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 97
- 3 Enter total number of other organizations listed in the line 1 table ▶ 8

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.
Name and address	2Not1- Fatherhood And Families Inc 1626 West chestnut St Louisville, KY 40203	26-2914155	5,800	
IRC code section	501(C)(3)			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	Capacity building for programs that serve black males			
Name and address	Academy Of Music Production Ed & Development Llc 4425 Greenwood Avenue Louisville, KY 40211	47-1113120	15,000	
IRC code section	501(C)(3)			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	Supports youth programming			
Name and address	American Cancer Society PO Box 1807 Louisville, KY 40201	61-0447249	10,866	
IRC code section	501(C)(3)			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	Dedicated to eliminating cancer as a major problem through research, education, advocacy and service.			
Name and address	American Heart Association 240 Whittington Parkway Louisville, KY 40222	13-5613797	10,000	
IRC code section	501(C)(3)			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	Strives to reduce disability and death from cardiovascular diseases and stroke.			
Name and address	American Red Cross PO Box 1675 Louisville, KY 40201	53-0196605	4,086,258	
IRC code section	501(C)(3)			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	Fund raising partnership payments			
Name and address	Americana Community Center Inc 4801 Southside Dr Louisville, KY 40214	61-1251306	118,321	
IRC code section	501(C)(3)			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	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,			
Name and address	Big Brothers Big Sisters	61-6057856	331,330	

Schedule I, Part IV, Statement 1

METRO UNITED WAY INC

	1519 Gardiner Ln B Louisville, KY 40218		
IRC code section	501(C)(3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Provides 1-to-1 relationship with a mature volunteer for youth in need of friendship.		
Name and address	Bingham Child Guidance 200 E Chestnut Street Louisville, KY 40202	61-0445838	65,922
IRC code section	501(C)(3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Provides psychiatric mental health services to children and adolescents with emotional and behavioral problems.		
Name and address	Blue River Services PO Box 547 Corydon, IN 47112	35-1101603	32,426
IRC code section	501(C)(3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Provides services, training and transportation for children and adults with disabilities and the general community.		
Name and address	Boy Scouts Of America Lincoln Heritage Council Inc PO Box 36273 Louisville, KY 40233	61-0445839	7,683
IRC code section	501(C)(3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Provides programming that builds strong families, develops leadership skills and instills values in young people.		
Name and address	Boys & Girls Clubs Of Kentuckiana 1516 Story Ave Louisville, KY 40206	61-0568789	767,960
IRC code section	501(C)(3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Provides social, vocational, cultural, spiritual and other programming for children ages 6-18		
Name and address	Boys And Girls Club Of Harrison County 600 East Chestnut St Corydon, IN 47112	35-1983078	8,259
IRC code section	501(C)(3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Supporting youth programming		
Name and address	Bridgehaven Inc 950 South First St Louisville, KY 40203	61-0548949	225,786
IRC code section	501(C)(3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Provides psychiatric rehabilitation, recovery and community integration		

services for adults with serious mental illnesses.

Name and address	Bullitt County Public Schools 1040 Highway 44 East Shepherdsville, KY 40165	61-6001357	67,000
IRC code section			
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Support Teen Aged Parenting Program		
Name and address	Burks Branch Baptist Church 2023 Fox Run Road Shelbyville, KY 40065	61-1035618	8,500
IRC code section	501(C)(3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Donor designations		
Name and address	California Area Family Development Center Inc 1705 South 13th Street Louisville, KY 40210	61-0668916	142,194
IRC code section	501(C)(3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Offers childcare services and developmental programs for infants, toddlers, pre-school and school-aged children.		
Name and address	Casa Bullitt County Inc PO Box 1025 Shepherdsville, KY 40165	61-1454102	15,000
IRC code section	501(C)(3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Provides volunteer advocates who are committed to work on behalf of abused and neglected children.		
Name and address	Center For Lay Ministries 213 E Maple St Jeffersonville, IN 47131	31-0903413	28,343
IRC code section	501(C)(3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Provides emergency services - such as a food pantry and funding assistance - for Clark County, Indiana residents.		
Name and address	Center For Non-Profit Excellence 323 W Broadway Suite 501 Louisville, KY 40202	20-0040424	24,299
IRC code section	501(C)(3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Central point to access information, best practices, professional development, and hands-on consultation to help local non-profits reach individual and collective aspirations		
Name and address	Center For Women & Families PO Box 2048 Louisville, KY 40201	61-0444846	457,367
IRC code section	501(C)(3)		
Method of valuation			

Desc. of Non-Cash Asst.

Purpose of grant	Provides programs and housing for people affected by domestic violence, rape/sexual assault and economic hardship.		
Name and address	Centro Latino Of Shelbyville Inc 121 Main St Shelbyville, KY 40065	02-0628043	12,649
IRC code section	501(C)(3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Delivers services and educational programs to residents of Shelby, Spencer, Trimble and Henry counties in Kentucky.		
Name and address	Christ Evangelical Lutheran Church 9212 Taylorsville RD Louisville, KY 40299	61-6010122	7,464
IRC code section	501(C)(3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Donor designations		
Name and address	Clark Co Youth Shelter PO Box 886 Clarksville, IN 47131	31-1126065	11,309
IRC code section	501(C)(3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Provides 24-hour residential care for adolescents in crisis situations.		
Name and address	Coalition For The Homeless 1115 S Fourth Street Louisville, KY 40203	61-1118307	20,959
IRC code section	501(C)(3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Promotes collaboration in our community to best meet the needs of the homeless and the providers that serve them		
Name and address	Communities In School Clark County 1406 Fredrick St Jeffersonville, IN 47130	32-0015379	40,052
IRC code section	501(C)(3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Surrounds students with a community of support, empowering them to stay in school and achieve in life.		
Name and address	Community Chest Of Oldham Co Kentucky Inc PO Box 556 LaGrange, KY 40031	61-6013124	48,114
IRC code section	501(C)(3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Provides assistance to families in Oldham County that need emergency aid to temporarily meet basic needs.		
Name and address	Community Coordinated Child Care Inc 960 South Third Street Louisville, KY 40203	23-7160437	327,729
IRC code section	501(C)(3)		

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant

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.

Name and address Concordia Lutheran Church 61-0461819 25,000

1127 East Broadway
Louisville, KY 40204

IRC code section

501(C)(3)

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant

Doner designations

Name and address Council On Developmental Disabilities Inc 61-0476686 181,701

1151 South Third Street
Louisville, KY 40203

IRC code section

501(C)(3)

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant

Provides information, support and advocacy services to children and adults with mental retardation and their families and other interested persons in the community.

Name and address Dare To Care 23-7345952 577,485

5803 Fern Valley Rd
Louisville, KY 40228

IRC code section

501(C)(3)

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant

Works to end hunger in our community through partnerships, innovative programs, and community engagement

Name and address Doctors & Lawyers For Kids Inc 27-4565113 25,000

600 W Main Street Suite 110
Louisville, KY 40202

IRC code section

501(C)(3)

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant

Provides free medical and legal services for children

Name and address Dorman Preschool Center 61-0620554 72,100

PO Box 853
Shelbyville, KY 40066

IRC code section

501(C)(3)

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant

Provides early intervention to at-risk children in need of multiple support services.

Name and address Elderserve Inc 61-6024140 268,524

411 E Muhammad Ali Blvd
Louisville, KY 40202

IRC code section

501(C)(3)

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant

Provides social services, senior companions, home care, adult daycare, telephone reassurance, crime victims advocacy and other services for

seniors throughout Jefferson County.			
Name and address	Family And Children'S Place PO Box 3784 Louisville, KY 40201	61-0549561	1,286,634
IRC code section	501(C)(3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Provides services for children and families affected by abuse, neglect and violence.		
Name and address	Family Health Centers Of Southern Indiana 1301 Akers Avenue Jeffersonville, IN 47130	35-1842342	41,324
IRC code section	501(C)(3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Provides primary and preventative care and education to low-income, uninsured Clark County residents.		
Name and address	Famiy Scholar House Inc 403 Reg Smith Circle Louisville, KY 40208	61-1285124	87,903
IRC code section	501(C)(3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Support for single parents		
Name and address	Fund For The Arts Inc 623 West Main Street Louisville, KY 40202	61-0479626	5,042
IRC code section	501(C)(3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Donor designation		
Name and address	Good News Shelter Corporation 4901 South Highway 53 Crestwood, KY 40014	61-1334374	8,000
IRC code section	501(C)(3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	To support their homeless shelter		
Name and address	Goodwill Of Southern Indiana PO Box 2488 Clarksville, IN 47131	35-1019658	149,791
IRC code section	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.		
Name and address	Guardiacare Services Inc 215 W Breckinridge St Louisville, KY 40203	61-0926169	54,733
IRC code section	501(C)(3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Provides financial management, guardianship and adult day health services		

to seniors and others at risk.

Name and address	Harrison Co Community Services PO Box 308 Corydon, IN 47112	35-1378568	67,414
IRC code section	501(C)(3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Provides programs in crisis assistance including a Food Pantry and Clothes Closet. Assists individuals and families in accessing services and building assets.		
Name and address	Highland Park Community Development Corporation 3500 Shanks Lane Louisville, KY 40216	80-1062257	10,000
IRC code section	501(C)(3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Capacity building for programs that serve black males		
Name and address	Hjw Career And Financial Literacy Institute PO Box 71 Shelbyville, KY 40066	20-3329409	20,303
IRC code section	501(C)(3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Financial stability efforts in Shelby and Oldham Counties		
Name and address	Home Of The Innocents 1100 E Market Street Louisville, KY 40203	61-0445834	239,398
IRC code section	501(C)(3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Provides emergency and long-term residential treatment and services to children with a variety of needs.		
Name and address	Hoosier Hills Pact 35 N Public Square Salem, IN 47167	23-7351004	10,720
IRC code section	501(C)(3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	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.		
Name and address	Hope Southern Indiana 702 E Market Street New Albany, IN 47150	35-1128300	157,889
IRC code section	501(C)(3)		
Method of valuation			
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		
Name and address	Hosparus 2120 Newburg Rd 301	61-0921718	12,982

	Louisville, KY 40205		
IRC code section	501(C)(3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Provides end-of-life care and bereavement services to the terminally ill and their families.		
Name and address	House Of Ruth Inc 607 E St Catherine St Louisville, KY 40203	61-1231355	55,555
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.		
Name and address	Jewish Community Of Louisville 3600 Dutchmans Lane Louisville, KY 40205	61-0445859	89,402
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.		
Name and address	Jewish Family And Career Services 3587 Dutchmans Lane Louisville, KY 40205	61-0444704	242,481
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.		
Name and address	Kentucky Ymca Youth Assn Inc PO Box 4285 Frankfort, KY 40504	61-0444841	10,000
IRC code section	501(C)(3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Supports youth programming		
Name and address	Kentucky Youth Advocates Inc 11001 Bluegrass Pkwy Ste 100 Louisville, KY 40299	61-0929390	107,089
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.		
Name and address	Kids Center For Pediatric Therapies 982 Eastern Pkwy Box 6 Louisville, KY 40217	61-0492378	278,223
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.		
Name and address	Lagrange Baptist Church 1139 Commerce Pkwy LaGrange, KY 40031	61-0594847	20,000
IRC code section	501(C)(3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Hope Health Clinic		
Name and address	Learning For Life Inc 1201 Sycamore Station Place Louisville, KY 40299	46-5501637	141,075
IRC code section	501(C)(3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Supports youth programming		
Name and address	Legal Aid Society Inc 425 W Muhammad Ali Blvd Louisville, KY 40202	61-0537626	248,113
IRC code section	501(C)(3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Offers legal advice and representation to clients who meet poverty guidelines.		
Name and address	Lifespan Resources Inc PO Box 995 New Albany, IN 47151	35-1306887	48,339
IRC code section	501(C)(3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Provides a service network enabling older adults and the disabled to remain independent.		
Name and address	Louisville Asset Building Coalition 334 East Broadway Louisville, KY 40202	61-0444680	59,822
IRC code section	501(C)(3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Help people live better lives today and have brighter futures tomorrow by increasing the financial stability of families		
Name and address	Louisville Central Community Ctrs 1300 W Muhammad Ali Blvd Louisville, KY 40203	61-0590743	471,380
IRC code section	501(C)(3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	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.		
Name and address	Louisville Education & Employment Program PO Box 34020 Louisville, KY 40202	61-6001316	90,922
IRC code section			
Method of valuation			

Desc. of Non-Cash Asst.

Purpose of grant	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		
Name and address	Louisville Urban League 1535 W Broadway Louisville, KY 40203	61-0444771	312,013
IRC code section	501(C)(3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	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.		
Name and address	Maryhurst Inc 1015 Dorsey Lane Louisville, KY 40223	31-1542209	220,575
IRC code section	501(C)(3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Offers treatment programs for emotionally disabled children who have been neglected, abandoned or abused.		
Name and address	Middletown Christian Church 500 N Wattersom Trail Louisville, KY 40243	61-0602014	7,800
IRC code section	501(C)(3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Donor designations		
Name and address	Multi Purpose Caa PO Box 305 Shelbyville, KY 40065	61-0867061	57,367
IRC code section	501(C)(3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Provides numerous services to the elderly, mentally retarded and others in need.		
Name and address	Nafc Education Foundation Inc 2813 Grantline Road New Albany, IN 47150	20-2552199	20,000
IRC code section			
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Assist and benefit public education in Floyd County, Indiana		
Name and address	Nafc School Corporation 2813 Grantline Road New Albany, IN 47150	20-2552199	21,558
IRC code section			
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	supporting the Imagination Library		
Name and address	National Air & Space Education Institute PO Box 4653 Frankfort, KY 40604	27-1809824	5,745

Schedule I, Part IV, Statement 1

METRO UNITED WAY INC

IRC code section	501(C)(3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Donor designations		
Name and address	National Black Mba Association-Louisville Chapter PO Box 2953 Louisville, KY 40201	61-1356976	7,750
IRC code section	501(C)(3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Capacity building for programs that serve black males		
Name and address	Neighborhood House 201 N 25th Street Louisville, KY 40212	61-0445842	248,455
IRC code section	501(C)(3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Provides services which enhance the quality of life for individuals of all ages in the Portland area.		
Name and address	New Directions Housing Corp 1000 E Liberty Street Louisville, KY 40204	61-0715630	158,971
IRC code section	501(C)(3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Provides housing and support services for children and single-parent homeless families.		
Name and address	Northside Christian Church 4407 Charlestown Rd New Albany, IN 47150	23-7449624	19,969
IRC code section	501(C)(3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Donor designations		
Name and address	Oldham County 4-H Council Inc 1815 North Highway 393 LaGrange, KY 40031	61-1048682	11,772
IRC code section	501(C)(3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Provides opportunities for Oldham County youth to learn leadership, citizenship & life skills.		
Name and address	Oldham County Public Schools 6165 W HIGHWAY 146 Louisville, KY 40014	61-6001306	30,000
IRC code section			
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Increase reading skills of children from pre-kindergarten through 3rd grade		
Name and address	Oldham County Vipers Baseball Inc PO BOX 493 Goshen, KY 40026	45-3356198	10,722
IRC code section	501(C)(3)		

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant

Donor designations

Name and address	Operation Care Inc PO Box 1393 Shelbyville, KY 40066	61-1211189	44,091
IRC code section	501(C)(3)		

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant

Offers women and children emergency assistance, including shelter, food, clothing and medical attention.

Name and address	Options Unlimited 205 Castlerock Drive Shepherdsville, KY 40165	61-1127409	15,000
IRC code section	501(C)(3)		

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant

Student transition/employment programs

Name and address	Our Place Drug & Alcohol Education Services Inc PO Box 8 Mount St Francis, IN 47146	31-1202976	30,291
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.

Name and address	Personal Counseling Services 1205 Applegate Lane Clarksville, IN 47129	31-0919635	48,644
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.

Name and address	Prichard Committee For Academic Excellence 271 W Short St Suite 202 Lexington, KY 40507	61-1026214	40,000
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IRC code section

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant

Advocacy

Name and address	Rauch Inc 845 Park Place New Albany, IN 47150	35-1011521	60,236
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.

Name and address	Salvation Army Louisville 216 W Chestnut Street Louisville, KY 40202	58-0660607	211,096
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.

Name and address	Salvation Army Southern Indiana 2300 Green Valley Rd New Albany, IN 47151	58-0660607	122,238
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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.

Name and address	Saving Sunny Inc 304 Pleasantview Ave Louisville, KY 40206	35-2379448	5,149
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IRC code section 501(C)(3)

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant Donor designations

Name and address	Serenity Center 98 7th Street Shelbyville, KY 40065	45-5074375	10,000
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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

Name and address	Seven Counties Services 101 W Muhammad Ali Blvd Louisville, KY 40202	31-0939757	111,163
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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.

Name and address	Shelby County Public Schools 1155 Main Street Shelbyville, KY 40065	61-6001356	55,000
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IRC code section

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant Early education programs

Name and address	Shively Baptist Church 1599 Sadie Lane Louisville, KY 40216	61-0561851	7,926
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IRC code section 501(C)(3)

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant Donor designations

Name and address	Southeast Christian Church 920 Blankenbaker Rd Louisville, KY 40243	61-0850307	85,091
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IRC code section 501(C)(3)

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant

Donor designations

Name and address	St Benedict Center 946 S 25th Street Louisville, KY 40210	61-0719980	93,421
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.

Name and address	St Francis In The Fields Episcopap Church 6710 Wolf Pen Branch Road Harrods Creek, KY 40027	61-1322473	8,000
IRC code section	501(C)(3)		

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant

Donor designations

Name and address	St John United Methodist Church 12700 W HWY 42 Prospect, KY 40059	61-0961846	9,485
IRC code section	501(C)(3)		

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant

Donor designations

Name and address	St Thomas Episcopal Church 9616 Wesport Road Louisville, KY 40241	61-0506874	8,216
IRC code section	501(C)(3)		

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant

Donor designations

Name and address	Stage One 315 W Broadway Louisville, KY 40202	61-0466715	15,000
IRC code section	501(C)(3)		

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant

Assist in preparing children to succeed in kindergarten and beyond

Name and address	Sunnyside Assembly Of God 3200 Holman Lane Jeffersonville, IN 47130	35-1607521	5,872
IRC code section	501(C)(3)		

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant

Donor designations

Name and address	The Arthur S Kling Center Inc 219 West Ormsby Ave Louisville, KY 40203	31-0993739	62,953
IRC code section	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.		
Name and address	The Caring Place PO Box 945 Lebanon, KY 40033	61-1242828	10,000
IRC code section	501(C)(3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Provides family crisis services		
Name and address	Tri-County Community Action Agency 1015 Dispatchers Way LaGrange, KY 40031	61-0856637	46,367
IRC code section	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.		
Name and address	United Way Of Greater Cincinnati Inc 2400 Reading Rd Cincinnati, OH 45202	31-0537502	21,000
IRC code section	501(C)(3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Donor designations		
Name and address	United Way Of Santa Fe County 440 Cerrillos Rd Santa Fe, NM 87501	85-0163601	10,000
IRC code section	501(C)(3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Donor designations		
Name and address	Uspiritus Inc 2125 Goldsmith Lane Louisville, KY 40218	61-0471572	44,393
IRC code section	501(C)(3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Provides residential and outpatient treatment for children and youth with emotional disabilities.		
Name and address	Visually Impaired Preschool Services Inc 1906 Goldsmith Lane Louisville, KY 40218	61-1061973	77,201
IRC code section	501(C)(3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Provides early educational services to children (birth to school age) who are blind or visually impaired.		
Name and address	Wellspring PO Box 1927 Louisville, KY 40201	31-1020023	94,949
IRC code section	501(C)(3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Promotes the recovery of people with psychiatric disabilities; provides		

	supportive housing with rehabilitation.		
Name and address	Wesley House Community Services 5114 Preston Highway Louisville, KY 40213	61-0449663	43,027
IRC code section	501(C)(3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Offers childcare, youth services, computer education, a gently used clothing store and volunteer income tax assistance.		
Name and address	Ymca Of Greater Louisville Inc 545 South 2nd Street Louisville, KY 40202	61-0444843	622,647
IRC code section	501(C)(3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	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.		
Name and address	Ymca Of Southern Indiana Inc PO Box 1525 Clarksville, IN 47131	31-1183203	74,420
IRC code section	501(C)(3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Provides developmental childcare to infants through school-age children and support services to at-risk girls ages 7-18.		

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

METRO UNITED WAY INC

Compensation Information

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

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

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

OMB No. 1545-0047

2015

Open to Public Inspection

Employer identification number

61-0444680

Part I Questions Regarding Compensation

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

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

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

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

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

- | | |
|--|--|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input 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:

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

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

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

- | | | | |
|--|-----------|--------------------------|-------------------------------------|
| a The organization? | 5a | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b Any related organization? | 5b | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
- If "Yes" to line 5a or 5b, describe in Part III.

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

- | | | | |
|--|-----------|--------------------------|-------------------------------------|
| a The organization? | 6a | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b Any related organization? | 6b | <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 non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III

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

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

	Yes	No
1a		
1b		
2		
3		
4a		<input checked="" type="checkbox"/>
4b		<input checked="" type="checkbox"/>
4c		<input checked="" type="checkbox"/>
5a		<input checked="" type="checkbox"/>
5b		<input checked="" type="checkbox"/>
6a		<input checked="" type="checkbox"/>
6b		<input checked="" type="checkbox"/>
7		<input checked="" type="checkbox"/>
8		<input checked="" type="checkbox"/>
9		

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 Joseph P Tolan, President, CEO and Board Secretary	(i)	227,287	0	3,878	45,253	6,673	283,091	0
	(ii)	0	0	0	0	0	0	0
2 Phillip Bond, Vice President and CFO	(i)	120,361	0	4,453	61,227	6,892	192,933	0
	(ii)	0	0	0	0	0	0	0
3 Gilbert Betz, Chief Strategic Officer	(i)	114,051	0	9,803	28,186	7,396	159,436	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

2015

**Open To Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

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				
2				
3				
4				
5				
6				
7				
8				
9	✓	174	791,731	Market Value
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		✓
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?		✓
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 did not 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.

OMB No. 1545-0047

2015

**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 also 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 by or actively involved with Metro United Way without 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.

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".

Reasonable Cause Explanations

Explanation

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.

Mission Description

Description

community of connected people - all people - united and working together for the benefit of all is at the heart of what Metro United Way represents. With the support of individuals and organizations in our community, we are changing the odds for kids and families in school and in life. Working together, we can accomplish more than any individual or organization can alone. Great things happen when we Live United.

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.	4,497,975	4,497,975	80,778
	Other programs targeting homelessness, substance abuse, and disabilities, foster care and other neighborhood issues.	704,895	0	0
Total:		5,202,870	4,497,975	80,778