

Form **990**

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

A For the 2015 calendar year, or tax year beginning 7/1/2015, and ending 6/30/2016

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

C Name of organization United Way of Rock River Valley
 Doing business as _____
 Number and street (or P O box if mail is not delivered to street address) Room/suite
612 N Main Street Suite 300 300
 City or town State ZIP code
Rockford IL 61103
 Foreign country name Foreign province/state/county Foreign postal code

D Employer identification number 36-2167843

E Telephone number (815) 968-5400

F Name and address of principal officer
Paul A Logli 612 N Main Street, Rockford, IL 61103

G Gross receipts \$ 5,081,294

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

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

J Website: WWW.UNITEDWAYRRV.ORG

K Form of organization Corporation Trust Association Other

L Year of formation 1920 **M** State of legal domicile IL

H(c) Group exemption number

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>To improve life in the Rock River Valley by mobilizing the caring power of the community. The United Way of Rock River Valley focuses on the three impact areas of Education, Income and Health.</u>		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	29
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	29
	5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	0
	6	Total number of volunteers (estimate if necessary)	6	875
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	4,784,462	4,379,959
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	10,000	0
	11	Other revenue (Part VIII, column (A), lines 5, 6, 8c, 9c, 10c, and 11e)	155,766	77,695
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,941,082	4,457,654
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,597,412
14		Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,124,167	1,134,042
16a		Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b		Total fundraising expenses (Part IX, column (D), line 25)	502,837	
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,047,150	1,122,550
18		Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	4,768,729	4,811,117
	19 Revenue less expenses Subtract line 18 from line 12	172,353	-353,463	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	6,723,971	5,909,592
	22	Net assets or fund balances Subtract line 21 from line 20	1,391,331	1,071,516
		5,332,640	4,838,076	

Part II Signature Block

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

Sign Here

Signature of officer: Paul A Logli Date: 2/6/2017
 Type or print name and title: President and C E O.

Paid Preparer Use Only

Print/Type preparer's name: _____ Preparer's signature: SELF-PREPARED RETURN Date: _____ Check if self-employed PTIN: _____
 Firm's name: _____ Firm's EIN: _____
 Firm's address: _____ Phone no: _____

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

For Paperwork Reduction Act Notice, see the separate instructions.

HTA

Form **990** (2015)

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Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: To improve life in the Rock River Valley by mobilizing the caring power of the community. The United Way of Rock River Valley focuses on the three impact areas of Education, Income and Health.

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 If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 3,422,491 including grants of \$ 2,554,525) (Revenue \$) Grants to local 501 (c) (3) organizations that in partnership with United Way focus on advancing the common good by creating opportunities for a better life for all. The programs focus on the impact areas of Education, Income, and Health. Because Education is an essential building block for a good life, the Education programs focus on helping children become successful in school. The Income Programs focus on helping individuals and families become independant and financially stable, because people need predictable resources to meet their basic needs, provide for emergencies, improve quality of life, and make ongoing investments in lifelong learning in order to achieve economic and financial security. The Health Programs include services for victims of abuse, addiction treatment, mental illness services, and prescription drug coverage. The United Way of Rock River Valley believes in helping drive sustainable change.

4b (Code:) (Expenses \$ 476,524 including grants of \$) (Revenue \$) United Way Neighborhoods and Community Services - Serves the community through needs assesments that focus on bringing resources together to address the most pressing needs in the community, as a result the United Way coordinates the local FEMA Board, the Letter Carrier Food Drive, and other community services. United Way 211 is an information and referral system that connects those in need to available resources in the community. This service is accessible via the telephone (211) or internet at www.findhelp211.org. United Way is working to bring assets and programs to identified neighborhoods in order to build Stronger Neighborhoods. Increasing employment opportunities, supporting employment start ups, job skills programs, and education enhancements are a few of the strategies used to help build Strong Neighborhoods.

4c (Code:) (Expenses \$ 216,554 including grants of \$) (Revenue \$) Education Impact Initiative - Programs in this impact area include: Page Turner, I' Read, Kreative K, and Born Learning. The primary goal of the Education Initiative is to ensure that children are ready to succeed in the early education setting because quality early learning programs have a profound impact on lifelong success and support cognitive, social, and emotional development. The education impact initiatives are led by a volunteer advisory council of community-based business leaders, educators, and early childhood advocates.

4d Other program services. (Describe in Schedule O.) (Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)

4e Total program service expenses 4,115,569

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

Table with columns for question number, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, unrelated business income, and various organizational requirements.

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

Section A. Governing Body and Management

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

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Did the organization have a written conflict of interest policy? If "No," go to line 13. 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done. 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official. 15b Other officers or key employees of the organization. If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 List the states with which a copy of this Form 990 is required to be filed IL 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [X] Another's website [X] Upon request [] Other (explain in Schedule O) 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 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: Theresa Merriman (815) 986-4813 612 N. Main St. Suite 300, Rockford, IL 61103

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Jennifer Baker Director	1.00 0.00	X					0	0	0	
(2) Jedediah Cantrell Director	2.00 0.00	X					0	0	0	
(3) Craig Carlson Director	1.00 0.00	X					0	0	0	
(4) Nancy Chamberlain Director	1.00 0.00	X					0	0	0	
(5) Becky Cook Kendall Director	1.00 0.00	X					0	0	0	
(6) William Corey Director	2.00 0.00	X					0	0	0	
(7) Bill Derry Director	1.00 0.00	X					0	0	0	
(8) Gordon Eggers Director	1.00 0.00	X					0	0	0	
(9) Rebecca Epperson Director	1.00 0.00	X					0	0	0	
(10) Paul Gaier Director	1.00 0.00	X					0	0	0	
(11) Linda Gerber Chair	2.00 0.00	X		X			0	0	0	
(12) Dr. William Gorski Director	1.00 0.00	X					0	0	0	
(13) Frank Graceffa Director	1.00 0.00	X					0	0	0	
(14) Wray Howard Ex-Officio	2.00 0.00	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 dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) Terri Knight Director	1.00 0.00	X						0	0	0
(16) Tom Kress Treasurer	2.00 0.00	X		X				0	0	0
(17) Bruce Lampe Director	1.00 0.00	X						0	0	0
(18) Lisa Lasala Director	1.00 0.00	X						0	0	0
(19) Linda Lumpkin Director	1.00 0.00	X						0	0	0
(20) Pat Morrow Director	1.00 0.00	X						0	0	0
(21) Laura Mruk Director	1.00 0.00	X						0	0	0
(22) Dan Parod Director	1.00 0.00	X						0	0	0
(23) Michael Paterson Director	1.00 0.00	X						0	0	0
(24) Danielle Potter Director	1.00 0.00	X						0	0	0
(25) Jim Ryan Vice Chair / Secretary	2.00 0.00	X		X				0	0	0
1b Sub-total								0	0	0
c Total from continuation sheets to Part VII, Section A								186,099	0	41,600
d Total (add lines 1b and 1c)								186,099	0	41,600

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 former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
		0
		0
		0
		0
		0

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**

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a 7,394				
	b Membership dues	1b 0				
	c Fundraising events	1c 5,773				
	d Related organizations	1d 0				
	e Government grants (contributions)	1e 51,290				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 4,315,502				
	g Noncash contributions included in lines 1a-1f:	\$ 0				
	h Total. Add lines 1a-1f	▶ 4,379,959				
	Program Service Revenue	Business Code				
2a			0			
b			0			
c			0			
d			0			
e			0			
f All other program service revenue			0			
g Total. Add lines 2a-2f	▶	0				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	▶	53,052		53,052	
	4 Income from investment of tax-exempt bond proceeds	▶	0			
	5 Royalties	▶	0			
	6a Gross rents	(i) Real				
		(ii) Personal				
		c Rental income or (loss)	0	0		
	d Net rental income or (loss)	▶	0			
	7a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		b Less: cost or other basis and sales expenses	648,283	0		
		c Gain or (loss)	623,640	0		
	d Net gain or (loss)	▶	24,643		24,643	
	8a Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c). See Part IV, line 18	a	0			
		b Less: direct expenses	b 0			
		c Net income or (loss) from fundraising events	▶	0		
9a Gross income from gaming activities. See Part IV, line 19	a	0				
	b Less: direct expenses	b 0				
	c Net income or (loss) from gaming activities	▶	0			
10a Gross sales of inventory, less returns and allowances	a	0				
	b Less: cost of goods sold	b 0				
	c Net income or (loss) from sales of inventory	▶	0			
Miscellaneous Revenue		Business Code				
11a		0				
b		0				
c		0				
d All other revenue		0				
e Total. Add lines 11a-11d	▶	0				
12 Total revenue. See instructions	▶	4,457,654	0	0	77,695	

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

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations domestic governments. See Part IV, line 21	2,554,525	2,554,525		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	234,619	159,541	21,116	53,962
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	660,555	418,808	97,970	143,777
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	17,325	11,781	1,559	3,985
9 Other employee benefits	95,124	64,684	8,561	21,879
10 Payroll taxes	126,419	78,329	15,846	32,244
11 Fees for services (non-employees).				
a Management	0			
b Legal	12,269	8,343	1,104	2,822
c Accounting	15,200	10,336	1,368	3,496
d Lobbying	0			
e Professional fundraising services. See Part IV, line 17	0			
f Investment management fees	0			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	26,193	17,812	2,357	6,024
12 Advertising and promotion	11,229	8,595	1,536	1,098
13 Office expenses	30,851	24,274	3,708	2,869
14 Information technology	30,940	23,514	4,332	3,094
15 Royalties	0			
16 Occupancy	49,130	37,339	6,878	4,913
17 Travel	16,012	7,171	828	8,013
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	12,683	6,176	844	5,663
20 Interest	0			
21 Payments to affiliates	46,953	32,155	4,368	10,430
22 Depreciation, depletion, and amortization	15,209	11,559	2,129	1,521
23 Insurance	8,177	6,215	1,144	818
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Initiative Expenses	509,664	509,664		
b Subscriptions, Publications, and dues	16,649	10,838	1,987	3,824
c Campaign Expenses	153,877			153,877
d Uncollectible Pledges	167,514	113,910	15,076	38,528
e All other expenses	0			
25 Total functional expenses. Add lines 1 through 24e	4,811,117	4,115,569	192,711	502,837
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	744,617	1	430,636
	2 Savings and temporary cash investments	905,431	2	898,381
	3 Pledges and grants receivable, net	1,550,607	3	1,353,170
	4 Accounts receivable, net	7,867	4	2,018
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	65,278	9	41,392
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 229,399		
	b Less: accumulated depreciation	10b 185,425		
	11 Investments—publicly traded securities	2,675,363	11	2,456,927
	12 Investments—other securities. See Part IV, line 11	0	12	0
	13 Investments—program-related. See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
	15 Other assets. See Part IV, line 11	736,871	15	683,094
16 Total assets. Add lines 1 through 15 (must equal line 34)	6,723,971	16	5,909,592	
Liabilities	17 Accounts payable and accrued expenses	193,193	17	132,416
	18 Grants payable	1,118,831	18	841,559
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	79,307	25	97,541
	26 Total liabilities. Add lines 17 through 25	1,391,331	26	1,071,516
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	2,267,307	27	1,977,075
	28 Temporarily restricted net assets	2,815,333	28	2,861,001
	29 Permanently restricted net assets	250,000	29	
	Organizations that do not follow SFAS 117 (ASC958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	5,332,640	33	4,838,076	
34 Total liabilities and net assets/fund balances	6,723,971	34	5,909,592	

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	4,457,654
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,811,117
3	Revenue less expenses. Subtract line 2 from line 1	3	-353,463
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5,332,640
5	Net unrealized gains (losses) on investments	5	-122,186
6	Donated services and use of facilities	6	
7	Investment expenses	7	-18,915
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	4,838,076

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
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.	X	
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?		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2015

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

Name of the organization

United Way of Rock River Valley

Employer identification number

36-2167843

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

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

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total					0	0

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants").	4,389,168	4,661,219	5,603,776	4,784,462	4,379,959	23,818,584
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge.						0
4 Total. Add lines 1 through 3	4,389,168	4,661,219	5,603,776	4,784,462	4,379,959	23,818,584
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						
6 Public support. Subtract line 5 from line 4						23,818,584

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4.	4,389,168	4,661,219	5,603,776	4,784,462	4,379,959	23,818,584
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	33,336	37,132	47,378	44,230	53,052	215,128
9 Net income from unrelated business activities, whether or not the business is regularly carried on.						0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	14,982	58,869	43,133	102,390	24,643	244,017
11 Total support. Add lines 7 through 10						24,277,729
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	98.11%
15 Public support percentage from 2014 Schedule A, Part II, line 14	15	98.01%
16a 33 1/3% support test—2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, and stop here. The organization qualifies as a publicly supported organization. <input checked="" type="checkbox"/>		
b 33 1/3% support test—2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. <input type="checkbox"/>		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						0
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						0
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0
6 Total. Add lines 1 through 5	0	0	0	0	0	0
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
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						0
c Add lines 7a and 7b	0	0	0	0	0	0
8 Public support (Subtract line 7c from line 6.)						0

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6	0	0	0	0	0	0
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c Add lines 10a and 10b	0	0	0	0	0	0
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						0
13 Total support. (Add lines 9, 10c, 11, and 12)	0	0	0	0	0	0

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

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	0.00%
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	0.00%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	0.00%
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	0.00%

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

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
3b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
3c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
4b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
4c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
5b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
5c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
9b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
9c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
10b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	0
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	0
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	0
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	0
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	0
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0
6	Multiply line 5 by .035	6	0
7	Recoveries of prior-year distributions	7	0
8	Minimum Asset Amount (add line 7 to line 6)	8	0
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	0
2	Enter 85% of line 1	2	0
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	0
4	Enter greater of line 2 or line 3	4	0
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	0
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year		
1	Amounts paid to supported organizations to accomplish exempt purposes			
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of supported organizations			
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			0
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.			
9	Distributable amount for 2015 from Section C, line 6			0
10	Line 8 amount divided by Line 9 amount			0 000
Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			0
2	Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015:			
a				
b				
c				
d	From 2013	0		
e	From 2014.	0		
f	Total of lines 3a through e		0	
g	Applied to underdistributions of prior years		0	
h	Applied to 2015 distributable amount			0
i	Carryover from 2010 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.		0	
4	Distributions for 2015 from Section D, line 7:			
a	Applied to underdistributions of prior years		0	
b	Applied to 2015 distributable amount			0
c	Remainder Subtract lines 4a and 4b from 4.		0	
5	Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).		0	
6	Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			0
7	Excess distributions carryover to 2016. Add lines 3j and 4c.		0	
8	Breakdown of line 7:			
a				
b				
c	Excess from 2013	0		
d	Excess from 2014	0		
e	Excess from 2015	0		

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2015

Open to Public Inspection

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.

Department of the Treasury Internal Revenue Service

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

Name of the organization: United Way of Rock River Valley; Employer identification number: 36-2167843

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate values, and yes/no questions about donor information.

Part II Conservation Easements.

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

Form for Part II with multiple questions (1-9) regarding conservation easements, including checkboxes for various purposes and a table for tracking easements at the end of the tax year.

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.

Form for Part III with questions (1a, 1b, 2, 2a, 2b) regarding reporting requirements for art and historical treasures.

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	0
d Additions during the year	
e Distributions during the year	
f Ending balance	0

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	2,339,707	2,381,380	1,249,848	1,197,720	1,191,378
b Contributions			1,000,000		50,000
c Net investment earnings, gains, and losses	-37,111	81,939	196,693	108,901	10,815
d Grants or scholarships	113,177	107,081	55,700	49,428	47,242
e Other expenditures for facilities and programs					
f Administrative expenses	16,282	16,531	9,461	7,345	7,231
g End of year balance	2,173,137	2,339,707	2,381,380	1,249,848	1,197,720

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

- a** Board designated or quasi-endowment %
- b** Permanent endowment %
- c** Temporarily restricted endowment 100%

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
3b		

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

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	0	0	0	0
b Buildings	0	0	0	0
c Leasehold improvements	0	0	0	0
d Equipment	0	229,399	185,425	43,974
e Other	0	0	0	0
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				43,974

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	0	
(2) Closely-held equity interests	0	
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	0	

Part VIII Investments—Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶	0	

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) Corbett Trust - Beneficial	683,094
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	683,094

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
(2) Payable to other organizations	97,541
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	97,541

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	3,585,881
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-122,186	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	28,160	
e	Add lines 2a through 2d	2e		-94,026
3	Subtract line 2e from line 1		3	3,679,907
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	18,915	
b	Other (Describe in Part XIII.)	4b	758,832	
c	Add lines 4a and 4b	4c		777,747
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	4,457,654

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

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

1	Total expenses and losses per audited financial statements		1	4,080,445
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	28,160	
e	Add lines 2a through 2d	2e		28,160
3	Subtract line 2e from line 1		3	4,052,285
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	758,832	
c	Add lines 4a and 4b	4c		758,832
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	4,811,117

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 V Line 4 Endowment earnings are used to fund the annual campaign for grants.....

Part X Line 2 The organization was formed as a tax-exempt entity under Section 501 (c) (3).....

of the Internal Revenue Code. Management believes the Organization continues to qualify as.....

a tax-exempt entity. The Organization accounts for income taxes in accordance with.....

Financial Accounting Standard Board (FASB) Accounting Standards Codification (ASC) Topic.....

740, Accounting for Uncertainty Income Taxes. The standard provides detailed guidance for.....

the financial statement recognition, measurement and disclosure of uncertain tax positions.....

recognized in an enterprise's financial statements and require an entity to recognize the.....

financial statement impact of a tax position when it is more likely than not that the.....

position will be sustained upon examination. Management does not believe any uncertain tax.....

positions exist at June 30, 2016 and June 30, 2015. The Organization's tax years that.....

remain open and subject to possible examination by federal and State of Illinois.....

jurisdiction include the tax years 2013 through 2015.

Part XIII Supplemental Information (continued)

Part XI Line 2d The expenses of 28,160 for special events have been netted against revenue
in this 990. In the Audited Financial Statement they are included in expenses.

Part XI Line 4b The financial statement total revenue and total expenses are reported net
of contributions designated by donors in the amount of \$591,318. The uncollectable pledge
expense of \$167,514 is netted against revenue in the Audited Financial Statement. In this
990 it has been added to the statement of functional expenses

Part XII Line 2d The expenses of \$28,160 for special events have been netted against
revenue in this 990. In the Audited Financial Statement they are included in expenses.

Part XII Line 4b The financial statement total revenue and total expense are reported net
of contributions designated by the donors in the amount of \$591,318. The uncollectable
pledge expense of \$167,514 is netted against revenue in the Audited Financial Statement.
On the 990 it has been added back to contributions and added to the statement of
functional expenses.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service
Name of the organization

**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.

OMB No 1545-0047

2015

**Open to Public
Inspection**

Employer identification number

United Way of Rock River Valley

36-2167843

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) American Red Cross, Rock River Center, Rockford, IL	53-0196605	501 (c) (3)	21,611				Program Support
(2) Angelic Organic Community Center, Rockford, IL	36-4288904	501 (c) (3)	39,094				Program Support
(3) Barbara Olson Center of Hope, Rockford, IL	36-2212474	501 (c) (3)	38,892				Program Support
(4) Blackhawk Learning Center, Rockford, IL	36-2719365	501 (c) (3)	64,678				Program Support
(5) Boy Scouts of America, Blackhawk Center, Rockford, IL	36-2169127	501 (c) (3)	68,203				Program Support
(6) Boys and Girls Club of Rockford, Rockford, IL	36-2167840	501 (c) (3)	146,495				Program Support
(7) CASA, Rockford, IL	36-2167743	501 (c) (3)	10,046				Program Support
(8) Catholic Charities, Diocese of Rockford, Rockford, IL	36-2181998	501 (c) (3)	45,890				Program Support
(9) Chasi, Rockford, IL	36-2167743	501 (c) (3)	60,809				Program Support
(10) Comprehensive Comm. Solutions, Rockford, IL	36-3842309	501 (c) (3)	42,948				Program Support
(11) Crusader Community Health Clinic, Rockford, IL	23-7076080	501 (c) (3)	5,000				Program Support
(12) Discovery Center Museum, Rockford, IL	36-3292135	501 (c) (3)	114,576				Program Support

- Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 83
- Enter total number of other organizations listed in the line 1 table 1

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 non-cash assistance
1					
2					
3					
4					
5					
6					
7					

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

Part II Line 1 The United Way of Rock River Valley makes program grants to local agencies. The agencies complete a screening that includes an application process, financial review of the organization, and verification of current status as a 501 (c) (3) organization. The organization is also monitored for program results and compliance with the terms of the grants.

Part II Line 1 Organizations receiving donor designations are required to verify current status as a 501 (c) (3)

Part II Line 1 Some donor designations were paid directly to the designated agency by a third party, those designations total \$ 311,430

Continuation Sheet for Schedule I (Form 990)

Name of the organization: **United Way of Rock River Valley**
 Employer identification number: **36-2167843**

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States

(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
(13) <u>Easter Seals Children's Development C</u> <u>Rockford, IL</u>	36-2169153	501 (c) (3)	33,825				Program Support
(14) <u>Family Counseling Services of Northern</u> <u>Rockford, IL</u>	36-2167065	501 (c) (3)	65,638				Program Support
(15) <u>Focus House</u> <u>Rockford, IL</u>	30-0285702	501 (c) (3)	23,311				Program Support
(16) <u>Freepport Workforce Development</u> <u>Freeport, IL</u>	36-2435237	501 (c) (3)	17,950				Program Support
(17) <u>Girl Scouts, Rock River Valley Council</u> <u>Rockford, IL</u>	36-2358083	501 (c) (3)	81,946				Program Support
(18) <u>Goodwill Industries of Northern Illinois</u> <u>Rockford, IL</u>	36-2167846	501 (c) (3)	14,243				Program Support
(19) <u>Harlem Community Center</u> <u>Loves Park, IL</u>	36-2706406	501 (c) (3)	21,086				Program Support
(20) <u>Hope of Ogle County</u> <u>Rockford, IL</u>	36-3304863	501 (c) (3)	26,952				Program Support
(21) <u>Hub City Senior Center</u> <u>Rockford, IL</u>	36-3531683	501 (c) (3)	17,203				Program Support
(22) <u>Ken-Rock Community Center</u> <u>Rockford, IL</u>	36-2204841	501 (c) (3)	42,603				Program Support
(23) <u>LaVoz Latina</u> <u>Rockford, IL</u>	36-2810675	501 (c) (3)	1,861				Program Support
(24) <u>Lifescape Community Services, Inc.</u> <u>Rockford, IL</u>	36-3303361	501 (c) (3)	99,360				Program Support
(25) <u>Literacy Council, The</u> <u>Rockford, IL</u>	36-3412185	501 (c) (3)	40,880				Program Support
(26) <u>Lutheran Social Services of Illinois</u> <u>Rockford, IL</u>	36-2584799	501 (c) (3)	4,817				Program Support
(27) <u>Lydia Home Association</u> <u>Rockford, IL</u>	36-1412810	501 (c) (3)	74,787				Program Support
(28) <u>Mt. Morris Senior Citizen's Council, Inc.</u> <u>Rockford, IL</u>	36-2938190	501 (c) (3)	5,656				Program Support
(29) <u>Northwest Community Center</u> <u>Rockford, IL</u>	36-2588247	501 (c) (3)	56,189				Program Support

Continuation Sheet for Schedule I (Form 990)

Name of the organization

United Way of Rock River Valley

Employer identification number

36-2167843

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States

(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
(30) Ogle County Reporting Center Oregon, IL	30-0285702	501 (c) (3)	13,120				Program Support
(31) Patriots Gateway Community Center Rockford, IL	36-4048431	501 (c) (3)	22,310				Program Support
(32) Pinecrest Community Center Rockford, IL	36-2181961	501 (c) (3)	5,437				Program Support
(33) Polo Senior Center Polo, IL	36-3922525	501 (c) (3)	859				Program Support
(34) Prairie State Legal Services Rockford, IL	37-1030764	501 (c) (3)	57,653				Program Support
(35) Ramp Rockford, IL	36-3149827	501 (c) (3)	36,844				Program Support
(36) Remedies Rockford, IL	36-2464898	501 (c) (3)	72,786				Program Support
(37) Rochelle CCSD #23 Rochelle, IL	36-4055491	501 (c) (3)	7,500				Program Support
(38) Rochelle Christian Food Pantry Rochelle, IL	36-2181961	501 (c) (3)	6,721				Program Support
(39) Rock River Center Rockford, IL	36-2882818	501 (c) (3)	23,622				Program Support
(40) Rockford Arts Council Rockford, IL	23-7039197	501 (c) (3)	4,313				Program Support
(41) Rockford Dance Company Rockford, IL	23-7334600	501 (c) (3)	5,200				Program Support
(42) Rockford Meid Rockford, IL	36-3347409	501 (c) (3)	40,571				Program Support
(43) Rockford Sexual Assault Counseling Rockford, IL	36-2969015	501 (c) (3)	58,385				Program Support
(44) Rosecrance Rockford, IL	36-2862928	501 (c) (3)	45,475				Program Support
(45) Saint Elizabeth Catholic Community Cen Rockford, IL	36-2171737	501 (c) (3)	24,872				Program Support
(46) Salvation Army, The Rockford, IL	36-3412185	501 (c) (3)	132,140				Program Support

Continuation Sheet for Schedule I (Form 990)

Name of the organization

United Way of Rock River Valley

Employer identification number

36-2167843

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States

(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
(47) Serenity Hospice and Home Rockford, IL	36-3286347	501 (c) (3)	14,612				Program Support
(48) Shelter Care Ministries Rockford, IL	36-3374370	501 (c) (3)	38,378				Program Support
(49) Shining Star Rockford, IL	30-0135798	501 (c) (3)	13,158				Program Support
(50) Village of Progress, Inc Rockford, IL	36-2167910	501 (c) (3)	20,476				Program Support
(51) YMCA Rockford, IL	36-2174838	501 (c) (3)	84,909				Program Support
(52) Youth Services Bureau Rockford, IL	36-2919569	501 (c) (3)	30,225				Program Support
(53) Youth Services Network, Inc Rockford, IL	36-3297042	501 (c) (3)	78,766				Program Support
(54) Zion Development Rockford, IL	36-3229794	501 (c) (3)	21,078				Program Support
(55) Burke County United Way Morganton, NC	56-0929553	501 (c) (3)	288				Donor Designations
(56) Capital Area United Way, Inc. Lansing, MI	38-1363527	501 (c) (3)	232				Donor Designations
(57) United Way Clinton County Iowa Clinton, IA	42-0698299	501 (c) (3)	104				Donor Designations
(58) Genoa-Kingston United Way Genoa, IL	36-3003094	501 (c) (3)	6,326				Donor Designations
(59) Great Rivers United Way Inc Onalaska, WI	39-0848188	501 (c) (3)	50				Donor Designations
(60) Kishwaukee United Way DeKalb, IL	36-6158489	501 (c) (3)	2,406				Donor Designations
(61) United Way of the Blackhawk Region Janesville, WI	39-6006734	501 (c) (3)	7,308				Donor Designations
(62) United Way of Boone County Belvidere, IL	36-2700861	501 (c) (3)	49,627				Donor Designations
(63) United Way of Champaign Champaign, IL	37-0662519	501 (c) (3)	5,420				Donor Designations

Continuation Sheet for Schedule I (Form 990)

Name of the organization

United Way of Rock River Valley

Employer identification number

36-2167843

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States

(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
(64) United Way of Delaware County Wilmington, DE	51-0073399	501 (c) (3)	156				Donor Designations
(65) United Way of Dupage-West Cook Hinsdale, IL	45-1534557	501 (c) (3)	48				Donor Designations
(66) United Way of Eastern LaSalle County LaSalle, IL	36-2221411	501 (c) (3)	65				Donor Designations
(67) United Way of Effingham Effingham, IL	23-7087721	501 (c) (3)	624				Donor Designations
(68) United Way of Elgin Elgin, IL	36-2167052	501 (c) (3)	294				Donor Designations
(69) United Way of Greater Milwaukee Milwaukee, WI	39-0806190	501 (c) (3)	1,224				Donor Designations
(70) United Way of Green County, Inc Monroe, WI	39-6060531	501 (c) (3)	156				Donor Designations
(71) United Way of Illinois Valley, Inc Peru, IL	36-2615431	501 (c) (3)	52				Donor Designations
(72) United Way of Lake County Gurnee, IL	36-2167949	501 (c) (3)	364				Donor Designations
(73) United Way of Lee County Dixon, IL	36-6009288	501 (c) (3)	914				Donor Designations
(74) United Way of McHenry County, Inc McHenry, IL	36-6147909	501 (c) (3)	7,091				Donor Designations
(75) United Way of McLean County Bloomington, IL	37-0661505	501 (c) (3)	50				Donor Designations
(76) United Way of Metropolitan Chicago Chicago, IL	30-0200478	501 (c) (3)	226				Donor Designations
(77) United Way of Northwest Illinois, Inc Freeport, IL	36-2218134	501 (c) (3)	9,559				Donor Designations
(78) United Way of Porter County Valparaiso, IL	35-6006484	501 (c) (3)	130				Donor Designations
(79) United Way of Walworth County Elkhorn, IL	39-1471340	501 (c) (3)	1,632				Donor Designations
(80) United Way of Whiteside County Sterling, IL	36-6009102	501 (c) (3)	96				Donor Designations

Continuation Sheet for Schedule I (Form 990)

Name of the organization: **United Way of Rock River Valley**
 Employer identification number: **36-2167843**

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States

(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
(81) United Way of Will County Joliet, IL	36-2515625	501 (c) (3)	1,194				Donor Designations
(82) Fox Valley United Way Aurora, IL	36-2195467	501 (c) (3)	300				Donor Designations
(83) United Way of Brazoria County Angleton, TX	74-1362982	501 (c) (3)	1,200				Donor Designations
(84) Third Party Designations		501 (C) (3)	311,430				Donor Designations
(85)							
(86)							
(87)							
(88)							
(89)							
(90)							
(91)							
(92)							
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(95)							
(96)							
(97)							

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2015

Open to Public
Inspection

Name of the organization

United Way of Rock River Valley

Employer identification number

36-2167843

Form 990, Part V, Section 2, Line A: The United Way has a contract with Staff Management, whereby the staff of the United Way of the Rock River Valley are employees of Staff Management via a Professional Employer Agreement. All wage and payroll tax returns are filed under the FEIN# of Staff Management.

Form 990, Part VI, Section B, Line 11A: The 990 is distributed to the Board of Directors prior to filing.

Form 990, Part VI, Section B, Line 12c: Compliance with the Conflict of Interest Policy is monitored by the Board of Directors. Annually, the governing body reviews the policy and each directors signs a conflict of interest disclosure statement.

Form 990, Part VI, Section B, Line 15A: The Executive Committee is responsible for setting the compensation of the C.E.O./President. The meeting is documented and the governing body is infomred of any changes in compensation of the C.E.O./President.

Form 990, Part XII, Line 2C: The Audit Committee is comprised of current board members.

Form 990, Part VI, Section C, Line 19: The governing documents and conflits of interest are available on request, the financial statements and 990 are published on www.unitedwayrrv.org

Form 990, Part VI, Section A, Line 3: The United Way of Rock River Valley has a contract with Staff Management, whereby the staff of the United Way of Rock River Valley are employees of Staff Management via a Professional Employer Agreement. All wage and tax returns are filed under the FEIN # of Staff Management.

Form 990, Part XI, Section 5, Net unrealized gain (losses) on investment of (\$122,186) includes: (\$15,762) unrealized loss on investment securites in unrestricted net asset class, (\$106,011) unrealized loss on investment securites in temporarily restricted net asset class, and an (\$413) decrease in the beneficial interest of the Corbett Trust.

Form 990, Part XI, Section 7, Total investment expenses of \$18,915 includes: fees of \$2,632 for the managment of investments that are unrestricted and fees of \$16,283 for the managment of investments in the restricted net asset class.