## EXTENDED TO MAY 15, 2018

# **Return of Organization Exempt From Income Tax**

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

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

X Yes

Form 990 (2016)

ent of the Treasury al Revenue Service

Inspection For the 2016 calendar year, or tax year beginning JUL 1, 2016 and ending JUN 30, 2017 C Name of organization Check if D Employer identification number Address change UNITED WAY OF ROCK RIVER VALLEY Name change Doing business as 36-2167843 Initial Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Room/suite Final return/ 612 N MAIN STREET SUITE 300 <u>8</u>15-968-5400 termin-ated City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ 5,199,009. Amende return ROCKFORD, IL 61103 H(a) Is this a group return Applica-F Name and address of principal officer: PAUL A LOGLI for subordinates? ..... L Yes X No SAME AS C ABOVE H(b) Are all subordinates included? Yes No Tax-exempt status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or If "No," attach a list. (see instructions) J Website: ► WWW.UNITEDWAYRRV.ORG H(c) Group exemption number ▶ K Form of organization: X Corporation Association Other > L Year of formation: 1920 M State of legal domicile: IL Part I Summary Briefly describe the organization's mission or most significant activities: LEAD AND UNITE THE ROCK RIVER Activities & Governance VALLEY TO MEASURABLY IMPROVE LIVES. Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 29 Number of independent voting members of the governing body (Part VI, line 1b) 29 Total number of individuals employed in calendar year 2016 (Part V, line 2a) 5 22 Total number of volunteers (estimate if necessary) 6 11047 a Total unrelated business revenue from Part VIII, column (C), line 12 0. b Net unrelated business taxable income from Form 990-T, line 34 0. **Prior Year** Current Year Contributions and grants (Part VIII, line 1h) 4,379,959. 4,104,420. Program service revenue (Part VIII, line 2g) 0. 0. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 77,695. 163,371.11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0. 0. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 4,457,654. 267,791. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 13 2,554,525. 2,314,954 Benefits paid to or for members (Part IX, column (A), line 4) 14 0. 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 1,134,042. 065,862. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. b Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,122,550. 947,900. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 4,811,117. 4,328,716. 19 Revenue less expenses. Subtract line 18 from line 12 -353,463. -60,925.Beginning of Current Year **End of Year** Total assets (Part X, line 16) 5,909,592. 5,997,426. 21 Total liabilities (Part X, line 26) 1,071,516. 952<u>,</u>311. Net assets or fund balances. Subtract line 21 from line 20 4,838,076. 5,045,115. 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. Signature of officer Sign PAUL A LOGLI, Here Type or print name and title Print/Type preparer's name Preparer's signature Date PTIN Paid DAVID R SCHROEPFER DAVID R SCHROEPFER 02/28/18 self-employed P00171692 Preparer Firm's name WIPFLI LLP Firm's EIN 👞 39-0758449 Use Only Firm's address 4949 HARRISON AVENUE, SUITE 300 ROCKFORD, IL 61125-0407 Phone no. 815.399.7700 May the IRS discuss this return with the preparer shown above? (see instructions)

LHA For Paperwork Reduction Act Notice, see the separate instructions.

	rm 990 (2016) UNITED WAY OF ROCK RIVER VALLEY 36-2167843 Page art 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:  LEAD AND UNITE THE ROCK RIVER VALLEY TO MEASURABLY IMPROVE LIVES.
_	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
^	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?
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Gection 30 (c)(3) and 30 (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	The state of the s
	GRANTS TO LOCAL SUL(C)(3) ORGANIZATIONS THAT ARE IN DARMIDECULD STATE
	UNITED WAY ARE FOCUSED ON ADVANCING THE COMMON GOOD BY CREATING
	OPPORTUNITIES FOR A BETTER LIFE FOR ALL. THE PROGRAMS FOCUS ON THE
	IMPACT AREAS OF EDUCATION, INCOME, AND HEALTH. BECAUSE EDUCATION IS AN
	ESSENTIAL BUILDING BLOCK FOR A GOOD LIFE, THE EDUCATION PROGRAMS FOCUS
	ON HELPING CHILDREN BECOME SUCCESSFUL IN SCHOOL. THE INCOME PROGRAMS
	FOCUS ON HELPING INDIVIDUALS AND FAMILIES BECOME INDEPENDENT AND FINANCIALLY STABLE, BECAUSE PEOPLE NEED PREDICTABLE RESOURCES TO MEET
	THEIR BASIC NEEDS, PROVIDE FOR EMERGENCIES, IMPROVE QUALITY OF LIFE,
	AND MAKE ONGOING INVESTMENTS IN LIFELONG LEARNING IN ORDER TO ACHIEVE
	ECONOMIC AND FINANCIAL SECURITY. THE HEALTH PROGRAMS INCLUDE SERVICES
	FOR VICTIMS OF ABUSE, ADDICTION TREATMENT, AND MENTAL ILLNESS SERVICES.
4b	(Code: ) (Expenses \$ 354,869 a including graphs of 8
	UNITED WAY NEIGHBORHOODS AND COMMINITY SERVICES - SERVICES THE COMMINITY
	TIMOOGH NEEDS ASSESSMENTS THAT FOCUS ON BRINGING RECOURCES MOCEMBER MO
	ADDRESS THE MOST PRESSING NEEDS IN THE COMMINITY AC A DECITE MICH.
	ONLIED WAI COORDINATES THE LOCAL FEMA BOARD. THE LETTER CARRIED FOOD
	DRIVE, AND OTHER COMMUNITY SERVICES. INTERD WAY 211 TO AN INDODUSTION
	AND REFERRAL SISTEM THAT CONNECTS THOSE IN NEED TO AVAILABLE DEGOTOGE
	IN THE COMMONITY, THIS SERVICE IS ACCRECIBLE OF MIT DEVICES / 644 / 5-
	THIS DIGHT AT MANASTINDUPPEN TO CHECK THE LINE MAY TO MODERNO BOTTO ACCIDE
	AND PROGRAMS TO IDENTIFIED NEIGHBORHOODS IN OPDER TO DITTED CORPORATE
	NEIGHBORHOODS. INCREASING EMPLOYMENT OPPORTUNITIES, SUPPORTING
	EMPLOYMENT STARTUPS, JOB SKILLS PROGRAMS, AND EDUCATION ENHANCEMENTS
4c	ARE A FEW OF THE STRATEGIES USED TO HELP BUILD STRONG NEIGHBORHOODS.  (Code:) (Expenses \$ 186,567. including grants of \$) (Revenue \$)
	EDUCATION IMPACT INITIATIVE - PROGRAMS IN THIS IMPACT AREA INCLUDE:
	PAGE TURNER, I'READ, KREATIVE K AND BORN LEARNING. THE PRIMARY GOAL OF
	THE EDUCATION INITIATIVE IS TO ENSURE THAT CHILDREN ARE READY TO
	SUCCEED IN THE EARLY EDUCATION SETTING RECAUSE OHALTON FARLY LEARNING
	TROGRAMS HAVE A PROFOUND IMPACT ON LIFELONG SHOCKES AND SHIPDORM
	COGNITIVE, SOCIAL AND EMOTIONAL DEVELOPMENT THE EDUCATION TARROT
	INITIALIVES ARE LED BY A VOLUNTEER ADVISORY COUNCIL OF COMMUNITARY PAGED
	BUSINESS LEADERS, EDUCATORS, AND EARLY CHILDHOOD ADVOCATES.
4d	Other program services (Describe in Schedule O.)
40	(Expenses \$ including grants of \$ ) (Revenue \$ )
+₽	Total program service expenses ► 3,645,862.
32002	Form 990 (2016)

Part IV | Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A X Is the organization required to complete Schedule B, Schedule of Contributors? Х 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I X 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II X 4 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III ..... Х 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I X 6 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II X 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? # "Yes," complete Schedule D, Part III X 8 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for 9 amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV X Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 X If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D. Х 11a Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b X Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII X 11¢ Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX X 11d e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X X 11e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? # "Yes," complete Schedule D. Parts XI and XII X 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional X 12b Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 X 13 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,

investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV

.....

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII. lines

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I

foreign organization? If "Yes," complete Schedule F, Parts II and IV

1c and 8a? If "Yes," complete Schedule G, Part II

complete Schedule G. Part III

Form 990 (2016)

X

X

Х

X

X

X

14b

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16

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17

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

	1990 (2016) UNITED WAY OF ROCK RIVER VALLEY	36-216	784.	<u> </u>	age 5
Pai	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V				
				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	l 1a	6		
b	Enter the number of Forms W-2G included in line 1a. Enter 0 if not applicable	1b	0		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and ru				
	(gambling) winnings to prize winners?		10	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a 2	2		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retuined			X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	s)			HEETS.
За				The Parket	X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	0	3b	<u> </u>	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other				
	financial account in a foreign country (such as a bank account, securities account, or other financial	account)?	4a		X
b	If "Yes," enter the name of the foreign country:				THE STATE OF
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	, ,			272
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			1	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa			-	X
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c	┼	ļ
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				١
	any contributions that were not tax deductible as charitable contributions?		6a	+	Х
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	•			
_	were not tax deductible?		6b	a servera	Distriction
7	Organizations that may receive deductible contributions under section 170(c).	948 m m (222)	SERING	277H33	37
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	12.765		+	X
b			7b	<del> </del>	-
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w to file Form 8282?	•	<b>.</b>		v
d	to file Form 8282?  If "Yes," indicate the number of Forms 8282 filed during the year		7c	etaene	X
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	7d	7e	S Indicated	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contribute organization, during the year, pay premiums, directly or indirectly, on a personal benefit contribute organization.			+-	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			+	**
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			+	-
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained		DE MA	A MEZERNI	32532
_	sponsoring organization have excess business holdings at any time during the year?	. by the	8	S MARKETON	Process
9	Sponsoring organizations maintaining donor advised funds.		E CHE	i man	Was a
а	Did the appropriate exemination make any tayable distribution under castin 40000		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:		1355	2000	20:42
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	200		
11	Section 501(c)(12) organizations. Enter:				
а	Gross income from members or shareholders	_11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against				5633
	amounts due or received from them.)	11b			W.
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a		- 700
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			766
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		100	243	Lanta B
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note. See the instructions for additional information the organization must report on Schedule O.		34	58	H.
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans	13b			
C	Enter the amount of reserves on hand	13c		1 年份	
14a			14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	e O	14b	1	

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 29	<b>200</b>		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 29			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2	ar aerensi	Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
•	of officers, directors, or trustees, or key employees to a management company or other person?	3	х	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	-21	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6		6		X
7a	Did the organization have members or stockholders?  Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	6		
/ d		l _		· •
h	more members of the governing body?	7a		X
U	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	l		
	persons other than the governing body?	7b	(23.58/dm/	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	<b>ESTING</b>	47	SERVICE D
a	The governing body?	8a_	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No.
	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	$\Box$	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	RIGH.		TO SEE
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent	國旗	翻選	聽網
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	H		E S
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	1375	Males	#B046
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	対象を		袋艇
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶IL			
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) a	vailable		
	for public inspection. Indicate how you made these available. Check all that apply.	·anapn		
	X Own website X Another's website X 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	financ	ial	
	statements available to the public during the tax year.	in lating	iai	
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	THERESA MERRIMAN - 815-968-5400			
	612 N MAIN STREET SUITE 300, ROCKFORD, IL 61103			
	OLE IN THILIT DIRECT DOLLE JOU, MOCREOND, IL 01103			

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 (A)	(B)	Jiya	11120		COII C)	ipei	Sau	(D)	(E)	(F)
Name and Title	Average			Pos	itior			Reportable	Reportable	Estimated
Trains and This	hours per					than o		compensation	compensation	amount of
	week	offi			irector/trustee)			from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or di	25			aled		organization	(W-2/1099-MISC)	from the
	related organizations	ustee	trust		   ;;	bens		(W-2/1099-MISC)		organization
	below	lual Ir	tional	١. ا	folde	st con yee	L			and related organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensaled employee	Former			Organizations
(1) MICHAEL PATERSON	2.00	_		Ť						
FIRST VICE CHAIR & SECRETARY		Х		Х				0.	0.	0.
(2) JULIE O'ROURKE	2.00									
VICE CHAIR COMMUNITY BUILDING		X		X				0.	0.	0.
(3) TOM KRESS	2.00									
TREASURER AND CAMPAIGN CHAIR		X	$oxed{oxed}$	Х				0.	0.	0.
(4) JIM RYAN	2.00				ĺ					
CHAIR		X		Х				0.	0.	0.
(5) CAROL SCHUSTER	1.00								_	_
DIRECTOR	1 00	X		<u> </u>			_	0.	0.	0.
(6) CESAR SANCHEZ	1.00									
DIRECTOR	1.00	X	$\vdash$	H	<u> </u>	_		0.	0.	0.
(7) DALE DICKINSON	1.00	<b>.</b>						_	•	0
OIRECTOR (8) DANIEL M. BOWMAN	1.00	Х		Н	H		H	0.	0.	0.
DIRECTOR	1.00	x						0.	0.	0
(9) DANIELLE POTTER	1.00	_	-	$\vdash$	-		-	0.	0.	0.
DIRECTOR		x						0.	0.	0.
(10) EDWARD ZUROWSKI, JR.	1.00			$\vdash$			$\vdash$	•		0.
DIRECTOR		x						0.	0.	0.
(11) GORDON EGGERS, JR.	1.00						-			
DIRECTOR		x						0.	0.	0.
(12) JEDEDIAH CANTRELL	1.00	Г			П					
DIRECTOR		х						0.	0.	0.
(13) JERI ROUSE LOONEY	1.00									
DIRECTOR		Х			l			0.	0.	0.
(14) KENT KOHLBACHER	1.00									
DIRECTOR		X	Ш					0.	0.	0.
(15) LAURA BALUCH	1.00	Į								
DIRECTOR		Х	Щ		L			0.	0.	0.
(16) LINDA GERBER	1.00							_		_
DIRECTOR	4 00	X	Ш		_			0.	0.	0.
(17) LINDA ZUBA	1.00									-
DIRECTOR		X						0.	0.	0.

Part VII Section A. Officers, Directors, Trus	tees, Key Emp	olov	ees.	and	d His	ahes	st C	Compensated Employee	S (continued)	3
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average			Pos	itior			Reportable	Reportable	Estimated
	hours per					than o		compensation	compensation	amount of
	week	offi	cerar	nd a d	lirecto	or/trus	tee)	from	from related	other
	(list any	ector			ŀ			the	organizations	compensation
	hours for	or dir	يوا		ŀ	aled		organization	(W·2/1099-MISC)	from the
	related organizations	stee	trustee		به ا	pens		(W-2/1099-MISC)		organization
	below	t lea	igna		ploye	t com	١.			and related
	line)	ndividual trustee or director	Institutional	Officer	Key employee	Highest compensated employee	Former			organizations
(18) MIKE HUGHES	1.00	_	_	۲	Ť	1 - 0	-		<u> </u>	
DIRECTOR	154	Х						0.	0.	0.
(19) NANCY CHAMBERLAIN	1.00				П		П			
DIRECTOR		Х						0.	0.	0.
(20) PAUL GAIER	1.00				Г					-
DIRECTOR		Х						0.	0	0.
(21) ROBIN KRESTCHMAN	1.00									
DIRECTOR		X	_			$\vdash$		0.	0	0.
(22) RYAN GAILEY	1.00	l							_	
DIRECTOR	1 00	X		ļ		┡	_	0.	0.	0.
(23) SARA L. DORNER	1.00									
DIRECTOR PRIVE PR	1 00	Х	⊢	H	⊢	-	<u> </u>	0.	0	0.
(24) SCOTT DEMLER DIRECTOR	1.00	<b>.</b>							0	
(25) TERRI KNIGHT	1.00	X	$\vdash$	$\vdash$	⊢	⊢	⊢	0.	0.	0.
DIRECTOR	1.00	x						0.	0.	0.
(26) THOMAS CHALMERS	1.00	<u> </u>	├	-	┢	┢	$\vdash$	•		
DIRECTOR	1.00	x						0.	0.	. o.
1b Sub-total	7 TO 1 TO						<b></b>	0.	0.	
c Total from continuation sheets to Part VII								197,411.	0.	<del></del>
d Total (add lines 1b and 1c)								197,411.	0 .	
2 Total number of individuals (including but ne							o re	-17		1
compensation from the organization						,		,		1
									*	Yes No
3 Did the organization list any former officer,	director, or tru	istee	e. ke	v en	olan	vee.	or	highest compensated en	nolovee on	Secretary Court of Courts
line 1a? If "Yes," complete Schedule J for si				-		-			•	3 X
4 For any individual listed on line 1a, is the su										Section of the second
and related organizations greater than \$150								•	•	4 X
5 Did any person listed on line 1a receive or a										CONTRACTOR SUCCES
rendered to the organization? If "Yes." com								•		5 X
Section B. Independent Contractors										······································
1 Complete this table for your five highest con	mpensated ind	epe	nde	nt co	ontra	acto	rs th	nat received more than \$	100,000 of compens	ation from
the organization. Report compensation for t	he calendar ye	ear e	ndir	ng w	ith c	or wi	thin	the organization's tax y	ear.	
(A) Name and business	addrasa	37/		_				(B)		(C)
name and business	address	N	ONE	<u> </u>			$\dashv$	Description of s	ervices	Compensation
								<u></u>		
										<u>.</u> .
							$\dashv$			
2 Total number of independent contractors (in	ncludina but no	ot lin	nited	d to	thos	se lis	ted	above) who received mo	ore than	
\$100,000 of compensation from the organization	zation				_(	)				
SEE PART VII, SECTION	A CONT	IN	UA	ΤI	ON	S	HE	ETS		Form 990 (2016)

Form 990

## UNITED WAY OF ROCK RIVER VALLEY

36-2167843

Form 990 UNITED (	MAI OF RO	$\frac{\sqrt{\Gamma}}{2}$	<u>, r</u>	<u>.                                    </u>	D'V.	. v	VII	10121		1043
Part VII Section A. Officers, Directors, 7	rustees, Key Er	nplo	yee	s, ar	nd H	ligh	est	Compensated Employe	es (continued)	
(A)	(B)				<del></del>			(D)	(E)	(F)
Name and title	Average			Posi		1		Reportable	Reportable	Estimated
Traine and the	hours	(cl		all			Iv۱	compensation	compensation	amount of
	per	\ <u>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</u>	Ī		T	٦٥٢	<u>'''</u>	from	from related	other
	week					, ax		the	organizations	compensation
	(list any	ē				ploy		organization	(W·2/1099·MISC)	from the
	hours for	direc				ma p		(W-2/1099-MISC)	(** 2) 1000 (**100)	organization
	related	5	9 25 26			sale		(** 27 1000 141100)		and related
	organizations	Taste	Į ä		96	l de				organization
	below	層	ig.		를	st co	_ ا			organization
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensaled employee	Former			
(27) TROY HAGGESTAD	1.00	Т	$\vdash$	Н			$\vdash$			
DIRECTOR		Х						0.	0.	(
(28) WILLIAM COREY	1.00		$\vdash$							
DIRECTOR		X						0.	0.	(
(29) JASON GREY	1.00									
DIRECTOR		X	L					0.	0.	(
(30) BECKY COOK KENDALL	1.00									
RESIGNED		Х			$oxed{oxed}$			0.	0.	(
(31) FRANK GRACEFFA	1.00									
RESIGNED		X	_				<u> </u>	0.	0.	(
(32) LISA LASALA	1.00								_	
RESIGNED	1	X	<u> </u>		ļ		<u> </u>	0.	0.	(
(33) WRAY HOWARD	1.00									
RESIGNED	40.00	Х	<u> </u>	$\vdash$			<u> </u>	0.	0.	(
(34) PAUL LOGLI CEO	40.00	l '		x				125,770.	0.	25,021
(35) THERESA MERRIMAN	40.00	$\vdash$	$\vdash$	12		$\vdash$	$\vdash$	123,770.	0.	23,02.
CFO	1000	1		x				71,641.	0.	19,540
			Г					, , , , , , ,		
		Г	П							
		L	<u> </u>				<u> </u>			
	24	⊢	<u> </u>		_		<u> </u>			
		-								
	- <del> </del>	⊢	⊢	-			<del> </del>			
		-	├	$\dashv$			⊢			
· · · · · · · · · · · · · · · · · · ·	<del>                                     </del>	$\vdash$	$\vdash$	$\vdash$		-	$\vdash$			
	1	$\vdash$	$\vdash$	$\vdash$			$\vdash$			
		1	ĺ							
	-	$\vdash$		$\vdash$			$\vdash$	-		
		1								
								197,411.		44,56

Form **990** (2016)

		Check if Schedule O cont	ains 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
ts ts	1 a	Federated campaigns	1a					
ran	b	Membership dues						
2	С	Fundraising events		6,921.				
ifts ar A	d	Related organizations						
0,1	е	Government grants (contributi		10,000.				
i i	f	All other contributions, gifts, gran			Y			<b>第6周初起</b>
iž ja		similar amounts not included above	·	4,087,499.				
	a	Noncash contributions included in lines	88					
Contributions, Gifts, Grants and Other Similar Amounts	h	Total. Add lines 1a-1f			4,104,420.	500000000000000000000000000000000000000		Here the second
				Business Code				
au	2 a			240000 0040				COLUMN TO THE COLUMN TO THE PARTY.
Ş.	b							
Ser	c							
m (	d							
gra Be	e							
Program Service Revenue	- 6	All other program service reve	DUD					
	•	Total. Add lines 2a-2f				Carrie Sales Sales		Charles a beginning
	3	Investment income (including				The best of the Property of the Control of the Cont		STREET, STREET
	_	other similar amounts)	•	· .	50,051.			50,051.
	4	Income from investment of tax			,			
	5	Royalties						
	_	noyamoo	(i) Real	(ii) Personal	1745 6 (Later 1756)	Heratorio de la companya de la comp		E-pt continue change
	6 2	Gross rents	(i) Heal	(ii) i ersonai	Date of the s			
		Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)			ALEZ ARROS SECONOS SECONOS SECONOS SE		<b>计算程序系统 图形面图书记</b>	DESCRIPTION OF THE PARTY OF THE
		Gross amount from sales of	(i) Securities	(ii) Other		E-SCHOOL STREET, CO.	and the same of th	NEW YORK STANK
	/ a		1,044,538.	(ii) Other				
	la la	assets other than inventory Less: cost or other basis	1,044,550.					
			931,218,					
	_	and sales expenses	<del></del>	<del></del>				
		Gain or (loss)		<del> </del>	112 220	HANNESS SEE NO. 100 CO.		112 320
		Net gain or (loss)			113,320.	pt. Allegers are not realized	etry years and the later page.	113,320.
ě	ва	Gross income from fundraising	T					
ne/		including \$6						
Other Revenu		contributions reported on line	•					
ē		Part IV, line 18						
ö		Less: direct expenses		V.	0.			
		Net income or (loss) from fund	10/04 Pa		United States of Company			Birth Charles of the Louis and Service College
	9 a	Gross income from gaming ac						
		Part IV, line 19						
		Less: direct expenses			en compression frontale			
		Net income or (loss) from gam						
	10 a	Gross sales of inventory, less						
		and allowances						
		Less: cost of goods sold			AND STATE OF THE PARTY.			
	С	Net income or (loss) from sale				ASSTRACTION OF THE PROPERTY OF		Decoration of the Paris Control
		Miscellaneous Revenu	<del></del>	Business Code			Walk Children See 21	
				<del></del>				
	b							
	C			_				
		All other revenue				THE CONTRACTOR WHEN A PARTY		ALCOHOL VILLAGE BALLACT TO A
		Total. Add lines 11a-11d			4 267 701	Section Landson Miles		462.201
1	12	Total revenue. See instructions.		90	4,267,791.	0.	0.	163,371.

	n 990 (2016) UNITED WAY C	OF ROCK RIVER	VALLEY	36-21	67843 Page 10
	· · · · · · · · · · · · · · · · · · ·				
Seci	ion 501(c)(3) and 501(c)(4) organizations must comp. Check if Schedule O contains a respons			plete column (A).	
	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		САРСИВСЯ	general expenses	expenses
•	and domestic governments. See Part IV, line 21	2,314,954.	2,314,954.		
2	Grants and other assistance to domestic		2,323,0321		
_	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
•	trustees, and key employees	249,557.	164,093.	25,037.	60,427.
6	Compensation not included above, to disqualified	===,====			0071007
•	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(8)				
7	Other salaries and wages	595,997.	359,016.	92,268.	144,713.
8	Pension plan accruals and contributions (include	0,00,00.1	003,0200	32,2001	221//25
·	section 401(k) and 403(b) employer contributions)	13,971.	9,186.	1,402.	3,383.
9	Other employee benefits	86,814.	57,083.	8,710.	21,021.
10	Payroll taxes	119,523.	76,867.	15,611.	27,045.
11	Fees for services (non-employees):		70,0011		2.,,013.
a					
b		6,562.	6,562.		
c		12,900.	8,230.	4,670.	
d		12/5001	0,230.	1,0701	
e					
f	Investment management fees	19,554.		19,554.	
g		15,551.		17,334.	
9	column (A) amount, list line 11g expenses on Sch 0.)	25,290.	25,290.		
12	Advertising and promotion	10,512.	8,000.	1,459.	1,053.
13	Office expenses	26,268.	19,994.	3,617.	2,657
14	Information technology	29,306.	22,834.	3,775.	2,697.
15		23,300.	22,034.	3,773	2,057.
	Royalties	48,630.	36,959.	6,808.	4,863.
16	Occupancy Travel	17,544.	9,625.	1,185.	6,734.
17 18	Payments of travel or entertainment expenses	11,3221	7,023.	1,103.	0,734.
10	for any federal, state, or local public officials				
40	Conferences, conventions, and meetings	11,596.	9,321.	1,296.	979.
19		11,350.	7,321.	1,290.	313.
20 21	Interest Payments to affiliates	44,317.	33,682.	6,204.	4,431.
21	Depreciation, depletion, and amortization	16,244.	12,346.	2,274.	1,624.
	. ' "" F	8,508.	6,466.	1,192.	850.
23 24	Insurance Other expenses, Itemize expenses not covered		0, 400.	1,134.	
24	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 0.) UNCOLLECTIBLE PLEDGES	256,340.	168,552.	25,718.	62,070.
a b	TAITOTAMTUM DVDDAGO	247,998.	247,998.	23,710.	02,070
0	CAMPAIGN EXPENSES	105,662.	241,000		105,662
d	GUDGGD TDETON A BUTCO	60,669.	48,804.	2,719.	9,146
	All other expenses	00,000.	±0,004.	4,113.	3,140
	Total functional expenses. Add lines 1 through 24e	4,328,716.	3,645,862.	223,499.	459,355
25 26		±,340,110+	3,043,002.	443,433.	497,300
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				
-	Check here X if following SOP 98-2 (ASC 958-720)				Form 990 (2016

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year End of year 430,636. 422,871. Cash - non-interest-bearing 1 Savings and temporary cash investments 898,381. 2 2 740,194. 1,353,170. 3 Pledges and grants receivable, net 1,260,469. 3 2,018.Accounts receivable, net 4 553. Loans and other receivables from current and former officers, directors. trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 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 instr). Complete Part II of Sch L 6 Notes and loans receivable, net 7 Inventories for sale or use 8 41,392. Prepaid expenses and deferred charges 36,156. 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 229,399. 10a 43,974. b Less: accumulated depreciation 10b 201,669. 27,730. 10c Investments · publicly traded securities 2,456,927. 2,786,837. 11 11 Investments · other securities. See Part IV, line 11 12 12 Investments · program-related. See Part IV, line 11 13 13 14 Intangible assets 14 683,094. 15 Other assets. See Part IV, line 11 722,616. 15 5,909,592. 5,997,426. 16 Total assets. Add lines 1 through 15 (must equal line 34) ... 16 Accounts payable and accrued expenses 132,416. 119,621. 17 17 841,559. 757,700. 18 Grants payable 18 19 Deferred revenue ..... 19 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 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 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of 97,541. Schedule D 74,990. 25 1,071,516. 952,311. Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here X and complete lines 27 through 29, and lines 33 and 34. Vet Assets or Fund Balances 1,961,430. 1,977,075. 27 Unrestricted net assets 27 Temporarily restricted net assets 2,861,001. 3,083,685. 28 28 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 30 31 Paid in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32

5,045,115.

4,838,076.

5,909,592.

33

Total net assets or fund balances

Total liabilities and net assets/fund balances

rorm	990 (2016) UNITED WAI OF ROCK RIVER VALUE!	30-710	1043	Pac	ge 12
Pai	t XI Reconciliation of Net Assets		·		-
	Check if Schedule O contains a response or note to any line in this Part XI				
					_
1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,267		
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,328		
3	Revenue less expenses. Subtract line 2 from line 1	3		9;	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,838	3,0	76.
5	Net unrealized gains (losses) on investments	5	267	7,90	<u>64.</u>
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	5,045	5,1	<u> 15.</u>
Pai	t XIII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	annonini			X
				Yes	No
1	Accounting method used to prepare the Form 990:				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule (	D.	RSSE		<b>CONT</b>
2a	,		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis		是数据	2000	
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	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:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the		指第53	12100	能到
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	250000
_	If the organization changed either its oversight process or selection process during the tax year, explain in Sched				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing		2246.00	BES.	ALC: N
	Act and OMB Circular A-133?		3a		<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require	ed audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form	aa∩ (	2016)

#### **SCHEDULE A**

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

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

► Attach to Form 990 or Form 990-EZ.

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

2016

Open to Public Inspection

**Employer identification number** 

36-2167843

Name of the organization

UNITED WAY OF ROCK RIVER VALLEY

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

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

					<u> </u>			
'ne	organ	ization is not a private found	ation because it is: (f	For lines 1 through 12, c	heck only	one box.)		
1		A church, convention of chi	urches, or associatio	n of churches described	l in sectio	n 170(b)(	1)(A)(i).	
2		A school described in secti	ion 170(b)(1)(A)(ii). (	Attach Schedule E (Forn	n 990 or 99	90-EZ}.)		
3		A hospital or a cooperative	hospital service orga	anization described in s	ection 170	(b)(1)(A)(i	ii).	
4		A medical research organization	ation operated in cor	njunction with a hospital	described	in section	n 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and state:	-					
5		An organization operated for	or the benefit of a col	llege or university owned	or operat	ed by a go	overnmental unit describe	ed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)					
6		A federal, state, or local gov	ernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).	
7	X	An organization that normal	-	ntial part of its support f	rom a gove	ernmental	unit or from the general	public described in
		section 170(b)(1)(A)(vi). (C						
8	$\square$	A community trust describe	d in section 170(b)(	(1)(A)(vi). (Complete Par	t II.)			
9		An agricultural research org					•	•
		or university or a non-land-g	rant college of agric	ulture (see instructions).	Enter the i	name, city	, and state of the college	or
		university:					<u> </u>	
10		An organization that normal	lly receives: (1) more	than 33 1/3% of its sup	port from o	ontributio	ns, membership fees, ar	nd gross receipts from
		activities related to its exem	•	•			• • • • • • • • • • • • • • • • • • • •	•
		income and unrelated busing	ess taxable income	(less section 511 tax) fro	om busines	ses acqui	red by the organization a	after June 30, 1975.
		See section 509(a)(2). (Cor	mplete Part III.)					
11		An organization organized a	and operated exclusi	vely to test for public sa	fety.See :	section 50	09(a)(4).	
12	Ш	An organization organized a	and operated exclusi	vely for the benefit of, to	perform ti	he functio	ns of, or to carry out the	purposes of one or
		more publicly supported org	ganizations describe	d in section 509(a)(1) o	r section	509(a)(2).	See section 509(a)(3).	Check the box in
		lines 12a through 12d that	describes the type of	f supporting organization	n and com	plete lines	12e, 12f, and 12g.	67
а		Type I. A supporting orga	ınization operated, sı	upervised, or controlled	by its supp	oorted org	anization(s), typically by	giving
		the supported organization	n(s) the power to req	gularly appoint or elect a	majority o	of the direc	ctors or trustees of the su	upporting
		organization. You must o	omplete Part IV, Se	ections A and B.				
b		Type II. A supporting org	anization supervised	or controlled in connect	tion with its	s supporte	ed organization(s), by hav	/ing
		control or management of	f the supporting orga	anization vested in the s	ame perso	ns that co	ntrol or manage the supp	ported
		organization(s). You mus	t complete Part IV,	Sections A and C.				
С		Type III functionally inte	grated. A supporting	g organization operated	in connect	ion with, a	and functionally integrate	ed with,
		its supported organization	n(s) (see instructions)	). You must complete l	Part IV, Se	ctions A,	D, and E.	
d		Type III non-functionally	integrated. A supp	orting organization oper	ated in co	nnection v	vith its supported organiz	zation(s)
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distri	ibution red	quirement and an attention	veness
		requirement (see instructi	ons). You must con	nplete Part IV, Sections	A and D,	and Part	V.	
е		Check this box if the orga	nization received a v	written determination fro	m the IRS	that it is a	Type I, Type II, Type III	
		functionally integrated, or	Type III non-function	nally integrated supporti	ng organiz	ation.		
f	Ente	r the number of supported o	organizations					
_g		ride the following information						
	(	i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(IV) Is the orga in your governi	ng document?	(v) Amount of monetary	(vi) Amount of other
		organization		above (see instructions))	Yes	No	support (see instructions)	support (see instructions)
					İ			
						PROCESSION AND ADDRESS OF		

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.)

Sec	ction A. Public Support					<del>_</del> :	<u> </u>
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	4661219.	5603776.	4784462.	4379959.	4104420.	23533836.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities					-	
	furnished by a governmental unit to	1					
	the organization without charge						
4	Total. Add lines 1 through 3	4661219.	5603776.	4784462.	4379959.	4104420.	23533836.
5	The portion of total contributions		PERMIT				
Ū	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,						
	1						
	***************************************				Lin Compression (1995) Cymrun Carl Compression		23533836.
	Public support. Subtract line 5 from line 4.		CHOICE CALL COMMISSION AND AND AND AND AND AND AND AND AND AN			COLUMNICATION	23333636.
		(-) 0010	/L\ 0010	(-) 0014	(.)) 004 <i>E</i>	4.3.0040	10 T-1-1
	ndar year (or fiscal year beginning in)	(a) 2012 4661219.	(b) 2013 5603776.	(c) 2014 4784462.	(d) 2015 4379959.	(e) 2016 4104420.	(f) Total 23533836.
	Amounts from line 4	4001219.	3003770.	4/04402.	43/3333.	4104420.	<u> </u>
8		į			İ		
	dividends, payments received on	1					
	securities loans, rents, royalties	27 120	47 270	44 020	E2 0E0	E0 0E1	0.21 0.42
	and income from similar sources	37,132.	47,378.	44,230.	53,052.	50,051.	231,843.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10		WHEN THE PARTY			學的學術學	23765679.
12	Gross receipts from related activities,	etc. (see instruction	ns)			12	
13	First five years. If the Form 990 is for	r the organization's	first, second, third	d, fourth, or fifth ta	x year as a section	501(c)(3)	
_	organization, check this box and sto	here	\$4677 33				▶□
	ction C. Computation of Publi					27.5	63-6
14	Public support percentage for 2016 (I	ine 6, column (f) di	vided by line 11, c	olumn (f))		14	99.02 %
15	Public support percentage from 2015	Schedule A, Part	II, line 14		***************************************	15	98.11 %
16a	33 1/3% support test - 2016. If the	organization did no	t check the box or	n line 13, and line 1	14 is 33 1/3% or m	ore, check this box	k and
	stop here. The organization qualifies	as a publicly suppo	orted organization				X
b	33 1/3% support test - 2015. If the	organization did no	t check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	is box
	and stop here. The organization qual	lifies as a publicly s	supported organiza	ation			▶□
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac	ts-and-circumstand	es" test, check th	is box and stop h	ere. Explain in Pai	t VI how the organ	nization
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances test						
	more, and if the organization meets the	_					
	organization meets the "facts-and-circ				•		•
18	Private foundation. If the organization				-		
	The state of the s	s.c orioon a		., , . ,	O-la	de la de la decembra	

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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						
2	Gross receipts from activities that				<u> </u>		
3	are not an unrelated trade or bus-						
	iness under section 513		ŀ				
4	Tax revenues levied for the organ-			<del>                                     </del>	<del> </del>	<del>                                     </del>	
4	ization's benefit and either paid to		<u> </u>				
	or avacaded on its behalf						
_							
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
_					+	+	·
	Total. Add lines 1 through 5				<del>                                     </del>		
7a	Amounts included on lines 1, 2, and						
b	3 received from disqualified persons 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						
	Add lines 7a and 7b	(6) 144 (2015) 200 (2)	Post of the first service	Figure 1 rest community		THE REPORT OF THE PERSON NAMED IN COLUMN 1	
	Public support. (Subtract line 7c from line 6.)	DESCRIPTION OF STREET	CONTRACTOR DESCRIP				
				T	1	<u> </u>	I
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 6 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				<u> </u>	1	
	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						
13	assets (Explain in Part VI.)						
	First five years. If the Form 990 is for	the organization's	s first, second, this	rd, fourth, or fifth to	ax vear as a section	.1. n 501(c)(3) organiza	ation
	check this box and stop here					TOO TOO,O) OIGAIIIZ	CONTRACTOR N
Sec	ction C. Computation of Publi	c Support Per	centage				·········
	Public support percentage for 2016 (li			column (fl)		15	9
	Public support percentage from 2015					16	9
	ction D. Computation of Inves					1 10 1	
	Investment income percentage for 20			ne 13 column (f)		17	0
	Investment income percentage from 2					18	9
	33 1/3% support tests - 2016. If the			on line 14, and line			
.34							I IS TIUL
	more than 33 1/3%, check this box an		=	100	-		
10	33 1/3% support tests - 2015. If the line 18 is not more than 33 1/3%, check						
20	Private foundation. If the organizatio	n did not check a	box on line 14, 19	a, or 19b, check th	his box and see in	structions	<b>&gt;</b>
	22 00-21-16				Col	andula A /Form 00/	000 EZ) 004

#### Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?
  If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		Y AND THE
3a		
_3b		62-5-02 20-5-02 20-5-02
3c 4a		PAYES.
76		
4b		
4c		
5a		
5b 5c	may And	39655-432
6		
8		
9a 9b	687.0	21.5
9c_	Marie	
10a		
10b		

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Par	rt IV   Supporting Organizations (continued)			
		7000000000	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	CELLAR	Sala	ST. SE
	below, the governing body of a supported organization?	11a_	_	
	A family member of a person described in (a) above?	11b	-	ļ <u>.</u>
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.  tion B. Type I Supporting Organizations	11c		
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	ARTERIO	162	140
·	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			湖路
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	1800		
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed		1000	温海
<b>\</b>	the supported organization(s).	1		
sec	tion D. All Type III Supporting Organizations			
		V/9/2011 07MOV	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			M TRANS
	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		3199:35	MALIE
2	organization's governing documents in effect on the date of notification, to the extent not previously provided?  Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	1 3000000	\$1000a4	SUBAR
4	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			腹離
	the organization maintained a close and continuous working relationship with the supported organization(s),	2	NO SECURE	morane.
3	By reason of the relationship described in (2), did the organization's supported organizations have a	2	2636	Carelin
	significant voice in the organization's investment policies and in directing the use of the organization's			153
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3	11110-1111	MEDITION
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction	ns).		
а	The organization satisfied the Activities Test. Complete line 2 below.	•		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
¢	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instructions).		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		20	
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	100000	AND S	1046
	that these activities constituted substantially all of its activities.	2a_	and the second	-127275ez
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	535000		200
	activities but for the organization's involvement.	2b	SEASON BURN	10520F-2
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	(C) (C) (C) (C)	RENE	E IA
<b>L</b>	trustees of each of the supported organizations? Provide details in Part VI.	3a	Jakon	3/1/2/00
ม	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	61	ET EARLY	25 G 25 E
	of its supported organizations? If "Yes," describe in Part VI, the role played by the organization in this regard.	3b		

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Tarkens.	Type in the called and the called an			
1	Check here if the organization satisfied the Integral Part Test as a qualifyin			Part VI.) See instructions. A
	other Type III non-functionally integrated supporting organizations must co	mplete Se	ections A through E.	
Sect	ion 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		<u>'                                     </u>
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see	200002		
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other	SECTION.		
	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,		<u> </u>	
_	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		
Sect	ion 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		The second secon
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	THE RESERVE AND ADDRESS OF THE PARTY.	
4	Enter greater of line 2 or line 3	4		1
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to	-		
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional		ed Type III supporting orga	enization (see

Schedule A (Form 990 or 990-EZ) 2016

instructions).

Sche <b>Pa</b> i	dule A (Form 990 or 990-EZ) 2016 UNITED WAY OF TV Type III Non-Functionally Integrated 509		LLEY 3	6-2167843 Page 7
Sect	ion D - Distributions	<u> </u>	(continued)	Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	S	
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	ne organization is responsive		
	(provide details in Part VI). See instructions			
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6		STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET,	
2	Underdistributions, if any, for years prior to 2016 (reason-			
	able cause required- explain in Part VI). See instructions			
3	Excess distributions carryover, if any, to 2016:		<b>開放機能を表現しません</b>	
а		<b>以是市场及内容和</b> 现代编		
b				
С	From 2013	<b>自然展现版系统</b>		
d	From 2014			
e	From 2015			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			是 <b>从</b> 是国际国际设置设置
h	Applied to 2016 distributable amount		<b>建</b> 的基本规模。145年中央。	
	Carryover from 2011 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.	-		
4	Distributions for 2016 from Section D,	<b>新花园的</b> 是是是1800年的		
	line 7: \$			
а	Applied to underdistributions of prior years			
	Applied to 2016 distributable amount		<b>研究的技术是是对外的</b>	
	Remainder, Subtract lines 4a and 4b from 4		White the second	
5	Remaining underdistributions for years prior to 2016, if			AFEL TO SECURIOR SE
_	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2016. Subtract lines 3h			
•	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions			
7	Excess distributions carryover to 2017. Add lines 3	Secretary Company of the Company		AND ASSESSMENT OF THE SECOND SECOND
Á	and 4c			
8	Breakdown of line 7:		AMARITA MARIA MARIA	
_ <del>o</del>	DIOLINGOVER OF HIS 7.			
	Excess from 2013		Statistical Property of the Control	
	Excess from 2014			
	Excess from 2015			
	Excess from 2016		STATE OF A STATE OF STATE OF	
			THE RESERVE OF THE PARTY OF THE	

Schedule A (Form 990 or 990-EZ) 2016

Schedule A	(Form 990 or 990-EZ) 2016 UNITED WAY OF ROCK RIVER VALLEY	36-2167843 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any addition (See instructions.)	17b; Part III, line 12; and 2; Part IV, Section C, Section B, line 1e; Part V.
		- 100 20 - 100
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(5)		
		700
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		_
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<u> </u>		
		<u></u>

## Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

## **Schedule of Contributors**

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>.

OMB No. 1545-0047

2016

Name of the organization

Employer identification number

	UN	ITED WAY OF ROCK RIVER VALLEY	36-2167843				
Organiz	Organization type (check one):						
Filers of	<b>:</b>	Section:					
Form 990 or 990-EZ		X 501(c)( 3 ) (enter number) organization					
		4947(a)(1) nonexempt charitable trust not treated as a private foundation					
527 political organization							
Form 99	0.PF	501(c)(3) exempt private foundation					
		4947(a)(1) nonexempt charitable trust treated as a private foundation					
		501(c)(3) taxable private foundation					
	-	s covered by the General Rule or a Special Rule.	- 0				
Note: O	my a section 50 f(c)	(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rul	e. See instructions.				
General	Rule						
		n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor's					
Special	Rules						
X	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.						
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.						
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year						
Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990 EZ, or 990 PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990 EZ or on its Form 990 PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990 EZ, or 990 PF).							

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Name of organization

Employer identification number

# UNITED WAY OF ROCK RIVER VALLEY

36-2167843

Part II	Noncash Property (See instructions). Use duplicate copies of Part II if additional space is needed.				
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received		
		\$			
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received		
		\$	<del></del>		
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received		
		\$			
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received		
		\$			

Name of organization **Employer identification number** UNITED WAY OF ROCK RIVER VALLEY 36-2167843 Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this into, once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

## **SCHEDULE D**

(Form 990)

**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 6 Open to Public

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

UNITED WAY OF ROCK RIVER VALLEY

Employer identification number 36-2167843

Pai	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		S OF ACCOUNTS. Complete if the
	Signification and the state of	(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 w	riting that the assets held in donor advi	ised funds
	are the organization's property, subject to the organization's ex	xclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ad	visors in writing that grant funds can be	e used only
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose	e conferring
_	impermissible private benefit?		Yes No
Pai	t II Conservation Easements. Complete if the orga	anization answered "Yes" on Form 990,	, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).	
	Preservation of land for public use (e.g., recreation or ed	ucation) Preservation of a his	storically important land area
	Protection of natural habitat	Preservation of a ce	ertified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the form	n of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Yea
а	Total number of conservation easements		2a
b			
	Number of conservation easements on a certified historic struc		
d	Number of conservation easements included in (c) acquired aff		
	listed in the National Register		
3	Number of conservation easements modified, transferred, release	ased, extinguished, or terminated by th	e organization during the tax
	year ▶		
4	Number of states where property subject to conservation ease	ement is located	_
5	Does the organization have a written policy regarding the period	odic monitoring, inspection, handling of	<u> </u>
	violations, and enforcement of the conservation easements it h	nolds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h.	andling of violations, and enforcing cor	nservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handli	ng of violations, and enforcing conserva	ation easements during the year
	▶\$		
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section 170	O(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		_
9	In Part XIII, describe how the organization reports conservation		
	include, if applicable, the text of the footnote to the organization		
	conservation easements.		
Pai	t III Organizations Maintaining Collections of A	Art, Historical Treasures, or O	ther Similar Assets.
	Complete if the organization answered "Yes" on Form 9	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC	958), not to report in its revenue state	ment and balance sheet works of art,
	historical treasures, or other similar assets held for public exhit	bition, education, or research in furthers	ance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describe	es these items.	
b	If the organization elected, as permitted under SFAS 116 (ASC	958), to report in its revenue statemen	nt and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, edu	ucation, or research in furtherance of pu	ublic service, provide the following amounts
	relating to these items:	·	•
	(i) Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
			<b>&gt;</b> \$
2	If the organization received or held works of art, historical treas		
	the following amounts required to be reported under SFAS 110		V /F - · · -
а	Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
	Assets included in Form 990, Part X		<b>L</b> ¢

	Schedule D (Form 990) 2016 UNITED WAY OF ROCK RIVER VALLEY 36-2167843 Page 2								
Par	t III Organizations Maintaining Co	ollections of Art	t, Historical Tre	easures, or Othe	er Simila	r Assets	(contin	ued)	
3	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):								
а	Public exhibition	d	Loan or exc	hange programs					
b	Scholarly research	е	Other						
c	c Preservation for future generations								
4	4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.								
5	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?								
Par	t IV Escrow and Custodial Arrang		ete if the organization	n answered "Yes" o	n Form 990	), Part IV, I	ine 9, or		
	reported an amount on Form 990, Par	t X, line 21.							
1a	Is the organization an agent, trustee, custodia		-				_	_	_
	on Form 990, Part X?					L	Yes		No
b	If "Yes," explain the arrangement in Part XIII a	and complete the foll	lowing table:						
							Amount		
C	Beginning balance								
d	Additions during the year								
е	Distributions during the year								
f	Ending balance				1f		-		
	Did the organization include an amount on Fo		•		*	∟	Yes	느	No
	If "Yes," explain the arrangement in Part XIII.					,			
Pai	t V Endowment Funds. Complete it			1			<u> </u>	_	
		(a) Current year	(b) Prior year	(c) Two years back					
1a	Beginning of year balance	2,173,137.	2,339,707.	2,381,380.		49,848.	1,	197,	720.
b	Contributions	202 245	28 444	24 020	<del>'</del>	00,000.			
C	Net investment earnings, gains, and losses	287,745.	-37,111.	· · · · ·		96,693.		<u> </u>	901.
d	Grants or scholarships	91,026.	113,177.	107,081.		55,700.		49,	428.
е	Other expenditures for facilities								
	and programs	16.427	16.000	46 500	<del></del>	0.154			245
f	Administrative expenses	16,437.	16,282.			9,461.	<del> </del>		345.
9	End of year balance	2,353,419.	2,173,137.	·	2,3	81,380.	1,	249,	848.
2	Provide the estimated percentage of the curre	ent year end balance		)) held as:					
a	Board designated or quasi-endowment		_%						
b	Permanent endowment	%							
С	Temporarily restricted endowment ▶ 100								
_	The percentages on lines 2a, 2b, and 2c should be a sh		÷		. 8				
за	Are there endowment funds not in the posses	ssion of the organiza	tion that are held a	nd administered for	ine organiza	ation	۲	, 1	
	by:							Yes X	No
	(i) unrelated organizations						3a(i)		v
	(ii) related organizations		C-1				3a(ii)	-	X
	If "Yes" on line 3a(ii), are the related organizated Describe in Part XIII the intended uses of the						3b		
Pai	t VI Land, Buildings, and Equipme		wittent tunus.						
	Complete if the organization answered		Part IV line 11a S	See Form 990 Part )	( line 10				
	Description of property	(a) Cost or o			Accumulate	nd	(d) Book	. valu	
	Description of property	basis (investr	1 ' '	1 ' '	epreciation	- 1	(a) Book	Vaiu	5
10	Land	<del>-  </del>	, , ,	Chick	-,5: 55:44:511	1000000			
	Buildings	I		2004 MI (200					
	Leasehold improvements		-						<del></del>
	Equipment	I	22	9,399.	201,6	69.	2.7	7.7	30.
	Other		<u> </u>	- ,				, ,	
	Add lines 1a through 1e. (Column (d) must on		V column (P) line 1	00.1	- "		27	7.7	30.

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

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	PAYABLE TO OTHER ORGANIZATIONS	74,990.
(3)		
(4)		25 9 C C C C C C C C C C C C C C C C C C
(5)		
(6)	= = 3-33% v - 38.84.	3-09-1
(7)	28 - 27 - 27 - 27 - 27 - 27 - 27 - 27 -	
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	74,990.

<sup>2.</sup> 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 X

	dule D (Form 990) 2016 UNL'TED WAY OF ROCK RIVER VA				2167843	Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Statemen	ts With	Revenue per Re	turn.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			Г. Т	2 605	206
1				08900	3,685,	296.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	ا م ا	267,964.			
	Net unrealized gains (losses) on investments	2a	207,304.			
b	Donated services and use of facilities	2b				
C	Recoveries of prior year grants		22,163.			
d	Other (Describe in Part XIII.)			TEDST!	200	107
e	Add lines 2a through 2d			2e	3,395,	$\frac{127.}{160}$
3	Subtract line 2e from line 1	***********		3	3,393,	109.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	الما	19,554.			
_	Investment expenses not included on Form 990, Part VIII, line 7b	4a 4b	853,068.			
b	Other (Describe in Part XIII.)			WELFACETS.	972	622
C	Add lines 4a and 4b			4c	4,267,	622.
5 Par	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)  t XII   Reconciliation of Expenses per Audited Financial Statemer	nts Wit	h Fynenses ner F		4,207,	191.
In Cit	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	163 1116	ii Expenses per n	cturi	•	
1	Total expenses and losses per audited financial statements			1	3,478,	257
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			NAME OF	3,410,	2371
	Donated services and use of facilities	2a				
b	Prior year adjustments	2b	-			
		2c				
d	Other losses Other (Describe in Part XIII.)		22,163.			
e	Add lines 2a through 2d		·	2e	22	163.
3	Subtract line 2e from line 1			3	3,456,	
4	Amounts included on Form 990, Part IX, fine 25, but not on line 1:				3,430,	074.
•	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
	Other (Describe in Part XIII.)		872,622.			
			· ·	RESIDENCE	872	622.
С 5				4c	4,328,	
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  † XIII Supplemental Information.			)	9,320,	710.
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV	/ lines 11	and 2h: Part V line 4:	Part	/ line 2: Part Y	í.
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addition			raitz	, ille 2, Fait A	٠,
III ICO	and 40, and 1 art An, innes 20 and 45. Also complete this part to provide any addition	onal inio	madon.			
				_		
PAR	T X, LINE 2:					
THE	ORGANIZATION WAS FORMED AS A TAX-EXEMPT EN	YTITY	UNDER SECT	ION	501(C)(	3)
OF	THE INTERNAL REVENUE CODE. MANAGEMENT BELI	[EVES	THE ORGANI	ZAT:	ION	
COV	TINUES TO QUALIFY AS A TAX-EXEMPT ENTITY.					
THE	ORGANIZATION ACCOUNTS FOR INCOME TAXES IN	ACCO	RDANCE WITH	FI	NANCIAL	
					()	
ACC	COUNTING STANDARD BOARD (FASB) ACCOUNTING ST	'ANDA	RDS CODIFIC.	ATI	ON (ASC)	
mo r	TO 740 ACCOMMENCE BOD INCOMPANIANT INCOMP	na 37 m A				
TOF	PIC 740, ACCOUNTING FOR UNCERTAINTY INCOME T	PARES	. THE STAN	DARI	D PROVID	ES
חשת	AILED GUIDANCE FOR THE FINANCIAL STATEMENT	PECO	CNITTION ME	λ CIII	סוביאוריי א	MD
DEI	ATDED GOIDANCE FOR THE FINANCIAL STATEMENT	RECU	GNITION, ME.	MOUI	KEMENI A	מאם
DTS	CLOSURE OF UNCERTAIN TAX POSITIONS RECOGNIZ	ZED T	N AN ENTERP	RTSI	R'S	
	CLUBOLL OF CHICALITIES AND LODITIONS RECOGNIZ		MATERIE			
FTN	ANCIAL STATEMENTS AND REQUIRES AN ENTITY TO	) REC	OGNIZE THE	FTNI	ANCTAL	
	PROTEIN PRINCIPLE IN THE TRACTION OF BRITILI I	- 1110	THE COLUMN		MCTUT	
STA	TEMENT IMPACT OF A TAX POSITION WHEN IT IS	MORE	LIKELY THA	N NO	ייבאיי ייכ	
	08-29-16				dule D (Form 9	90) 2016

Schedule D (Form 990) 2016 UNITED WAY OF ROCK RIVER VALLEY 36 Part XIII   Supplemental Information (continued)	5-2167843 Page 5
THE POSITION WILL BE SUSTAINED UPON EXAMINATION. MANAGEMENT DO	ES NOT
BELIEVE ANY UNCERTAIN TAX POSITIONS EXIST AT JUNE 30, 2017 AND	2016. THE
ORGANIZATION'S TAX YEARS THAT REMAIN OPEN AND SUBJECT TO POSSIE	BLE
EXAMINATION BY FEDERAL AND STATE OF ILLINOIS JURISDICTIONS INCL	UDE THE TAX
YEARS OF 2014 THROUGH 2016.	
PART XI, LINE 2D - OTHER ADJUSTMENTS:	
FUNDRAISING EXPENSES NET AGAINST REVENUE ON THE 990	22,163.
PART XI, LINE 4B - OTHER ADJUSTMENTS:	
UNCOLLECTABLE PLEDGES	256,340.
FIN STAT. TOTAL REVENUE IS NET OF CONTRIBUTIONS DESIGNATED	
BY DONORS	596,728.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	853,068.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
FUNDRAISING EXPENSES NET AGAINST REVENUE ON THE 990	22,163.
PART XII, LINE 4B - OTHER ADJUSTMENTS:	
UNCOLLECTABLE PLEDGES	256,340.
CONTRIBUTIONS DESIGNATED BY DONORS	596,728.
INVESTMENT EXPENSES NETTED ON THE FINANCIAL STATEMENTS	19,554.
TOTAL TO SCHEDULE D, PART XII, LINE 4B	872,622.
58/1124	

SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

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

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

	www.irs.aov/form990.
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3	990) an
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	Schedule
	about (
	formation
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**Employer identification number** 

Open to Public

Inspection

OMB No. 1545-0047

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•	1000000		
	4 4 4 4		
	-	1	

2 \_ 36-2167843 (h) Purpose of grant or assistance X Yes PROGRAM SUPPORT PROGRAM SUPPORT PROGRAM SUPPORT PROGRAM SUPPORT 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 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 (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) 0 o 0 ö (e) Amount of non-cash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (d) Amount of 56,593 19,857 64,097 31.597 cash grant RIVER VALLEY (c) IRC section (if applicable) 36-2719365 501 (C) (3) 53-0196605 S01 (C) (3) 36-4288904 501 (C) (3) 36-2212474 501 (C) (3) UNITED WAY OF ROCK General Information on Grants and Assistance (b) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization ANGELIC ORGANICS LEARNING CENTER AMERICAN RED CROSS OF NORTHWEST BLACKHAWK LEARNING CONNECTION BARBARA OLSON CENTER OF HOPE or government ILLINOIS Part

Schedule I (Form 990) (2016) 46. PROGRAM SUPPORT ö 122,342, Enter total number of section 501(c)(3) and government organizations listed in the line 1 table LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 36-2167840 501 (C) (3) Enter total number of other organizations listed in the line 1 table BOYS & GIRLS CLUB OF ROCKFORD N

PROGRAM SUPPORT

0

64,478

36-2169127 501 (C) (3)

BOY SCOUTS OF AMERICA, BLACKHAWK

AREA COUNCIL

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36-2167843

	ites (Schedule I (Form 990), Part II.)
VALLEY	to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)
NITED WAY OF ROCK RIVER VALLEY	
UNITED WAY	on of Grants and Other Assistance
Schedule I (Form 990)	Part II Continuatio

Object   O		TOOLST TAKE TO THE			2000	יייייייייייייייייייייייייייייייייייייי	, m.	
AID  AID  AID  AIC (3)  A6,444.  O.  BROGBAM  AID  AID  AIC (1)  AID  AIC (2)  AIC (3)  AIC (44.  O.  BROGBAM  WHATTY SOLUTIONS  36-2167743 501 (C) (3)  AIC (3)  AIC (3)  AIC (44.  O.  BROGBAM  PROGBAM  PROGBAM  ANALYM CHICAGO  A6-2169153 501 (C) (3)  A1,531.  O.  BROGBAM  PROGBAM  A6-2169153 501 (C) (3)  A29,451.  O.  BROGBAM  BROGBAM  A6-2169153 501 (C) (3)  A29,451.  O.  BROGBAM  ARALYM CHICAGO  A6-2169153 501 (C) (3)  A29,451.  O.  BROGBAM  ARALYM CHICAGO  A6-2169153 501 (C) (3)  A29,451.  O.  BROGBAM  ARALYM CHICAGO  A6-2169153 501 (C) (3)  A29,451.  O.  BROGBAM  ARACYTERS OF  A6-2169153 501 (C) (3)  A6-2169154  A6-2169155 501 (C) (3)  A6-2169155  A6-2169165  A6-21	(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
AID 36-2167143 501 (C) (3) 51,935. 0. PROGRAM MUNITY SOLUTIONS 36-3642309 501 (C) (3) 38,400. 0. PROGRAM SPECIAL ADVOCATES 36-3598643 501 (C) (3) 12,635. 0. PROGRAM WUSEUM 36-3598643 501 (C) (3) 5,000. 0. PROGRAM PROGRAM SERVICES OF 36-2159153 501 (C) (3) 91,531. 0. PROGRAM SERVICES OF 36-2169153 501 (C) (3) 39,451. 0. PROGRAM SERVICES OF 36-216702 501 (C) (3) 38,239. 0. PROGRAM SERVICES OF 36-216702 501 (C) (3) 20,135. 0. PROGRAM SERVICES OF 26-216702 501 (C) (3) 20,135. 0. PROGRAM SERVICES OF 26-216702 501 (C) (3) 20,135. 0. PROGRAM SERVICES OF 26-216702 501 (C) (3) 20,135. 0. PROGRAM SERVICES OF 26-216702 501 (C) (3) 20,135. 0. PROGRAM SERVICES OF 26-216702 501 (C) (3) 20,135. 0. PROGRAM SERVICES OF 26-216702	CATHOLIC CHARITIES (DIOCESE OF ROCKFORD)	36-2181998	501 (C)	46,444.	.0			PROGRAM SUPPORT
WUNTLY SOLUTIONS         36-3842209         501 (C) (3)         38,400.         0.         PROGRAM           SPECIAL ADVOCATES         36-3598643         501 (C) (3)         12,695.         0.         PROGRAM           Y HEALTH CLINIC         23-7076080         501 (C) (3)         5,000.         0.         PROGRAM           OPOLITAN CHICAGO         36-3292135         501 (C) (3)         29,451.         0.         PROGRAM           SERVICES OF         36-216705         501 (C) (3)         29,451.         0.         PROGRAM           30-0285702         501 (C) (3)         20,135.         0.         PROGRAM	S HOME +	36-2167743	501 (C)		0			PROGRAM SUPPORT
Y HEALTH CLINIC 23-7076080 501 (C) (3) 12,695. 0. PROGRAM WISEUM 36-3292135 501 (C) (3) 5,000. 0. PROGRAM OPPLITAN CHICAGO 36-2169153 501 (C) (3) 91,531. 0. PROGRAM SERVICES OF 36-2167065 501 (C) (3) 38,239. 0. PROGRAM 36-2167065 501 (C) (3) 20,451. 0. PROGRAM 36-2167065 501 (C) (3) 20,135. 0. PROGRAM 36-2167065 501 (C) (3	COMPREHENSIVE COMMUNITY SOLUTIONS	36-3842309	501 (C)	38,400.	0.			PROGRAM SUPPORT
Y HEALTH CLINIC       23-7076080 501 (C) (3)       5,000,       0,       PROGRAM         MUSEUM       36-3292135 501 (C) (3)       91,531,       0.       PROGRAM         OPOLITAN CHICAGO       36-2169153 501 (C) (3)       29,451,       0.       PROGRAM         SERVICES OF       36-2167065 501 (C) (3)       38,239,       0.       PROGRAM         30-0285702 501 (C) (3)       20,135,       0.       PROGRAM	COURT APPPOINTED SPECIAL ADVOCATES (CASA)	36-3598643	501 (C) (3)	12,695.	0.			PROGRAM SUPPORT
MUSEUM 36-3292135 501 (C) (3) 91,531. 0. PROGRAM OPOLITAN CHICAGO 36-2169153 501 (C) (3) 29,451. 0. PROGRAM SERVICES OF 36-2167065 501 (C) (3) 38,239. 0. PROGRAM SERVICES OF 36-2167065 501 (C) (3) 38,239. 0. PROGRAM SERVICES OF 36-2167065 501 (C) (3) 20,135. 0. PROGRAM SERVICES OF 36-2167065 501 (C) (3) 20,135. 0. PROGRAM SERVICES OF 36-2167065 501 (C) (3) 20,135. 0. PROGRAM SERVICES OF 36-3292135 S01 (C) (3) 20,135. 0. PROGRAM SERVICES OF 36-3292135 S01 (C) (3) 20,135. 0. PROGRAM SERVICES OF 36-3292135 S01 (C) (3) 20,135. 0. PROGRAM SERVICES OF 36-3292135 S01 (C) (3) 20,135. 0. PROGRAM SERVICES OF 36-3292135 S01 (C) (3) 20,135. 0. PROGRAM SERVICES OF 36-3292135 S01 (C) (3) 20,135. 0. PROGRAM SERVICES OF 36-3292135 S01 (C) (3) 20,135. 0. PROGRAM SERVICES OF 36-3292135 S01 (C) (3) 20,135. 0. PROGRAM SERVICES OF 36-3292135 S01 (C) (3) 20,135. 0. PROGRAM SERVICES OF 36-3292135 S01 (C) (3) 20,135. 0. PROGRAM SERVICES OF 36-3292135 S01 (C) (C) (C) (C) (C) (C) (C) (C) (C) (C)	CRUSADER COMMUNITY HEALTH CLINIC	23-7076080	501 (C) (3)	5,000.	ő			PROGRAM SUPPORT
OPOLITAN CHICAGO  36-2169153 501 (C) (3) 29,451. 0. PROGRAM SERVICES OF  36-2167065 501 (C) (3) 38,239. 0. PROGRAM SERVICES OF  30-0285702 501 (C) (3) 20,135. 0.	DISCOVERY CENTER MUSEUM		(ο)		.0			PROGRAM SUPPORT
SERVICES OF 36-2167065 501 (C) (3) 38,239. 0. PROGRAM 3 30-0285702 501 (C) (3) 20,135. 0. PROGRAM 3	EASTER SEALS METROPOLITAN CHICAGO (ROCKFORD REGION)		(2)		0			PROGRAM SUPPORT
30-0285702 501 (C) (3) 20,135. 0. PROGRAM (	FAMILY COUNSELING SERVICES OF NORTHERN ILLINOIS		(2)	38,239.	.0			PROGRAM SUPPORT
	FOCUS HOUSE	30-0285702	501 (C) (3)	20_135.	0			PROGRAM SUPPORT
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Schedule   (Form 990) UNITED WAY	Y OF ROCK	RIVER VALLEY	ΣZ	- 1	!		36-2167843 Page 1
Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States	Assistance to Gov	ernments and Organ	izations in the Uni	- 1	(Schedule I (Form 990), Part II.)		
(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
GIRL SCOUTS OF NOTHERN ILLINOIS	36-2358083	501 (C) (3)	57,281.	0			PROGRAM SUPPORT
GOODWILL INDUSTRIES OF NORTHERN ILLINOIS	36-2167846	501 (C) (3)	11,475.	0.			PROGRAM SUPPORT
HARLEM COMMUNITY CENTER	36-2706406	501 (C) (3)	10,632.	0.			PROGRAM SUPPORT
HOPE OF OGLE COUNTY	36-3304863	501 (C) (3)	.920,026.	0.			PROGRAM SUPPORT
HUB CITY SENIOR CENTER	36-3531683	501 (C) (3)	16,286.	0.			PROGRAM SUPPORT
KEN-ROCK COMMUNITY CENTER	36-2204841	501 (C) (3)	34,198.	0			PROGRAM SUPPORT
LIFESCAPE COMMUNITY SERVICES	36-3303361	501 (C) (3)	79,553.	.0			PROGRAM SUPPORT
LYDIA HOME ASSOCIATION	36-1412810	501 (C) (3)	80,300.	.0			PROGRAM SUPPORT
MT, MORRIS SENIOR CENTER	36-2938190	501 (C) (3)	6,187.	.0			PROGRAM SUPPORT
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Schedule I (Form 990) UNITED WAY OF ROCK RIVER VALLEY    Part II   Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)	Y OF ROCK Assistance to Gov	RIVER VALLEY	EY izations in the Uni	ited States (Sche	idule I (Form 990), Par		36-2167843 Page 1
	(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
NORTHWEST COMMUNITY CENTER	36-2588247	501 (C) (3)	35,763.	0			PROGRAM SUPPORT
OGLE COUNTY REPORTING CENTER	30-0285702	501 (C) (3)	13,000.	°0			PROGRAM SUPPORT
PATRIOTS GATEWAY COMMUNITY CENTER	36-4048431	501 (C) (3)	21,392.	0			PROGRAM SUPPORT
PRAIRIE STATE LEGAL SERVICES	37-1030764	501 (C) (3)	48,057.	0			PROGRAM SUPPORT
RAMP	36-3149827	501 (C) (3)	24,557.	0			PROGRAM SUPPORT
REMEDIES RENEWING LIVES	36-2464898	501 (C) (3)	60,251.	0			PROGRAM SUPPORT
ROCK RIVER CENTER	36-2882818	501 (C) (3)	24,144.	0			PROGRAM SUPPORT
ROCKFORD DANCE	23-7334600	501 (C) (3)	5,200.	.0			PROGRAM SUPPORT
ROCKFORD SEXUAL ASSUALT COUNSELING	36-2969015	36-2969015 501 (C) (3)	49,514.	• 0			PROGRAM SUPPORT
							Schedule I (Form 990)

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	Y OF ROCK	RIVER VALLEY	ΣX			:	36-2167843 Page 1
Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States	ssistance to Go	vernments and Organ	izations in the Uni		(Schedule I (Form 990), Part II.)	(ii)	
(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
ROSECRANCE, INC.	36-2862928	S01 (C) (3)	42,400.	.0			PROGRAM SUPPORT
SAINT ELIZABETH CATHOLIC COMMUNITY CENTER	37-0661096	501 (C) (3)	6,179.	0			PROGRAM SUPPORT
SALVATION ARMY OF WINNEBAGO COUNTY	36-3412185	501 (C) (3)	103,861.	0.			PROGRAM SUPPORT
SERENTITY HOSPICE & HOME	36-3286347	501 (C) (3)	14,765.	•0			PROGRAM SUPPORT
SHELTER CARE MINISTRIES	36-3374370	501 (C) (3)	31,696.	.0			PROGRAM SUPPORT
SHINING STAR CHILDREN'S ADVOCACY	30-0135798	501 (C) (3)	13,216.	0			PROGRAM SUPPORT
THE LITERACY COUNCIL	36-3412185	501 (C) (3)	82,918.	0			PROGRAM SUPPORT
VILLAGE OF PROGRESS	36-2167910	501 (C) (3)	22,026.	0			PROGRAM SUPPORT
YMCA OF ROCK RIVER VALLEY	36-2174838 501 (C)	501 (C) (3)	36,618.	0			PROGRAM SUPPORT
							Schedule   (Form 990)

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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States	ssistance to Gov	/ernments and Organiza	izations in the Un		(Schedule I (Form 990), Part II.)		
(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
YOUTH SERVICES BUREAU OF ILLINOIS VALLEY	36-2919569	501 (C) (3)	21,077.	•0			PROGRAM SUPPORT
YOUTH SERVICES NETWORK	36-3297042	501 (C) (3)	205,862.	0,			PROGRAM SUPPORT
ZION DEVELOPMENT CORPORATION	36-3229794	501 (C) (3)	27,038,	0			PROGRAM SUPPORT
DONOR DESIGNATIONS TO OTHER UNITED WAYS		501 (C) (3)	65,279.	0			DONOR DESIGNATIONS
THIRD PARTY DESIGNATIONS			322,352.	•0			DONOR DESIGNATIONS
							Schedule I (Form 990)

UNITED WAY OF ROCK RIVER VALLEY Schedule I (Form 990) (2016)

Page 2

36-2167843

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

Part III

(e) Method of valuation (f) Description of noncash assistance (book, FMV, appraisal, other)			Part I, line 2; Part III, column (b); and any other additional information.		CAL AGENCIES.
(d) Amount of non- cash assistance			(b); and any other		NTS TO LO
(c) Amount of cash grant	:		2; Part III, column		ROGRAM GRA
(b) Number of recipients			uired in Part I, line		MAKES PI
(a) Type of grant or assistance			Part IV   Supplemental Information. Provide the information required in	PART I, LINE 2:	THE UNITED WAY OF ROCK RIVER VALLEY MAKES PROGRAM GRANTS TO LOCAL AGENCIES.

FINANCIAL REVIEW OF THE ORGANIZATION, AND VERIFICATION OF CURRENT STATUS AS

SCREENING THAT INCLUDES AN APPLICATION PROCESS

THE AGENCIES COMPLETE A

THE ORGANIZATION IS ALSO MONITORED FOR PROGRAM ORGRANIZATION. (3) 501 (C) ď

TERMS OF THE GRANTS. THE RESULTS AND COMPLIANCE WITH

# PART II LINE I

SOME DONOR DESIGNATIONS WERE PAID DIRECTLY TO THE DESIGNATED AGENCY BY

Schedule I (F	<sub>orm</sub> 990) <b>Supplemen</b>	tal Inform	NITED WAY	OF ROC	K RIVER	VALLEY		36-2167843	Page 2
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#### SCHEDULE J (Form 990)

## **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.

Open to Public

Open to Public Inspection

Department of the Treasury
Internal Revenue Service
Name of the organization

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

UNITED WAY OF ROCK RIVER VALLEY

Employer identification number 36-2167843

Part I Questions Regarding Compensation Yes No 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. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (such as, maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 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. X Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations X Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment? b Participate in, or receive payment from, a supplemental nonqualified retirement plan? X X Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a·c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 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: X a The organization? X b Any related organization? 5b If "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: b Any related organization? X 6b If "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III X 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 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

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

Schedule J (Form 990) 2016

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 (ii) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

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

		(B) Breakdown of W-2	W-2 and/or 1099-MIS	and/or 1099-MISC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(Q)·(j)(B)	in column (B) reported as deferred on prior Form 990
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Schedule J (Form 990) 2016

### **SCHEDULE 0**

(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 <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>.

Open to Public

Inspection

Name of the organization

UNITED WAY OF ROCK RIVER VALLEY

**Employer identification number** 36-2167843

FORM 990, PART VI, SECTION A, LINE 3:
STAFF MANAGEMENT, A PROFESSIONAL EMPLOYER ORGANIZATION OR PEO, ASSISTS THE
AGENCY WITH ITS HUMAN RESOURCE FUNCTIONS, PROVIDES HEALTH INSURANCE
ADMINISTRATION AND PAYROLL SERVICES INCLUDING FILING ALL WAGE AND PAYROLL
TAX RETURNS ON BEHALF OF THE ORGANIZATION. HOWEVER, THE ORGANIZATION
REMAINS IN CONTROL OF MANAGEMENT DUTIES SUCH AS DECISIONS ABOUT PERSONNEL,
HIRING, AND FIRING. ALL WAGE AND PAYROLL TAX RETURNS ARE FILED UNDER THE
FEIN# OF STAFF MANAGEMENT, INCLUDING THE AMOUNT LISTED ON PART V, LINE 2A.
FORM 990, PART VI, SECTION B, LINE 11B:
THE 990 IS DISTRIBUTED TO THE BOARD OF DIRECTORS PRIOR TO FILING
FORM 990, PART VI, SECTION B, LINE 12C:
COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY IS MONITORED BY THE BOARD
OF DIRECTORS. ANNUALLY, THE GOVERNING BODY REVIEWS THE POLICY AND EACH
DIRECTOR SIGNS A CONFLICT OF INTEREST DISCLOSURE STATEMENT
FORM 990, PART VI, SECTION B, LINE 15:
THE EXECUTIVE COMMITTEE IS RESPONSIBLE FOR SETTING THE COMPENSATION OF THE
C.E.O/PRESEIDENT. THE MEETING IS DOCUMENTED AND THE GOVERNING BODY IS
INFORMED OF ANY CHANGES IN COMPENSATION OF THE C.E.O/PRESIDENT
FORM 990, PART VI, SECTION C, LINE 19:
THE GOVERNING DOCUMENTS AND CONFLICTS OF INTEREST ARE AVAILABLE ON REQUEST,
THE FINANCIAL STATEMENTS AND 990 ARE PUBLISHEED ON WWW.UNITEDWAYRRV.ORG

Schedule O (Form 990 or 990-EZ) (2016)	Page 2
Name of the organization UNITED WAY OF ROCK RIVER VALLEY	Employer identification number 36-2167843
FORM 990, PART XII, LINE 2C	
OVERSIGHT SELECTION PROCESS:	
THE ORGANIZATION'S AUDIT COMMITTEE THAT ASSUMES RESPONSIBI	LITY FOR
OVERSIGHT OF THE AUDIT HAS NOT CHANGED THEIR SELECTION OR	OVERSIGHT
PROCESS FROM THE PREVIOUS YEAR.	
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