

<p>Form <b>CT-12</b>  <b>For Oregon Charities</b>          For Accounting Periods Beginning in:  <b>2016</b></p>	<p><b>Charitable Activities Section</b>  <b>Oregon Department of Justice</b></p> <p>100 SW Market Street          Portland, OR 97201-5702          Email: charitable.activities@doj.state.or.us          Website: http://www.doj.state.or.us</p> <p>VOICE (971) 673-1880          FAX (971) 673-1882</p>	<p>You can now file reports and pay by credit card using our online form at  <a href="https://justice.oregon.gov/paymentportal/Account/Login">https://justice.oregon.gov/paymentportal/Account/Login</a></p>
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**Section I. General Information**

<p>1. #1532          UNITED WAY OF JACKSON COUNTY, INC.          1457 EAST MCANDREWS          MEDFORD, OR 97504          07/01/16 - 06/30/17</p>	<p>Cross Through Incorrect Items and Correct Here:          (See instructions for change of name or accounting period.)</p> <p>Registration #:          Organization Name:          Address:          City, State, Zip:          Phone: Fax: Amended Report?          Email: Period Beginning: Period Ending: <input type="checkbox"/></p>
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- 2. Did a certified public accountant audit your financial records? - If yes, attach a copy of the auditor's report, financial statements, accompanying notes, schedules, or other documents supplementing the report or financial statements.  Yes  No
- 3. Is the organization a party to a contract involving person-to-person, advertising, vending machine or telephone fund-raising in Oregon?  Yes  No  
 If yes, write the name of the fund-raising firm(s) who conducts the campaign(s): \_\_\_\_\_
- 4. Has the organization or any of its officers, directors, trustees, or key employees ever signed a voluntary agreement with any government agency, such as a state attorney general, secretary of state, or local district attorney, or been a party to legal action in any court or administrative agency regarding charitable solicitation, administration, management, or fiduciary practices? If yes, attach explanation of each such agreement or action. See instructions.  Yes  No
- 5. During this reporting period, did the organization amend its articles of incorporation, bylaws, or trust documents, OR did the organization receive a determination letter from the Internal Revenue Service relating to its tax-exempt status? If yes, attach a copy of the amended document or letter.  Yes  No
- 6. Is the organization ceasing operations and is this the final report? (If yes, see instructions on how to close your registration.)  Yes  No

7. Provide contact information for the person responsible for retaining the organization's records.

Name	Position	Phone	Mailing Address & Email Address
DEE ANNE EVERSON	EXEC. DIRECTOR	541-773-5339	1457 EAST MCANDREWS RD, MEDFORD, OR 97504 DEEANNE@UNITEDWAYOFJACKSONCOUNTY.ORG

8. List of Officers, Directors, Trustees and Key Employees – List each person who held one of these positions at any time during the year even if they did not receive compensation. Attach additional sheets if necessary. If an attached IRS form includes substantially the same compensation information, the phrase "See IRS Form" may be entered in lieu of completing that section. **(Oregon law requires a minimum of three directors for nonprofit corporations.)**

(A) Name, mailing address, daytime phone number and email address	(B) Title & average weekly hours devoted to position	(C) Compensation (enter \$0 if position unpaid)								
<table style="width:100%; border-collapse: collapse;"> <tr><td style="width:10%;">Name:</td><td>***SEE IRS FORM***</td></tr> <tr><td>Address:</td><td>-----</td></tr> <tr><td>Phone:</td><td>-----</td></tr> <tr><td>Email:</td><td>-----</td></tr> </table>	Name:	***SEE IRS FORM***	Address:	-----	Phone:	-----	Email:	-----		
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Name:	-----									
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**Section II. Fee Calculation**

9.	Total Revenue ..... (From Line 12 (current year) on Form 990; Line 9 on Form 990-EZ; Part I, Line 12a on Form 990-PF; Line 9 on Form 1041; or see the CT-12 instructions if no federal tax return was prepared or a Form 990-N was filed. <b>Attach explanation if Total Revenue is \$0.</b> )	9.	1,042,675																
10.	Revenue Fee ..... (See chart below. Minimum fee is \$20, even if total revenue is a negative amount.)	10.	400																
	<table border="0"> <tr> <th align="left">Amount on Line 9</th> <th align="left">Revenue Fee</th> </tr> <tr> <td>\$0 - \$24,999</td> <td>\$20</td> </tr> <tr> <td>\$25,000 - \$49,999</td> <td>\$50</td> </tr> <tr> <td>\$50,000 - \$99,999</td> <td>\$90</td> </tr> <tr> <td>\$100,000 - \$249,999</td> <td>\$150</td> </tr> <tr> <td>\$250,000 - \$499,999</td> <td>\$200</td> </tr> <tr> <td>\$500,000 - \$999,999</td> <td>\$300</td> </tr> <tr> <td>\$1,000,000 or more</td> <td>\$400</td> </tr> </table>	Amount on Line 9	Revenue Fee	\$0 - \$24,999	\$20	\$25,000 - \$49,999	\$50	\$50,000 - \$99,999	\$90	\$100,000 - \$249,999	\$150	\$250,000 - \$499,999	\$200	\$500,000 - \$999,999	\$300	\$1,000,000 or more	\$400		
Amount on Line 9	Revenue Fee																		
\$0 - \$24,999	\$20																		
\$25,000 - \$49,999	\$50																		
\$50,000 - \$99,999	\$90																		
\$100,000 - \$249,999	\$150																		
\$250,000 - \$499,999	\$200																		
\$500,000 - \$999,999	\$300																		
\$1,000,000 or more	\$400																		
11.	Net Assets or Fund Balances at End of the Reporting Period ..... (From Line 22 (end of year) on Form 990, Line 21 on Form 990-EZ, or Part III, Line 6 on Form 990-PF; or see the CT-12 instructions to calculate.)	11.	188,822																
12.	Net Fixed Assets Used to Conduct Charitable Activities ..... (Generally, from Part X, Line 10c on Form 990, Line 23B on Form 990-EZ or Part II, Line 14b on Form 990-PF; or see the CT-12 instructions to calculate. See the CT-12 instructions if organization owns income-producing assets.)	12.	1,282																
13.	Amount Subject to Net Assets or Fund Balances Fee ..... (Line 11 minus Line 12. If Line 11 minus Line 12 is less than \$50,000, write \$0.)	13.	187,540																
14.	Net Assets or Fund Balances Fee ..... (Line 13 multiplied by .0001. If the fee is less than \$5, enter \$0. <b>Not to exceed \$2,000.</b> Round cents to the nearest whole dollar.)	14.	19																
15.	Are you filing this report late? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No ..... (If yes, the late fee is a minimum of \$20. You may owe more depending on how late the report is. See Instruction 15 for additional information or contact the Charitable Activities Section at (971) 673-1880 to obtain late fee amount.)	15.	0																
16.	Total Amount Due ..... (Add Lines 10, 14, and 15. Make check payable to the Oregon Department of Justice.)	16.	419																

17. Attach a copy of the organization's federal 990 or other return and all supporting schedules and attachments that were filed with the IRS, except that Form 990 & 990EZ filers do not need to attach a copy of their Schedule B. Also, if the organization did not file with the IRS or filed a 990-N, but had Total Revenue of \$50,000 or more, or Net Assets or Fund Balances of \$100,000 or more, see the instructions as the organization may be required to complete certain IRS forms for Oregon purposes only. If the attached return was not filed with the IRS, then mark any such return as "For Oregon Purposes Only." If your organization files IRS Form 990-N (e-Postcard) please attach a copy or confirmation of its filing.

<b>Please Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including all accompanying forms, schedules, and attachments, and to the best of my knowledge and belief, it is true, correct, and complete.		
	⇒ _____		
	Signature of officer	Date	Title
	_____	_____	_____
<b>Paid Preparer's Use Only</b>	⇒ _____		
	Preparer's signature	Date	541-857-1040 Phone
	MOSS ADAMS LLP	221 STEWART AVENUE, STE 301	
	Preparer's name (printed)	Address	MEDFORD, OR 97501
	_____	_____	_____

**UNITED WAY OF JACKSON COUNTY**

Financial Statements

For the Year Ended June 30, 2017

## Table of Contents

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## **Independent Auditor's Report**

**To the Board of Directors  
United Way of Jackson County  
Medford, Oregon**

We have audited the accompanying financial statements of the United Way of Jackson County (the Organization), which comprise the statement of financial position as of June 30, 2017 and the related statements of activities and changes in net assets, cash flows and functional expenses for the year then ended, and the related notes to the financial statements.

## **Management's Responsibility for the Financial Statements**

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

## **Auditor's Responsibility**

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.



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Bellevue WA  
98004

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## **Opinion**

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of the United Way of Jackson County as of June 30, 2017 and the changes in its net assets and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

## **Report on Summarized Comparative Information**

We have previously audited the Organization's 2016 financial statements, and we expressed an unmodified audit opinion on those audited financial statements in our report dated October 20, 2016. In our opinion, the summarized comparative information presented herein as of and for the year ended June 30, 2016, is consistent, in all material respects, with the audited financial statements from which it has been derived.

## **Report on Supplementary Information**

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The accompanying supplementary information, consisting of current and gross campaign results and donor designations on page 4, is not a required part of the financial statements and is included for the purpose of additional analysis consistent with industry practice. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

*Clark Nuber P.C.*

Certified Public Accountants  
September 20, 2017

UNITED WAY OF JACKSON COUNTY

Statement of Financial Position

June 30, 2017

(With Comparative Totals for 2016)

	<u>2017</u>	<u>2016</u>
<b>Assets</b>		
<b>Current Assets:</b>		
Cash and cash equivalents	\$ 114,624	\$ 7,776
Funds held for others	94,017	43,714
Current portion of pledges and grants receivable, net	209,124	220,458
Prepaid expenses	986	828
<b>Total Current Assets</b>	<b>418,751</b>	<b>272,776</b>
Property and equipment, net	1,282	2,755
Noncurrent portion of pledges and grants receivable, net		3,021
Investments	177,231	
Assets restricted by donors for long-term purposes	173,166	
Beneficial interest in assets held by others	224,296	664,722
<b>Total Assets</b>	<b>\$ 994,726</b>	<b>\$ 943,274</b>
<b>Liabilities and Net Assets</b>		
<b>Current Liabilities:</b>		
Accounts payable and accrued liabilities	\$ 6,547	\$ 23,723
Funds held for others	94,017	43,714
Undesignated allocations payable	22,332	25,394
Designations payable	65,926	52,920
Note payable - line of credit		20,000
<b>Total Liabilities</b>	<b>188,822</b>	<b>165,751</b>
<b>Net Assets:</b>		
Unrestricted	334,789	341,485
Temporarily restricted	133,703	99,454
Permanently restricted	337,412	336,584
<b>Total Net Assets</b>	<b>805,904</b>	<b>777,523</b>
<b>Total Liabilities and Net Assets</b>	<b>\$ 994,726</b>	<b>\$ 943,274</b>

See accompanying notes.

UNITED WAY OF JACKSON COUNTY

Statement of Activities and Changes in Net Assets  
For the Year Ended June 30, 2017  
(With Comparative Totals for 2016)

	Unrestricted	Temporarily Restricted	Permanently Restricted	2017 Total	2016 Total
<b>Revenues, Gains and Other Support:</b>					
Current year campaign results	\$ 1,158,000	\$ -	\$ -	\$ 1,158,000	\$ 1,205,624
Current year campaign results restricted by purpose		39,708		39,708	70,990
Current year campaign results restricted for time		19,512		19,512	28,051
Gross campaign results	1,158,000	59,220		1,217,220	1,304,665
Less allowance for uncollectable pledges	(43,394)			(43,394)	(40,776)
Less donor designations	(166,887)			(166,887)	(184,157)
Total campaign revenue	947,719	59,220		1,006,939	1,079,732
Other revenue	9,191			9,191	7,171
In-kind contributions	31,095			31,095	30,050
Sponsorships for community projects	26,545			26,545	21,929
Change in value of beneficial interest	28,014		828	28,842	(34,900)
Net assets released from restrictions	24,971	(24,971)			
<b>Total Revenues, Gains and Other Support</b>	<b>1,067,535</b>	<b>34,249</b>	<b>828</b>	<b>1,102,612</b>	<b>1,103,982</b>
<b>Allocations and Expenses:</b>					
Functional expenses					
Program services	838,190			838,190	884,700
Management and general	119,281			119,281	117,975
Fundraising	102,816			102,816	117,466
Total functional expenses	1,060,287			1,060,287	1,120,141
Payments to affiliates	13,944			13,944	11,995
<b>Total Allocations and Expenses</b>	<b>1,074,231</b>			<b>1,074,231</b>	<b>1,132,136</b>
<b>Change in Net Assets</b>	<b>(6,696)</b>	<b>34,249</b>	<b>828</b>	<b>28,381</b>	<b>(28,154)</b>
Net assets, beginning of year	341,485	99,454	336,584	777,523	805,677
<b>Net Assets, End of Year</b>	<b>\$ 334,789</b>	<b>\$ 133,703</b>	<b>\$ 337,412</b>	<b>\$ 805,904</b>	<b>\$ 777,523</b>

See accompanying notes.



UNITED WAY OF JACKSON COUNTY

Statement of Functional Expenses  
For the Year Ended June 30, 2017  
(With Comparative Totals for 2016)

	Program Services	Management and General	Fundraising	Total Expenses 2017	Total Expenses 2016
<b>Expenses:</b>					
Salaries and wages	\$ 253,695	\$ 73,914	\$ 56,900	\$ 384,509	\$ 380,239
Allocations to agencies	297,809			297,809	308,000
Community projects	137,515	2,143	3,572	143,230	186,817
Employee benefits	51,147	14,899	11,472	77,518	78,774
Payroll taxes	19,519	5,687	4,378	29,584	32,279
Office rent	14,251	4,152	3,196	21,599	21,600
Professional services	13,520	3,939	3,032	20,491	13,384
Meals and travel	11,367	2,548	2,586	16,501	20,346
Public information	10,836		4,644	15,480	16,333
Supplies	2,177	2,541	3,918	8,636	11,458
Printing	1,809	2,170	3,256	7,235	7,037
Computer consulting fees	3,721	1,084	835	5,640	5,932
Training and conference	3,257	1,086	1,086	5,429	11,833
Office utilities	2,586	753	580	3,919	3,765
Dues and fees	2,460	717	552	3,729	3,068
Insurance	2,311	673	518	3,502	3,472
Bank fees	2,294	668	515	3,477	3,763
Telephone	1,977	576	443	2,996	3,501
Interest	1,831	534	411	2,776	686
Equipment rental	1,658	483	372	2,513	2,826
Postage	1,478	431	332	2,241	2,299
Depreciation	972	283	218	1,473	2,729
<b>Total Expenses</b>	<b>\$ 838,190</b>	<b>\$ 119,281</b>	<b>\$ 102,816</b>	<b>\$ 1,060,287</b>	<b>\$ 1,120,141</b>

See accompanying notes.

UNITED WAY OF JACKSON COUNTY

Statement of Cash Flows  
For the Year Ended June 30, 2017  
(With Comparative Totals for 2016)

	<u>2017</u>	<u>2016</u>
<b>Cash Flows From Operating Activities:</b>		
Change in net assets	\$ 28,381	\$ (28,154)
Adjustments to reconcile change in net assets to net cash used in operating activities-		
Change in value of beneficial interest	(28,842)	34,900
Depreciation	1,473	2,729
(Increase) decrease in operating assets		
Pledges and grants receivable	14,355	(7,847)
Prepaid expenses	(158)	(20)
Increase (decrease) in operating liabilities		
Accounts payable and accrued liabilities	(17,176)	11,600
Undesignated allocations payable	(3,062)	(2,010)
Designations payable	13,006	(15,840)
<b>Net Cash Provided by (Used in) Operating Activities</b>	<b>7,977</b>	<b>(4,642)</b>
<b>Cash Flows From Investing Activities:</b>		
Proceeds from beneficial interest in assets held by others	469,268	
Purchase of investments	(237,281)	
Assets restricted for long-term purposes	(113,116)	
<b>Net Cash Provided by Investing Activities</b>	<b>118,871</b>	
<b>Cash Flows From Financing Activities:</b>		
Net line of credit activity	(20,000)	(5,000)
<b>Net Cash Used in Financing Activities</b>	<b>(20,000)</b>	<b>(5,000)</b>
<b>Net Change in Cash and Cash Equivalents</b>	<b>106,848</b>	<b>(9,642)</b>
Cash and cash equivalents, beginning of year	7,776	17,418
<b>Cash and Cash Equivalents, End of Year</b>	<b>\$ 114,624</b>	<b>\$ 7,776</b>
<b>Supplementary Disclosure of Cash Flow Information:</b>		
Cash paid for interest	\$ 2,776	\$ 686

See accompanying notes.

## UNITED WAY OF JACKSON COUNTY

### Notes to Financial Statements For the Year Ended June 30, 2017 (With Comparative Totals for 2016)

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#### Note 1 - Summary of Significant Accounting Policies

**Nature of Operations** - The United Way of Jackson County (the Organization) was formed and organized in the State of Oregon to operate as a not-for-profit entity under Internal Revenue Code Section 501(c)(3). The Organization's primary objective is to mobilize caring in order to effect change via promoting volunteerism, community philanthropy, and community building. The Organization engages in fundraising activities and allocates the contributed funds to other not-for-profit organizations and for community building programs. Substantially all of the Organization's revenues are derived from fundraising contributions in the local geographic area.

The Organization administers a fundraising campaign to collect donations for charitable organizations. The Organization has a donor choice program that allows donors to designate to a member agency, to another non-affiliated tax-exempt agency, or to both. The Organization also allows donors to designate to broadly defined areas of service.

**Basis of Presentation** - Net assets, revenues, gains and losses are classified based on the existence or absence of donor-imposed restrictions. Accordingly, the net assets of the Organization and changes therein are classified and reported as follows:

Unrestricted Net Assets - Net assets that are not subject to donor-imposed stipulations.

Temporarily Restricted Net Assets - Net assets subject to donor-imposed stipulations that will be met either by actions of the Organization or the passage of time.

Permanently Restricted Net Assets - Net assets subject to donor-imposed stipulations that they be maintained permanently by the Organization.

Revenues are reported as increases in unrestricted net assets unless use of the related asset is limited by donor-imposed restrictions. Expenses are reported as decreases in unrestricted net assets. Gains and losses on investments and other assets or liabilities are reported as increases or decreases in unrestricted net assets unless their use is restricted by explicit donor stipulation or by law. Expirations of temporary restrictions on net assets (i.e., the donor stipulated purpose has been fulfilled or the stipulated time period has lapsed) are reported as reclassifications between the applicable classes of net assets. Revenues with donor-imposed restrictions that are met in the same reporting period are classified as increases in unrestricted net assets.

**Cash and Cash Equivalents** - The Organization considers all highly liquid investments with original maturities of three months or less to be cash equivalents.

**Funds Held for Others** - Accounting principles generally accepted in the United States of America (U.S. GAAP) specifically requires that when Organization receives assets and agrees to use those assets on behalf of a specified beneficiary, the Organization must account for the receipt of such assets as if it is holding the funds as an agent. At June 30, 2017 and 2016, the Organization held funds totaling \$94,017 and \$43,714, respectively, under this type of arrangement.

**Pledges and Grants Receivable** - Unconditional pledges and grants receivable, less an allowance for uncollectible amounts, are recognized as revenues in the period the promise is made and as assets, decreases of liabilities, or expenses depending on the form of the benefits received. Conditional promises to give are recognized when the conditions on which they depend are substantially met. The Organization had one conditional promise to give totaling \$93,870 over three years at June 30, 2017 with annual payments conditioned upon the donor's annual review of program performance. The Organization had no conditional promises to give at June 30, 2016.

## UNITED WAY OF JACKSON COUNTY

### Notes to Financial Statements For the Year Ended June 30, 2017 (With Comparative Totals for 2016)

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#### Note 1 - Continued

The allowance for uncollectible pledges is an estimate based on management's knowledge of historical pledge collection rates. The allowance for the current year campaign is calculated as a percentage of pledged revenue generated by the campaign. In addition, an allowance for prior year campaign pledges not collected is made based on management's knowledge of the unpaid amounts.

**Property and Equipment** - The Organization records purchased property and equipment at cost. Donations of property and equipment are recorded as support at their estimated fair value at the date of donation. Such donations are reported as unrestricted support unless the donor has restricted the donated asset to a specific purpose. Assets donated with explicit restriction regarding their use and contributions of cash that must be used to acquire property and equipment are reported as restricted support.

Absent donor stipulations regarding how long those donated assets must be maintained, the Organization reports expirations of donor restrictions when the donated or acquired assets are placed in service as instructed by the donor.

Property and equipment is depreciated using the straight-line method over estimated useful lives of three to ten years. Acquisitions of property and equipment in excess of \$2,000 and with a useful life of three years or more are capitalized.

**Investments** - Investments are stated at fair value, with both realized and unrealized gains and losses recorded in the statement of activities and changes in net assets as increases or decreases in unrestricted net assets, unless their use is temporarily or permanently restricted by explicit donor restrictions or law. Investments consist of certificates of deposits that are reported at cost plus accrued interest, which approximates fair value. As of June 30, 2017 investments are presented in the statement of financial position as assets restricted by donors for long-term purposes of \$173,166 and investments of \$177,231.

**Assets restricted by donors for long-term purposes** - As of June 30, 2017, assets restricted by donors for long-term purposes represented permanently restricted endowment contributions, as well as, temporarily restricted unappropriated endowment earnings and are comprised of \$173,166 of investments restricted by donors for long-term purposes.

**Designations Payable and Undesignated Allocations Payable** - The Organization conducts an annual fundraising campaign from August through November. When a donor makes a contribution to the Organization and designates a named charity, those contributions are recorded by the Organization as designations payable. The designated donation is then reduced by a pledge loss allowance of 6 percent and management and fundraising fees on a percentage basis. The designations payable are generally disbursed quarterly in July, October, January and April to recipient charities. The Organization honors designations to charities by distributing a proportionate share of receipts based on donor designations.

Contributions to the United Way community fund or an area of service are allocated among approved programs. The budget for the total allocable amount is determined using the current campaign collections and pledges less designations, a pledge loss allowance, specific agency related expenses, and operating expenses. Volunteers then make recommendations to the Organization's Board of Directors for amounts to be allocated to programs. Allocation award and agreement letters are sent to the programs, generally in June or July. Allocations to programs are recorded as an undesignated allocation payable as of July 1 following the campaign year. Undesignated allocations payable to programs are generally disbursed monthly beginning in July.

## UNITED WAY OF JACKSON COUNTY

### Notes to Financial Statements For the Year Ended June 30, 2017 (With Comparative Totals for 2016)

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#### Note 1 - Continued

**Contributions** - Contributions, which include unconditional promises to give (pledges), are recognized as revenue in the period received. When restrictions are fulfilled in the same fiscal year in which the contribution is received, the contribution is reported as unrestricted.

**Gross Campaign Results** - Gross campaign results consist of funds raised as a result of the Organization's fundraising efforts during the normal course of their campaign. Pledges and payments that are designated by the donor to other nonprofit organizations are included in current year and gross campaign results and donor designations in the statement of activities and changes in net assets. These totals are presented as supplementary information for the purpose of additional analysis consistent with industry practice.

**In-Kind Contributions** - Donated assets and services are reflected as contributions in the accompanying statements at their estimated values at the date of receipt. Contributions of services are recognized if the services received create or enhance a nonfinancial asset or the services require specialized skills that are provided by individuals possessing those skills. In-kind contributions reported in the statement of activities and changes in net assets for both the years ended June 30, 2017 and 2016 include contributed rent of \$21,600. In addition, in-kind contribution revenue for the years ended June 30, 2017 and 2016 also included contributed advertising and other goods and services of \$9,495 and \$8,450, respectively.

A substantial number of volunteers have donated significant amounts of time in the Organization's program services and in its fundraising campaign. The financial statements do not reflect the value of those contributed services because the criteria for recognition of such volunteer effort have not been satisfied.

**Cost Deductions** - The Organization has committed to and was in compliance with the Cost Deduction Requirements for Membership Requirement M, as established by United Way Worldwide. The standard establishes uniform rules for deducting resource development and organizational administration expenses from donor pledges.

**Federal Income Tax** - The Internal Revenue Service has determined that the Organization is exempt from federal income tax under Internal Revenue Code Section 501(c)(3) and is not considered to be a private foundation; accordingly, no provision has been made for federal income tax in the accompanying financial statements.

**Concentrations** - The Organization raised gross campaign contributions from one anonymous donor representing 17 percent and 23 percent of gross campaign results for the years ended June 30, 2017 and 2016, respectively.

**Functional Expense Allocation** - Directly identifiable expenses are charged to program and support services. Expenses related to more than one function are charged to programs and support services based on the activity in each respective function. Management and general expenses include those expenses which are not directly identifiable with any other specific function but provide for the overall support and direction of the Organization.

**Use of Estimates** - The preparation of financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions. These affect the reported amounts of assets, liabilities, revenues, and expenses, as well as the disclosure of contingent assets and liabilities. Actual results could differ from these estimates.

UNITED WAY OF JACKSON COUNTY

Notes to Financial Statements  
For the Year Ended June 30, 2017  
(With Comparative Totals for 2016)

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**Note 1 - Continued**

**Comparative Amounts for 2016** - For comparative purposes, the financial statements include certain prior-year summarized information in total but not by net asset class. Such information does not include sufficient detail to constitute a presentation in conformity with accounting principles generally accepted in the United States of America. Accordingly, such information should be read in conjunction with the Organizations financial statements for the year ended June 30, 2016, from which the summarized information was derived.

**Subsequent Events** - Management has evaluated subsequent events through September 20, 2017, the date on which the financial statements were available to be issued. No subsequent events were identified for disclosure.

**Note 2 - Property and Equipment**

The following is a summary of property and equipment, less accumulated depreciation at June 30:

	<u>2017</u>	<u>2016</u>
Office furniture and equipment	\$ 28,137	\$ 28,137
Accumulated depreciation	<u>(26,855)</u>	<u>(25,382)</u>
<b>Total Property and Equipment, Net</b>	<b><u>\$ 1,282</u></b>	<b><u>\$ 2,755</u></b>

**Note 3 - Pledges and Grants Receivable**

Pledges and grants receivable include the following unconditional promises to give as of June 30:

	<u>2017</u>	<u>2016</u>
Unconditional pledges receivable due in less than one year	\$ 246,991	\$ 262,425
Less allowance for uncollectible pledges	<u>(37,867)</u>	<u>(41,967)</u>
<b>Net Pledges Receivable Due in Less Than One Year</b>	<b><u>\$ 209,124</u></b>	<b><u>\$ 220,458</u></b>
Pledges due in one to five years	\$ -	\$ 3,300
Less allowance for uncollectible pledges		(264)
Less present value discount on long-term pledges		<u>(15)</u>
<b>Net Pledges Receivable Due in One to Five Years</b>	<b><u>\$ -</u></b>	<b><u>\$ 3,021</u></b>

**UNITED WAY OF JACKSON COUNTY**

**Notes to Financial Statements  
For the Year Ended June 30, 2017  
(With Comparative Totals for 2016)**

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**Note 4 - Beneficial Interest in Assets Held by Others**

The Organization's beneficial interests in trusts and assets held by others included the following at June 30:

	<u>2017</u>	<u>2016</u>
Beneficial interest in assets held by		
The Oregon Community Foundation	\$ -	\$ 441,254
Latham Trust	<u>224,296</u>	<u>223,468</u>
<b>Total Beneficial Interest in Assets Held by Others</b>	<b><u>\$ 224,296</u></b>	<b><u>\$ 664,722</u></b>

The Oregon Community Foundation

The Oregon Community Foundation (OCF) administered the endowment fund for the benefit of the Organization, under OCF's Endowment Partners Program. The United Way of Jackson County Endowment Fund was a component fund of the Oregon Community Foundation. Under terms of the agreement dated May 27, 1992 between OCF and the Organization, OCF had the authority to modify restrictions and conditions of the fund agreement under certain circumstances, without the approval of the Organization. This authority is referred to as variance power. The Organization had recorded a beneficial interest in funds held by OCF. The Organization transferred endowment and other funds to OCF with no donor obligation to do so and named itself as beneficiary.

According to the agreement, OCF distributed an appropriate percentage, as determined by OCF, of the fair value of the fund, at least annually, under its grant percentage payout policy for permanent funds. The Organization transferred contributions to the endowment fund held by OCF as general endowment contributions were received. For the years ended June 30, 2017 and 2016, there were no new endowment contributions. During the year ended June 30, 2017, the Organization requested and received distribution of all funds held by OCF to be invested and administered by the Organization.

Latham Trust

The Organization is the beneficiary of a perpetual charitable trust (the Trust) established by Gerald T. Latham in 1986. The Organization had an interest of 20 percent as of both June 30, 2017 and 2016. The assets of the Trust are managed by Wells Fargo Bank. The Organization typically receives monthly distributions from Wells Fargo Bank from the earnings of the Trust. In accordance with U.S. GAAP, the Organization has recognized its interest in the Trust as an asset on the Organization's statement of financial position. Net realized and unrealized gains and losses related to the Trust are reported as changes in permanently restricted net assets.

**UNITED WAY OF JACKSON COUNTY**

**Notes to Financial Statements  
For the Year Ended June 30, 2017  
(With Comparative Totals for 2016)**

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**Note 5 - Fair Value Measurement**

The Organization applies the U.S. GAAP authoritative guidance for Fair Value Measurements and Disclosures, which defines fair value, establishes a framework for measuring fair value and requires certain disclosures about fair value measurements.

The standard describes three levels of inputs that may be used to measure fair value:

Level 1 - Quoted prices in active markets for identical assets or liabilities;

Level 2 - Observable inputs other than Level 1 prices, such as quoted prices for similar assets or liabilities, quoted prices in inactive markets, or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets or liabilities; or

Level 3 - Unobservable inputs that are supported by little or no market activity and that are significant to the fair value of the assets or liabilities.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at June 30, 2017 and 2016.

Certificates of Deposit - Valued at cost plus accrued interest, which approximates fair value.

Beneficial Interest in the Latham Trust - The Organization is a beneficiary of a percentage interest in a perpetual charitable trust held by a third party. The Organization's interest in the trust is recorded at the fair value of the Organization's ownership in the trust. This asset is valued using the net asset value (Note 4).

Beneficial Interest in Assets Held by The Oregon Community Foundation (OCF) - The beneficial interest in assets held at The Oregon Community Foundation has been valued, as a practical expedient, at the fair value of the Organization's share of assets held by The Oregon Community Foundation. This asset is valued using the net asset value (Note 4).

The underlying investment securities are exposed to various risks, such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities and investment contracts, and the level of uncertainty related to changes in the value of the investment securities, it is at least reasonably possible that changes in risks in the near term could materially affect account balances and the amounts reported in the statement of financial position and the statement of activities and changes in net assets.

The following tables present the assets that are measured at fair value on a recurring basis as of June 30 and are categorized using the three levels of the fair value hierarchy:

	Fair Value Measurements as of June 30, 2017			
	Level 1	Level 2	Level 3	Total
Certificates of deposit	\$ -	\$ 350,397	\$ -	\$ 350,397
Beneficial interest in the Latham Trust			224,296	224,296
	<u>\$ -</u>	<u>\$ 350,397</u>	<u>\$ 224,296</u>	<u>\$ 574,693</u>



UNITED WAY OF JACKSON COUNTY

Notes to Financial Statements  
For the Year Ended June 30, 2017  
(With Comparative Totals for 2016)

Note 5 - Continued

	Fair Value Measurements as of June 30, 2016			
	Level 1	Level 2	Level 3	Total
Beneficial interest in assets held by The Oregon Community Foundation	\$ -	\$ -	\$ 441,254	\$ 441,254
Beneficial interest in the Latham Trust			223,468	223,468
	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 664,722</u>	<u>\$ 664,722</u>

The following is a reconciliation of the beginning and ending balances of recurring fair value measurements recognized in the accompanying statement of financial position using significant unobservable (Level 3) inputs for the year ended June 30:

	Beneficial Interest in Latham Trust	Beneficial Interest in Assets Held by OCF
Balance, June 30, 2016	\$ 223,468	\$ 441,254
Total realized and unrealized gains	828	38,635
Distributions and fees		(479,889)
<b>Balance, June 30, 2017</b>	<u><b>\$ 224,296</b></u>	<u><b>\$ -</b></u>

	Beneficial Interest in Latham Trust	Beneficial Interest in Assets Held by OCF
Balance, June 30, 2015	\$ 220,907	\$ 478,715
Total realized and unrealized gains (losses)	2,561	(16,509)
Distributions and fees		(20,952)
<b>Balance, June 30, 2016</b>	<u><b>\$ 223,468</b></u>	<u><b>\$ 441,254</b></u>

**UNITED WAY OF JACKSON COUNTY**

**Notes to Financial Statements  
For the Year Ended June 30, 2017  
(With Comparative Totals for 2016)**

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**Note 6 - Designations Payable and Undesignated Allocations Payable**

Designations payable and undesignated allocations payable consist of donor designated contributions and United Way allocations to agencies as of June 30 as follows:

	<u>2017</u>	<u>2016</u>
Donor designations from prior year campaign	\$ 30,417	\$ 10,997
Donor designations from current year campaign	<u>35,509</u>	<u>41,923</u>
Total designations payable	65,926	52,920
Undesignated allocations payable to member agencies from prior year campaign	<u>22,332</u>	<u>25,394</u>
<b>Total Designations Payable and Undesignated Allocations Payable</b>	<b><u>\$ 88,258</u></b>	<b><u>\$ 78,314</u></b>

**Note 7 - Note Payable**

The Organization maintains an unsecured line of credit in the approved amount of \$100,000 with Banner Bank. Under the terms of the loan agreement, the outstanding balance of the line is payable upon demand of the lender. The Organization is required to make monthly payments of interest, and must pay the line to zero for a period of 30 consecutive days at least once during the year. Interest is computed at the prime rate plus 1.5 percent, but not less than 5.00 percent. At June 30, 2017 and 2016, the interest rate was 5.00 percent. The line of credit has a maturity date of March 15, 2020, and is renewable annually. There was no outstanding balance on the line of credit at June 30, 2017. The outstanding balance on the line of credit at June 30, 2016 was \$20,000.

**Note 8 - Operating Lease**

The Organization had a lease agreement with Banner Bank for office space beginning June 2014 and ending June 2015. No renewal took place during fiscal years 2016 or 2017, though the Organization continued to occupy the space. The Organization is not required to pay rental costs under the lease agreement and recognized in-kind contributions and related rent expense of \$21,600 during both the years ended June 30, 2017 and 2016.

**Note 9 - Related Party Transactions**

The Organization entered into a professional services agreement with a member of the Board of Directors. During the years ended June 30, 2017 and 2016, expenditures for development of promotional materials and management consultations totaled \$5,600 and \$5,000, respectively.

UNITED WAY OF JACKSON COUNTY

Notes to Financial Statements  
For the Year Ended June 30, 2017  
(With Comparative Totals for 2016)

**Note 10 - Retirement Plan**

The Organization maintains a defined contribution retirement plan (the Plan) covering all employees who are at least 21 years of age. There is no minimum service requirement for employees to receive employer contributions under the Plan. Individual participant accounts vest according to the number of years of service credited to each participant. Contributions to the Plan are made at 3 percent of participant's salary. During the years ended June 30, 2017 and 2016, contributions to the Plan totaled \$11,469 and \$10,521, respectively.

**Note 11 - Temporarily Restricted Net Assets**

Temporarily restricted net assets at June 30 were available for the following purposes:

	<u>2017</u>	<u>2016</u>
Pledges received from the current campaign for use in a future period, net of dollar designations and allowance for uncollectible pledges	\$ 22,812	\$ 37,761
Endowment earnings (Note 12)	60,050	
Big Idea	34,031	
Jackson County Bike Share program		50,143
HOPE Chest (rapid response fund for emergency needs)	16,810	11,133
211 Info Program		417
<b>Total Temporarily Restricted Net Assets</b>	<b><u>\$ 133,703</u></b>	<b><u>\$ 99,454</u></b>

Net assets were released from donor restrictions by incurring expenses satisfying the restricted purposes or by occurrence of other events specified by the donors as follows for the years ended June 30:

	<u>2017</u>	<u>2016</u>
Prior year campaign revenue for the use in the current year, net of donor designations and an allowance for uncollectible pledges	\$ 34,461	\$ 21,290
Jackson County Bike Share program	50,143	13,743
HOPE Chest (rapid response fund for emergency needs)		46,731
Jane Norris Community Childrens Fund		5,640
211 Info Program	417	5,417
Net asset transfer	<u>(60,050)</u>	<u>(62,234)</u>
<b>Total Net Assets Released From Restrictions</b>	<b><u>\$ 24,971</u></b>	<b><u>\$ 30,587</u></b>

During the year ended June 30, 2017, endowment funds previously held at OCF were distributed to the organization. Accordingly, management identified \$60,050 of earnings on the endowment funds transferred that had not been appropriated for expenditure under the Organization's policies and previously reported as unrestricted. During the year ended June 30, 2016 management identified \$62,234 of donor restricted contributions previously reported as unrestricted. These amounts are reported as a net asset transfer in the table above.

UNITED WAY OF JACKSON COUNTY

Notes to Financial Statements  
For the Year Ended June 30, 2017  
(With Comparative Totals for 2016)

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**Note 12 - Permanently Restricted Net Assets**

Permanently restricted net assets are restricted by donors to investments in perpetuity. The income from the assets can be used to support the Organization's general operations. Permanently restricted net assets consist of the following as of June 30:

	<u>2017</u>	<u>2016</u>
Gerald Latham Perpetual Charitable Trust (Note 4)	\$ 224,296	\$ 223,468
Geraldine Taylor Estate	93,136	93,136
Albert Relei and Wilson Anderson Memorial	1,000	1,000
Campaign contributions specified for endowment	<u>18,980</u>	<u>18,980</u>
<b>Total Permanently Restricted Net Assets</b>	<b><u>\$ 337,412</u></b>	<b><u>\$ 336,584</u></b>

**Interpretation of Relevant Law** - The Organization has interpreted the Oregon State Uniform Prudent Management of Institutional Funds Act (UPMIFA) as making it advisable for the Organization to track the preservation of the fair value of the original gift as of the gift date of the donor-restricted endowment funds absent explicit donor stipulations to the contrary. As a result of this interpretation, the Organization classifies as permanently restricted net assets (a) the original value of gifts donated to the permanent endowment, (b) the original value of subsequent gifts to the permanent endowment, and (c) accumulations to the permanent endowment made in accordance with the direction of the applicable donor gift instrument at the time the accumulation is added to the fund.

The remaining portion of the donor-restricted endowment fund that is not classified in permanently restricted net assets is classified as temporarily restricted net assets until those amounts are appropriated for expenditure by the Organization in a manner consistent with the standard of prudence prescribed by UPMIFA. In accordance with UPMIFA, the Organization considers the following factors in making a determination to appropriate or accumulate donor-restricted endowment funds:

- The duration and preservation of the fund;
- The purposes of the Organization and the donor-restricted endowment fund;
- General economic conditions;
- The possible effect of inflation and deflation;
- The expected total return from income and the appreciation of investments;
- Other resources of the Organization; and
- The investment policies of the Organization.

**Endowment Investment and Spending Policies** - The Organization is in the process of developing policies in compliance with UPMIFA, but has not yet completed the approval process. Until the policies are officially adopted by the Board of Directors, the Organization is retaining all earnings in the account and delaying any appropriations.

**Funds With Deficiencies** - From time to time, the fair value of assets associated with individual donor restricted endowment funds may fall below the level that the donor or UPMIFA requires the Organization to retain as a fund of perpetual duration. As of June 30, 2017 and 2016, no such deficiencies existed.

UNITED WAY OF JACKSON COUNTY

Notes to Financial Statements  
 For the Year Ended June 30, 2017  
 (With Comparative Totals for 2016)

---

**Note 12 - Continued**

Endowment net asset composition by type of fund was as follows at June 30:

	<u>Unrestricted</u>	<u>Temporarily Restricted</u>	<u>Permanently Restricted</u>	<u>2017 Total</u>	<u>2016 Total</u>
Donor restricted endowment fund	\$ -	\$ 60,050	\$ 113,116	\$ 173,166	\$ 113,116

Changes to endowment net assets for the year ended June 30 are as follows:

	<u>Unrestricted</u>	<u>Temporarily Restricted</u>	<u>Permanently Restricted</u>	<u>2017 Total</u>	<u>2016 Total</u>
Endowment net assets, beginning of year	\$ -	\$ -	\$ 113,116	\$ 113,116	\$ 113,116
Net asset transfer		60,050		60,050	
<b>Endowment Net Assets, End of Year</b>	<b>\$ -</b>	<b>\$ 60,050</b>	<b>\$ 113,116</b>	<b>\$ 173,166</b>	<b>\$ 113,116</b>

# Request a Filing Extension for Annual Reports

## Confirmation of Extension Request

Please print and retain a copy of the "Confirmation of Extension Request" for your records. A printout of the confirmation serves as proof that your request was submitted on time in the event questions arise about the date your extension request was filed. You will not receive a subsequent email confirming receipt of your extension request.

<b>Organization:</b>	United Way of Jackson County, Inc.
<b>Registration Number:</b>	
<b>New Due Date Requested:</b>	Tuesday, May 15, 2018
<b>Requestor Name:</b>	Moss Adams LLP
<b>Requestor Email:</b>	april.stith@mossadams.com
<b>Relationship to Organization:</b>	Accountant
<b>Day Time Phone:</b>	541-857-1040
<b>Timestamp:</b>	Tuesday, October 31, 2017 3:55 PM

[Return to Request For Extension form](#)



TWEET



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Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

Department of the Treasury  
Internal Revenue Service

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

**2016**  
Open to Public Inspection

Do not enter social security numbers on this form as it may be made public.

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

**A** For the **2016** calendar year, or tax year beginning **JUL 1, 2016** and ending **JUN 30, 2017**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>UNITED WAY OF JACKSON COUNTY, INC.</b>		<b>D</b> Employer identification number <b>93-0576632</b>
	Doing business as		<b>E</b> Telephone number <b>541-773-5339</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	<b>1457 EAST MCANDREWS</b>		<b>G</b> Gross receipts \$ <b>1,042,675.</b>
	City or town, state or province, country, and ZIP or foreign postal code <b>MEDFORD, OR 97504</b>		
<b>F</b> Name and address of principal officer: <b>DEE ANNE EVERSON</b> <b>SAME AS C ABOVE</b>		<b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶	

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

**J** Website: **WWW.UNITEDWAYOFJACKSONCOUNTY.ORG**

**K** Form of organization:  Corporation  Trust  Association  Other ▶ **L** Year of formation: **1969** **M** State of legal domicile: **OR**

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>OUR MISSION IS TO IMPROVE LIVES BY MOBILIZING THE CARING POWER OF JACKSON COUNTY COMMUNITIES.</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>30</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>30</b>
	<b>5</b> Total number of individuals employed in calendar year 2016 (Part V, line 2a)	<b>5</b>	<b>7</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>1700</b>
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b> <b>1,101,661.</b>	<b>Current Year</b> <b>1,033,484.</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>0.</b>	<b>0.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>7,171.</b>	<b>9,191.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>0.</b>	<b>0.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>1,108,832.</b>	<b>1,042,675.</b>
	<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>308,000.</b>
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		<b>0.</b>	<b>0.</b>
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		<b>489,756.</b>	<b>491,610.</b>
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		<b>0.</b>	<b>0.</b>
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>99,561.</b>			
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		<b>304,330.</b>	<b>253,718.</b>
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>1,102,086.</b>	<b>1,043,137.</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>6,746.</b>	<b>-462.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b> <b>943,274.</b>	<b>End of Year</b> <b>994,726.</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>165,751.</b>	<b>188,822.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>777,523.</b>	<b>805,904.</b>

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer		Date		
	<b>DEE ANNE EVERSON, EXECUTIVE DIRECTOR</b> Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>APRIL STITH</b>	Preparer's signature <b>APRIL STITH</b>	Date <b>02/08/18</b>	Check if self-employed <input type="checkbox"/>	PTIN <b>P01245039</b>
	Firm's name ▶ <b>MOSS ADAMS LLP</b>	Firm's EIN ▶ <b>91-0189318</b>	Firm's address ▶ <b>221 STEWART AVENUE SUITE 301 MEDFORD, OR 97501</b>		
			Phone no. <b>541-857-1040</b>		

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: THE MISSION OF THE UNITED WAY OF JACKSON COUNTY, INC. IS TO IMPROVE LIVES BY MOBILIZING THE CARING POWER OF JACKSON COUNTY COMMUNITIES.

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code: ) (Expenses \$ 397,805. including grants of \$ ) (Revenue \$ ) UNITED WAY CONDUCTS AN ANNUAL FUNDRAISING CAMPAIGN TO INVEST CRITICALLY NEEDED RESOURCES IN COMMUNITY IMPACT PROJECTS IN THE AREAS OF EDUCATION, INCOME, HEALTH AND TRANSPORTATION. THESE PROJECTS INCLUDE DAY OF CARING (14 PROJECTS IN THE FISCAL YEAR) AND 20 DIFFERENT IMPACT PARTNERSHIPS INCLUDING THE BIG IDEA, 100% HIGH SCHOOL COMPLETION FOR THE CLASS OF 2020 IN MEDFORD, EAGLE POINT AND THE ILLINOIS VALLEY. IN ADDITION, VITA (VOLUNTEER INCOME TAX ASSISTANCE) BRINGS BACK MORE THAN \$200,000 IN EARNED INCOME CREDITS TO LOCAL PEOPLE AND HOPE CHEST IS UNITED WAY'S EMERGENCY CASH ASSISTANCE PROGRAM PARTNERING SOCIAL WORKERS AND CASE MANAGERS TO HELP WITH RENT, UTILITIES, MEDICAL EXPENSES AND MANY EMERGENCIES NOT FUNDED BY OTHER NONPROFITS. THESE TWO PROGRAMS WORK TO CREATE FINANCIAL STABILITIZATION AS WELL AS OUR

4b (Code: ) (Expenses \$ 427,854. including grants of \$ 297,809. ) (Revenue \$ ) UNITED WAY COLLECTS DONOR DOLLARS TO INVEST FOR IMPACT IN PROGRAMS PROVIDING EDUCATION, INCOME, HEALTH AND TRANSPORTATION PROGRAMS SERVING TWO OUT OF THREE PEOPLE IN JACKSON COUNTY. THIS FISCAL YEAR, UNITED WAY FUNDED SIXTY TWO PROGRAMS, INCLUDING EVERYTHING FROM PRENATAL CARE TO BEREAVEMENT COUNSELING AND MUCH OF LIFE THAT FALLS IN BETWEEN. DONOR DOLLARS CAN BE DESIGNATED TO A SPECIFIC 501(C)3 AND UNITED WAY HONORS DONOR CHOICE. FEES ARE WITHHELD FOR FUNDRAISING, ADMINISTRATION AND PLEDGE LOSS. THE ALLOCATIONS PROCESS IS MANAGED BY VOLUNTEERS WHO RECEIVE TRAINING, REVIEW APPLICATIONS, CONDUCT SITE VISITS AND SCORE/EVALUATION EACH APPLICATION AND VISIT. VOLUNTEERS MAKE RECOMMENDATIONS TO THE UNITED WAY BOARD OF DIRECTORS WHO HAVE FINAL APPROVAL OF ALL ALLOCATIONS.

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 825,659.



**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
<b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
<b>b</b> Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
<b>c</b> Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
<b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	X	
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>		X
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?		X
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Main form table with columns for question numbers (1a-14b), Yes/No checkboxes, and input fields for numerical values.

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

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	1a 30		
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent		
	1b 30		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

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

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **OR**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: **▶**  
**DEE ANNE EVERSON - 541-773-5339**  
**1457 EAST MCANDREWS, MEDFORD, OR 97504**

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) AMY BELKIN DIRECTOR	2.00	X						0.	0.	0.
(2) BETH LINDSAY DIRECTOR	2.00	X						0.	0.	0.
(3) BOB WISE DIRECTOR	2.00	X						0.	0.	0.
(4) CARY JONES DIRECTOR	2.00	X						0.	0.	0.
(5) CHARLEY BOLEN DIRECTOR	2.00	X						0.	0.	0.
(6) CHRIS DUBOSE DIRECTOR	2.00	X						0.	0.	0.
(7) CHRIS HILKEY 2ND VICE PRESIDENT	2.00	X		X				0.	0.	0.
(8) DAN THORNDIKE DIRECTOR	2.00	X						0.	0.	0.
(9) DANA SHUMATE DIRECTOR	2.00	X						0.	0.	0.
(10) DAVID L GREMMELS DIRECTOR	2.00	X						0.	0.	0.
(11) DEELIA WARNER DIRECTOR	2.00	X						0.	0.	0.
(12) EEAN LEVIN DIRECTOR	2.00	X						0.	0.	0.
(13) FRANCIS PLOWMAN DIRECTOR	2.00	X						0.	0.	0.
(14) FRANK LUCAS DIRECTOR	2.00	X						0.	0.	0.
(15) HELEN FUNK DIRECTOR	2.00	X						0.	0.	0.
(16) JASON LUKASZEWICZ TREASURER	2.00	X		X				0.	0.	0.
(17) JENNIFER SUSI PRESIDENT	2.00	X		X				0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) KAREN BARTALINI DIRECTOR	2.00	X					0.	0.	0.	
(19) KIM KATIC DIRECTOR	2.00	X					0.	0.	0.	
(20) KRISTIN MILLIGAN SECRETARY	2.00	X		X			0.	0.	0.	
(21) LANCE REYES DIRECTOR	2.00	X					0.	0.	0.	
(22) MICHELE JONES DIRECTOR	2.00	X					0.	0.	0.	
(23) MONICA CLAYTON DIRECTOR	2.00	X					0.	0.	0.	
(24) NICK PARSONS DIRECTOR	2.00	X					0.	0.	0.	
(25) PENNY GARRETT DIRECTOR	2.00	X					0.	0.	0.	
(26) REBECCA VEGA 1ST VICE PRESIDENT	2.00	X		X			0.	0.	0.	
<b>1b Sub-total</b>							0.	0.	0.	
<b>c Total from continuation sheets to Part VII, Section A</b>							111,641.	0.	14,730.	
<b>d Total (add lines 1b and 1c)</b>							111,641.	0.	14,730.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **1**

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

SEE PART VII, SECTION A CONTINUATION SHEETS



**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514		
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b> 1,006,939.						
	<b>b</b> Membership dues .....	<b>1b</b>						
	<b>c</b> Fundraising events .....	<b>1c</b>						
	<b>d</b> Related organizations .....	<b>1d</b>						
	<b>e</b> Government grants (contributions) .....	<b>1e</b>						
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b> 26,545.						
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ .....							
	<b>h Total.</b> Add lines 1a-1f .....	▶ 1,033,484.						
<b>Program Service Revenue</b>	<b>2 a</b> _____	<b>Business Code</b>						
	<b>b</b> _____							
	<b>c</b> _____							
	<b>d</b> _____							
	<b>e</b> _____							
	<b>f</b> All other program service revenue .....							
	<b>g Total.</b> Add lines 2a-2f .....	▶						
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....	▶	9,191.			9,191.		
	<b>4</b> Income from investment of tax-exempt bond proceeds .....	▶						
	<b>5</b> Royalties .....	▶						
	<b>6 a</b> Gross rents .....	(i) Real	(ii) Personal					
		<b>b</b> Less: rental expenses .....						
		<b>c</b> Rental income or (loss) .....						
		<b>d</b> Net rental income or (loss) .....	▶					
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	(i) Securities	(ii) Other					
		<b>b</b> Less: cost or other basis and sales expenses .....						
		<b>c</b> Gain or (loss) .....						
		<b>d</b> Net gain or (loss) .....	▶					
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b>						
		<b>b</b> Less: direct expenses .....	<b>b</b>					
		<b>c</b> Net income or (loss) from fundraising events .....	▶					
	<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>a</b>						
<b>b</b> Less: direct expenses .....		<b>b</b>						
<b>c</b> Net income or (loss) from gaming activities .....		▶						
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>a</b>							
	<b>b</b> Less: cost of goods sold .....	<b>b</b>						
	<b>c</b> Net income or (loss) from sales of inventory .....	▶						
<b>Miscellaneous Revenue</b>		<b>Business Code</b>						
<b>11 a</b> _____								
	<b>b</b> _____							
	<b>c</b> _____							
	<b>d</b> All other revenue .....							
	<b>e Total.</b> Add lines 11a-11d .....	▶						
<b>12 Total revenue.</b> See instructions. ....	▶	1,042,675.	0.	0.	9,191.			



**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	297,809.	297,809.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	124,418.	87,093.	14,930.	22,395.
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	274,820.	176,913.	60,751.	37,156.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	8,178.	5,319.	1,710.	1,149.
<b>9</b> Other employee benefits	54,610.	35,517.	11,421.	7,672.
<b>10</b> Payroll taxes	29,584.	19,519.	5,687.	4,378.
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal				
<b>c</b> Accounting				
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	27,697.	18,274.	5,324.	4,099.
<b>12</b> Advertising and promotion	5,986.	4,190.		1,796.
<b>13</b> Office expenses	23,621.	9,099.	6,201.	8,321.
<b>14</b> Information technology	5,640.	3,721.	1,084.	835.
<b>15</b> Royalties				
<b>16</b> Occupancy	3,919.	2,586.	753.	580.
<b>17</b> Travel				
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	21,930.	14,624.	3,634.	3,672.
<b>20</b> Interest	2,776.	1,831.	534.	411.
<b>21</b> Payments to affiliates	13,944.	8,366.	2,789.	2,789.
<b>22</b> Depreciation, depletion, and amortization	1,473.	972.	283.	218.
<b>23</b> Insurance	3,502.	2,311.	673.	518.
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> <b>COMMUNITY PROJECTS</b>	143,230.	137,515.	2,143.	3,572.
<b>b</b>				
<b>c</b>				
<b>d</b>				
<b>e</b> All other expenses				
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	1,043,137.	825,659.	117,917.	99,561.
<b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here  if following SOP 98-2 (ASC 958-720)

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	51,490.	<b>1</b>	208,641.
	<b>2</b> Savings and temporary cash investments .....	0.	<b>2</b>	177,231.
	<b>3</b> Pledges and grants receivable, net .....	223,479.	<b>3</b>	209,124.
	<b>4</b> Accounts receivable, net .....		<b>4</b>	
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	828.	<b>9</b>	986.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 28,137.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 26,855.	2,755.	<b>10c</b> 1,282.
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	664,722.	<b>15</b>	397,462.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	943,274.	<b>16</b>	994,726.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	67,437.	<b>17</b>	100,564.
	<b>18</b> Grants payable .....	78,314.	<b>18</b>	88,258.
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	20,000.	<b>25</b>	0.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	165,751.	<b>26</b>	188,822.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets .....	341,485.	<b>27</b>	334,789.
	<b>28</b> Temporarily restricted net assets .....	99,454.	<b>28</b>	133,703.
	<b>29</b> Permanently restricted net assets .....	336,584.	<b>29</b>	337,412.
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>	
<b>33</b> Total net assets or fund balances .....	777,523.	<b>33</b>	805,904.	
<b>34</b> Total liabilities and net assets/fund balances .....	943,274.	<b>34</b>	994,726.	

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,042,675.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,043,137.
3	Revenue less expenses. Subtract line 2 from line 1	3	-462.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	777,523.
5	Net unrealized gains (losses) on investments	5	
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	28,843.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	805,904.

**Part XII Financial Statements and Reporting**

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

- 1 Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? .....  
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? .....
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits .....

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form 990 (2016)

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2016**

Open to Public Inspection

Name of the organization <b>UNITED WAY OF JACKSON COUNTY, INC.</b>	Employer identification number <b>93-0576632</b>
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**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

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

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations .....
  - g Provide the following information about the supported organization(s).

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

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	798,330.	867,369.	944,587.	1101661.	1033484.	4745431.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	798,330.	867,369.	944,587.	1101661.	1033484.	4745431.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						197,401.
<b>6 Public support.</b> Subtract line 5 from line 4.						4548030.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>7</b> Amounts from line 4 .....	798,330.	867,369.	944,587.	1101661.	1033484.	4745431.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	4,589.	5,429.	3,986.	7,171.	9,191.	30,366.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						4775797.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	95.23 %
<b>15</b> Public support percentage from 2015 Schedule A, Part II, line 14 .....	<b>15</b>	97.55 %
<b>16a 33 1/3% support test - 2016.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2015.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2016.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2015.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

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

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

<b>15</b> Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2015 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

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

**19a 33 1/3% support tests - 2016.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2015.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

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

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

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		



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

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

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

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

<b>Section C - Distributable Amount</b>		(A) Prior Year	Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions	Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions	
<b>9</b> Distributable amount for 2016 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
<b>1</b> Distributable amount for 2016 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2016 (reasonable cause required- explain in Part VI). See instructions			
<b>3</b> Excess distributions carryover, if any, to 2016:			
<b>a</b>			
<b>b</b>			
<b>c</b> From 2013			
<b>d</b> From 2014			
<b>e</b> From 2015			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2016 distributable amount			
<b>i</b> Carryover from 2011 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2016 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2016 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4			
<b>5</b> Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions			
<b>6</b> Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions			
<b>7 Excess distributions carryover to 2017.</b> Add lines 3j and 4c			
<b>8</b> Breakdown of line 7:			
<b>a</b>			
<b>b</b> Excess from 2013			
<b>c</b> Excess from 2014			
<b>d</b> Excess from 2015			
<b>e</b> Excess from 2016			

**Part VI** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.  
(See instructions.)

**SCHEDULE A, LIST OF UNUSUAL GRANTS RECEIVED:**

DESCRIPTION: CASH

DATE: 06/30/13 AMOUNT: 150000.

DESCRIPTION: CASH

DATE: 06/30/14 AMOUNT: 150000.

DESCRIPTION: CASH

DATE: 06/30/14 AMOUNT: 100000.

DESCRIPTION: CASH

DATE: 06/30/15 AMOUNT: 200000.

Multiple horizontal lines for additional entries.

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

OMB No. 1545-0047

**2016**

Name of the organization

UNITED WAY OF JACKSON COUNTY, INC.

Employer identification number

93-0576632

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. 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 <b>UNITED WAY OF JACKSON COUNTY, INC.</b>	Employer identification number <b>93-0576632</b>
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**Part I Contributors** (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ <u>42,858.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ <u>200,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ <u>86,038.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ <u>31,290.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ <u>25,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>UNITED WAY OF JACKSON COUNTY, INC.</b>	Employer identification number  <b>93-0576632</b>
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**Part II Noncash Property** (See instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization  <b>UNITED WAY OF JACKSON COUNTY, INC.</b>	Employer identification number  <b>93-0576632</b>
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. 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
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2016 Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization UNITED WAY OF JACKSON COUNTY, INC. Employer identification number 93-0576632

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose(s) of conservation easements, a table for lines 2a-2d (Total number, acreage, certified historic structures, acquired after 8/17/06), and questions about monitoring, expenses, and reporting.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting works of art and historical treasures, and a table for revenue and assets included in Form 990.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2016



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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange programs
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	336,584.	334,023.	287,226.	113,116.	113,116.
b Contributions					
c Net investment earnings, gains, and losses	828.	2,561.	46,797.	174,110.	
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	337,412.	336,584.	334,023.	287,226.	113,116.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  \_\_\_\_\_ %
  - b Permanent endowment  100.00 %
  - c Temporarily restricted endowment  \_\_\_\_\_ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes | No |
|---|-----|----|
| (i) unrelated organizations   | X   |    |
| (ii) related organizations  |     | X  |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b  |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		28,137.	26,855.	1,282.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,282.

**Part VII Investments - Other Securities.**

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

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

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1) BENEFICIAL INTEREST IN LATHAM TRUST	224,296.
(2) ASSETS RESTRICTED BY DONORS	173,166.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	397,462.

**Part X Other Liabilities.**

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

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

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

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>	1,102,612.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>		
<b>b</b>	Donated services and use of facilities	<b>2b</b>	31,095.	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	28,842.	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	59,937.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	1,042,675.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	0.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)		<b>5</b>	1,042,675.

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

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

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>	1,074,231.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities	<b>2a</b>	31,094.	
<b>b</b>	Prior year adjustments	<b>2b</b>		
<b>c</b>	Other losses	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	31,094.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	1,043,137.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	0.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)		<b>5</b>	1,043,137.

**Part XIII Supplemental Information.**

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

PART XI, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN BENEFICIAL INTEREST

PART V, LINE 4:

IN GENERAL, THE UNITED WAY OF JACKSON COUNTY USES EARNINGS ON ENDOWMENT FUNDS ANNUALLY TO SUPPORT PROGRAM SERVICE ACCOMPLISHMENTS, KEEPING THE ENDOWMENT FUNDS PRINCIPAL INTACT IN PERPETUITY.

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

**2016**

**Open to Public  
Inspection**

Name of the organization **UNITED WAY OF JACKSON COUNTY, INC.** Employer identification number **93-0576632**

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

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  **Yes**  **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
ADDITIONS RECOVERY CENTER 1003 E MAIN, SUITE 104 MEDFORD, OR 97504	93-0645605	501(C)(3)	12,994.	0.	FMV		RESIDENTIAL DRUG TREATMENT SERVICES
AMERICAN RED CROSS SOUTHERN OREGON CHAPTER - 60 HAWTHORNE STREET - MEDFORD, OR 97504	53-0196605	501(C)(3)	5,000.	0.	FMV		DISASTER SERVICE - HOUSE FIRES - MAINTAIN STABILITY
ASHLAND FAMILY YMCA 540 YMCA WAY ASHLAND, OR 97520	93-0686976	501(C)(3)	7,669.	0.	FMV		SCHOLARSHIPS FOR KIDS
CASA OF JACKSON COUNTY 409 N FRONT STREET MEDFORD, OR 97501	94-3215621	501(C)(3)	12,300.	0.	FMV		SAFE OUTCOMES FOR CHILDREN
CENTER FOR NONPROFIT LEGAL SERVICES - PO BOX 1586 - MEDFORD, OR 97501	23-7227761	501(C)(3)	10,000.	0.	FMV		PATHWAYS TO SELF SUFFICIENCY
CHILDREN'S DENTAL CLINIC 229 STEWART AVENUE MEDFORD, OR 97501	93-0731971	501(C)(3)	7,000.	0.	FMV		SPONSOR A SMILE

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 26.

**3** Enter total number of other organizations listed in the line 1 table ▶ 0.

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

Schedule I (Form 990) (2016)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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
COMMUNITY VOLUNTEER NETWORK ONE WEST MAIN STREET #303 MEDFORD, OR 97501	93-0892261	501(C)(3)	15,800.	0.	FMV		FOSTER GRANDPARENT PROGRAM AND RSVP
COMMUNITY WORKS, INC. 2594 E BARNETT ROAD, SUITE C MEDFORD, OR 97504	93-0633804	501(C)(3)	13,080.	0.	FMV		SEXUAL ASSAULT VICTIMS AND DUNN HOUSE SHELTER
COMPASS HOUSE 332 W. 6TH STREET MEDFORD, OR 97501	93-1294230	501(C)(3)	6,834.	0.	FMV		PROVIDING PURPOSEFUL OPPORTUNITIES THAT BUILD THE DIGNITY OF THE INDIVIDUAL
CONSUMER CREDIT COUNSELING SERVICE OF SOUTHERN OREGON - 820 CRATER LAKE AVENUE #202 - MEDFORD, OR 97504	93-0585893	501(C)(3)	12,258.	0.	FMV		WILL MINI GRANT, CREDIT COUNSELING & FINANCIAL FIT WOMEN
EASTER SEALS OREGON 5757 SW MACADAM AVE, SUITE 100 PORTLAND, OR 97239	93-0386885	501(C)(3)	6,500.	0.	FMV		SUMMER DAY CAMP
FAMILY NURTURING CENTER 212 N OAKDALE AVENUE MEDFORD, OR 97501	16-1726574	501(C)(3)	12,141.	0.	FMV		INCREASE CAPACITY
HEARTS WITH A MISSION 711 MEDFORD CENTER #334 MEDFORD, OR 97504	20-8678122	501(C)(3)	10,000.	0.	FMV		SAFE KIDS - HEALTHY COMMUNITIES
HOPE EQUESTRIAN CENTER PO BOX 396 EAGLE POINT, OR 97524	93-0978737	501(C)(3)	7,100.	0.	FMV		AT RISK GIRLS ADOPT RIDER
JACKSON COUNTY SART 2305 ASHLAND STREET, C-418 ASHLAND, OR 97520	81-0650183	501(C)(3)	9,967.	0.	FMV		SEXUAL ASSAULT ACUTE RESPONSE

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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
KIDS UNLIMITED 821 NORTH RIVERSIDE MEDFORD, OR 97501	93-1329922	501(C)(3)	19,413.	0.	FMV		ELEMENTARY AFTER SCHOOL PROGRAMS AND WOMEN PARENTS
LIVING OPPORTUNITIES PO BOX 1105 MEDFORD, OR 97501	93-0640525	501(C)(3)	14,000.	0.	FMV		SUPPORTED LIVING AND EMPLOYMENT
ON TRACK, INC. 221 WEST MAIN STREET MEDFORD, OR 97501	23-7088811	501(C)(3)	12,116.	0.	FMV		TEEN MENTAL HEALTH SERVICES AND INFANT MASSAGE
PHOENIX ELEMENTARY PO BOX 727 PHOENIX, OR 97535	93-6000506	501(C)(3)	5,417.	0.	FMV		CRISP CLUB LEADERS
ROGUE COMMUNITY HEALTH 19 MYRTLE STREET MEDFORD, OR 97504	23-7366812	501(C)(3)	12,133.	0.	FMV		INTEGRATED CARE PROGRAM
ROGUE RETREAT 1410 W. 8TH MEDFORD, OR 97501	93-1261999	501(C)(3)	5,800.	0.	FMV		SUPPORTIVE SERVICES AND WILL GRANT
ROGUE VALLEY COUNCIL OF GOVERNMENTS - PO BOX 3275 - CENTRAL POINT, OR 97502	93-0611406	501(C)(3)	11,703.	0.	FMV		FOOD AND FRIENDS
ROGUE VALLEY FAMILY YMCA 522 WEST SIXTH STREET MEDFORD, OR 97501	93-0391645	501(C)(3)	13,951.	0.	FMV		YMCA FINANCIAL ASSISTANCE PROGRAM
ROSE CIRCLE MENTORING NETWORK 295 E MAIN STREET, STE 6 ASHLAND, OR 97520	94-3468601	501(C)(3)	5,906.	0.	FMV		MENTORING SERVICES

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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
RV VETERANS AND COMMUNITY OUTREACH 601 N GRAPE STREET MEDFORD, OR 97501	93-0779926	501(C)(3)	5,800.	0.	FMV		REMOVING BARRIERS TO REINTEGRATION
SOCFC - HEADSTART PO BOX 3697 CENTRAL POINT, OR 97502	93-0564896	501(C)(3)	14,495.	0.	FMV		FAMILY PARTNERS

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

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

**PART I, LINE 2:**

THE UNITED WAY CONDUCTS BI-ANNUAL SITE VISITS WITH VOLUNTEER REVIEWERS, MID-CYCLE (ANNUAL REPORTING) EVALUATIONS ON OUTCOME TARGETS AND ACHIEVEMENTS, SUCCESS STORY AND DEMOGRAPHIC REPORTING. FINANCIAL REPORTING IS REQUIRED BASED ON THE FUNDING LEVEL AND BUDGET OF THE GRANTEE ORGANIZATION. THE LOWEST LEVEL OF REPORTING IS FOR ORGANIZATIONS WITH LESS THAN \$500,000 BUDGETS WHO RECEIVE LESS THAN \$10,000 ANNUALLY. THESE ORGANIZATIONS ARE REQUIRED TO SUBMIT TO THE UNITED WAY A COPY OF THEIR IRS FORM 990. ORGANIZATIONS WHO RECEIVE



**Part IV** Supplemental Information

MORE THAN \$10,000 ANNUALLY ARE ALSO REQUIRED TO SUBMIT TO THE UNITED WAY A COPY OF THEIR ANNUAL INDEPENDENTLY AUDITED FINANCIAL STATEMENTS.

Multiple horizontal lines for supplemental information.

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

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

**2016**

Open to Public  
Inspection

Name of the organization

UNITED WAY OF JACKSON COUNTY, INC.

Employer identification number

93-0576632

**FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:**

PARTICIPATION WITH THE HOMELESS TASK FORCE AND PROJECT CONNECT. OUR HEALTH STRATEGY IS TO MAXIMIZE WELLNESS AND OUR IMPACT PARTNERSHIPS FOCUS ON PREVENTING CHILD ABUSE THROUGH THE ROGUE VALLEY CAP (CHILD ABUSE PROJECT), INCREASING NUTRITION EDUCATION THROUGH GREAT START, EAT SMART, AND AN ANTISTIGMA CAMPAIGN ON MENTAL ILLNESS AS A FEW EXAMPLES. OUR TRANSPORTATION STRATEGY IS TO REDUCE BARRIERS FOR PEOPLE TO GET TO WORK, TO SCHOOL AND TO NEEDED APPOINTMENTS. WE DO THIS IN PARTNERSHIP WITH THE ROGUE VALLEY TRANSPORTATION DISTRICT AND THE OREGON DEPARTMENT OF TRANSPORTATION AS WELL AS MANY COMMUNITY PARTNERS TO HELP PEOPLE WITH LOW INCOME, AGING POPULATIONS AND PEOPLE WITH DISABILITIES FIND WAYS TO GET FROM HERE TO THERE. UNITED WAY SERVES TWO OUT OF THREE PEOPLE IN JACKSON COUNTY AND SURROUNDING AREAS.

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

THE FINANCE COMMITTEE OF THE ORGANIZATION REVIEWS THE FORM 990 BEFORE IT IS FILED AND THE BOARD IS OFFERED REVIEW OPPORTUNITIES. A COPY OF THE FORM 990 IS GIVEN TO THE BOARD OF DIRECTORS.

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

VOLUNTEERS AND STAFF OF THE ORGANIZATION ARE REQUIRED TO ANNUALLY COMPLETE THE CODE OF ETHICS FORM, WHICH INCLUDES DISCLOSING POTENTIAL CONFLICTS OF INTEREST. IN ADDITION, THE BOARD ASKS FOR DISCLOSURE OF POTENTIAL CONFLICTS BEFORE VOTING ON ALLOCATION OF FUNDS.

**FORM 990, PART VI, SECTION B, LINE 15A:**

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

Schedule O (Form 990 or 990-EZ) (2016)

Name of the organization UNITED WAY OF JACKSON COUNTY, INC.	Employer identification number 93-0576632
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THE PERSONNEL COMMITTEE OF THE ORGANIZATION IS RESPONSIBLE FOR THE ANNUAL EVALUATION OF THE EXECUTIVE DIRECTOR. THE EVALUATION IS 360 DEGREES WITH INPUT FROM BOARD MEMBERS, PERSONNEL COMMITTEE MEMBERS, STAFF, AGENCY DIRECTORS, AND SELECTED COMMUNITY PARTNERS. THE UNITED WAY SUBSCRIBES AND PARTICIPATES IN A STATEWIDE NONPROFIT SALARY SURVEY PRODUCED BY MBL GROUP. THIS IS USED FOR COMPARABLE SALARY INFORMATION.

THERE ARE NO OTHER OFFICERS OR KEY EMPLOYEES.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION POSTS ITS IRS FORM 990 ON ITS WEBSITE. OTHER GOVERNING DOCUMENTS AND POLICIES ARE AVAILABLE TO ANY INTEREST PARTY UPON REQUEST. THE ORGANIZATION POSTS ITS AUDITED FINANCIAL STATEMENTS ON ITS WEBSITE.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN BENEFICIAL INTEREST	28,843.
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FORM 990, PART XII, LINE 2C:

THE ORGANIZATION HAS A FINANCE COMMITTEE AND BOARD OF DIRECTORS THAT IS RESPONSIBLE FOR SELECTION OF INDEPENDENT AUDITORS AND FOR OVERSIGHT OF THE FINANCIAL STATEMENTS. THE OVERSIGHT PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

# Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**

▶ **Information about Form 8868 and its instructions is at [www.irs.gov/form8868](http://www.irs.gov/form8868) .**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile), click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

	Enter filer's identifying number	
<b>Type or print</b>	Name of exempt organization or other filer, see instructions. <b>UNITED WAY OF JACKSON COUNTY, INC.</b>	Employer identification number (EIN) or <b>93-0576632</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>1457 EAST MCANDREWS</b>	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>MEDFORD, OR 97504</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**DEE ANNE EVERSON**

• The books are in the care of ▶ **1457 EAST MCANDREWS - MEDFORD, OR 97504**  
Telephone No. ▶ **541-773-5339** Fax No. ▶ \_\_\_\_\_

• If the organization does not have an office or place of business in the United States, check this box    
• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until **MAY 15, 2018**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶  calendar year \_\_\_\_\_ or  
▶  tax year beginning **JUL 1, 2016**, and ending **JUN 30, 2017**.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

<b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.