May the IRS discuss this return with the preparer shown above? (see instructions)

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

Return of Organization Exempt From Income Tax

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

Inspection

► Do not enter social security numbers on this form as it may be made public. Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form990 for instructions and the latest information.

A F	or the	e 2018 calendar year, or tax year beginning UL 1, 2018 and ending	JUN 30, 2019	
B c	heck if oplicabl	C Name of organization	D Employer identific	cation number
X	Addre		ľ	
X	Name chang	Doing business as	84-6	042598
]Initial return	Number and street (or P.O box if mail is not delivered to street address) Room/si	uite E Telephone numbe	
	Final return		3034	444013
_	termir ated Amen	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	3,397,773.
L	_jreturn	BROOMFIEDD, CO 00021	H(a) Is this a group re	
L	Application pendi	F Name and address of principal officer ROBERT BOND SAME AS C ABOVE	for subordinates	
			Are all subordinates in 527 If "No." attach a	
		empt status X 501(c)(3) 501(c)() ((insert no) 4947(a)(1) or te: ► WWW.UNITEDWAYFOOTHILLS.ORG	H(c) Group exemptio	list (see instructions)
			ear of formation 1925	
	rt I	Summary	<u> </u>	Clare of logar dofficine, CO
	1	Briefly describe the organization's mission or most significant activities A COMMUN	ITY WORKING TO	GETHER IN
nce		WHICH ALL PEOPLE CAN ACHIEVE THEIR FULL POTEN	TIAL	
Governance	2	Check this box if the organization discontinued its operations or disposed of m		ets
iove			CEIVED 3	2
8	4	Number of independent voting members of the governing body (Part VI, line b))	2
Activities &		Total number of individuals employed in calendar year 2018 (Part V, line 2a)	3 0 2019	19
tıvil	6	Total number of volunteers (estimate if necessary) Total unrelated business revenue from Part VIII, column (C), line 12	SE 6	2000
Ac			DEN, UT 7a	0.
		Net differenced business taxable income from 1 om 10001, fine 00	Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)	1,937,922.	1,839,453.
nue	9	Program service revenue (Part VIII, line 2g)	31,341.	67,127.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,450.	492,319.
•	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	17,419.	17,767.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,988,132.	2,416,666.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	898,270.	694,340.
		Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
ses		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	880,174.	876,937. 0.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 285,930.	0.	
EX		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	535,557.	547,718.
		Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	2,314,001.	2,118,995.
	19	Revenue less expenses Subtract line 18 from line 12	<325,869.>	297,671.
Ces			Beginning of Current Year	End of Year
Net Assets Fund Baland	20	Total assets (Part X, line 16)	1,809,132.	1,644,160.
et As	21	Total liabilities (Part X, line 26)	601,614.	138,971.
	<u>22</u> rt II	Net assets or fund balances Subtract line 21 from line 20 Signature Block	1,207,518.	1,505,189.
		Ities of perjury, I declare that I have examined this return, including accompanying schedules and state	amente and to the heat of my	knowledge and halvefut in
		it, and complete. Declare that Friave examined this peturit, including accompanying schedules and states, and complete. Declare that Friave examined this peturit, including accompanying schedules and states, and complete. Declare that Friave examined this peturit, including accompanying schedules and states, and complete.		knowledge and belief, it is
,	001100	Man &	7.7	
Sigr	,	Signature of officer	Date	
Her		ROBERT BOND, TREASURER		
		Type or print name and title		
		Print/Type preparer's name Preparer's signature	Date Check	PTIN
Paid		CHRISTINE LUDWIG, CPA Was longing	12/13/19 self-employe	
Prep		Firm's name ACM LLP	Firm's EIN ▶	01-0724563
Use	UNIY	Firm's address 4999 PEARL EAST CIRCLE, SUITE 300		02\ 440 0200
		BOULDER, CO 80301	i Phone no. (3	03) 440-0399

Phone no. (303) 440-0399

X Yes No

Form 990 (2018)

Form	n 990 (2018) FOOTHILLS UW, INC.	84-60	42598	Page 2
Pai	rt III Statement of Program Service Accomplishments			
	Check if Schedule O contains a response or note to any line in this Part III			<u> </u>
1	Briefly describe the organization's mission			
	COLLABORATIVELY IDENTIFY COMMUNITY PRIORITY NEEDS AND			
	OUTCOMES, UNITE COMMUNITY RESOURCES IN PURSUIT OF AG	REED UPON	GOALS,	
	AND TAKE ACTION		, ,	
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 ser	vices?	Ves	X No
3	If "Yes," describe these changes on Schedule O	VIOCS *	103	
	Describe the organization's program service accomplishments for each of its three largest program service	cae as measured h	w avnancac	
4	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations			ad
		to others, the total	expenses, an	IU
	revenue, if any, for each program service reported (Code) (Expenses \$ 890,597. including grents of \$ 694,340.	\ /- ·		
4a) (Revenue \$,
	SEE SCHEDULE O			
4b	(Code) (Expenses \$ 273,675. including grants of \$) (Revenue \$		<u> </u>
	SEE SCHEDULE O	, (
		- · · · · · · · · · · · · · · · · · · ·		
		-		
				
4c	(Code) (Expenses \$ 176,087. including grants of \$) (Revenue \$)
	SEE SCHEDULE O			
		<u> </u>		
				-
				
4d		:	_	
	(Expenses \$ 196,692 · including grants of \$) (Revenue \$	67,12	7.)	
4e	Total program service expenses ▶ 1,537,051.			
			Form 9	90 (2018)
83200	SEE SCHEDULE O FOR CONTINUATI	ON(S)		

ABOLO

		<u>6042598</u>	Р	age 🤄
Pa	rt 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	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2_	_ A	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates f			v
_	public office? If "Yes," complete Schedule C, Part I	3	<u> </u>	X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in	1		х
_	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments,	I :		х
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right is	5	 	Λ
6	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D,	l l	,	х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	Part 1 6		
′	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	- ' -	-	
٥	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			<u></u>
Ŭ	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?	i i		
	If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, perma			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, o			 -
• •	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule	· D	•	
	Part VI	11a		х
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	11b		х
С				
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
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 167 If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
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	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		:	
	Schedule D, Parts XI and XII	12a	Х	
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	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,00			4 7
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		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	_15_		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	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	4-		v
46	column (A), lines 6 and 11e ⁹ If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, line			v
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? // "Yes,"	40		v
20-	complete Schedule G, Part III	19		X
20a	• • • • • • • • • • • • • • • • • • • •	20a		
. b	· ·	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			

Form **990** (2018)

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

1a	Enter the number	r reported in	Box 3 o	f Form 1096	Enter -0)- if not applicable
----	------------------	---------------	---------	-------------	----------	----------------------

b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable

С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming
	(gambling) winnings to prize winners?

X Form 990 (2018)

Yes

6

0

1a

No

Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)									
		,	Yes	No						
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,									
	filed for the calendar year ending with or within the year covered by this return 2a 19									
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X							
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)									
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<u>3a</u>		X						
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	<u>3b</u>								
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			٠,,						
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<u>4a</u>		X						
	If "Yes," enter the name of the foreign country									
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)									
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X						
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		_						
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c								
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	6.		х						
	any contributions that were not tax deductible as charitable contributions?	6a								
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b								
	Organizations that may receive deductible contributions under section 170(c).	מס								
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X						
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b								
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required									
	to file Form 8282?	7c		x						
	If "Yes," indicate the number of Forms 8282 filed during the year									
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		$\overline{\mathbf{x}}$						
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X						
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g								
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h								
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		+	,						
	sponsoring organization have excess business holdings at any time during the year?	8_								
9	Sponsoring organizations maintaining donor advised funds.									
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a								
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b								
10	Section 501(c)(7) organizations. Enter									
	Initiation fees and capital contributions included on Part VIII, line 12									
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities									
	Section 501(c)(12) organizations. Enter									
	Gross income from members or shareholders 11a									
	Gross income from other sources (Do not net amounts due or paid to other sources against									
	amounts due or received from them) [11b] [2] [3] [4] [5] [6] [6] [7] [6] [7] [7] [8] [8] [8] [8] [9] [9] [9] [9	10-		اــــا						
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a								
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers.									
	Is the organization licensed to issue qualified health plans in more than one state?	13a								
	Note. See the instructions for additional information the organization must report on Schedule O	192								
	Enter the amount of reserves the organization is required to maintain by the states in which the									
	organization is licensed to issue qualified health plans			•						
	Enter the amount of reserves on hand			- 1						
-	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х						
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b								
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or									
	excess parachute payment(s) during the year?	15		_X_						
	If "Yes," see instructions and file Form 4720, Schedule N									
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X						
	If "Yes," complete Form 4720, Schedule O			1						
		Form	990	(2018)						

FOOTHILLS UW, INC. 84-6042598 Page 6 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 \mathbf{x} Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 2 1a Enter the number of voting members of the governing body at the end of the tax year 1a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O 2 b 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 X 2 officer, director, trustee, or key employee? 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? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 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? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or 7b 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: 8a a The governing body? X 8b b Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the Х 9 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) Yes Nο 10a Х 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, 10b and branches to ensure their operations are consistent with the organization's exempt purposes? X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 X 12b b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe Х 12c in Schedule O how this was done X 13 Did the organization have a written whistleblower policy? 13 Х Did the organization have a written document retention and destruction policy? 14 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? X a The organization's CEO, Executive Director, or top management official 15a X 15b b 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 X 16a taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure

17	List the states with which a copy of this Form 990 is required to be filed ▶ NONE
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A 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 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
	and the second s

State the name, address, and telephone number of the person who possesses the organization's books and records PHIL BRAUDAWAY-BAUMAN - 720-778-4447

T 11 1	d Didiopiimii i	DITOITE	<u> </u>					
390	INTERLOCKEN	CRESCENT,	SUITE	350,	BROOMFIELD,	CO	80021	

Form 990 (2018)

832006 12-31-18

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

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		orga T	nıza			npen	sate			
(A)	(B) (C)							(D)	(E)	(F)
Name and Title	Average		not c	heck	more	than o		Reportable	Reportable	Estimated
	hours per	box	, unle: cer ar	ss pe nd a d	rson i irecto	s both	an tee)	compensation	compensation	amount of
	week (list any	⊢	<u> </u>	Ī	T	Π	Γ	from the	from related organizations	other compensation
	hours for	direct				_		organization	(W-2/1099-MISC)	from the
	related	9 or 0	stee			Sate		(W-2/1099-MISC)	(** 27 1000 141100)	organization
	organizations	ndividual trustee or director	nstitutional trustee		yee y	iad mi		(** =, *********************************		and related
	below	ıdınal	E F	₌	Key employee	oyee	ĕ			organizations
	line)	Indiv	Instit	Officer	Key	Highest compensated employee	Former			
(1) CARLOS PACHECO	1.00		Ī							
BOARD CHAIR		Х		X				0.	0.	0.
(2) ROBERT BOND	1.00]								
SECRETARY/TREASURER		Х		X		<u> </u>		0.	0.	0.
(3) FRANCES DRAPER	1.00									
ETHICS OFFICER	1	Х		X	L	<u> </u>		0.	0.	0.
(4) HAROLD DOMINGUEZ	1.00									
BOARD MEMBER		X				<u> </u>		0.	0.	0.
(5) GEOFFRÈY E. KEYS	1.00	1							_	_
BOARD MEMBER		X	<u> </u>			<u> </u>		0.	0.	0.
(6) EDIE ORTEGA	1.00									_
INCOMING PRESIDENT		Х			L	<u>. </u>		0.	0.	0.
(7) ERIK ESTRADA	1.00									
BOARD MEMBER	1 00	X		-		<u> </u>		0.	0.	0.
(8) KATE TAGGART HONEA	1.00	<u>۔۔</u>							•	•
BOARD MEMBER	1 00	X						0.	0.	0.
(9) KATIE WAGNER	1.00	ł				1			•	•
BOARD MEMBER	1000	X		_		├-		0.	0.	0.
(10) DOUG YEISER	40.00	١		l <u></u>				105 000	•	14 000
CEO/ OUTGOING PRESIDENT	10.00	X		X	_	\vdash		105,902.	0.	14,932.
(11) PHIL BRAUDAWAY-BAUMAN	40.00	-						00 070	•	2 244
VP-FINANCE	40.00	-	-	Х		H		80,978.	0.	3,244.
(12) FRANK WATSON	40.00	ł		٠,,				04 554	0	2 702
VP-RESOURCE DEVELOPMENT/INTERIM ED	<u> </u>	-	_	Х	_			94,554.	0.	3,782.
		ł								
	 	\vdash		\vdash		\vdash	_			
	——	1								
	 		-	\vdash		-				
		1								
		-	\vdash		_	\vdash		-		
		1								
	<u> </u>	Ь—	ш.	Щ.						- 000 0010

832007 12-31-18

Form 990 (2018)

Section A. Officers, Directors, Trus		ploy	ees,	anc	3 HI	gnes	it C	ompensated Employee	s (continued)				
(A)	(B)				C)			(D)	(E)		ĺ	(F)	
Name and title	Average	(do		Pos		า ≀than o	one	Reportable	Reportable	ڊ	Es	timate	ed
	hours per	box	, unte	ss per	rson i	s bott or/trus	n an	compensation	compensation			nount	of
	week (list any	_			T		155,	from	from related			other	tio-
	hours for	Individual trustee or director						the organization	organizatior (W-2/1099-MI		l .	pensa om th	
	related	e or d	eels			Sate		(W-2/1099-MISC)	(***271033*1011	30)		anızat	
	organizations	truste	Institutional trustee		eg	in per		(** 2, 1000 1, 100)			_	d relat	
	below	duat	ution	₁₀	Key employee	est co	a l				orga	anızatı	ons
	line)	Ind Iv	Instit	Officer	Key 6	Highest compensated employee	Former						
						<u> </u>							
	-					<u> </u>	_						
						Ì					ĺ		
		_			▙	 							
		1					ĺ						
			<u> </u>	_	├	\vdash	_	-			—		
		-		ŀ							ĺ		
· · · · · · · · · · · · · · · · · · ·			\vdash	\vdash	\vdash	\vdash	_				<u> </u>		
		ł											
	 					╁	_				 		<u>-</u>
		1											
		\vdash	-		1	1	 	-					
		1				ļ					į		
		 				t					i		
		1									l		
1b Sub-total							—	281,434.		0.	2	1,9	58.
c Total from continuation sheets to Part VI	I. Section A						•	0.		0.		•	0.
d Total (add lines 1b and 1c)	,						>	281,434.		0.	2	1;9	
2 Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable	e			
compensation from the organization													1
												Yes	No
3 Did the organization list any former officer,	director, or tru	ıstee	e, ke	y en	nplo	yee,	or I	highest compensated en	nployee on		1		
line 1a? If "Yes," complete Schedule J for s											3		X
4 For any individual listed on line 1a, is the su	ım of reportabl	e co	mpe	ensa	tion	and	oth	ner compensation from the	ne organization			,	
and related organizations greater than \$150	0,000? If "Yes,	" co	mple	ete S	Sche	edule	J f	or such individual			4		X
5 Did any person listed on line 1a receive or a	•				-		elate	ed organization or individ	lual for services				
rendered to the organization? If "Yes." com	plete Schedule	e J fo	or su	ich i	oers	on					5		X
Section B. Independent Contractors													
1 Complete this table for your five highest co	•	-							·	pensat	ion fro	m	
the organization Report compensation for	ine calendar ye	ear e	nair	ig w	ith C	or wi	unin		ear			·	
(A) Name and business	address	NC	ONE	2				(B) Description of s	ervices	С	O) omper		n
							寸	<u>.</u>				_	
										L			
					_					<u> </u>			
							+						
2 Total number of independent contractors (ii		ot lin	nited	l to 1			ted	above) who received mo	ore than				,
\$100,000 of compensation from the organiz	zation			-								200	

B0085301

Secti	on 501(c)(3) and 501(c)(4) organizations must comp			nplete column (A)	
	Check if Schedule O contains a respon	se or note to any line in (A)	this Part IX (B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII	Total expenses	Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	690,573.	690,573.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	3,767.	3,767.		
3	Grants and other assistance to foreign		·		
•	organizations, foreign governments, and foreign	İ			
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
3	trustees, and key employees	385,794.	128,088.	112,930.	144,776.
6	Compensation not included above, to disqualified	303,7310	120,0001	112/3300	211,,,,,,
6	*				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	387,244.	312,525.	33,710.	41,009.
7	Other salaries and wages	30/,244.	314,343.	33,/10.	#1,009.
8	Pension plan accruals and contributions (include	10 040	10,948.		
	section 401(k) and 403(b) employer contributions)	10,948.		2 757	3 130
9	Other employee benefits	23,111.	16,216.	3,757.	3,138.
10	Payroll taxes	69,840.	38,466.	15,492.	15,882.
11	Fees for services (non-employees)				
а	Management				
b	Legal				
c	Accounting				
	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0)	69,579.	37,827.	18,657.	13,095
12	Advertising and promotion	3,871.	3,604.	34.	233
13	Office expenses	32,301.	8,752.	1,155.	22,394.
14	Information technology	81,786.	55,684.	7,202.	18,900
15	Royalties				
16	Occupancy	37,059.	25,582.	3,374.	8,103
17	Travel	7,848.	5,914.	346.	1,588
18	Payments of travel or entertainment expenses				
-	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	9,755.	6,734.	888.	2,133
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	31,374.	21,658.	2,856.	6,860
23	Insurance	8,886.	6,134.	809.	1,943.
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 0)				
а	PROGRAM EXPENSES	118,341.	118,341.		
b	BAD DEBT EXPENSE	79,593.		79,593.	
2	VOLUNTEER EXPENSES	31,918.	31,175.	110.	633.
d	SUPPLIES/EQUIPMENT	13,122.	9,007.	1,186.	2,929.
	All other expenses	22,285.	6,056.	13,915.	2,314.
e 25	Total functional expenses Add lines 1 through 24e	2,118,995.	1,537,051.	296,014.	285,930
<u>25</u>	Joint costs Complete this line only if the organization	2,220,000		270,0131	200,000
26			İ		
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				
	Check here if following SOP 98-2 (ASC 958-720)			<u></u>	Ca 990 (2018

Par	t X	Balance Sheet				
		Check if Schedule O contains a response or not	e to any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	•	261,994.	1	1,264,585
	2	Savings and temporary cash investments		140,961.	2	126
	3	Pledges and grants receivable, net		440,633.	3	348,949
	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and fo	rmer officers, directors,			
		trustees, key employees, and highest compensa	ted employees Complete			
		Part II of Schedule L			5	
	6	Loans and other receivables from other disqualif	ied persons (as defined under			
		section 4958(f)(1)), persons described in section	,			•
		employers and sponsoring organizations of sect				
,		employees' beneficiary organizations (see instr)			6	
Assets	7	Notes and loans receivable, net	•		7	
As	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		6,839.	9	4,279
	10a	Land, buildings, and equipment cost or other	1 1			
		basis Complete Part VI of Schedule D	10a 0.			
	b	Less accumulated depreciation	10b 0.	932,484.	10c	ĺ C
	11	Investments · publicly traded securities			11	
	12	Investments - other securities See Part IV, line 1	1	-	12	
	13	Investments - program-related See Part IV, line			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		26,221.	15	26,221
	16	Total assets. Add lines 1 through 15 (must equa	al line 34)	1,809,132.	16	1,644,160
	17	Accounts payable and accrued expenses		70,676.	17	1,556
	18	Grants payable		92,020.	18	36,881
	19	Deferred revenue			19	
ı	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete F	Part IV of Schedule D	1,000.	21	C
s	22	Loans and other payables to current and former	officers, directors, trustees,			
豐		key employees, highest compensated employee	s, and disqualified persons			·
Liabilities		Complete Part II of Schedule L			22	
그	23	Secured mortgages and notes payable to unrela	ted third parties	149,650.	23	C
	24	Unsecured notes and loans payable to unrelated	third parties		24	
	25	Other liabilities (including federal income tax, page	ables to related third			
		parties, and other liabilities not included on lines	17-24) Complete Part X of			
		Schedule D		288,268.	25	100,534
	26	Total liabilities. Add lines 17 through 25		601,614.	26	138,971
		Organizations that follow SFAS 117 (ASC 958	, check here ▶ X and			
es		complete lines 27 through 29, and lines 33 an	d 34.	096 606	-	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
Ĕ	27	Unrestricted net assets		876,536.	27	1,160,184
39	28	Temporarily restricted net assets		330,982.	28	345,005
힐	29	Permanently restricted net assets			29	
ᆵᅵ		Organizations that do not follow SFAS 117 (A	SC 958), check here 🕨 🔛			
ŏ		and complete lines 30 through 34.				
šet	30	Capital stock or trust principal, or current funds			30	
Ask	31	Paid-in or capital surplus, or land, building, or eq			31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated inc	come, or other funds	1,207,518.	32_	1,505,189
-	33	Total net assets or fund balances		1,809,132.	33	1,644,160
	34	Total liabilities and net assets/fund balances		1,003,132.	34	Form 990 (201

Form	990 (2018) FOOTHILLS UW, INC.	84-	<u>-6042</u>	598	Pag	ge 12
Pa	rt 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		,416		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2	,118	9	<u>95.</u>
3	Revenue less expenses Subtract line 2 from line 1	3				<u>71.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1	<u>,207</u>	, 5	18.
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,	1				
	column (B))	10	1	<u>,505</u>	,1	89.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					X
					Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other					1
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		_X_
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				'
	separate basis, consolidated basis, or both					ì
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,	i			i
	consolidated basis, or both					:
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audıt,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O				_ !
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Aud	lit			
	Act and OMB Circular A-133?			3a		<u>X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed aud	ıt			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	_		3b		
	L			Form 9	990 (2018)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Employer identification number Name of the organization FOOTHILLS UW, INC. 84-6042598 Reason for Public Charity Status (All organizations must complete this part) See instructions Part I The organization is not a private foundation because it is (For lines 1 through 12, check only one box) 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 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) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X 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) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university 10 In 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) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or 12 more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g 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. ____ 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. 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. 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. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization f Enter the number of supported organizations Provide the following information about the supported organization(s) (iv) is the organization listed (i) Name of supported (III) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1 10 organization support (see instructions) support (see instructions) No above (see instructions)) Total

Schedule A (Form 990 or 990-EZ) 2018 FOOTHILLS UW, INC. 84-6042 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)

Se	ction A. Public Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received (Do not								
	include any "unusual grants ")	2228454.	1693072.	2043209.	1937922.	1839453.	9742110.		
2	Tax revenues levied for the organ-								
	ization's benefit and either paid to								
	or expended on its behalf			٠					
3	The value of services or facilities								
	furnished by a governmental unit to								
	the organization without charge								
4	Total. Add lines 1 through 3	2228454.	1693072.	2043209.	1937922.	1839453.	9742110.		
5	The portion of total contributions								
	by each person (other than a								
	governmental unit or publicly								
	supported organization) included	٠		İ					
	on line 1 that exceeds 2% of the								
	amount shown on line 11,								
	column (f)								
6	Public support. Subtract line 5 from line 4						9742110.		
	ction B. Total Support				,				
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total		
7	Amounts from line 4	2228454.	1693072.	2043209.	1937922.	1839453.	9742110.		
8	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties,								
	and income from similar sources	41,318.	23,398.	21,206.	18,331.	18,693.	122,946.		
9	Net income from unrelated business		,	-	-				
	activities, whether or not the								
	business is regularly carried on			•	,				
10	Other income Do not include gain								
	or loss from the sale of capital						•		
	assets (Explain in Part VI)	4,145.	29,647.				33,792.		
11	Total support. Add lines 7 through 10	•	-				9898848.		
12		etc (see instruction	ns)			12	192,307.		
	First five years. If the Form 990 is for	•	•	d. fourth. or fifth ta	x vear as a section	501(c)(3)			
	organization, check this box and stop			· · · · · · · · · · · · · · · · · · ·		, ,, ,			
Sec	ction C. Computation of Publi	c Support Per	centage				-		
14	Public support percentage for 2018 (li	ne 6, column (f) di	vided by line 11, co	olumn (f))		14	98.42 %		
	Public support percentage from 2017				•	15	98.72 %		
	33 1/3% support test - 2018. If the c			n line 13, and line 1	14 is 33 1/3% or m	ore, check this box	and		
	stop here. The organization qualifies	as a publicly suppo	orted organization				$\triangleright X$		
b	33 1/3% support test - 2017. If the o	organization did no	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box		
	and stop here. The organization quali	ifies as a publicly s	upported organiza	ition					
17a	10% -facts-and-circumstances test	- 2018. If the org	anization did not c	heck a box on line	13, 16a, or 16b, a	nd line 14 is 10% o	or more,		
	and if the organization meets the "fac-	ts-and-circumstand	es" test, check th	is box and stop h	ere. Explain in Pai	t VI how the organ	ızatıon		
	meets the "facts-and-circumstances"	test The organizat	ion qualifies as a p	oublicly supported	organization	-	ightharpoons		
b	10% -facts-and-circumstances test	- 2017. If the org	anization did not c	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is 1	0% or		
	more, and if the organization meets th	e "facts-and-circur	mstances" test, ch	eck this box and	stop here. Explain	in Part VI how the			
	organization meets the "facts-and-circ				-		ightharpoons		
18	Private foundation. If the organizatio	n did not check a l	oox on line 13, 16a	a, 16b, 17a, or 17b	, check this box ar	nd see instructions			
	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 Schedule A (Form 990 or 990-EZ) 2018								

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

Ра	Support Schedule for C	•		• •	• •		
	(Complete only if you checked			organization failed	I to qualify under F	Part II If the organiz	ation fails to
	qualify under the tests listed b	elow, please comp	olete Part II)		 		
	ction A. Public Support		1	1			·/
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants ")			-			
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
_				 	 		
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities	-			, · · · · · · · · · · · · · · · · · · ·	 	
•	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5			 			
	Amounts included on lines 1, 2, and			 / 	+		
, a	3 received from disqualified persons						
ь	Amounts included on lines 2 and 3 received			1/			
_	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	:					
c	Add lines 7a and 7b	-		† · · · · · · · · · · · · · · · · · · ·			
	Public support. (Subtract line 7c from line 6)			† · · · · · · · · · · · · · · · · · · ·	1	1"	
	ction B. Total Support	<u> </u>			•		ı
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses					+	
	acquired after June 30, 1975						
С	Add lines 10a and 10b				L		
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
	Total support (Add lines 9, 10c, 11, and 12)		<u> </u>	<u> </u>			
14	First five years. If the Form 990 is fo	r the organization's	s first, second, thu	rd, fourth, or fifth to	ax year as a sectio	in 501(c)(3) organiza	ition,
	check this box and stop here	:- O D					
	ction C. Computation of Publi						
	Public support percentage for 2018 (column (f))		15	<u> </u>
	Public support percentage from 2017					16	%
Sec	ction D. Computation of Inves	stment Income	e Percentage				
17	Investment income percentage for 20)18 (line 10c, colur	mn (f), divided by I	ine 13, column (f))		17	%
	Investment income percentage from					18	<u>%</u>
19a	33 1/3% support tests - 2018. If the	organization did n	not check the box	on line 14, and line	e 15 is more than :	33 1/3%, and line 17	7 is not
	more than 33 1/3%, check this box as	nd stop here. The	organization qual	ifies as a publicly s	supported organiza	ation	
b	33 1/3% support tests - 2017. If the	-					nd
	line 18 is not more than 33 1/3%, che	ck this box and st	t op here . The orga	anization qualifies	as a publicly supp	orted organization	▶□
20	Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check th	his box and see in	structions	▶□
83202	23 10-11-18				Sch	nedule A (Form 990	or 990-EZ) 2018

Part IV Supporting Organizations

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

_	Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V)			
<u>Sec</u>	tion A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by	_		
	class or purpose, describe the designation. If historic and continuing relationship, explain	1_		
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported	- ~		
	organization was described in section 509(a)(1) or (2)	2		<u> </u>
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer		١.	
	(b) and (c) below	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination	3b		
C	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)	-		
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3c		ļ
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If	_		_
	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion	İ		
	despite being controlled or supervised by or in connection with its supported organizations	4b	<u> </u>	
С	Did the organization support any foreign supported organization that does not have an IRS determination	ŀ		
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used	ŀ		
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			-
_	purposes	4c	_	
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? // "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,			ĺ
	(iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action	- -		
L	was accomplished (such as by amendment to the organizing document) Type I or Type II only. Was any added or substituted supported organization part of a class already	5a		
D	designated in the organization's organizing document?	5b	-	
_	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to	 _		
٠	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class			
	benefited by one or more of its supported organizations, or (iii) other supporting organizations that also	•		
	support or benefit one or more of the filing organization's supported organizations? If "Yes." provide detail in			
	Part VI.	6		•
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with			
	regard to a substantial contributor? If "Yes." complete Part I of Schedule L (Form 990 or 990-EZ)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	8_		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described		-	
	In section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which			
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b	<u> </u>	
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit			
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c	\vdash	
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section			
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated		-	-
	supporting organizations)? If "Yes," answer 10b below	_10a	 -	
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	-		
	determine whether the organization had excess business holdings.)	10b		l

determine whether the organization had excess business holdings.) 832024 10-11-18

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

emergency temporary reduction (see instructions)

instructions)

Schedule A (Form 990 or 990-EZ) 2018

e Excess from 2018

Schedule A	(Form 990 or 990-EZ) 2018 FO	OTHILLS UW,	INC.		84-6042598 Page
Part VI	Supplemental Informatic Part IV, Section A, lines 1, 2, 3b line 1, Part IV, Section D, lines 2 Section D, lines 5, 6, and 8, and	on. Provide the explan, 3c, 4b, 4c, 5a, 6, 9a, 9 and 3, Part IV, Section	ations required by P b, 9c, 11a, 11b, and E, lines 1c, 2a, 2b, 3	l 11c, Part IV, Section B, Iir 3a, and 3b, Part V, Iine 1, P	les 1 and 2, Part IV, Section C, art V, Section B, line 1e, Part V,
	(See instructions)	Part V, Section E, lines		mplete this part for any add	unional information
٠.			· · · · · · · · · · · · · · · · · · ·		
		-			
					
				-	
-					
				`	
				1	
	-			<u></u> -	
		<u></u>			
					
			<u>.</u>		
					
<u>.</u>					
					
	<u> </u>		-	 	
 					
					•
_				,	
				<u> </u>	

832028 10-11-18

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Go to www.irs.gov/Form990 for instructions and the latest information.

2018
Open to Public Inspection

Employer identification number Name of the organization FOOTHILLS UW, INC. 84-6042598 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6 (b) Funds and other accounts (a) Donor advised funds Total number at end of year Aggregate value of contributions to (during year) 2 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of a historically important land area Preservation of land for public use (e.g., recreation or education) Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year 2<u>a</u> Total number of conservation easements Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure 2d listed in the National Register 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of □Nο Yes violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

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

Schedule D (Form 990) 2018

\$

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide

the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

832051 10-29-18

(ii) Assets included in Form 990, Part X

a Revenue included on Form 990, Part VIII, line 1

Sche		LS UW, INC								Page 2
Pai	t III Organizations Maintaining C	ollections of Ar	t, Histo	orical Tre	asures, or Oth	ier S	imila	r Assets	(continu	ued)
3	Using the organization's acquisition, accessi	on, and other record	s, check	any of the f	ollowing that are a	signif	icant u	se of its c	ollection i	tems
	(check all that apply)									
а	Public exhibition	c	· 🖳	Loan or exc	hange programs					
b	Scholarly research	е	,	Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	n how the	ey further th	ie organization's ex	kempt	purpo	se in Part	XIII	
5	During the year, did the organization solicit of	r receive donations of	of art, his	storical treas	sures, or other simi	lar ass	ets		_	
	to be sold to raise funds rather than to be ma								Yes	No_
Pai	t IV Escrow and Custodial Arran		ete if the	organizatio	n answered "Yes"	on Fo	rm 990	, Part IV, I	ine 9, or	
	reported an amount on Form 990, Pa									
1a	Is the organization an agent, trustee, custodi	an or other intermed	lary for c	contributions	s or other assets no	ot incli	uded	_	_	(
	on Form 990, Part X?								」Yes	X No
þ	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing to	able						
									Amount	
	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						_1f_		٦	₩
	Did the organization include an amount on F	•	-			•			」Yes	X No
Pai	If "Yes," explain the arrangement in Part XIII									
L 41	t V Endowment Funds. Complete		i i				Thron	roare back	(a) Four	unara bank
4.	Decimalization of view belongs	(a) Current year	(0) P	rior year	(c) Two years back	((a)	Tillee y	ears back	(e) Four	years back
1a	Beginning of year balance					+			ļ	
D	Contributions					+				
C	Net investment earnings, gains, and losses	-				+				
a -	Grants or scholarships									
е	Other expenditures for facilities									
	and programs				_	+				
f	Administrative expenses End of year balance									
9 2	Provide the estimated percentage of the curr	ent year end balance	l e (line 1a	column (a)	l held as					
a	Board designated or quasi-endowment	•	% %	i, coluinii (a)	n riela as					
b	Permanent endowment		_′°							
	Temporarily restricted endowment	^~ %								
·	The percentages on lines 2a, 2b, and 2c sho									
3a	Are there endowment funds not in the posse	•	ition that	t are held an	nd administered for	the o	roaniza	ition		
-	by						9		[·	Yes No
	(i) unrelated organizations								3a(ı)	
	(ii) related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	ed on So	chedule R?					3b	
4	Describe in Part XIII the intended uses of the	•								
Par	t VI Land, Buildings, and Equipm	ent.								
	Complete if the organization answere	d "Yes" on Form 990), Part IV	, line 11a S	ee Form 990, Part	X, lıne	10			
	Description of property	(a) Cost or o	ther	(b) Cost	or other (c	Accu	mulate	ed T	(d) Book	value
		basis (investr	nent)	basis	(other)	depred	ciation			
1a	Land									
b	Buildings									
С	Leasehold improvements						_			
d	Equipment									
e	Other									
Total	. Add lines 1a through 1e (Column (d) must e	qual Form 990 Part	X colum	n (B) line 10	Oc.)					0.

Schedule D (Form 990) 2018

Schedule D (Form 990) 2018 FOOTHILLS UW,	INC.	· · · · · · · · · · · · · · · · · · ·	84	-6042598	Page 3
Part VII Investments - Other Securities.					
Complete if the organization answered "Yes" on I					-1
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of va	lluation Cost or en	d-oi-year market v	alue
(1) Financial derivatives					
(2) Closely-held equity interests	 				·
(3) Other					
(A) (B)			···		
(C)					
(D)					
(E)					
(F)				-	
(G)					
(H)					
Total (Col (b) must equal Form 990, Part X, col (B) line 12) ► Part VIII Investments - Program Related.		L		_ .	
Complete if the organization answered "Yes" on F					
(a) Description of investment	(b) Book value	(c) Method of va	luation Cost or en	d-of-year market v	alue
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8) (9)					
Total (Col (b) must equal Form 990, Part X, col (B) line 13)				•	
Part IX Other Assets.		•		· · · · · · · · · · · · · · · · · · ·	
Complete if the organization answered "Yes" on F	orm 990, Part IV,	line 11d See Form 990, F	art X, line 15		
(a) Des	cription			(b) Book va	lue
(1)					
(2)					
(3)					
					
(5)					
(6)					
(7)					
(8)				-	
Total. (Column (b) must equal Form 990. Part X. col. (B) line 15. Part X Other Liabilities.	.)				
Complete if the organization answered "Yes" on F	Form 990 Part IV	line 11e or 11f. See Form	990. Part X. line 25		
1. (a) Description of liability	Cim Soo, r dit 14,	(b) Book value	000, r urr x, mro 20	·	
(1) Federal income taxes					
(2) AGENCY ALLOCATIONS PAYABLE		100,534.			
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					,
(9)	[100 534			1
Total. (Column (b) must equal Form 990. Part X. col. (B) line 25	<u>)</u>	100,534.			

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.

Schedule D (Form 990) 2018

832053 10-29-18

832054 10-29-18

ì

Schedule D (Form 990) 2018 FOOTHILLS UW, INC.	84-6042598 Page
Part XIII Supplemental Information (continued)	
PART XI, LINE 4B - OTHER ADJUSTMENTS:	
PROVISION FOR UNCOLLECTIBLE RECEIVABLES	79,593.
GRANTS DESIGNATED BY DONORS	35,596.
GRANTS PAID DIRECTLY BY DONORS	541,877.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	657,066.
PART XII, LINE 4B - OTHER ADJUSTMENTS:	
GRANTS DESIGNATED BY DONORS	35,596.
GRANTS PAID DIRECTLY BY DONORS	541,877.
BAD DEBT EXPENSE	79,593.
TOTAL TO SCHEDULE D, PART XII, LINE 4B	657,066.
	0-1 11 8/8

Schedule D (Form 990) 2018

SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

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

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

► Go to www.irs.gov/Form990 for the latest information.

2018 OMB No 1545-0047

Open to Public Inspection

Employer identification number 84-6042598 X Yes 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection INC. Part I General Information on Grants and Assistance FOOTHILLS UW, Name of the organization

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 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States criteria used to award the grants or assistance? Part II

ž

recipient that received more than \$5,000 Part II can be duplicated if additional space is needed	5,000 Part II can	be duplicated if additic	onal space is neede	. 0			
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 noncash assistance	(h) Purpose of grant or assistance
ALL SOULS CATHOLIC PARISH 4950 SOUTH LOGAN STREET ENGLEWOOD, CO 80113	80-0010721 50103	50103	5,967.	.0			DONOR DESIGNATED CONTRIBUTIONS
COMMUNITY FOOD SHARE 650 S TAYLOR AVENUE LOUISVILLE, CO 80027	74-2227731 501C3	501C3	5,252.	0			DONOR DESIGNATED
EMERGENCY FAMILY ASSISTANCE							IMPACT INITIATIVE GRANT. PROVIDE MORE INTEGRATED
ASSOCIATION - 1575 YARMOUTH AVENUE - BOULDER, CO 80304	84-0454115 501C3	501c3	24,939.	0			AND DEEPER DIRECT BASIC NEEDS SERVICES AND
I HAVE A DREAM FOUNDATION OF							IMPACT INITIATIVE GRANT: INCREASE BOULDER'S
BOULDER COUNTY - 5390 MANHATTAN CIRCLE #200 - BOULDER, CO 80303	84-1150542	501C3	76,943.	0			COLLECTIVE COMMITMENT TO ELIMINATE THE OPPORTUNITY
SISTER CARMEN COMMUNITY CENTER							IMPACT INITIATIVE GRANT: GET ALL INDIVIDUALS AND
655 ASPEN KIDGE DRIVE LAFAYETTE, CO 80026	84-0820308 501C3	501C3	47,041.	0.		,	FAMILIES IN THE BOULDER VALLEY SCHOOL DISTRICT
BOULDER COUNTY							EMERGING PARTNER GRANT. COLLABORATIVE WITH
PO BOX 471 BOULDER , CO 80306	84-6000748 BOULDER	BOULDER COUNTY	6,667.	,			BOULDER COUNTY, BOULDER CITY AND LONGMONT TO
							4

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

SEE PART IV FOR COLUMN (H) DESCRIPTIONS LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2018)

FOOTHILLS UW, INC.

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 Schedule I (Form 990) (2018)
Part III | Grants and Othe

ή**»**

Page 2

84-6042598

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

2 PART I, LINE A COMMITTEE COMPOSED OF COMMUNITY REPRESENTATIVES EVALUATED EACH APPLICANT

FOR ASSISTANCE. THE ORGANIZATIONS THAT ARE AWARDED GRANTS PROVIDE PERIODIC

GRANT FUNDS THE USE OF REPORTS ON

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT:

EMERGENCY FAMILY ASSISTANCE ASSOCIATION

(H) PURPOSE OF GRANT OR ASSISTANCE: IMPACT INITIATIVE GRANT: PROVIDE

832102 11-02-18

31

SCHEDULE O

71

(Form 990 or 990-EZ)

Department of the Treasury

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.

OMB No 1545-0047 Open to Public

Internal Revenue Service ▶ Go to www.irs.gov/Form990 for the latest information. Inspection Name of the organization **Employer identification number** FOOTHILLS UW, INC. 84-6042598 FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: DREAM BIG THE GOAL OF THIS INITIATIVE IS TO ELIMINATE THE OPPORTUNITY AND ACHIEVEMENT GAPS SO THAT BY 2040, ALL CHILDREN IN BOULDER COUNTY ARE SUCCEEDING ACADEMICALLY AND REACHING THEIR FULL POTENTIAL. THE DREAM BIG INITIATIVE BREAKS THE CYCLE OF POVERTY AMONG LOW-INCOME FAMILIES BY PROVIDING ACADEMIC AND SOCIAL SUPPORT TO YOUTH AND THEIR PARENTS. PARTNERS IN THIS COLLABORATION INCLUDE NONPROFITS, GOVERNMENT ENTITIES, SCHOOL DISTRICTS, AND COMMUNITY VOLUNTEERS. 2-1-1 LAUNCHED IN OCTOBER 2003, 2-1-1 COLORADO IS A STATEWIDE INITIATIVE TO PROVIDE INFORMATION AND REFERRAL SERVICE TO RESIDENTS IN NEED OF NON-EMERGENCY (I.E. NON-LIFE-THREATENING) ASSISTANCE BY PHONE, TEXT, CHAT OR ONLINE. 2-1-1 IS THE EASY-TO-REMEMBER AND UNIVERSALLY RECOGNIZABLE TELEPHONE NUMBER THAT PROVIDES CRITICAL CONNECTION BETWEEN INDIVIDUALS IN NEED AND AVAILABLE SERVICES. THE DATABASE HAS INFORMATION ON THOUSANDS OF PROGRAMS IN BOULDER AND BROOMFIELD COUNTIES IN 2019, 2-1-1 COLORADO RECEIVED OVER 200,000 AND ACROSS COLORADO.

STRENGTHENING MOUNTAIN COMMUNITIES FROM WITHIN

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

Schedule O (Form 990 or 990-EZ) (2018)

832211 10-10-18

CONTACTS.

COLLABORATIVE.

FOOTHILLS UNITED WAY CHAIRS THE STATEWIDE 2-1-1

Employer identification number Name of the organization FOOTHILLS UW, INC. 84-6042598 THE GOAL OF THIS INITIATIVE IS TO PROVIDE DEEPER AND MORE INTEGRATED BASIC NEEDS SERVICES AND REFERRALS IN SUPPORT OF VULNERABLE RESIDENTS OF THE BOULDER COUNTY MOUNTAIN COMMUNITIES. THIS INCLUDES DEEPENING OUTREACH AND EXPANDING INTO NEW COMMUNITIES, PROVIDING FUNDING DIRECTLY TO PROGRAMS MEETING BASIC NEEDS IN MOUNTAIN COMMUNITIES, AND PROVIDING A FRAMEWORK FOR INTRA-COMMUNITY RELATIONSHIPS. THIS PARTNERSHIP INCLUDES NONPROFITS, BUSINESSES, SCHOOLS, AND GOVERNMENT ENTITIES. FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: PERSONAL INVESTMENT ENTERPRISE (PIE) PROGRAM THE PIE PROGRAM ADDRESSES THE ROOT CAUSES OF POVERTY THROUGH SYSTEMIC ECONOMIC CHANGES. PROGRAM PARTICIPANTS OPEN INDIVIDUAL DEVELOPMENT ACCOUNTS, WHICH ARE MATCHED SAVINGS ACCOUNTS DESIGNED TO HELP WORKING LOW-INCOME AND LOW-WEALTH FAMILIES SAVE MONEY FOR POST-SECONDARY EDUCATION, CAPITALIZING A BUSINESS, OR BUYING A FIRST HOME. THROUGH 2018, THE PIE PROGRAM HAS GRADUATED 311 PARTICIPANTS IN THESE CATEGORIES: 125 FIRST-TIME HOMEBUYERS, 76 SMALL BUSINESS START-UPS, AND 110 POST-SECONDARY STUDENTS. FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS: COMMUNITY RESILIENCE THE COMMUNITY RESILIENCE PROGRAM FOCUSES ON BUILDING RELATIONSHIPS AND RESOURCES TO ALLOW COMMUNITY MEMBERS TO ADAPT AND THRIVE IN THE FACE OF Schedule O (Form 990 or 990-EZ) (2018) 832212 10-10-18

35

REFERRAL CENTERS IN THE NATION, STRENGTHENS THE COMMUNITIES OF BOULDER

832212 10-10-18

Employer identification number 84-6042598

AND BROOMFIELD COUNTIES THROUGH VOLUNTEER ADVOCACY AND ENGAGEMENT. THROUGH MAINTENANCE OF AN ONLINE DATABASE, SPECIAL PUBLICATIONS, ONE-ON-ONE ADVISING, CUSTOMIZED TEAM PROJECTS, AND AN ANNUAL DAY OF CARING, VOLUNTEER CONNECTION SUPPORTS OVER 250 AREA NONPROFITS IN THEIR VOLUNTEER RECRUITMENT. IN ADDITION TO BUILDING A CULTURE OF VOLUNTEERING, LAST YEAR ALONE VOLUNTEER CONNECTION PROVIDED OVER \$125,000 IN VOLUNTEER TIME TO THE COMMUNITY.

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

PRIOR TO FILING, THE FORM 990 IS REVIEWED BY THE BOARD OF DIRECTORS AND OUESTIONS AND COMMENTS ARE SOLICITED VIA ELECTRONIC DISTRIBUTION OF THE RETURN.

EXPENSES \$ 196,692. INCLUDING GRANTS OF \$ 0. REVENUE \$ 67,127.

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

THE BOARD OF DIRECTORS AND STAFF COMPLETE A CONFLICT OF INTEREST POLICY STATEMENT ANNUALLY. ANNUAL CONFLICT OF INTEREST DECLARATIONS ARE REVIEWED BY THE AUDIT COMMITTEE FOR COMPLIANCE WITH INTERNAL STANDARDS AS WELL AS POTENTIAL DISCLOSURES. SHOULD CONFLICTS OF INTEREST OCCUR, THE CONFLICTED DIRECTOR MUST ABSTAIN FROM VOTING ON SUCH MATTERS. ABSTENTIONS DUE TO CONFLICTS OF INTEREST, IF ANY, ARE DOCUMENTED IN THE RECORD OF THE VOTE.

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

COMPENSATION FOR THE CEO IS REVIEWED AND DETERMINED BY THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS, THEN APPROVED BY THE FULL BOARD. DATA FROM THE COLORADO NONPROFIT ASSOCIATION AND UNITED WAY WORLDWIDE SALARY SURVEYS ARE USED TO ARRIVE AT A MARKET RATE COMPENSATION. THE BOARD SECRETARY RECORDS THIS CONVERSATION. COMPENSATION WAS LAST REVIEWED IN

832212 10-10-18

Schedule O (Form 990 or 990-EZ) (2018)

OFFICE OF THE SECRETARY OF STATE OF THE STATE OF COLORADO

CERTIFICATE OF DOCUMENT FILED

I, Jena Griswold , as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office, the attached document is a true and complete copy of the

Articles of Amendment

with Document # 20191662595 of FOOTHILLS UW, INC., Dissolved September 19, 2019

Colorado Nonprofit Corporation

(Entity ID # 19871307695)

consisting of 2 pages.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 09/17/2019 that have been posted, and by documents delivered to this office electronically through 09/19/2019@12:00:02.

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 09/19/2019 @ 12:00:02 in accordance with applicable law. This certificate is assigned Confirmation Number 11809531



Secretary of State of the State of Colorado

*****End of Certificate*****

Notice A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's Web site, http://www.sos.state.co.us/biz/CertificateSearchCriteria.do entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, http://www.sos.state.co.us/click'Businesses, trademarks, trade names" and select 'Frequently Asked Questions"



Document must be filed electronically. Paper documents are not accepted. Fees & forms are subject to change. For more information or to print copies of filed documents, visit www.sos.state.co.us. Colorado Secretary of State

Date and Time: 08/21/2019 12:12 PM

ID Number: 19871307695

Document number: 20191662595

Amount Paid: \$25.00

ABOVE SPACE FOR OFFICE USE ONLY

Articles of Amendment

	filed pursuant to §7-90-301, et se	eq. and §7-130-105 of the	Colorado Revise	d Statutes (C.R.S.)
1.	For the entity, its ID number and enti	ty name are			
	ID number	19871307695 (Colorado Secretary of State ID	•		
	Entity name	FOOTHILLS UNITED	D WAY, INC		
2.	The new entity name (if applicable) is	s FOOTHILLS UW, IN	C.	· 	
3.	(If the following statement applies, adopt the This document contains additional			tachment) c	
4.	(Caution Leave blank if the document does significant legal consequences Read instru		late Stating a delay	ved effective date has	
	(If the following statement applies, adopt the format)	e statement by entering a date	and, if applicable,	time using the requir	ed
	The delayed effective date and, if app	olicable, time of this docur		mm/dd/yyyy hour mınute an	 n/pm)
No	tice:				
ack ind per the star	using this document to be delivered to the mowledgment of each individual causing ividual's act and deed, or that such indivision on whose behalf such individual is conceptivements of part 3 of article 90 of titutes, and that such individual in good fainplies with the requirements of that Part,	such delivery, under penalidual in good faith believes ausing such document to be le 7, C.R.S. and, if applicabith believes the facts stated	ties of perjury, the such document is delivered for filible, the constituent in such document	at such document is the act and deed o ing, taken in confor it documents and th t are true and such o	f the mity with ne organic
	is perjury notice applies to each individua ether or not such individual is identified				State,
5.	The true name and mailing address of the individual causing the document to be delivered for	Wainer	Sandra		
	filing are	(Last)	(First)	(Mıddle)	(Suffix)
		1550 17th Street, Su			
		(Street name o	and number or Post Offic	e Box information)	
		Denver	СО	80202	
		(City)	United S	(Posial/Zip Co	ode)
		(Province - if applicable)	(Country - if		

(If the following statement applies, adopt the statement by marking the box and include an attachment)

This document contains the true name and mailing address of one or more additional individuals causing the document to be delivered for filing.

Disclaimer:

This form/cover sheet, and any related instructions, are not intended to provide legal, business or tax advice, and are furnished without representation or warranty. While this form/cover sheet is believed to satisfy minimum legal requirements as of its revision date, compliance with applicable law, as the same may be amended from time to time, remains the responsibility of the user of this form/cover sheet. Questions should be addressed to the user's legal, business or tax advisor(s).