

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

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

A For the 2017 calendar year, or tax year beginning **JUL 1, 2017** and ending **JUN 30, 2018**

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 checked="" type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization FOOTHILLS UNITED WAY, INC. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1285 CIMARRON DRIVE SUITE 101 City or town, state or province, country, and ZIP or foreign postal code LAFAYETTE, CO 80026 F Name and address of principal officer: CARLOS PACHECO SAME AS C ABOVE	D Employer identification number 84-6042598 E Telephone number 303-444-4013 G Gross receipts \$ 1,992,966. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I 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		
J Website: ▶ WWW.UNITEDWAYFOOTHILLS.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1925 M State of legal domicile: CO

Part I Summary

	1	Briefly describe the organization's mission or most significant activities: A COMMUNITY WORKING TOGETHER IN WHICH ALL PEOPLE CAN ACHIEVE THEIR FULL POTENTIAL		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
Activities & Governance	3	Number of voting members of the governing body (Part VI, line 1a)	3	11
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	10
	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	19
	6	Total number of volunteers (estimate if necessary)	6	2000
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.
	Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 2,043,209.
9		Program service revenue (Part VIII, line 2g)	38,573.	31,341.
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	518.	1,450.
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	20,688.	17,419.
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,102,988.	1,988,132.
Expenses		13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,307,895.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	908,358.	880,174.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 342,841.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	447,586.	535,557.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,663,839.	2,314,001.
	19	Revenue less expenses. Subtract line 18 from line 12	-560,851.	-325,869.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 2,020,111.	End of Year 1,809,132.
	21	Total liabilities (Part X, line 26)	486,724.	601,614.
	22	Net assets or fund balances. Subtract line 21 from line 20	1,533,387.	1,207,518.

Part II Signature Block

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

Sign Here	Signature of officer CARLOS PACHECO, BOARD CHAIR Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name CHRISTINE LUDWIG, CPA	Preparer's signature Date Check if self-employed <input type="checkbox"/> PTIN P01230006
	Firm's name ▶ ACM LLP Firm's address ▶ 4999 PEARL EAST CIRCLE, SUITE 300 BOULDER, CO 80301	Firm's EIN ▶ 01-0724563 Phone no. (303) 440-0399

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: COLLABORATIVELY IDENTIFY COMMUNITY PRIORITY NEEDS AND DESIRED OUTCOMES, UNITE COMMUNITY RESOURCES IN PURSUIT OF AGREED UPON GOALS, AND TAKE ACTION

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

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 \$ 1,077,386. including grants of \$ 898,270.) (Revenue \$) SEE SCHEDULE O

4b (Code:) (Expenses \$ 257,988. including grants of \$) (Revenue \$) SEE SCHEDULE O

4c (Code:) (Expenses \$ 190,878. including grants of \$) (Revenue \$) SEE SCHEDULE O

4d Other program services (Describe in Schedule O.) (Expenses \$ 195,236. including grants of \$) (Revenue \$ 31,341.)

4e Total program service expenses 1,721,488

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Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include 20a through 38, covering various organizational requirements and schedules.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Main form area containing questions 1a through 14b with columns for 'Yes' and 'No' and input fields for numerical values.

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Form 990 (2017)

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (11), 1b (10), 2 (X), 3 (X), 4 (X), 5 (X), 6 (X), 7a (X), 7b (X), 8a (X), 8b (X), 9 (X).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a (X), 10b, 11a (X), 11b, 12a (X), 12b (X), 12c (X), 13 (X), 14 (X), 15a (X), 15b (X), 16a (X), 16b.

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.
[X] Own website [] Another's website [X] Upon request [] Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: DOUG YEISER - 303-444-4013 1285 CIMARRON DRIVE SUITE 101, LAFAYETTE, CO 80026

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns					
	b Membership dues					
	c Fundraising events					
	d Related organizations					
	e Government grants (contributions)					
	f All other contributions, gifts, grants, and similar amounts not included above	1f 1,937,922.				
	g Noncash contributions included in lines 1a-1f: \$	33,840.				
	h Total. Add lines 1a-1f	▶ 1,937,922.				
Program Service Revenue	2 a ADMINISTRATIVE FEES	Business Code 561000	31,341.	31,341.		
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f	▶	31,341.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		912.		912.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	(i) Real	17,419.			
		(ii) Personal	0.			
			17,419.			
	b Less: rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)	▶	17,419.		17,419.	
	7 a Gross amount from sales of assets other than inventory	(i) Securities	5,372.			
		(ii) Other				
			4,834.			
		c Gain or (loss)		538.		538.
	d Net gain or (loss)	▶	538.		538.	
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a				
b Less: direct expenses		b				
c Net income or (loss) from fundraising events		▶				
9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities	▶				
10 a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory	▶				
Miscellaneous Revenue		Business Code				
11	a					
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d	▶				
12 Total revenue. See instructions.	▶	1,988,132.	31,341.	0.	18,869.	

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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	895,497.	895,497.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	2,773.	2,773.		
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	216,576.	87,221.	89,663.	39,692.
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	542,828.	319,499.	28,803.	194,526.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	53,735.	35,958.	5,014.	12,763.
10 Payroll taxes	67,035.	36,929.	11,015.	19,091.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	40,778.	20,805.	14,358.	5,615.
12 Advertising and promotion	6,442.	6,022.	11.	409.
13 Office expenses	27,863.	9,832.	1,981.	16,050.
14 Information technology	71,977.	42,514.	7,925.	21,538.
15 Royalties				
16 Occupancy	32,247.	19,791.	3,991.	8,465.
17 Travel	10,081.	7,051.	559.	2,471.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	5,989.	3,676.	741.	1,572.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	33,003.	20,256.	4,084.	8,663.
23 Insurance	8,290.	5,088.	1,026.	2,176.
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 PROGRAM EXPENSES	150,228.	150,228.		
b BAD DEBT EXPENSE	62,951.	0.	62,951.	0.
c VOLUNTEER EXPENSES	40,442.	39,277.	152.	1,013.
d SUPPLIES/EQUIPMENT	17,739.	10,857.	2,174.	4,708.
e All other expenses	27,527.	8,214.	15,224.	4,089.
25 Total functional expenses. Add lines 1 through 24e	2,314,001.	1,721,488.	249,672.	342,841.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

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Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	333,363.	1	261,994.
	2 Savings and temporary cash investments	187,517.	2	140,961.
	3 Pledges and grants receivable, net	504,495.	3	440,633.
	4 Accounts receivable, net	7,640.	4	0.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	4,759.	9	6,839.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,390,356.		
	b Less: accumulated depreciation	10b 457,872.	965,487.	10c 932,484.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	16,850.	15	26,221.
16 Total assets. Add lines 1 through 15 (must equal line 34)	2,020,111.	16	1,809,132.	
Liabilities	17 Accounts payable and accrued expenses	82,950.	17	70,676.
	18 Grants payable	116,864.	18	92,020.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	1,000.	21	1,000.
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	0.	23	149,650.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	285,910.	25	288,268.
	26 Total liabilities. Add lines 17 through 25	486,724.	26	601,614.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	1,194,293.	27	876,536.
	28 Temporarily restricted net assets	339,094.	28	330,982.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	1,533,387.	33	1,207,518.	
34 Total liabilities and net assets/fund balances	2,020,111.	34	1,809,132.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,988,132.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,314,001.
3	Revenue less expenses. Subtract line 2 from line 1	3	-325,869.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,533,387.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,207,518.

Part XII Financial Statements and Reporting

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

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

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

Form 990 (2017)

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SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

▶ 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: **FOOTHILLS UNITED WAY, INC.** Employer identification number: **84-6042598**

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

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

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

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

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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
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	6415195.	2228454.	1693072.	2043209.	1937922.	14317852.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	6415195.	2228454.	1693072.	2043209.	1937922.	14317852.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						14317852.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4	6415195.	2228454.	1693072.	2043209.	1937922.	14317852.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	40,802.	41,318.	23,398.	21,206.	18,331.	145,055.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	7,255.	4,145.	29,647.			41,047.
11 Total support. Add lines 7 through 10						14503954.
12 Gross receipts from related activities, etc. (see instructions)					12	161,557.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	98.72 %
15 Public support percentage from 2016 Schedule A, Part II, line 14	15	93.07 %
16a 33 1/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33 1/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

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

(Complete only if you checked the box on line 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
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
c Add lines 7a and 7b						
8 Public support. (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
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (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

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

Section D. Computation of Investment Income Percentage

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

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
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	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount		(A) Prior Year	Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. 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).		

Schedule A (Form 990 or 990-EZ) 2017

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2017 from Section C, line 6	
10 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
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013			
c From 2014			
d From 2015			
e From 2016			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2017 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2018. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2013			
b Excess from 2014			
c Excess from 2015			
d Excess from 2016			
e 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.)

Multiple horizontal lines for supplemental information.

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Schedule A (Form 990 or 990-EZ) 2017

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: Foothills United Way, Inc. Employer identification number: 84-6042598

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

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

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, total number and acreage, number of easements on historic structures, and monitoring details.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include reporting requirements for art and historical treasures, and amounts for revenue and assets.

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					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment _____ %
 - c Temporarily restricted endowment _____ %
- 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 | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		100,000.		100,000.
b Buildings		1,150,000.	337,812.	812,188.
c Leasehold improvements		35,895.	18,334.	17,561.
d Equipment		104,461.	101,726.	2,735.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				932,484.

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)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (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) AGENCY ALLOCATIONS PAYABLE	242,350.
(3) FUNDS HELD FOR OTHERS	45,918.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	288,268.

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

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Schedule D (Form 990) 2017

Certified Public Accountants

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

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

1	Total revenue, gains, and other support per audited financial statements		1	1,283,721.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b	49,668.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	49,668.	
3	Subtract line 2e from line 1		3	1,234,053.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	754,079.	
c	Add lines 4a and 4b	4c	754,079.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	1,988,132.

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

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

1	Total expenses and losses per audited financial statements		1	1,609,590.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b	49,668.	
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	49,668.	
3	Subtract line 2e from line 1		3	1,559,922.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	754,079.	
c	Add lines 4a and 4b	4c	754,079.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	2,314,001.

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:

UNDER THE PROVISIONS OF THE INTERNAL REVENUE CODE SECTION 501(C)(3), THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAX ON EARNINGS FROM OPERATIONS OR ACTIVITIES RELATED TO ITS STATUS AS A NONPROFIT ORGANIZATION. THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTIONS 501(C)(3) OF THE INTERNAL REVENUE CODE. THE ORGANIZATION IS ALSO EXEMPT FROM STATE SALES, PERSONAL, AND REAL ESTATE PROPERTY TAXES. AS OF JUNE 30, 2018 AND 2017, THE INTERNAL REVENUE SERVICE HAS NOT PROPOSED ANY ADJUSTMENTS THAT WOULD RESULT IN A MATERIAL CHANGE TO THE ORGANIZATION'S FINANCIAL POSITION. THE ORGANIZATION IS NO LONGER SUBJECT TO U.S. FEDERAL, STATE AND LOCAL, OR NON-U.S. INCOME TAX EXAMINATIONS BY TAX AUTHORITIES FOR YEARS BEFORE 2015.

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Schedule D (Form 990) 2017

Part XIII Supplemental Information (continued)

PART XI, LINE 4B - OTHER ADJUSTMENTS:

PROVISION FOR UNCOLLECTABLE RECEIVABLES	62,951.
GRANTS DESIGNATED BY DONORS	163,291.
GRANTS PAID DIRECTLY BY DONORS	527,837.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	754,079.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

GRANTS DESIGNATED BY DONORS	163,291.
GRANTS PAID DIRECTLY BY DONORS	527,837.
BAD DEBT EXPENSE	62,951.
TOTAL TO SCHEDULE D, PART XII, LINE 4B	754,079.

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Schedule D (Form 990) 2017

**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 for the latest information.

OMB No. 1545-0047

2017

Open to Public
Inspection

Name of the organization

FOOTHILLS UNITED WAY, INC.

Employer identification number
84-6042598

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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
I HAVE A DREAM FOUNDATION OF BOULDER COUNTY - 5390 MANHATTAN CIRCLE #200 - BOULDER, CO 80303	84-1150542	501C3	109,234.	0.	BOOK		INCREASE BOULDER'S COLLECTIVE COMMITMENT TO ELIMINATE THE OPPORTUNITY AND ACHIEVEMENT GAPS SO PROVIDE ALL FAMILIES IN NEED WITHIN BOULDER AND BROOMFIELD COUNTIES WITH STRENGTHS-BASED FAMILY IMPACT INITIATIVE GRANT:
SISTER CARMEN COMMUNITY CENTER 655 ASPEN RIDGE DRIVE LAFAYETTE, CO 80026	84-0820308	501C3	64,595.	0.	BOOK		DEVELOP COMMUNITY BASED HOUSING ORGANIZATION THAT WILL PURCHASE AND BUILD PROVIDE IMPROVED EDUCATION ABOUT AND ACCESS TO BASIC NEEDS SERVICES AND SUPPORTS AND IMPACT INITIATIVE GRANT:
BROOMFIELD COMMUNITY FOUNDATION 26 GARDEN CENTER #3A BROOMFIELD, CO 80020	84-1246756	501C3	35,100.	0.	BOOK		THE COLORADO FOUNDATIONS COURSE, TARGETED AT ANY ONE WHO WORKS WITH COMMUNITY RESILIENCE GRANT: SUPPORTS STRONG ADULT/STUDENT AND STUDENT/STUDENT
EMERGENCY FAMILY ASSISTANCE ASSOCIATION - 1575 YARMOUTH AVENUE - BOULDER, CO 80304	84-0454115	501C3	34,872.	0.	BOOK		
EARLY CHILDHOOD COUNCIL OF BOULDER COUNTY - 1285 CIMARRON DRIVE SUITE 201 - LAFAYETTE, CO 80026	84-1359734	501C3	21,890.	0.	BOOK		
TEENS INC PO BOX 1070 NEDERLAND, CO 80466	84-1380016	501C3	18,710.	0.	BOOK		

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **11.**
- 3** Enter total number of other organizations listed in the line 1 table **11.**

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. **Client Copy** **DESCRIPTIONS** **SEE PART IV FOR COLUMN (H) DESCRIPTIONS** **Certified Public Accountants** **26**

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
JEWISH FAMILY SERVICES OF COLORADO, INC - 3201 S. TAMARACK DRIVE - DENVER, CO 80231	84-0402701	501C3	14,000.	0.	BOOK		COMMUNITY RESILIENCE GRANT: TRAIN FACILITATORS IN AND IMPLEMENT CIRCLE TALK CURRICULUM FOR
UNITED WAY - MILE HIGH 711 PARK AVENUE WEST DENVER, CO 80205	84-0404235	501C3	10,083.	0.	BOOK		DONOR DESIGNATED CONTRIBUTIONS
BOULDER SHELTER FOR THE HOMELESS 4869 BROADWAY STREET BOULDER, CO 80304	84-1041149	501C3	6,800.	0.	BOOK		DONOR DESIGNATED CONTRIBUTIONS
COMMUNITY FOOD SHARE 650 S TAYLOR AVENUE LOUISVILLE, CO 80027	74-2227731	501C3	6,619.	0.	BOOK		DONOR DESIGNATED CONTRIBUTIONS
ALL SOULS CATHOLIC PARISH 4950 SOUTH LOGAN STREET ENGLEWOOD, CO 80113	80-0010721	501C3	5,525.	0.	BOOK		DONOR DESIGNATED CONTRIBUTIONS

Schedule I (Form 990)

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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
IMAGINATION LIBRARY	207	0.	2,773. FMV		PROVIDES ENROLLED CHILDREN AGES 1 TO 5 A FREE BOOK EVERY MONTH.

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:
 A COMMITTEE COMPOSED OF COMMUNITY REPRESENTATIVES EVALUATED EACH APPLICANT FOR ASSISTANCE. ASSISTANCE WAS PROVIDED IN THE FORM OF PAYMENT FOR GOODS AND SERVICES FOR REPAIR AND RESTORATION OF HOMES DAMAGED BY FLOODING. NO CASH GRANTS WERE GIVEN DIRECTLY TO BENEFICIARIES.

PART II, LINE 1, COLUMN (H):
 NAME OF ORGANIZATION OR GOVERNMENT:
 I HAVE A DREAM FOUNDATION OF BOULDER COUNTY Client Copy
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Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: INCREASE BOULDER'S COLLECTIVE COMMITMENT TO ELIMINATE THE OPPORTUNITY AND ACHIEVEMENT GAPS SO THAT BY 2040 ALL CHILDREN IN BOULDER COUNTY ARE SUCCEEDING ACADEMICALLY AND REACHING THEIR FULL POTENTIAL.

NAME OF ORGANIZATION OR GOVERNMENT: SISTER CARMEN COMMUNITY CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDE ALL FAMILIES IN NEED WITHIN BOULDER AND BROOMFIELD COUNTIES WITH STRENGTHS-BASED FAMILY SUPPORT/FAMILY DEVELOPMENT SERVICES ACCORDING TO THE QUALITY STANDARDS FOR FAMILY SUPPORT.

NAME OF ORGANIZATION OR GOVERNMENT: BROOMFIELD COMMUNITY FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: IMPACT INITIATIVE GRANT: DEVELOP COMMUNITY BASED HOUSING ORGANIZATION THAT WILL PURCHASE AND BUILD AFFORDABLE HOUSING. GRANT FOR STARTUP COSTS OF CREATING NEW ORGANIZATION. COMMUNITY CONVERSATION GRANT: BROOMFIELD BUDDIES FUND. GRANT TO SUPPORT HOSPITALITY AND FACILITATION OF BROOMFIELD BUDDIES.

NAME OF ORGANIZATION OR GOVERNMENT:

EMERGENCY FAMILY ASSISTANCE ASSOCIATION

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDE IMPROVED EDUCATION ABOUT AND ACCESS TO BASIC NEEDS SERVICES AND SUPPORTS AND MORE INTEGRATED AND DEEPER DIRECT BASIC NEEDS SERVICES AND REFERRALS TO OTHER RESOURCES FOR THE MOST VULNERABLE RESIDENTS OF BOULDER COUNTY MOUNTAIN COMMUNITIES.

NAME OF ORGANIZATION OR GOVERNMENT:

EARLY CHILDHOOD COUNCIL OF BOULDER COUNTY

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

Part IV Supplemental Information

COLORADO FOUNDATIONS COURSE, TARGETED AT ANY ONE WHO WORKS WITH FAMILIES WITH YOUNG CHILDREN: EARLY CARE AND EDUCATION PROVIDERS, HOME VISITORS, NURSES, AND OTHER INFANT AND EARLY CHILDHOOD PROVIDERS.

NAME OF ORGANIZATION OR GOVERNMENT: TEENS INC

(H) PURPOSE OF GRANT OR ASSISTANCE: COMMUNITY RESILIENCE GRANT: SUPPORTS STRONG ADULT/STUDENT AND STUDENT/STUDENT RELATIONSHIPS IN GRADES K THROUGH 12. THIS PROJECT TRAINS STAFF IN RESTORATIVE PRACTICES, ESTABLISHES AN ONGOING COACHING SYSTEM AND REPLICATION MANUAL, AND SHIFTS THE CULTURE FROM PUNITIVE TO A RELATIONAL, POSITIVE LEARNING ENVIRONMENT.

NAME OF ORGANIZATION OR GOVERNMENT:

JEWISH FAMILY SERVICES OF COLORADO, INC

(H) PURPOSE OF GRANT OR ASSISTANCE: COMMUNITY RESILIENCE GRANT: TRAIN FACILITATORS IN AND IMPLEMENT CIRCLETALK CURRICULUM FOR VULNERABLE AND AT-RISK OLDER ADULTS IN THE BOULDER COMMUNITY. CIRCLETALK IS DESIGNED TO HELP ELDERS ENJOY A SENSE OF BELONGING, DEVELOP A FEELING OF COMMUNITY, EXPERIENCE MEANINGFUL ENGAGEMENT AND CONNECTION, FEEL LESS ISOLATED, AND HAVE NEW OPPORTUNITIES FOR PERSONAL EXPRESSION, RELATIONSHIP BUILDING, AND HEALTHY COMMUNITY.

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**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 for the latest information.

Name of the organization: **FOOTHILLS UNITED WAY, INC.** Employer identification number: **84-6042598**

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	X	1	5,008.	FAIR VALUE
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	X	2	6,500.	
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (MOBILE APPLIC)	X	1	10,000.	COMPARABLE VALUE
26 Other ▶ (SUPPLIES)	X	3	9,361.	COMPARABLE VALUE
27 Other ▶ (ENTERTAINMENT)	X	1	2,971.	COMPARABLE VALUE
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.		

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Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Multiple horizontal lines provided for supplemental information.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2017

Open to Public
Inspection

Name of the organization

FOOTHILLS UNITED WAY, INC.

Employer identification number

84-6042598

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

DREAM BIG

THE GOAL OF THIS INITIATIVE IS TO ELIMINATE THE OPPORTUNITY AND
ACHIEVEMENT GAPS SO THAT BY 2040, ALL CHILDREN IN BOULDER COUNTY ARE
SUCCEEDING ACADEMICALLY AND REACHING THEIR FULL POTENTIAL. THE DREAM
BIG INITIATIVE BREAKS THE CYCLE OF POVERTY AMONG LOW-INCOME FAMILIES BY
PROVIDING ACADEMIC AND SOCIAL SUPPORT TO YOUTH AND THEIR PARENTS.

PARTNERS IN THIS COLLABORATION INCLUDE NONPROFITS, GOVERNMENT ENTITIES,
SCHOOL DISTRICTS, AND COMMUNITY VOLUNTEERS.

PROMOTING SOCIAL EMOTIONAL DEVELOPMENT IN THE EARLY YEARS

LED BY THE EARLY CHILDHOOD COUNCIL OF BOULDER COUNTY AND IN PARTNERSHIP
WITH THE COLORADO ASSOCIATION FOR INFANT MENTAL HEALTH, THIS INITIATIVE
PROVIDES TRAINING TO INDIVIDUALS WORKING WITH FAMILIES WITH YOUNG
CHILDREN, E.G., EARLY CARE AND EDUCATION PROVIDERS, HOME VISITORS,
NURSES, HELPING THEM IDENTIFY ISSUES AND PROVIDE SUPPORT FOR POSITIVE
SOCIAL EMOTIONAL DEVELOPMENT.

2-1-1

LAUNCHED IN OCTOBER 2003, 2-1-1 COLORADO IS A STATEWIDE INITIATIVE TO
PROVIDE INFORMATION AND REFERRAL SERVICE TO RESIDENTS IN NEED OF

NON-EMERGENCY (I.E. NON-LIFE-THREATENING) ASSISTANCE BY PHONE, TEXT,

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

Schedule O (Form 990 or 990-EZ) (2017)

Name of the organization FOOTHILLS UNITED WAY, INC.	Employer identification number 84-6042598
--	--

CHAT OR ONLINE. 2-1-1 IS THE EASY-TO-REMEMBER AND UNIVERSALLY RECOGNIZABLE TELEPHONE NUMBER THAT PROVIDES CRITICAL CONNECTION BETWEEN INDIVIDUALS IN NEED AND AVAILABLE SERVICES. THE DATABASE HAS INFORMATION ON THOUSANDS OF PROGRAMS IN BOULDER AND BROOMFIELD COUNTIES AND ACROSS COLORADO. IN 2018, 2-1-1 COLORADO RECEIVED OVER 200,000 CONTACTS. FOOTHILLS UNITED WAY CHAIRS THE STATEWIDE 2-1-1 COLLABORATIVE.

STRENGTHENING MOUNTAIN COMMUNITIES FROM WITHIN

THE GOAL OF THIS INITIATIVE IS TO PROVIDE DEEPER AND MORE INTEGRATED BASIC NEEDS SERVICES AND REFERRALS IN SUPPORT OF VULNERABLE RESIDENTS OF THE BOULDER COUNTY MOUNTAIN COMMUNITIES. THIS INCLUDES DEEPENING OUTREACH AND EXPANDING INTO NEW COMMUNITIES, PROVIDING FUNDING DIRECTLY TO PROGRAMS MEETING BASIC NEEDS IN MOUNTAIN COMMUNITIES, AND PROVIDING A FRAMEWORK FOR INTRA-COMMUNITY RELATIONSHIPS. THIS PARTNERSHIP INCLUDES NONPROFITS, BUSINESSES, SCHOOLS, AND GOVERNMENT ENTITIES.

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

PERSONAL INVESTMENT ENTERPRISE (PIE) PROGRAM

THE PIE PROGRAM ADDRESSES THE ROOT CAUSES OF POVERTY THROUGH SYSTEMIC ECONOMIC CHANGES. PROGRAM PARTICIPANTS OPEN INDIVIDUAL DEVELOPMENT ACCOUNTS, WHICH ARE MATCHED SAVINGS ACCOUNTS DESIGNED TO HELP WORKING LOW-INCOME AND LOW-WEALTH FAMILIES SAVE MONEY FOR POST-SECONDARY EDUCATION, CAPITALIZING A BUSINESS, OR BUYING A FIRST HOME. THROUGH

2017, THE PIE PROGRAM HAS GRADUATED 341 PARTICIPANTS IN THESE

Name of the organization FOOTHILLS UNITED WAY, INC.	Employer identification number 84-6042598
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CATEGORIES: 125 FIRST-TIME HOMEBUYERS, 76 SMALL BUSINESS START-UPS, AND 110 POST-SECONDARY STUDENTS.

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

COMMUNITY RESILIENCE

THE COMMUNITY RESILIENCE PROGRAM FOCUSES ON BUILDING RELATIONSHIPS AND RESOURCES TO ALLOW COMMUNITY MEMBERS TO ADAPT AND THRIVE IN THE FACE OF ADVERSE EVENTS, RANGING FROM INDIVIDUAL CRISES TO COMMUNITY-WIDE DISASTERS. THIS PROGRAM INCLUDES BETTER TOGETHER, A SERIES OF WORKSHOPS THAT EXPLORE THE MEANING OF RESILIENCE, HELPING INDIVIDUALS DEVELOP SKILLS AND CONNECTIONS TO NAVIGATE EMERGENCY SITUATIONS.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

VOLUNTEER CONNECTION

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

Name of the organization

FOOTHILLS UNITED WAY, INC.

Employer identification number

84-6042598

THROUGH ENROLLMENT IN DOLLY PARTON'S IMAGINATION LIBRARY, CHILDREN AGES 0-5 RECEIVE A BOOK MAILED TO THEIR HOME EACH MONTH. THROUGH 2018 OVER 2,400 CHILDREN HAVE GRADUATED FROM THE PROGRAM AND OVER 108,180 BOOKS HAVE BEEN DISTRIBUTED THROUGH FHUW'S IMAGINATION LIBRARY, INCREASING THE LIKELIHOOD OF SCHOOL READINESS.

FAMILYWIZE

FAMILYWIZE PRESCRIPTION DISCOUNT PROGRAM: IN THE LAST TWO YEARS, 40% OF PEOPLE IN THE UNITED STATES HAVE EITHER SKIPPED FILLING A PRESCRIPTION OR REDUCED THEIR DOSES BECAUSE THE MEDICINE WAS TOO EXPENSIVE. TO ADDRESS THIS, FOOTHILLS UNITED WAY, BOULDER COUNTY, AND THE CITY OF BOULDER HAVE PARTNERED TO BRING THE FAMILYWIZE PRESCRIPTION DISCOUNT PROGRAM TO OUR LOCAL COMMUNITY. CARDS ARE DISTRIBUTED THROUGH LOCAL NONPROFIT AGENCIES, CITY OF BOULDER SERVICES, AND FOOTHILLS UNITED WAY. IN 2018 THIS PROGRAM HELPED APPROXIMATELY 2,000 FAMILIES SAVE OVER \$230,000 ON PRESCRIPTION DRUG COSTS.

DIGITAL ACCESS FOR ALL

DIGITAL ACCESS FOR ALL WORKS TO ENSURE THAT EVERYBODY LIVING IN THE BOULDER VALLEY SCHOOL DISTRICT IS ONLINE AND DIGITALLY LITERATE BY 2023. THEIR FOCUS IS ON SKILL BUILDING AND ACCESS TO BOTH DIGITAL DEVICES AND THE INTERNET ACROSS THREE TARGET POPULATIONS: FAMILIES ON LIMITED INCOME WITH SCHOOL-AGED CHILDREN, ADULTS FOR WHOM ENGLISH IS NOT THEIR FIRST LANGUAGE, AND ELDERLY ADULTS. THE COLLABORATION INCLUDES NONPROFITS, SCHOOL DISTRICTS, COMMUNITY PARTNERS, FAMILY RESOURCE CENTERS, AND LOCAL LIBRARIES.

EXPENSES \$ 195,236. INCLUDING GRANTS OF \$ 0. REVENUE \$ 31,341.

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Name of the organization FOOTHILLS UNITED WAY, INC.	Employer identification number 84-6042598
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FORM 990, PART VI, SECTION B, LINE 11B:

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

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

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

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

COMPENSATION FOR THE CEO IS REVIEWED AND DETERMINED BY THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS, THEN APPROVED BY THE FULL BOARD. DATA FROM THE COLORADO NONPROFIT ASSOCIATION AND UNITED WAY WORLDWIDE SALARY SURVEYS ARE USED TO ARRIVE AT A MARKET RATE COMPENSATION. THE BOARD SECRETARY RECORDS THIS CONVERSATION. COMPENSATION WAS LAST REVIEWED IN 2017.

FORM 990, PART VI, SECTION C, LINE 18:

FOOTHILLS UNITED WAY APPLIED FOR ITS TAX-EXEMPT STATUS PRIOR TO JULY 15, 1987. THEREFORE, FORM 1023 IS NOT AVAILABLE FOR PUBLIC INSPECTION. A COPY OF THE MOST RECENT IRS DETERMINATION LETTER AS OF JULY 2015 IS AVAILABLE ON THE ORGANIZATION'S WEBSITE.

FORM 990, PART VI, SECTION C, LINE 10M LLP

Name of the organization FOOTHILLS UNITED WAY, INC.	Employer identification number 84-6042598
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THE ORGANIZATION'S FINANCIAL STATEMENTS AND CONFLICT OF INTEREST ARE AVAILABLE ON THE WEBSITE.

FORM 990, PART VI, SECTION A, LINE 1

THE EXECUTIVE COMMITTEE SHALL, IN THE INTERVALS BETWEEN MEETINGS OF THE BOARD OF DIRECTORS, HAVE GENERAL CONTROL OF THE AFFAIRS OF THIS CORPORATION, EXERCISING ALL POWERS OF THE BOARD OF DIRECTORS, AND SHALL HAVE SUCH OTHER DUTIES AS MAY BE PRESCRIBED BY THE BYLAWS, BUT THE EXECUTIVE COMMITTEE SHALL NOT ACT TO THE EXCLUSION OF THE BOARD OR CONTRARY TO THE EXPRESS DIRECTION OF THE BOARD, OR AMEND THE BYLAWS.

FORM 990, PART XII, LINE 2C

THE ORGANIZATION DID NOT CHANGE THE AUDIT OVERSIGHT OR SELECTION PROCESSES DURING THE TAX YEAR.

Client Copy
ACM LLP

Certified Public Accountants

Schedule O (Form 990 or 990-EZ) (2017)