

Form **990**

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

**2017**

Department of the Treasury  
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Open to Public Inspection

**A** For the 2017 calendar year, or tax year beginning **APR 1, 2017** and ending **MAR 31, 2018**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>UNITED WAY OF TREASURE VALLEY, INC.</b>		<b>D</b> Employer identification number <b>82-0299013</b>
	Doing business as		<b>E</b> Telephone number <b>208-336-1070</b>
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>P.O. BOX 16330</b>	<b>G</b> Gross receipts \$ <b>3,988,252.</b>	
	City or town, state or province, country, and ZIP or foreign postal code <b>BOISE, ID 83715</b>		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶
<b>F</b> Name and address of principal officer: <b>NORA CARPENTER</b> <b>SAME AS C ABOVE</b>			
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
<b>J</b> Website: ▶ <b>WWW.UNITEDWAYTV.ORG</b>			
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			<b>L</b> Year of formation: <b>1928</b> <b>M</b> State of legal domicile: <b>ID</b>

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>WE FIGHT FOR THE HEALTH, EDUCATION AND FINANCIAL STABILITY OF EVERYONE IN THE TREASURE</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>22</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>22</b>
	<b>5</b> Total number of individuals employed in calendar year 2017 (Part V, line 2a)	<b>5</b>	<b>26</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>1511</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b> 3,488,619.	<b>Current Year</b> 3,881,648.
	<b>9</b> Program service revenue (Part VIII, line 2g)	37,111.	34,284.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,211.	12,859.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	127,818.	32,282.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,658,759.	3,961,073.
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,745,043.	1,893,669.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,335,290.	1,234,075.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>387,852.</b>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	890,243.	1,017,477.
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,970,576.	4,145,221.	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	-311,817.	-184,148.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b> 3,766,156.	<b>End of Year</b> 3,584,045.
	<b>21</b> Total liabilities (Part X, line 26)	313,787.	290,075.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	3,452,369.	3,293,970.

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer <b>NORA CARPENTER, PRESIDENT &amp; CEO</b>	Date		
	Type or print name and title			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>JOSH TYREE</b>	Preparer's signature <i>Josh Tyree</i>	Date <b>08/21/18</b>	Check <input type="checkbox"/> if self-employed <b>PTIN</b> <b>P01431021</b>
	Firm's name ▶ <b>HARRIS &amp; CO., PLLC</b>	Firm's EIN ▶ <b>26-4022510</b>	Phone no. (208) 333-8965	
	Firm's address ▶ <b>2289 S. BONITO WAY, STE. 100</b>	<b>MERIDIAN, ID 83642</b>		

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: UNITED WAY OF TREASURE VALLEY FIGHTS FOR THE HEALTH, EDUCATION AND FINANCIAL STABILITY OF EVERYONE IN THE TREASURE VALLEY THROUGH INNOVATIVE AND COLLABORATIVE COMMUNITY EFFORTS.

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

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

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

4a (Code: ) (Expenses \$ 1,325,753. including grants of \$ 144,292.) (Revenue \$ 93,745.) COMMUNITY IMPACT INITIATIVES - WE FIGHT BY COLLECTING, ANALYZING, AND LEVERAGING COMPREHENSIVE COMMUNITY LEVEL DATA TO SET THE COURSE FOR LONG-LASTING CHANGE IN THE TREASURE VALLEY. OUR TRI-ANNUAL COMMUNITY ASSESSMENT IS NOW THE PRIMARY DATA SET USED BY MAJOR TREASURE VALLEY HEALTH SYSTEMS, SCHOOL DISTRICTS, AND NONPROFITS TO INFORM AND GUIDE THEIR WORK. THIS DATA DRIVES THE DESIGN AND IMPLEMENTATION OF UNITED WAY'S 21ST CENTURY SOLUTIONS AIMED AT REDUCING POVERTY, WITH AN EMPHASIS ON CHILDREN. UNITED WAY'S COMMUNITY IMPACT INITIATIVES FOCUS ON THE CREATION AND SUPPORT OF POLICIES, SYSTEMS, AND ENVIRONMENTAL CHANGES THAT IMPROVE THE QUALITY OF LIFE FOR ALL TREASURE VALLEY RESIDENTS BY REMOVING BARRIERS AND PROVIDING OPPORTUNITIES FOR SUCCESS. TO LEARN MORE VISIT HTTPS://WWW.UNITEDWAYTV.ORG/OUR-PROJECTS

4b (Code: ) (Expenses \$ 1,835,658. including grants of \$ 1,749,377.) (Revenue \$ ) COMMUNITY INVESTMENTS - POWERED BY COMMUNITY DONATIONS AND DRIVEN BY COMMUNITY ASSESSMENT DATA. GRANTS TO ALIGNED, TRUSTED, LOCAL COMMUNITY PARTNER'S PROGRAMS IMPROVE THE QUALITY OF LIFE FOR THOUSANDS OF RESIDENTS BY PROVIDING OPPORTUNITIES FOR SUCCESS. THESE GRANTS ENSURE CHILDREN SUCCEED BY ENTERING SCHOOL READY TO LEARN AND PROVIDE SUPPORT TO STUDENTS INSIDE AND OUTSIDE OF SCHOOL HOURS. THEY HELP CREATE AND SUSTAIN HEALTHY HABITS, PROVIDE ACCESS TO PREVENTATIVE MEDICAL, DENTAL AND BEHAVIORAL HEALTH SERVICES FOR LOW-INCOME INDIVIDUALS AND FAMILIES. THEY PROVIDE JOB TRAINING, LEADING TO LIVABLE-WAGE JOBS, ASSET DEVELOPMENT, AND FINANCIAL LITERACY. THEY ALSO HELP LOW-INCOME FAMILIES OBTAIN AFFORDABLE, PERMANENT HOUSING AND MUCH MORE. TO LEARN MORE VISIT HTTPS://WWW.UNITEDWAYTV.ORG/COMMUNITY-INVESTMENTS. WE ALSO HONOR DONOR

4c (Code: ) (Expenses \$ 237,956. including grants of \$ ) (Revenue \$ ) COMMUNITY ENGAGEMENT AND VOLUNTEERISM - SERVING AS THE COMMUNITY CONVENER, UNITED WAY'S COMMUNITY ENGAGEMENT WORK BRINGS PEOPLE FROM MAJOR CORPORATIONS, BANKS, HOSPITALS, SMALL BUSINESSES, FAITH ORGANIZATIONS, CIVIC GROUPS, NONPROFITS, SCHOOLS, GOVERNMENTS, AS WELL AS INDIVIDUALS OF ALL TYPES TOGETHER. THROUGH EQUITABLE VOLUNTEER-BASED PARTNERSHIPS, WE LIFT UP CHILDREN AND FAMILIES IN THE TREASURE VALLEY. ONE WAY WE WIN THROUGH COMMUNITY ENGAGEMENT IS BY SUPPORTING OUR 4,500 HOMELESS STUDENTS. TOGETHER, ENGAGED COMMUNITY MEMBERS WORK SIDE-BY-SIDE TO ENSURE HOMELESS AND LOW-INCOME CHILDREN RECEIVE BASIC NEEDS ITEMS THAT COMBAT HUNGER AND IMPROVE HYGIENE AND HEALTH, WHICH INCREASES SCHOOL ATTENDANCE, LEADING TO GRADUATION AND POST-SECONDARY EDUCATION. TO LEARN MORE VISIT HTTPS://WWW.UNITEDWAYTV.ORG/WHAT-WE-DO

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

4e Total program service expenses 3,399,367.

**Part IV Checklist of Required Schedules**

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

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

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

**Note.** All Form 990 filers are required to complete Schedule O .....

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Input box for Schedule O check

Main table with columns for question numbers (1a-14b), Yes, and No. Contains various tax compliance questions and their corresponding responses.

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

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	22	
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent	22	
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

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

**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 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: **MARK NAIL, DIRECTOR OF FINANCE - 208-336-1070**  
**P.O. BOX 16330, BOISE, ID 83715**

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) COREY SURBER CHAIR	3.00	X		X				0.	0.	0.
(2) HART GILCHRIST TREASURER	3.00	X		X				0.	0.	0.
(3) SCOTT RANDOLPH SECRETARY	3.00	X		X				0.	0.	0.
(4) BETH TOAL BOARD MEMBER	1.00	X						0.	0.	0.
(5) BRAD STREET BOARD MEMBER	1.00	X						0.	0.	0.
(6) BROOK BOND BOARD MEMBER	2.00	X						0.	0.	0.
(7) CHRISTY PERRY BOARD MEMBER	1.00	X						0.	0.	0.
(8) DAVE JEPPESEN BOARD MEMBER	1.00	X						0.	0.	0.
(9) DEBRA LEITHAUSER BOARD MEMBER	1.00	X						0.	0.	0.
(10) DIANA LACHIONDO BOARD MEMBER	2.00	X						0.	0.	0.
(11) ERICKA RUPP BOARD MEMBER	2.00	X						0.	0.	0.
(12) GARY SMITH BOARD MEMBER	3.00	X						0.	0.	0.
(13) JEFF S. TAYLOR BOARD MEMBER	3.00	X						0.	0.	0.
(14) JENNIFER REYNOLDS BOARD MEMBER	3.00	X						0.	0.	0.
(15) JILL TWEDT BOARD MEMBER	1.00	X						0.	0.	0.
(16) JOHN COLGROVE BOARD MEMBER	1.00	X						0.	0.	0.
(17) JOSH T. BISHOP BOARD MEMBER	3.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) KELLI BADESHEIM BOARD MEMBER	2.00	X						0.	0.	0.
(19) MOLLY LENTY BOARD MEMBER	1.00	X						0.	0.	0.
(20) SUE RICHARDSON BOARD MEMBER	1.00	X						0.	0.	0.
(21) STEPHEN BARTLETT BOARD MEMBER	1.00	X						0.	0.	0.
(22) WES JOST BOARD MEMBER	1.00	X						0.	0.	0.
(23) NORA CARPENTER PRESIDENT/CEO	40.00			X				101,818.	0.	21,527.
(24) MARK NAIL DIRECTOR OF FINANCE	40.00			X				75,206.	0.	11,622.
<b>1b Sub-total</b> .....								177,024.	0.	33,149.
<b>c Total from continuation sheets to Part VII, Section A</b> .....								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b> .....								177,024.	0.	33,149.

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
NONE		

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



**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>	15,546.				
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b>	3,866,102.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$		59,753.				
	<b>h Total.</b> Add lines 1a-1f .....		3,881,648.				
	<b>Program Service Revenue</b>	<b>2 a FEES</b> .....	<b>Business Code</b> 611710	34,284.	34,284.		
<b>b</b> .....							
<b>c</b> .....							
<b>d</b> .....							
<b>e</b> .....							
<b>f</b> All other program service revenue .....							
<b>g Total.</b> Add lines 2a-2f .....			34,284.				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		12,859.			12,859.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	(i) Real	(ii) Personal				
		<b>b</b> Less: rental expenses .....					
		<b>c</b> Rental income or (loss) .....					
		<b>d</b> Net rental income or (loss) .....					
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	(i) Securities	(ii) Other				
		<b>b</b> Less: cost or other basis and sales expenses .....					
		<b>c</b> Gain or (loss) .....					
		<b>d</b> Net gain or (loss) .....					
	<b>8 a</b> Gross income from fundraising events (not including \$ 15,546. of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b>	0.				
		<b>b</b> Less: direct expenses .....	<b>b</b>	27,179.			
		<b>c</b> Net income or (loss) from fundraising events .....		-27,179.			-27,179.
	<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>a</b>					
<b>b</b> Less: direct expenses .....		<b>b</b>					
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>a</b>						
	<b>b</b> Less: cost of goods sold .....	<b>b</b>					
	<b>c</b> Net income or (loss) from sales of inventory .....						
<b>Miscellaneous Revenue</b>		<b>Business Code</b>					
<b>11 a</b> .....							
	<b>b</b> .....						
	<b>c</b> .....						
	<b>d</b> All other revenue .....	900099	59,461.	59,461.			
	<b>e Total.</b> Add lines 11a-11d .....		59,461.				
<b>12 Total revenue.</b> See instructions. ....		3,961,073.	93,745.	0.	-14,320.		

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,893,669.	1,893,669.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	210,173.	115,595.	48,340.	46,238.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	762,771.	419,524.	175,437.	167,810.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	43,972.	24,184.	10,114.	9,674.
9 Other employee benefits	144,767.	79,622.	33,296.	31,849.
10 Payroll taxes	72,392.	39,816.	16,650.	15,926.
11 Fees for services (non-employees):				
a Management	599,452.	593,458.	2,997.	2,997.
b Legal				
c Accounting	14,597.	6,568.	2,190.	5,839.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	1,283.	578.	192.	513.
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	2,898.	1,304.	435.	1,159.
12 Advertising and promotion	23,132.	6,014.	1,851.	15,267.
13 Office expenses	92,996.	41,849.	13,949.	37,198.
14 Information technology	40,815.	18,367.	6,122.	16,326.
15 Royalties				
16 Occupancy	70,008.	38,575.	15,951.	15,482.
17 Travel	41,862.	21,768.	14,233.	5,861.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates	38,760.	21,164.	8,892.	8,704.
22 Depreciation, depletion, and amortization	23,842.	13,113.	5,484.	5,245.
23 Insurance	5,585.	3,112.	1,290.	1,183.
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 <b>DONATED EXPENSE</b>	59,753.	59,753.		
b <b>EQUIPMENT</b>	1,815.	995.	409.	411.
c <b>OTHER EXPENSES</b>	679.	339.	170.	170.
d				
e All other expenses				
<b>25 Total functional expenses.</b> Add lines 1 through 24e	<b>4,145,221.</b>	<b>3,399,367.</b>	<b>358,002.</b>	<b>387,852.</b>
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	60,375.	<b>1</b>	57,611.
	<b>2</b> Savings and temporary cash investments .....	1,987,753.	<b>2</b>	1,987,687.
	<b>3</b> Pledges and grants receivable, net .....	1,438,018.	<b>3</b>	1,248,895.
	<b>4</b> Accounts receivable, net .....	1,817.	<b>4</b>	6,697.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	6,466.	<b>9</b>	5,946.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 236,646.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 212,062.	48,426.	<b>10c</b> 24,584.
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....	223,301.	<b>13</b>	252,625.
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....		<b>15</b>	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	3,766,156.	<b>16</b>	3,584,045.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	313,787.	<b>17</b>	290,075.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	313,787.	<b>26</b>	290,075.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> <b>X</b> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets .....	961,523.	<b>27</b>	796,819.
	<b>28</b> Temporarily restricted net assets .....	2,490,846.	<b>28</b>	2,497,151.
	<b>29</b> Permanently restricted net assets .....		<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>	
	<b>33</b> Total net assets or fund balances .....	3,452,369.	<b>33</b>	3,293,970.
<b>34</b> Total liabilities and net assets/fund balances .....	3,766,156.	<b>34</b>	3,584,045.	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	3,961,073.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	4,145,221.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-184,148.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	3,452,369.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	25,749.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	3,293,970.

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	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.		
<b>2a</b>	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>b</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	
<b>c</b>	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	
<b>3a</b>	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>b</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		



**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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	3633380.	4005136.	4158061.	3488619.	3881648.	19166844.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	3633380.	4005136.	4158061.	3488619.	3881648.	19166844.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						1502752.
<b>6 Public support.</b> Subtract line 5 from line 4.						17664092.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>7</b> Amounts from line 4 .....	3633380.	4005136.	4158061.	3488619.	3881648.	19166844.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	6,202.	14,334.	2,387.	5,211.	12,859.	40,993.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	113,399.	148,179.	110,131.	153,873.	59,461.	585,043.
<b>11 Total support.</b> Add lines 7 through 10 .....						19792880.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	140,982.
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	89.24 %
<b>15</b> Public support percentage from 2016 Schedule A, Part II, line 14 .....	<b>15</b>	97.07 %
<b>16a 33 1/3% support test - 2017.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	▶ <input checked="" type="checkbox"/>	
<b>b 33 1/3% support test - 2016.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	▶ <input type="checkbox"/>	
<b>17a 10% -facts-and-circumstances test - 2017.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	▶ <input type="checkbox"/>	
<b>b 10% -facts-and-circumstances test - 2016.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	▶ <input type="checkbox"/>	
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....	▶ <input type="checkbox"/>	

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

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

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

<b>15</b> Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2016 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2016 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2017.** 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 - 2016.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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



**Part IV Supporting Organizations** *(continued)*

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

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

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

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
<b>2</b> Activities Test. Answer (a) and (b) below.		Yes	No
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>			
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>			
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.			
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>			
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>			
	<b>2a</b>		
	<b>2b</b>		
	<b>3a</b>		
	<b>3b</b>		

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

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

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

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

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

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

Section D - Distributions	Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2017 from Section C, line 6	
<b>10</b> Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
<b>1</b> Distributable amount for 2017 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2017			
<b>a</b>			
<b>b</b> From 2013			
<b>c</b> From 2014			
<b>d</b> From 2015			
<b>e</b> From 2016			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2017 distributable amount			
<b>i</b> Carryover from 2012 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2017 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2017 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2018.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2013			
<b>b</b> Excess from 2014			
<b>c</b> Excess from 2015			
<b>d</b> Excess from 2016			
<b>e</b> Excess from 2017			

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

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

MISC REVENUE

2013 AMOUNT: \$ 113,399.

2014 AMOUNT: \$ 148,179.

2015 AMOUNT: \$ 110,131.

2016 AMOUNT: \$ 153,873.

2017 AMOUNT: \$ 59,461.

Multiple horizontal lines for providing additional information.

**Schedule B**  
(Form 990, 990-EZ,  
or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2017**

<b>Name of the organization</b>  UNITED WAY OF TREASURE VALLEY, INC.	<b>Employer identification number</b>  82-0299013
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**Organization type** (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

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

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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization  <b>UNITED WAY OF TREASURE VALLEY, INC.</b>	Employer identification number  <b>82-0299013</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ <u>518,858.</u>	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ <u>419,804.</u>	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ <u>362,835.</u>	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ <u>231,163.</u>	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ <u>193,541.</u>	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ <u>192,143.</u>	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>UNITED WAY OF TREASURE VALLEY, INC.</b>	Employer identification number <b>82-0299013</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/> <hr/>	\$ 165,296.	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/> <hr/>	\$ 156,588.	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/> <hr/>	\$ 121,961.	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	<hr/> <hr/> <hr/> <hr/>	\$ 109,532.	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>UNITED WAY OF TREASURE VALLEY, INC.</b>	Employer identification number  <b>82-0299013</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

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



Name of organization  <b>UNITED WAY OF TREASURE VALLEY, INC.</b>	Employer identification number  <b>82-0299013</b>
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

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.

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization

UNITED WAY OF TREASURE VALLEY, INC.

Employer identification number

82-0299013

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-9 regarding 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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1a-1b regarding collections of 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             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	223,301.	201,163.	217,288.	161,354.	145,831.
b Contributions	12,885.	3,000.	344.	51,657.	
c Net investment earnings, gains, and losses	27,032.	29,718.	-6,330.	13,791.	22,739.
d Grants or scholarships	9,309.	9,456.	9,020.		
e Other expenditures for facilities and programs					
f Administrative expenses	1,283.	1,124.	1,119.	9,514.	7,217.
g End of year balance	252,625.	223,301.	201,163.	217,288.	161,353.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  0.00 %
  - b Permanent endowment  100.00 %
  - c Temporarily restricted endowment  0.00 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes | No |
|--|-----|----|
| (i) unrelated organizations  | X   |    |
| (ii) related organizations   |     | X  |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? |     |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		236,646.	212,062.	24,584.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				<b>24,584.</b>

**Part VII Investments - Other Securities.**

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

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

**Part VIII Investments - Program Related.**

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) BENEFICIAL INTEREST IN		
(2) AGENCY FUND ASSETS HELD		
(3) AT IDAHO COMMUNITY		
(4) FOUNDATION	252,625.	END-OF-YEAR MARKET VALUE
(5) .....		
(6) .....		
(7) .....		
(8) .....		
(9) .....		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶	252,625.	

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

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

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

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>	3,317,671.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b> 25,749.		
<b>b</b>	Donated services and use of facilities	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b> -669,151.		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	-643,402.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	3,961,073.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	0.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)		<b>5</b>	3,961,073.

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

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

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>	3,476,070.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities	<b>2a</b>		
<b>b</b>	Prior year adjustments	<b>2b</b>		
<b>c</b>	Other losses	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b> -669,151.		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	-669,151.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	4,145,221.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	0.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)		<b>5</b>	4,145,221.

**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 X, LINE 2:**

THE ACCOUNTING STANDARD ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES ADDRESSES THE DETERMINATION OF WHETHER TAX BENEFITS CLAIMED OR EXPECTED TO BE CLAIMED ON A TAX RETURN SHOULD BE RECORDED IN THE FINANCIAL STATEMENTS. UNDER THAT GUIDANCE, THE ORGANIZATION MAY RECOGNIZE THE TAX BENEFIT FROM AN UNCERTAIN TAX POSITION ONLY IF IT IS MORE LIKELY THAN NOT THAT THE TAX POSITION WILL BE SUSTAINED ON EXAMINATION BY TAXING AUTHORITIES BASED ON THE TECHNICAL MERITS OF THE POSITION. THE TAX BENEFITS RECOGNIZED IN THE FINANCIAL STATEMENTS FROM SUCH A POSITION ARE MEASURED BASED ON THE LARGEST BENEFIT THAT HAS A GREATER THAN 50 PERCENT LIKELIHOOD OF BEING REALIZED UPON ULTIMATE SETTLEMENT. THERE WERE NO UNRECOGNIZED TAX BENEFITS IDENTIFIED OR RECORDED AS LIABILITIES FOR FISCAL YEARS 2018 OR 2017.

**Part XIII** Supplemental Information (continued)

THE ORGANIZATION FILES FORM 990 IN THE U.S. FEDERAL JURISDICTION. THE ORGANIZATION IS GENERALLY NO LONGER SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE FOR TAX YEARS BEFORE 2014.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENTS EXPENSES

DONOR & PASS THROUGH DESIGNATIONS

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENTS EXPENSES

DONOR & PASS THROUGH DESIGNATIONS

PART V LINE 4

UNITED WAY OF TREASURE VALLEY ENDOWMENT ASSETS INCLUDE BOARD DESIGNATED FUNDS THE ORGANIZATION HAS GIVEN TO THE IDAHO COMMUNITY FUND TO HOLD AND MANAGE. UNDER THE ORGANIZATION'S INVESTMENT POLICY, ENDOWMENT ASSETS ARE INVESTED IN A MANNER THAT IS INTENDED TO PRESERVE CAPITAL, GENERATE INCOME FOR DISTRIBUTION TO THE UNITED WAY OF TREASURE VALLEY, AS WELL AS FOR GROWTH AND TO GENERATE CAPITAL APPRECIATION. ON AN ANNUAL BASIS, THE BOARD OF DIRECTORS FOR THE IDAHO COMMUNITY FUND DETERMINES AN APPROPRIATE PERCENTAGE OF THE FAIR MARKET VALUE OF THE FUND TO BE DISTRIBUTED TO THE ORGANIZATION FOR CHARITABLE PURPOSES.

PART XI, LINE 2D

SPECIAL EVENT EXPENSES OF \$26,055 ARE NOT NETTED AGAINST REVENUE ON THE AUDITED FINANCIAL STATEMENTS, BUT ARE INCLUDED AS CONTRA REVENUE ON THE 990.

**Part XIII** Supplemental Information (continued)

PART XI, LINE 4B

DONOR DESIGNATED AND PASS THROUGH CONTRIBUTIONS OF \$523,648 NET TO ZERO ON THE TOTAL REVENUE LINE OF THE FINANCIAL STATEMENTS BUT FOR 990 REPORTING REQUIREMENTS ARE GROSSED UP ON BOTH THE REVENUE AND EXPENSE SECTIONS OF THE 990.

PART XII, LINE 2D

SPECIAL EVENT EXPENSES OF \$26,055 ARE INCLUDED IN EXPENSES ON THE AUDITED FINANCIAL STATEMENTS, BUT ARE INCLUDED AS CONTRA REVENUE ON THE 990.

PART XII, LINE 4B

DONOR DESIGNATED AND PASS THROUGH CONTRIBUTIONS OF \$523,648 NET TO ZERO ON THE TOTAL REVENUE LINE OF THE FINANCIAL STATEMENTS BUT FOR 990 REPORTING REQUIREMENTS ARE GROSSED UP ON BOTH THE REVENUE AND EXPENSE SECTIONS OF THE 990.





**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		FLAPJACK FEED (event type)	(event type)	NONE (total number)		
Revenue	1	Gross receipts	15,546.		15,546.	
	2	Less: Contributions	15,546.		15,546.	
	3	Gross income (line 1 minus line 2)				
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	27,179.		27,179.	
	10	Direct expense summary. Add lines 4 through 9 in column (d)				27,179.
	11	Net income summary. Subtract line 10 from line 3, column (d)				-27,179.

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
Revenue	1	Gross revenue				
	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7	Direct expense summary. Add lines 2 through 5 in column (d)				
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_  
 a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No  
 b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No  
 b If "Yes," explain: \_\_\_\_\_





**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2017**

**Open to Public  
Inspection**

Name of the organization **UNITED WAY OF TREASURE VALLEY, INC.** Employer identification number **82-0299013**

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

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

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

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
BIG BROTHERS BIG SISTERS OF SOUTHWEST - YOUTH MENTORING - 110 N. 27TH ST. - BOISE, ID 83702	82-0349401	501(C)(3)	27,500.	0.			SUPPORTS SOME OF THE PROFESSIONAL ADVISORY STAFF WHO OVERSEE EACH MATCH
BOYS & GIRLS CLUB OF NAMPA, INC. - YOUTH DEVELOPMENT - 316 STAMPEDE DRIVE - NAMPA, ID 83687	82-0504332	501(C)(3)	31,000.	0.			FUNDS ARE USED TO HIRE PERSONNEL WHO WORK WITH THE YOUTH, PURCHASE SUPPLIES AND EQUIPMENT.
BOYS & GIRLS CLUBS OF ADA COUNTY - YOUTH DEVELOPMENT - 610 E 42ND ST - GARDEN CITY, ID 83714	82-0481687	501(C)(3)	70,000.	0.			SUPPORTS THE COST FOR THE STAFF, THE FACILITIES AND THE PROGRAM SUPPLIES NEEDED TO IMPLEMENT OUR
BOYS & GIRLS CLUBS OF ADA COUNTY - BE FIT, BE HEALTHY, BE GREAT - 610 E 42ND ST - GARDEN CITY, ID 83714	82-0481687	501(C)(3)	30,000.	0.			FUNDS WILL BE UTILIZED TO SUPPORT THE COST OF STAFF, FOOD AND PROGRAM SUPPLIES TO CINDUCT THIS
CHARITABLE ASSISTANCE TO COMMUNITY'S HOMELESS (CATCH) - CATCH OF ADA & CANY - 503 S AMERICANA BLVD. - BOISE, ID 83702	27-3483457	501(C)(3)	52,000.	0.			FUNDING SUPPORTS EQUIPMENT, SUPPLIES AND CASE MANAGEMENT AND RESOURCE STAFF NEEDED FOR
CHILDREN'S FREE DENTAL CLINIC INC. - MILES OF SMILES - 2976 E. STATE ST #120-53 - EAGLE, ID 83616	20-1934160	501(C)(3)	20,000.	0.			FUNDS A DENTAL HYGIENIST THAT CAN OVERSEE THE PROGRAM OPERATIONS

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 21.

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule I (Form 990) (2017)

**SEE PART IV FOR COLUMN (H) DESCRIPTIONS**

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILDREN'S HOME SOCIETY - CHILDREN'S MENTAL & BEHAVIORAL HEALTH SERVICE SUP - 740 E WARM SPRINGS AVE - BOISE, ID 83712	82-0201128	501(C)(3)	25,000.	0.			SCHOLARSHIPS FOR CHILDREN'S BEHAVIORAL HEALTH COUNSELING
CREATE COMMON GOOD - JOB TRAINING & PLACEMENT SERVICES - 2513 S. FEDERAL WAY - BOISE, ID 83705	93-1277434	501(C)(3)	10,000.	0.			FUNDS WILL PROVIDE PAID ON-THE-JOB TRAINING EMPLOYMENT POSITIONS FOR TRAINEES, TRAINING
CREATE COMMON GOOD - NUTRITIOUS SNACK PROGRAM - 2513 S. FEDERAL WAY - BOISE, ID 83705	93-1277434	501(C)(3)	5,000.	0.			PROVIDING NUTRITIOUS SNACKS TO KIDS IN CANTON COUNTY
EASTER SEALS-GOODWILL, IDAHO DIVISION - ADULT BEHAVIORIAL HEALTH CENTER - 1465 S VINNELL WAY - BOISE, ID 83709	81-0232125	501(C)(3)	20,000.	0.			GENERAL OPERATING EXPENSES
FAMILY ADVOCATES - YOUTH ENHANCEMENT - 3010 W STATE ST STE 104 - BOISE, ID 83703	82-0344205	501(C)(3)	10,000.	0.			FUNDING SUPPORTS THE RECRUITMENT, SCREENING AND TRAINING OF 50 HOME VISITING VOLUNTEERS WHO
FAMILY ADVOCATES - BABY STEPS 3010 W STATE ST STE 104 BOISE, ID 83703	82-0344205	501(C)(3)	10,000.	0.			CAPACITY BUILDING. EVIDENSE BASED PARENT SUPPORT GROUP
GENESIS WORLD MISSION - GARDEN CITY COMMUNITY DENTAL CLINIC - 215 W. 35TH ST - GARDEN CITY, ID 83714	82-0505073	501(C)(3)	14,700.	0.			PART-TIME DENTAL CLINIC COORDINATOR
GENESIS WORLD MISSION - GARDEN CITY COMMUNITY HEALTH COLLABORATIVE - 215 W. 35TH ST - GARDEN CITY, ID 83714	82-0505073	501(C)(3)	11,640.	0.			SALARY & OVERHEAD EXPENSES
GIRAFFE LAUGH CHILD CARE CENTER - SCHOLARSHIPS FOR CHILDREN - 1617 N 24TH STREET - BOISE, ID 83702	82-0481812	501(C)(3)	32,500.	0.			FUNDING SUPPORTS SCHOLARSHIPS FOR INCOME ELIGIBLE FAMILIES.

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GIRAFFE LAUGH - SCHOOL AGE PROGRAM 1617 N 24TH STREET BOISE, ID 83702	82-0481812	501(C)(3)	9,000.	0.			SCHOLARSHIPS FOR SCHOOL AGE CHILDREN
IDAHO FOODBANK - COOKING MATTERS 3562 S. TK AVE BOISE, ID 83705	82-0425400	501(C)(3)	8,000.	0.			SALARY & OVERHEAD EXPENSES
IDAHO YOUTH RANCH - HAYS SHELTER HOME - 5465 W. IRVING ST, BLDG 2 - BOISE, ID 83706	82-0253346	501(C)(3)	60,000.	0.			HELP FUND GENERAL OPERATING EXPENSES SUCH AS BASIC SHELTER NEEDS, FOOD, CLOTHING, SUPPLIES
JANNUS - ECONOMIC OPPORTUNITY 1607 W. JEFFERSON ST BOISE, ID 83702	81-6035382	501(C)(3)	15,000.	0.			PROVIDES SUPPORT FOR CREDIT-BUILDING AND ONE-ON-ONE CREDIT COUNSELING SESSIONS
JANNUS - GLOBAL TALENT IDAHO 1607 W. JEFFERSON ST BOISE, ID 83702	81-6035382	501(C)(3)	15,000.	0.			SALARY & OVERHEAD EXPENSES
JANNUS - IDAHO SUICIDE PREVENTION HOTLINE - 1607 W. JEFFERSON ST - BOISE, ID 83702	81-6035382	501(C)(3)	25,000.	0.			SUPPORT STAFF TO RECRUIT, TRAINING & SUPERVISE PHONE ROOM VOLUNTEERS & OUTREACH EFFORTS
JANNUS - IDAHO VOICES FOR CHILDREN 1607 W. JEFFERSON ST BOISE, ID 83702	81-6035382	501(C)(3)	10,000.	0.			SALARY & OVERHEAD EXPENSES
LEARNING LAB - PRESCHOOLERS & PARENTS AS PARTNERS FAMILY LITERACY - 308 E 36TH ST - GARDEN CITY, ID 83714	82-0461933	501(C)(3)	29,250.	0.			FUNDING WILL DIRECTLY SUPPORT TEACHERS' AND PROGRAM COORDINATORS' SALARIES AS WELL AS
LEARNING LAB - LITERACY FOR ALL 308 E 36TH ST GARDEN CITY, ID 83714	82-0461933	501(C)(3)	30,000.	0.			FUNDS CLASSROOM SUPPLIES, STUDENT BOOKS AND SUPPLEMENTARY MATERIALS, EDUCATIONAL SOFTWARE AND

Schedule I (Form 990)

<b>Part II</b> Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LIFE'S KITCHEN - CULINARY JOB AND LIFE SKILLS TRAINING - 1025 S CAPITAL BLVD - BOISE, ID 83706	80-0008918	501(C)(3)	15,000.	0.			SUPPORT TRAINING OF 60 YOUNG ADULTS THROUGH CULINARY AND CURRICULUM EXPENSES
SALVATION ARMY - BOISE - FINALLY HOME - 1904 W. BANNOCK ST. - BOISE, ID 83702	94-1156347	501(C)(3)	10,000.	0.			FUNDING DIRECTLY SUPPORT CLIENT SUCCESS RATES IN THE TRANSITION IN PLACE HOUSING PROGRAM AND HELPS
SALVATION ARMY- BOISE - COMMUNITY FAMILY SHELTER - 1904 W. BANNOCK ST. - BOISE, ID 83702	94-1156347	501(C)(3)	15,000.	0.			GENERAL OPERATING EXPENSES OF THE PROGRAM
TERRY REILLY HEALTH SERVICES - DENTAL EDUCATION & WELL CHILD CHECK - 211 16TH AVE. N. - NAMPA, ID 83653	82-0300537	501(C)(3)	25,000.	0.			HELP COVER ALL GENERAL OPERATIONS COST AND ACTIVITIES AT THE BOISE CLINIC
THE JESSE TREE - EMERGENCY RENTAL & MERCY ASSISTANCE - 1121 MILLER STREET - BOISE, ID 83702	82-0534777	501(C)(3)	10,000.	0.			FUNDING WILL PROVIDE CURRENT SERVICES TO ADA COUNTY RESIDENTS AND EXPAND PROGRAM TO CANYON
TREASURE VALLEY FAMILY YMCA - EARLY AND SCHOOL AGE CHILDHOOD DEVELOPMENT - 1050 W. STATE STREET - BOISE, ID 83702	82-0200908	501(C)(3)	90,000.	0.			ALL UW FUNDING GOES DIRECTLY TO PROVIDE FINANCIAL ASSISTANCE TO ENROLL AND SERVE MORE
WOMEN'S & CHILDREN'S ALLIANCE - SAFETY & LEARNING FOR CHILDREN - 720 W WASHINGTON ST - BOISE, ID 83702	82-0204464	501(C)(3)	22,000.	0.			FUNDING WILL SUPPORT COUNSELING FOR CHILDREN OF DOMESTIC VIOLENCE
WOMEN'S & CHILDREN'S ALLIANCE - SHELTER SERVICES - 720 W WASHINGTON ST - BOISE, ID 83702	82-0204464	501(C)(3)	70,000.	0.			FUNDING WILL SUPPORT THE COSTS OF MAINTAINING THE SHELTER AND COUNSELING AND CHILD CARE SO THAT
WOMEN'S & CHILDREN'S ALLIANCE - FINANCIAL LITERACY - 720 W WASHINGTON ST - BOISE, ID 83702	82-0204464	501(C)(3)	19,400.	0.			SUSTAIN CURRENT LEVEL OF SERVICE

Schedule I (Form 990)

**Part III**

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

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

**Part IV**

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

PART I, LINE 2:

THE ORGANIZATION MAINTAINS RECORDS TO SUBSTANTIATE THE AMOUNT OF GRANTS AND ASSISTANCE GIVEN TO DOMESTIC 501(C)(3) ORGANIZATIONS AS WELL AS GRANTEE ELIGIBILITY AND THE SELECTION CRITERIA FOR THE AWARDS.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT:

BOYS & GIRLS CLUBS OF ADA COUNTY - YOUTH DEVELOPMENT

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORTS THE COST FOR THE STAFF, THE



**Part IV** Supplemental Information

FACILITIES AND THE PROGRAM SUPPLIES NEEDED TO IMPLEMENT OUR YOUTH DEVELOPMENT PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT:

BOYS & GIRLS CLUBS OF ADA COUNTY - BE FIT, BE HEALTHY, BE GREAT

(H) PURPOSE OF GRANT OR ASSISTANCE: FUNDS WILL BE UNTILIZED TO SUPPORT THE COST OF STAFF, FOOD AND PROGRAM SUPPLIES TO CINDUCT THIS COMPREHENSIVE HEALTH AND FITNESS PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT:

CHARITABLE ASSISTANCE TO COMMUNITY'S HOMELESS (CATCH) - CATCH OF ADA & CANY

(H) PURPOSE OF GRANT OR ASSISTANCE: FUNDING SUPPORTS EQUIPMENT, SUPPLIES AND CASE MANAGEMENT AND RESOURCE STAFF NEEDED FOR PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT:

CREATE COMMON GOOD - JOB TRAINING & PLACEMENT SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: FUNDS WILL PROVIDE PAID ON-THE-JOB TRAINING EMPLOYMENT POSITIONS FOR TRAINEES, TRAINING MATERIALS AND TRAINER FEES

NAME OF ORGANIZATION OR GOVERNMENT: FAMILY ADVOCATES - YOUTH ENHANCEMENT

(H) PURPOSE OF GRANT OR ASSISTANCE: FUNDING SUPPORTS THE RECRUITMENT, SCREENING AND TRAINING OF 50 HOME VISITING VOLUNTEERS WHO WILL SERVE 158 FAMILIES AND PARTIALLY COVER THE COST OF ONE PAID HOME VISITOR WHO SERVES 85 AT-RISK FAMILIES

NAME OF ORGANIZATION OR GOVERNMENT: IDAHO YOUTH RANCH - HAYS SHELTER HOME

(H) PURPOSE OF GRANT OR ASSISTANCE: HELP FUND GENERAL OPERATING EXPENSES

**Part IV** Supplemental Information

SUCH AS BASIC SHELTER NEEDS, FOOD, CLOTHING, SUPPLIES AND HEALTHCARE SERVICES, AS WELL AS INDIVIDUAL ASSESSMENTS TO IDENTIFY THE ROOT CAUSES THAT BROUGHT THE CHILD OUR PROGRAM.

NAME OF ORGANIZATION OR GOVERNMENT:

JANNUS - IDAHO SUICIDE PREVENTION HOTLINE

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPOTY STAFF TO RECRUIT, TRAING & SUPERVISE PHONE ROOM VOLUNTEERS & OUTREACH EFFORTS INCLUDING PRINT MATERIALS AND RADIO

NAME OF ORGANIZATION OR GOVERNMENT:

LEARNING LAB - PRESCHOOLERS & PARENTS AS PARTNERS FAMILY LITERACY

(H) PURPOSE OF GRANT OR ASSISTANCE: FUNDING WILL DIRECTLY SUPPORT TEACHERS' AND PROGRAM COORDINATORS' SALARIES AS WELL AS GENERAL PROGRAM OPERATING EXPENSES

NAME OF ORGANIZATION OR GOVERNMENT: LEARNING LAB - LITERACY FOR ALL

(H) PURPOSE OF GRANT OR ASSISTANCE: FUNDS CLASSROOM SUPPLIES, STUDENT BOOKS AND SUPPLEMENTARY MATERIALS, EDUCATIONAL SOFTWARE AND COMPUTER MAINTENANCE

NAME OF ORGANIZATION OR GOVERNMENT: SALVATION ARMY - BOISE - FINALLY HOME

(H) PURPOSE OF GRANT OR ASSISTANCE: FUNDING DIRECTLY SUPPORT CLIENT SUCCESS RATES IN THE TRANSITION IN PLACE HOUSING PROGRAM AND HELPS PREVENT RECIDIVISM THROUGH PROVIDING FOR CASE MANAGEMENT

NAME OF ORGANIZATION OR GOVERNMENT:

THE JESSE TREE - EMERGENCY RENTAL & MERCY ASSISTANCE

**Part IV** Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: FUNDING WILL PROVIDE CURRENT SERVICES TO ADA COUNTY RESIDENTS AND EXPAND PROGRAM TO CANYON COUNTY

NAME OF ORGANIZATION OR GOVERNMENT:

TREASURE VALLEY FAMILY YMCA - EARLY AND SCHOOL AGE CHILDHOOD DEVELOPMENT

(H) PURPOSE OF GRANT OR ASSISTANCE: ALL UW FUNDING GOES DIRECTLY TO PROVIDE FINANCIAL ASSISTANCE TO ENROLL AND SERVE MORE CHILDREN AND FAMILIES THROUGH OUR CHILD DEVELOPMENT PROGRAMS.

NAME OF ORGANIZATION OR GOVERNMENT:

WOMEN'S & CHILDREN'S ALLIANCE - SHELTER SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: FUNDING WILL SUPPORT THE COSTS OF MAINTAINING THE SHELTER AND COUNSELING AND CHILD CARE SO THAT CLIENTS HAVE THE ABILITY TO ATTEND THEIR COUNSELING SESSIONS.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2017**

Open To Public Inspection

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization **UNITED WAY OF TREASURE VALLEY, INC.** Employer identification number **82-0299013**

Part I	Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art .....				
2	Art - Historical treasures .....				
3	Art - Fractional interests .....				
4	Books and publications .....				
5	Clothing and household goods .....				
6	Cars and other vehicles .....				
7	Boats and planes .....				
8	Intellectual property .....				
9	Securities - Publicly traded .....				
10	Securities - Closely held stock .....				
11	Securities - Partnership, LLC, or trust interests .....				
12	Securities - Miscellaneous .....				
13	Qualified conservation contribution - Historic structures .....				
14	Qualified conservation contribution - Other .....				
15	Real estate - Residential .....				
16	Real estate - Commercial .....				
17	Real estate - Other .....				
18	Collectibles .....				
19	Food inventory .....				
20	Drugs and medical supplies .....				
21	Taxidermy .....				
22	Historical artifacts .....				
23	Scientific specimens .....				
24	Archeological artifacts .....				
25	Other ▶ ( <u>HOUSEHOLD ITE</u> )	X	20	31,035.	MARKET COST
26	Other ▶ ( <u>DONATED BOOKS</u> )	X	92,500	21,518.	MARKET COST
27	Other ▶ ( <u>DONATED TICKE</u> )	X	609	7,200.	MARKET COST
28	Other ▶ ( )				

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? .....		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? .....		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .....		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		



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

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2017**

Open to Public  
Inspection

Name of the organization

UNITED WAY OF TREASURE VALLEY, INC.

Employer identification number

82-0299013

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

VALLEY.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

REQUESTS TO DESIGNATE THEIR CONTRIBUTIONS TO ANY IRS TAX-EXEMPT

ORGANIZATION. WE PERFORM THIS SERVICE AS A COURTESY TO OUR DONORS.

FORM 990, PART VI, SECTION A, LINE 1:

THE GOVERNING BODY OF THE ORGANIZATION DELEGATES BROAD AUTHORITY TO ACT ON

ITS BEHALF TO THE EXECUTIVE COMMITTEE.

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

BEFORE THE FORM 990 IS FILED, A COMPLETE COPY, INCLUDING APPLICABLE

SCHEDULES, IS REVIEWED AND APPROVED BY THE TREASURER AND THE FINANCE

COMMITTEE, WITH A RECOMMENDATION TO THE EXECUTIVE COMMITTEE FOR APPROVAL.

THE EXECUTIVE COMMITTEE, IN TURN, REVIEWS AND APPROVES THE FORM AND

SCHEDULES, WITH A REVIEW BY THE BOARD OF DIRECTORS. THIS REVIEW AND

APPROVAL PROCESS, THROUGH THE EXECUTIVE COMMITTEE, IS COMPLETED BEFORE THE

FORM 990 AND APPLICABLE SCHEDULES ARE FILED WITH THE IRS.

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

BOARD MEMBERS AND OFFICERS OF THE ORGANIZATION ARE REQUIRED TO DISCLOSE ANY

POTENTIAL CONFLICTS OF INTEREST. ALL FORMS THAT HAVE A POTENTIAL CONFLICT

ARE GIVEN TO THE PRESIDENT/CEO TO REVIEW. IF THEY ARE STILL DEEMED TO BE A

POTENTIAL CONFLICT, THE BOARD CHAIR IS GIVEN THE FORMS TO REVIEW AND MAKE A

RULING.

Name of the organization

UNITED WAY OF TREASURE VALLEY, INC.

Employer identification number

82-0299013

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

THE FINANCE COMMITTEE IS TASKED WITH REVIEWING THE PRESIDENT/CEO AND KEY EMPLOYEE COMPENSATION RESEARCH PROVIDED BY THE HUMAN RESOURCE CHAIR. EXAMPLES OF RESEARCH INCLUDE REGIONAL DATA, UNITED WAY SPECIFIC DATA, AS WELL AS OTHER PROFESSIONAL DATA (ROBERT HALF/OFFICE TEAM, UNITED WAY WORLDWIDE SURVEYS, IDAHO NONPROFIT CENTER). THE PRESIDENT/CEO'S AND KEY EMPLOYEES' ANNUAL PERFORMANCE REVIEWS AND THE ORGANIZATION'S BUDGETED COMPENSATION AND BENEFIT PLANS ARE ALSO PART OF THE RESEARCH PROVIDED FOR REVIEW. SALARY LEVELS ARE DETERMINED, WITH JUSTIFICATION FOR THE SETTING DOCUMENTED, AND RECOMMENDED TO THE EXECUTIVE COMMITTEE BY THE FINANCE COMMITTEE FOR APPROVAL. THE EXECUTIVE COMMITTEE THEN RECOMMENDS TO THE BOARD OF DIRECTORS FOR APPROVAL.

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

THE ORGANIZATION'S GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST. FINANCIAL STATEMENTS, THE ANNUAL AUDIT REPORT, AND THE ANNUAL FORM 990 ARE AVAILABLE ON OUR WEBSITE AT WWW.UNITEDWAYTV.ORG. ALL DOCUMENTS, REPORTS AND POLICIES ARE MADE AVAILABLE TO THE PUBLIC THROUGH ALLOWED INSPECTION AT THE LOCAL UNITED WAY OFFICE.

FORM 990, PART X, LINES 27 & 28:

PURSUANT TO THE EARLY ADOPTION OF ASU 2014-09 (TOPIC 958) THE ORGANIZATION IS LISTING ON LINE 27 NET ASSETS WITHOUT DONOR RESTRICTIONS AND ON LINE 28 NET ASSETS WITH DONOR RESTRICTIONS. THE BEGINNING OF YEAR INFORMATION FOR LINES 27 AND 28 IN COLUMN A HAS BEEN RESTATED TO MATCH THE CURRENT YEAR AUDITED FINANCIAL STATEMENT PRESENTATION.

Name of the organization

UNITED WAY OF TREASURE VALLEY, INC.

Employer identification number

82-0299013

IN AUGUST 2016, THE FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) ISSUED ACCOUNTING STANDARDS UPDATE (ASU) 2014-09, PRESENTATION OF FINANCIAL STATEMENTS OF NOT-FOR-PROFIT ENTITIES (TOPIC 958). THE ASU AMENDS THE CURRENT REPORTING MODEL FOR NONPROFIT ORGANIZATIONS AND ENHANCES THEIR REQUIRED DISCLOSURES. THE MAJOR CHANGES INCLUDE: (A) REQUIRING THE PRESENTATION OF ONLY TWO CLASSES OF NET ASSETS NOW ENTITLED "NET ASSETS WITHOUT DONOR RESTRICTIONS" AND "NET ASSETS WITH DONOR RESTRICTIONS", (B) MODIFYING THE PRESENTATION OF UNDERWATER ENDOWMENT FUNDS AND RELATED DISCLOSURES, (C) REQUIRING THE USE OF THE PLACED IN SERVICE APPROACH TO RECOGNIZE THE EXPIRATIONS OF RESTRICTIONS ON GIFTS USED TO ACQUIRE OR CONSTRUCT LONG-LIVED ASSETS ABSENT EXPLICIT DONOR STIPULATIONS OTHERWISE, (D) REQUIRING THAT ALL NONPROFITS PRESENT AN ANALYSIS OF EXPENSES BY FUNCTION AND NATURE IN EITHER THE STATEMENT OF ACTIVITIES, A SEPARATE STATEMENT, OR IN THE NOTES AND DISCLOSE A SUMMARY OF THE ALLOCATION METHODS USED TO ALLOCATE COSTS, (E) REQUIRING THE DISCLOSURE OF QUANTITATIVE AND QUALITATIVE INFORMATION REGARDING LIQUIDITY AND AVAILABILITY OF RESOURCES, (F) PRESENTING INVESTMENT RETURN NET OF EXTERNAL AND DIRECT INTERNAL INVESTMENT EXPENSES, AND (G) MODIFYING OTHER FINANCIAL STATEMENT REPORTING REQUIREMENTS AND DISCLOSURES INTENDED TO INCREASE THE USEFULNESS OF NONPROFIT FINANCIAL STATEMENTS. IN ADDITION, ASU 2016-14 REMOVES THE REQUIREMENT THAT NOT-FOR-PROFIT ENTITIES THAT CHOSE TO PREPARE THE STATEMENTS OF CASH FLOWS USING THE DIRECT METHOD MUST ALSO PRESENT A RECONCILIATION (THE INDIRECT METHOD). THE ORGANIZATION HAS CHOSEN TO EARLY-ADOPT THIS ASU AS OF AND FOR THE YEAR ENDED MARCH 31, 2018.



Name of the organization

UNITED WAY OF TREASURE VALLEY, INC.

Employer identification number

82-0299013

FORM 990, PART XII, LINE 2C:

NO CHANGE IN THE OVERSIGHT PROCESS OR SELECTION PROCESS DURING THE  
CURRENT YEAR.