

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

# 2013

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Do not enter Social Security numbers on this form as it may be made public.

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

**A** For the 2013 calendar year, or tax year beginning **JUL 1, 2013** and ending **JUN 30, 2014**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>FOOTHILLS UNITED WAY, INC.</b>		<b>D</b> Employer identification number <b>84-6042598</b>
	Doing Business As		<b>E</b> Telephone number <b>303-444-4013</b>
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>1285 CIMARRON DRIVE SUITE 101</b>	<b>G</b> Gross receipts \$ <b>7,085,351.</b>	
	City or town, state or province, country, and ZIP or foreign postal code <b>LAFAYETTE, CO 80026</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>DOUG YEISER 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.UNITEDWAYFOOTHILLS.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>1925</b> <b>M</b> State of legal domicile: <b>CO</b>

## Part I Summary

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>MOBILIZE PEOPLE AND RESOURCES TO ADDRESS VITAL ISSUES AND BUILD A STRONGER, THRIVING COMMUNITY.</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>12</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>12</b>
	<b>5</b> Total number of individuals employed in calendar year 2013 (Part V, line 2a)	<b>5</b>	<b>19</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>300</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> 2,698,414.	<b>Current Year</b> 6,415,195.
	<b>9</b> Program service revenue (Part VIII, line 2g)	93,985.	36,377.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	139,632.	198,973.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	106,138.	19,465.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,038,169.	6,670,010.
	<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	865,000.
<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)		896,404.	946,275.
<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>407,392.</b>			
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,534,064.	2,442,924.
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,295,468.	4,226,315.	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	-257,299.	2,443,695.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b> 3,832,073.	<b>End of Year</b> 6,317,177.
	<b>21</b> Total liabilities (Part X, line 26)	1,351,608.	1,308,820.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	2,480,465.	5,008,357.

## Part II Signature Block

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

<b>Sign Here</b>	Signature of officer		Date		
	DOUG YEISER, CEO				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	V. E. SHOUP, CPA				P00220967
Firm's name ▶ CLIFTONLARSONALLEN LLP		Firm's EIN ▶ 41-0746749			
Firm's address ▶ 370 INTERLOCKEN BLVD., SUITE 500 BROOMFIELD, CO 80021		Phone no. 303-466-8822			

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: THE MISSION OF THE FOOTHILLS UNITED WAY, INC. IS TO MOBILIZE PEOPLE AND RESOURCES TO ADDRESS VITAL ISSUES AND BUILD A STRONGER, THRIVING COMMUNITY.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [X] Yes [ ] 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 \$ 2,919,663. including grants of \$ 837,116. ) (Revenue \$ 43,632. ) FOOTHILLS UNITED WAY: FOOTHILLS UNITED WAY (FHUW) IS DEDICATED TO ENGAGING OUR COMMUNITY IN ORDER TO CHANGE CONDITIONS AND IMPROVE LIVES. MORE THAN JUST MEETING NEEDS TODAY, IT'S ABOUT CREATING LONG-TERM SUSTAINABLE POSITIVE CHANGE. THE COLLECTIVE POWER OF THE FINANCIAL, VOLUNTEER, AND IN-KIND CONTRIBUTIONS OF OUR DONORS AND COMMUNITY PARTNERS ALLOWS FOR MEASURABLE CHANGE IN FHUW'S IMPACT AREAS: PROVIDING FOR COMMUNITY BASIC NEEDS, PROMOTING HEALTH AND HEALING, SUPPORTING CHILDREN AND YOUTH AND STRENGTHENING SENIORS.

4b (Code: ) (Expenses \$ 154,910. including grants of \$ ) (Revenue \$ ) PIE PROGRAM: THE PIE PROGRAM ADDRESSES THE ROOT CAUSES OF POVERTY THROUGH SYSTEMIC ECONOMIC CHANGES BENEFITTING THE WORKING POOR. PROGRAM PARTICIPANTS OPEN INDIVIDUAL DEVELOPMENT ACCOUNTS (IDA'S), WHICH ARE MATCHED SAVINGS ACCOUNTS, DESIGNED TO HELP WORKING LOW-INCOME AND LOW-WEALTH FAMILIES SAVE MONEY FOR CONTINUING EDUCATION, CAPITALIZING A BUSINESS OR BUYING A HOME. THE PIE MISSION IS TO PROVIDE TOOLS THAT EMPOWER LOW-INCOME RESIDENTS TO SAVE AND BUILD ASSETS TO STRENGTHEN THEIR ECONOMIC STABILITY. THE PROGRAM PROVIDES A MAXIMUM MATCH OF \$3,000 TOWARDS THE ASSET PURCHASE OF EACH PROGRAM PARTICIPANT. PARTICIPANTS IN THE PROGRAM MUST BE IN THE PIE PROGRAM FOR AT LEAST 6 MONTHS AND MAY STAY UP TO 30 MONTHS. THROUGH 2013, THE PROGRAM HAS GRADUATED 206 PARTICIPANTS AS FOLLOWS: 68 FIRST-TIME HOME

4c (Code: ) (Expenses \$ 174,196. including grants of \$ ) (Revenue \$ ) LAUNCHED IN FEBRUARY 2011, THE NONPROFIT CULTIVATION CENTER IS THE RESULT OF A COLLABORATIVE PARTNERSHIP BETWEEN FOOTHILLS UNITED WAY AND BOULDER COUNTY GOVERNMENT. THE NONPROFIT CULTIVATION CENTER IS SPECIFICALLY DESIGNED TO ASSIST LOCAL NONPROFIT ORGANIZATIONS WITH BUILDING AND IMPROVING THEIR CAPACITY TO PURSUE AND ACHIEVE THEIR MISSION. THE PROGRAM ACCOMPLISHES THIS OBJECTIVE THROUGH THREE AREAS OF EMPHASIS: PROFESSIONAL DEVELOPMENT, PEER GROUPS, AND CONSULTING SERVICES. THE NONPROFIT CULTIVATION CENTER MAINTAINS AN EXTENSIVE TRAINING CALENDAR ON ITS WEBSITE WITH PROFESSIONAL DEVELOPMENT COURSES OFFERED IN A VARIETY OF TOPICS SUITABLE FOR NONPROFIT STAFF AND/OR VOLUNTEERS. DURING 2012, 140 LEARNING OPPORTUNITIES WERE OFFERED, IN ADDITION TO AN ANNUAL 1-DAY TECHNOLOGY SUMMIT CONFERENCE THAT INCLUDES

4d Other program services (Describe in Schedule O.) (Expenses \$ 248,294. including grants of \$ ) (Revenue \$ )

4e Total program service expenses 3,497,063.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 20b regarding organizational requirements and financial reporting.

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Main form area containing questions 1a through 14b with input fields and Yes/No columns.

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 (12), 1b (12), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9. Marked 'Yes' or 'No' with '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, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b. Marked 'Yes' or 'No' with 'X'.

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.
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, physical address, and telephone number of the person who possesses the books and records of the organization: DOUG YEISER - 303-444-4013 1285 CIMARRON DRIVE, STE 101, LAFAYETTE, CO 80026

**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) ROGER LANGE BOARD SECRETARY/TREASURER	4.00	X		X				0.	0.	0.
(2) CARLOS PACHECO CAMPAIGN CABINET CHAIR	4.00	X		X				0.	0.	0.
(3) EDIE ORTEGA BOARD CHAIR	4.00	X		X				0.	0.	0.
(4) JANE S. BRAUTIGAM BOARD MEMBER	4.00	X						0.	0.	0.
(5) SUZANNE CRAWFORD BOARD MEMBER	4.00	X						0.	0.	0.
(6) FRANCES DRAPER BOARD MEMBER	4.00	X						0.	0.	0.
(7) JAMES PAYNE BOARD MEMBER	4.00	X						0.	0.	0.
(8) MALCOLM FLEMING BOARD MEMBER	4.00	X						0.	0.	0.
(9) JAMIE D. JENSEN BOARD MEMBER	4.00	X						0.	0.	0.
(10) JON F. KOTTKE BOARD MEMBER	4.00	X						0.	0.	0.
(11) JOHN G. OLSON BOARD MEMBER	4.00	X						0.	0.	0.
(12) J. MARCUS PAINTER BOARD VICE CHAIR	4.00	X		X				0.	0.	0.
(13) KIM FELTON BOARD MEMBER	4.00	X						0.	0.	0.
(14) DOUG YEISER PRESIDENT/CEO	50.00			X				90,000.	0.	13,000.
(15) JOHN LAPUTZ CFO	50.00			X				70,000.	0.	12,500.



**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	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> 6,415,195.					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>					
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>					
	<b>g</b> Noncash contributions included in lines 1a-1f: \$	177,591.					
	<b>h Total.</b> Add lines 1a-1f		6,415,195.				
	<b>Program Service Revenue</b>	<b>2 a</b> ADMINISTRATIVE FEE	<b>Business Code</b> 561000	36,377.	36,377.		
<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			36,377.				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		28,592.			28,592.	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6 a</b> Gross rents	(i) Real	12,210.				
		(ii) Personal					
		<b>b</b> Less: rental expenses	0.				
		<b>c</b> Rental income or (loss)	12,210.				
	<b>d</b> Net rental income or (loss)		12,210.			12,210.	
	<b>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities	585,722.				
		(ii) Other					
		<b>b</b> Less: cost or other basis and sales expenses	408,731.	6,610.			
		<b>c</b> Gain or (loss)	176,991.	-6,610.			
	<b>d</b> Net gain or (loss)		170,381.			170,381.	
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	<b>a</b>					
		<b>b</b> Less: direct expenses					
<b>c</b> Net income or (loss) from fundraising events							
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>						
	<b>b</b> Less: direct expenses						
	<b>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>c</b> Net income or (loss) from sales of inventory						
<b>Miscellaneous Revenue</b>		<b>Business Code</b>					
<b>11 a</b> MISCELLANEOUS REVENUE	561000	7,255.	7,255.				
	<b>b</b>						
	<b>c</b>						
	<b>d</b> All other revenue						
	<b>e Total.</b> Add lines 11a-11d		7,255.				
<b>12 Total revenue.</b> See instructions.		6,670,010.	43,632.	0.	211,183.		

**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 governments and organizations in the United States. See Part IV, line 21	837,116.	837,116.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	185,500.	15,450.	139,150.	30,900.
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	593,519.	360,104.	48,178.	185,237.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	13,900.	8,952.	263.	4,685.
9 Other employee benefits	95,077.	54,272.	10,674.	30,131.
10 Payroll taxes	58,279.	28,679.	13,064.	16,536.
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	14,265.	7,710.	2,893.	3,662.
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	97,239.	50,906.	20,450.	25,883.
12 Advertising and promotion	195,918.	105,892.	39,734.	50,292.
13 Office expenses	67,317.	36,386.	13,652.	17,279.
14 Information technology	16,637.	8,992.	3,374.	4,271.
15 Royalties				
16 Occupancy	28,123.	15,200.	5,704.	7,219.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	11,540.	6,237.	2,340.	2,963.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	37,106.	20,056.	7,525.	9,525.
23 Insurance	11,059.	5,977.	2,243.	2,839.
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>PROGRAM EXPENSES</b>	1,505,884.	1,505,884.		
b <b>DONOR DESIGNATED CONTRI</b>	225,460.	225,460.		
c <b>BAD DEBTS</b>	170,166.	170,166.		
d <b>DUES</b>	34,362.	18,573.	6,968.	8,821.
e All other expenses	27,848.	15,051.	5,648.	7,149.
25 <b>Total functional expenses.</b> Add lines 1 through 24e	4,226,315.	3,497,063.	321,860.	407,392.
26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	448,858.	1	3,221,565.	
	<b>2</b> Savings and temporary cash investments .....	8,746.	2	83,192.	
	<b>3</b> Pledges and grants receivable, net .....	867,095.	3	453,723.	
	<b>4</b> Accounts receivable, net .....		4		
	<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 .....		5		
	<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 .....		6		
	<b>7</b> Notes and loans receivable, net .....		7		
	<b>8</b> Inventories for sale or use .....		8		
	<b>9</b> Prepaid expenses and deferred charges .....		9	2,306.	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 1,388,629.			
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 315,690.	1,106,783.	<b>10c</b>	1,072,939.
	<b>11</b> Investments - publicly traded securities .....	1,371,482.	<b>11</b>		1,455,543.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>		
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>		
	<b>14</b> Intangible assets .....		<b>14</b>		
	<b>15</b> Other assets. See Part IV, line 11 .....	29,109.	<b>15</b>		27,909.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	3,832,073.	<b>16</b>		6,317,177.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	81,676.	<b>17</b>		87,307.
	<b>18</b> Grants payable .....	1,268,932.	<b>18</b>		1,220,513.
	<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 .....	1,000.	<b>25</b>		1,000.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	1,351,608.	<b>26</b>		1,308,820.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>				
	<b>27</b> Unrestricted net assets .....	2,250,335.	<b>27</b>		1,689,297.
	<b>28</b> Temporarily restricted net assets .....	230,130.	<b>28</b>		3,319,060.
	<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 .....	2,480,465.	<b>33</b>		5,008,357.
<b>34</b> Total liabilities and net assets/fund balances .....	3,832,073.	<b>34</b>		6,317,177.	

**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	6,670,010.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,226,315.
3	Revenue less expenses. Subtract line 2 from line 1	3	2,443,695.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,480,465.
5	Net unrealized gains (losses) on investments	5	84,196.
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	1.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	5,008,357.

**Part XII Financial Statements and Reporting**

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2b	Were the organization's financial statements audited by an independent accountant?	X	
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			
2c	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?	X	
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?		X
3b	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		

Form 990 (2013)

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2013**

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 11, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I      b  Type II      c  Type III - Functionally integrated      d  Type III - Non-functionally integrated
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? .....	11g(i)	
(ii) A family member of a person described in (i) above? .....	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above? .....	11g(iii)	
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2013

**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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	2,615,908.	2,775,333.	2,595,759.	2,698,414.	6,415,195.	17,100,609.
<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 .....	2,615,908.	2,775,333.	2,595,759.	2,698,414.	6,415,195.	17,100,609.
<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) .....						1,537,670.
<b>6 Public support.</b> Subtract line 5 from line 4.						15,562,939.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>7</b> Amounts from line 4 .....	2,615,908.	2,775,333.	2,595,759.	2,698,414.	6,415,195.	17,100,609.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	58,576.	58,845.	53,477.	36,671.	40,802.	248,371.
<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 IV.) .....						
<b>11 Total support.</b> Add lines 7 through 10						17,348,980.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	521,158.
<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 2013 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	89.71	%
<b>15</b> Public support percentage from 2012 Schedule A, Part II, line 14 .....	<b>15</b>	86.16	%
<b>16a 33 1/3% support test - 2013.</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 - 2012.</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 - 2013.</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 IV 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 - 2012.</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 IV 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 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 IV.) .....						
<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 2013 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2012 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2012 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2013.** 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 - 2012.** 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



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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

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

OMB No. 1545-0047

**2013**

Name of the organization

FOOTHILLS UNITED WAY, INC.

Employer identification number

84-6042598

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, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

**Special Rules**

For a section 501(c)(3) organization 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) and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to 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. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions of \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not 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 does not 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) (2013)

Name of organization <b>FOOTHILLS UNITED WAY, INC.</b>	Employer identification number <b>84-6042598</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
<u>1</u>	_____ _____ _____	\$ <u>297,231.</u>	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>	_____ _____ _____	\$ <u>275,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>	_____ _____ _____	\$ <u>250,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>	_____ _____ _____	\$ <u>175,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>	_____ _____ _____	\$ <u>129,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>FOOTHILLS UNITED WAY, INC.</b>	Employer identification number  <b>84-6042598</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>FOOTHILLS UNITED WAY, INC.</b>	Employer identification number <b>84-6042598</b>
---	---

**Part III** Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. 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 information 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	
(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," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

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

OMB No. 1545-0047

2013

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" to Form 990, Part IV, line 6.

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate contributions, aggregate grants, aggregate value, and questions about donor advisement.

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

Form for Part II Conservation Easements. Includes checkboxes for purposes (land for public use, natural habitat, etc.), a table for held at end of tax year (2a-2d), and questions about monitoring and reporting.

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

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting works of art 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" to 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	<b>1c</b>
d Additions during the year	<b>1d</b>
e Distributions during the year	<b>1e</b>
f Ending balance	<b>1f</b>

2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

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

**Part V Endowment Funds.** Complete if the organization answered "Yes" to 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	1,392,457.	1,490,366.	1,454,078.	1,122,755.	980,103.
b Contributions					
c Net investment earnings, gains, and losses	289,262.	195,639.	49,103.	343,239.	152,041.
d Grants or scholarships					
e Other expenditures for facilities and programs	160,000.	280,750.			
f Administrative expenses	14,276.	12,798.	12,815.	11,916.	9,389.
g End of year balance	1,507,443.	1,392,457.	1,490,366.	1,454,078.	1,122,755.

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

- a Board designated or quasi-endowment  100.00 %
- b Permanent endowment  %
- c Temporarily restricted endowment  %

The percentages in 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" to 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" to 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		1,185,895.	234,741.	951,154.
c Leasehold improvements				
d Equipment		102,734.	80,949.	21,785.
e Other				

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)  1,072,939.

**Part VII Investments - Other Securities.**

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

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

**Part IX Other Assets.**

Complete if the organization answered "Yes" to 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" to 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) <b>TENANT DEPOSITS</b>	<b>1,000.</b>
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	<b>1,000.</b>

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" to Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	6,358,581.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains on investments	<b>2a</b>	84,196.
<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>	1.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	84,197.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	6,274,384.
<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>	395,626.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	395,626.
<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>	6,670,010.

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

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

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	3,830,689.
<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>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	0.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	3,830,689.
<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>	395,626.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	395,626.
<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>	4,226,315.

**Part XIII Supplemental Information.**

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

**PART V, LINE 4:**

**EXPLANATION: THE INTENDED USE OF THE INCOME GENERATED BY THE ENDOWMENT FUNDS IS TO FUND PROJECTS IN THE COMMUNITY THAT ARE ABOVE AND BEYOND THE SCOPE OF THE NORMAL ALLOCATION PROCESS.**

**PART XI, LINE 2D - OTHER ADJUSTMENTS:**

**ROUNDING** 1.

**PART XI, LINE 4B - OTHER ADJUSTMENTS:**

**DONOR DESIGNATED CONTRIBUTIONS** 225,460.

**BAD DEBT EXPENSE DEDUCTED FROM REVENUE IN FINANCIAL STATEMENTS** 170,166.

**Part XIII** Supplemental Information (continued)

TOTAL TO SCHEDULE D, PART XI, LINE 4B 395,626.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATED CONTRIBUTIONS 225,460.

BAD DEBT EXPENSE DEDUCTED FROM REVENUE IN FINANCIAL STATEMENTS 170,166.

TOTAL TO SCHEDULE D, PART XII, LINE 4B 395,626.

**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" to Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.

OMB No. 1545-0047

**2013**

Open to Public  
Inspection

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

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 Governments and Organizations in the United States. Complete if the organization answered "Yes" to 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
ALTERNATIVES FOR YOUTH 24 9TH AVENUE LONGMONT, CO 80501	84-1012293	501(C)(3)	6,404.	0.			CELEBRANDO LA FAMILIA, CLEARVIEW EDUCATIONAL CENTER & NORTHSTAR PROGRAMS
AMERICAN RED CROSS 444 SHERMAN STREET DENVER, CO 80203	84-0402844	501(C)(3)	6,831.	0.			DISASTER SERVICES IN BOULDER & BROOMFIELD COUNTIES
ATTENTION, INC. 3080 BROADWAY SUITE C BOULDER, CO 80304	84-0571145	501(C)(3)	29,880.	0.			BROADWAY HOUSE AND CHASE HOUSE PROGRAMS
BAL SWAN CHILDRENS CENTER 1145 EAST 13TH AVENUE BROOMFIELD, CO 80020	84-0535171	501(C)(3)	16,904.	0.			EARLY CHILDHOOD EDUCATION
BLUE SKY BRIDGE PO BOX 19122 BOULDER, CO 80308	84-1305384	501(C)(3)	8,539.	0.			CHILDRENS SEXUAL ABUSE PREVENTION AND ADVOCACY PROGRAMS
BOULDER COUNTY AIDS PROJECT 2118 14TH STREET BOULDER, CO 80302	74-2442032	501(C)(3)	13,660.	0.			HIV CARE AND PREVENTION PROGRAMS

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

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

Schedule I (Form 990) (2013)

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
SAFEHOUSE PROGRESSIVE ALLIANCE FOR NONVIOLENCE - 835 NORTH STREET - BOULDER, CO 80304	74-2145368	501(C)(3)	40,463.	0.			DOMESTIC VIOLENCE VICTIM SERVICES, COMMUNITY OUTREACH, AND VIOLENCE PREVENTION EDUCATION FOR
BOULDER SHELTER FOR THE HOMELESS 4869 NORTH BROADWAY BOULDER, CO 80304	84-1041149	501(C)(3)	37,563.	0.			BOULDER COUNTY CARES, EMERGENCY SHELTER, AND TRANSITION SHELTER
BOULDER DAY NURSERY ASSOCIATION 1518 SPRUCE STREET BOULDER, CO 80302	84-0446349	501(C)(3)	40,122.	0.			EARLY CHILDHOOD LEARNING PROGRAM
COMMUNITY FOOD SHARE 6363 HORIZON LANE LONGMONT, CO 80503	74-2227731	501(C)(3)	12,807.	0.			PRIMARY-EMERGENCY FOOD AND ELDER SHARE PROGRAMS
CLINICA CAMPESINA 1345 PLAZA COURT NORTH 1A LAFAYETTE, CO 80026	84-0743432	501(C)(3)	89,036.	0.			DEVELOPMENTAL SCREENING FOR LOW INCOME CHILDREN, HEALTH CARE FOR LOW INCOME & UNINSURED
DENTAL AID, INC. 877 SOUTH BOULDER ROAD LOUISVILLE, CO 80027	84-0717588	501(C)(3)	12,807.	0.			COMPREHENSIVE ORAL HEALTH SERVICES AND EDUCATION
EMERGENCY FAMILY ASSISTANCE ASSOCIATION - 900 ARAPAHOE AVE - BOULDER, CO 80302	84-0454115	501(C)(3)	31,160.	0.			BASIC NEEDS AND EMERGENCY AND TRANSITIONAL HOUSING PROGRAMS
I HAVE A DREAM FOUNDATION OF BOULDER COUNTY - 3012 STERLING CIRCLE SUITE 200 - BOULDER, CO 80301	84-1150542	501(C)(3)	31,843.	0.			EQUIPS LOW-INCOME STUDENTS WITH THE MEANS AND RESOURCES TO ATTEND HIGHER EDUCATION
INN BETWEEN OF LONGMONT 250 KIMBARK STREET LONGMONT, CO 80501	84-1476894	501(C)(3)	18,782.	0.			TRANSITIONAL HOUSING AND SERVICES FOR HOMELESS INDIVIDUALS AND 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
INTERCAMBIO DE COMUNIDADES PO BOX 925 BOULDER, CO 80306	20-0078381	501(C)(3)	21,343.	0.			PROMOTING CULTURAL DIVERSITY THROUGH LANGUAGE CLASSES AND CULTURAL EXCHANGE
LONGMONT MEALS ON WHEELS 910 LONGS PEAK AVENUE LONGMONT, CO 80501	84-0590979	501(C)(3)	12,807.	0.			HOME DELIVERED MEALS IN LONGMONT AREA
ED AND RUTH LEHMAN YMCA 950 LASHLEY LONGMONT, CO 80501	84-1129504	501(C)(3)	23,904.	0.			YOUTH DEVELOPMENT, SENIOR HEALTH & WELLNESS, AND HEALTH & FITNESS ADVOCACY
MENTAL HEALTH PARTNERS 1333 IRIS AVENUE BOULDER, CO 80304	84-0520493	501(C)(3)	31,929.	0.			INTEGRATED SERVICES PROJECT, CHILDREN AND ADOLESCENT SERVICES, AND MOVING TO END SEXUAL
MEALS ON WHEELS OF BOULDER 909 ARAPAHOE AVENUE SUITE 121 BOULDER, CO 80302	84-0594180	501(C)(3)	11,099.	0.			HOME DELIVERED MEALS IN BOULDER AREA
OUR CENTER 303 ATWOOD STREET LONGMONT, CO 80501	74-2448346	501(C)(3)	27,746.	0.			BASIC NEEDS AND CHILD CARE SERVICES IN LONGMONT
CARECONNECT 951 ARAPAHOE AVENUE SUITE 10 BOULDER, CO 80302	84-0769724	501(C)(3)	15,795.	0.			SENIOR VOLUNTEER AND SAFETY NET SERVICES
SAFE SHELTER OF ST. VRAIN VALLEY PO BOX 231 LONGMONT, CO 80502	84-0781353	501(C)(3)	17,246.	0.			ENDING DOMESTIC VIOLENCE PROGRAMS
SAINT VRAIN FAMILY CENTER P.O. BOX 2174 LONGMONT, CO 80502	84-1497910	501(C)(3)	11,099.	0.			SHARED PARENTING

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
SISTER CARMEN COMMUNITY CENTER 701 W BASELINE RD LAFAYETTE, CO 80026	84-0820308	501(C)(3)	10,673.	0.			BASIC NEEDS EMERGENCY ASSISTANCE PROGRAM
VIA MOBILITY 4880 PEARL STREET BOULDER, CO 80301	84-0777296	501(C)(3)	30,307.	0.			ACCESSIBLE PARATRANSIT, HOMELESS TRANSIT SERVICES, AND EASY RIDER TRAVEL TRAINING
TEENS, INC. 151 EAST STREET NEDERLAND, CO 80466	84-1380016	501(C)(3)	18,355.	0.			AFTER-SCHOOL PROGRAMS AND CHINOOK WEST ALTERNATIVE HIGH SCHOOL
TINY TIM CENTER, INC. 611 KORTE PARKWAY LONGMONT, CO 80501	84-0523717	501(C)(3)	23,733.	0.			EARLY CHILDHOOD THERAPEUTIC OUTREACH PROGRAM
BOULDER VALLEY WOMEN'S HEALTH CENTER - 2855 VALMONT RD - BOULDER, CO 80301	84-0645786	501(C)(3)	25,612.	0.			COMPREHENSIVE FAMILY PLANNING, LATINA OUTREACH, AND YOUTH SERVICES PROGRAMS
YMCA OF BOULDER VALLEY 5541 CENTRAL AVENUE SUITE 135A BOULDER, CO 80301	84-0459944	501(C)(3)	25,612.	0.			ACTIVATE BOULDER COUNTY AND BREAKTHROUGH ARTS PROGRAMS
YWCA OF BOULDER COUNTY 2222 14TH STREET BOULDER, CO 80302	84-0500276	501(C)(3)	48,487.	0.			CHILDRENS ALLEY, EDGE, AND FAMILY TRANSITIONS PROGRAMS
COLORADO THERAPEUTIC RIDING CENTER 11968 MINERAL ROAD LONGMONT, CO 80504	84-0837670	501(C)(3)	5,978.	0.			EQUINE ASSISTED PROGRAMS FOR PEOPLE WITH SPECIAL NEEDS
BRIDGE HOUSE 1120 1/2 PINE STREET BOULDER, CO 80302	84-1440292	501(C)(3)	23,477.	0.			EMPLOYMENT SERVICES FOR HOMELESS AND WORKING POOR

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
COMMUNITY ACTION DEVELOPMENT CORPORATION - 3482 BROADWAY - BOULDER, CO 80304	84-0959900	501(C)(3)	8,539.	0.			CIRCLES CAMPAIGN PROGRAM
HABITAT FOR HUMANITY OF THE ST. VRAIN VALLEY - 242 PRATT STREET - LONGMONT, CO 80501	84-1092616	501(C)(3)	12,807.	0.			THE KEYS COMMUNITY PROGRAM
WILD BEAR CENTER FOR NATURE DISCOVERY - 20 LAKEVIEW DRIVE UNIT 107 - NEDERLAND, CO 80466	84-1352764	501(C)(3)	8,539.	0.			SUMMER & HOLIDAY YOUTH EDUCATION PROGRAM
WILD PLUM CENTER FOR YOUNG CHILDREN AND FAMILIES - 82 21ST AVENUE SUITE B - LONGMONT, CO 80501	84-0567231	501(C)(3)	12,636.	0.			PROGRAMS FOR YOUNG CHILDREN AND FAMILIES

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

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

**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:**

**EXPLANATION: THE ORGANIZATION RECEIVED AND REVIEWS AN ANNUAL REPORT FROM EVERY FUNDED AGENCY THAT ADDRESSES PROGRAM RESULTS, ACCOMPLISHMENTS, CHALLENGES, AND BUDGET VARIANCES. ALSO, VOLUNTEER MEMBERS OF THE COMMUNITY IMPACT COMMITTEE MAKE SITE VISITS, DURING THE FUNDING CYCLE PERIOD, WHEREVER FUNDED PROGRAMMING IS TAKING PLACE.**

**PART II, LINE 1, COLUMN (H):**

**NAME OF ORGANIZATION OR GOVERNMENT:**

**Part IV** Supplemental Information

SAFEHOUSE PROGRESSIVE ALLIANCE FOR NONVIOLENCE

(H) PURPOSE OF GRANT OR ASSISTANCE: DOMESTIC VIOLENCE VICTIM SERVICES,  
COMMUNITY OUTREACH, AND VIOLENCE PREVENTION EDUCATION FOR CHILDREN &  
YOUTH

NAME OF ORGANIZATION OR GOVERNMENT: INTERCAMBIO DE COMUNIDADES

(H) PURPOSE OF GRANT OR ASSISTANCE: PROMOTING CULTURAL DIVERSITY THROUGH  
LANGUAGE CLASSES AND CULTURAL EXCHANGE PROGRAMS

NAME OF ORGANIZATION OR GOVERNMENT: MENTAL HEALTH PARTNERS

(H) PURPOSE OF GRANT OR ASSISTANCE: INTEGRATED SERVICES PROJECT,  
CHILDREN AND ADOLESCENT SERVICES, AND MOVING TO END SEXUAL ASSAULT  
PROGRAMS

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2013**

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

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	3	23,498.	MKT PRICE-DATE OF GI
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>ADVERTISING</u> )	X	2	147,343.	MARKET VALUE
26 Other ▶ ( <u>EVENT TICKETS</u> )	X	1	6,750.	MARKET VALUE
27 Other ▶ ( _____ )				
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**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 - 28, that it must hold for at least three years from the date of the initial contribution, and which is not 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 non-standard 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 did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

**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.

SCHEDULE M, PART I, COLUMN (B):

EXPLANATION: THE NUMBER OF CONTRIBUTIONS IS LISTED.

Multiple horizontal lines for supplemental information.

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

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

**2013**

Open to Public  
Inspection

Name of the organization

FOOTHILLS UNITED WAY, INC.

Employer identification number

84-6042598

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:

EXPLANATION: REGIONAL FLOOD RECOVERY.

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

BUYERS, 84 POST-SECONDARY STUDENTS, AND 54 SMALL BUSINESS START-UPS. AT  
JUNE 30, 2013, THE PROGRAM HAD 61 PARTICIPANTS AS FOLLOWS: 23  
FIRST-TIME HOME BUYERS, 11 SMALL BUSINESS START-UPS, AND 27  
POST-SECONDARY STUDENTS.

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

ADDITIONAL OPPORTUNITIES AROUND EFFECTIVE USES OF TECHNOLOGY FOR  
NONPROFIT ORGANIZATIONS. CURRENTLY THERE ARE FOUR ACTIVE PEER GROUPS  
MEETING REGULARLY FOR DISCUSSIONS AND PRESENTATIONS CENTERED AROUND  
KNOWLEDGE SHARING, BEST PRACTICES AND EMERGING ISSUES IN RESOURCE  
DEVELOPMENT, FINANCE, PROGRAMMING, AND VOLUNTEER COORDINATION. THE  
NONPROFIT CULTIVATION CENTER HAS IDENTIFIED AND QUALIFIED EIGHTEEN  
PRACTICING NONPROFIT CONSULTANTS WHO OFFER SERVICES IN THEIR PARTICULAR  
AREAS OF EXPERTISE TO LOCAL NONPROFIT ORGANIZATIONS THROUGH TAILORED  
ENGAGEMENTS, AT A REDUCED RATE. CONSULTING SCHOLARSHIPS ARE ALSO MADE  
AVAILABLE THROUGH THE PROGRAM.

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

VOLUNTEER CONNECTION: ACQUIRED BY FOOTHILLS UNITED WAY IN AUGUST,  
2011, THE VOLUNTEER CONNECTION SEEKS TO STRENGTHEN THE COMMUNITIES OF  
BOULDER AND BROOMFIELD COUNTIES THROUGH VOLUNTEER ADVOCACY AND  
ENGAGEMENT. ORIGINALLY ESTABLISHED AS A PROGRAM OF BOULDER COUNTY

Name of the organization FOOTHILLS UNITED WAY, INC.	Employer identification number 84-6042598
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UNITED WAY IN 1969, VOLUNTEER CONNECTION WAS ONE OF THE FIRST COMMUNITY  
BASED VOLUNTEER INFORMATION AND REFERRAL CENTERS IN THE COUNTRY.

TODAY, THE PROGRAM SUPPORTS OVER 250 LOCAL NONPROFIT ORGANIZATIONS BY  
CONNECTING THEM WITH OVER 20,000 LOCAL VOLUNTEERS ANNUALLY.

EXPENSES \$ 131,589. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

BOULDER MOUNTAIN RESOURCES: BEGINNING AS AN EXTENSION OF THE RELIEF  
AND RECOVERY EFFORTS COMING OUT OF THE DEVASTATING FOURMILE CANYON FIRE  
IN THE FALL OF 2010, BOULDER MOUNTAIN RESOURCES AIMS TO FOSTER A  
RELATIONSHIP OF ADVOCACY AND ACTION BETWEEN FOOTHILLS UNITED WAY, LOCAL  
GOVERNMENT AGENCIES, NONPROFITS, AND RESIDENTS OF OUR MOUNTAIN AREAS.

IN ADDITION TO WORKING ON DISASTER PREPAREDNESS AND RECOVERY, THE  
PROGRAM INTENDS TO STAY TRUE TO OUR MISSION BY BREAKING DOWN THE  
BARRIERS THAT KEEP MOUNTAIN RESIDENTS FROM ACCESSING HUMAN SERVICE  
RESOURCES.

EXPENSES \$ 88,689. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

IMAGINATION LIBRARY: IMAGINATION LIBRARY WAS CREATED BY THE DOLLYWOOD  
FOUNDATION IN 1996 TO PROVIDE BOOKS FOR PRESCHOOLERS IN SEVIER COUNTY,  
TENNESSEE. THROUGH ENROLLMENT IN THE LIBRARY, CHILDREN AGES 0-5

RECEIVE A BOOK MAILED TO THEIR HOME EACH MONTH. THE FOUNDATION WORKS  
IN PARTNERSHIP WITH LOCAL ORGANIZATIONS TO REPLICATE THE PROGRAM IN  
OTHER COMMUNITIES ACROSS THE COUNTRY. IN APRIL 2003, A GROUP OF  
INTERESTED CITIZENS AND ORGANIZATIONS CAME TOGETHER TO BRING THE  
PROGRAM TO BOULDER AND BROOMFIELD COUNTIES. FOOTHILLS UNITED WAY  
SERVES AS THE FISCAL AGENT FOR THE PROGRAM AND MAINTAINS THE LOCAL

DATABASE. THROUGH JUNE 2012, OVER 2,289 CHILDREN HAVE RECEIVED MORE  
THAN 85,927 BOOKS FROM FHUW'S IMAGINATION LIBRARY.

Name of the organization FOOTHILLS UNITED WAY, INC.	Employer identification number 84-6042598
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EXPENSES \$ 28,016. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 2:

EXPLANATION: BOARD MEMBER, JON KOTTKE, IS MARRIED TO THE EXECUTIVE DIRECTOR OF VIA MOBILITY, A PARTNER AGENCY THAT RECEIVES FUNDING FROM THE ORGANIZATION.

BOARD MEMBER, SUZANNE CRAWFORD, IS THE EXECUTIVE DIRECTOR OF SISTER CARMEN, AN AGENCY THAT RECEIVES FUNDING FROM THE ORGANIZATION AND HAS RELATIONSHIPS WITH MANY OF THE SAME AGENCIES AS THE ORGANIZATION.

BOARD MEMBER, KIM FELTON, IS AFFILIATED WITH YWCA BOULDER COUNTY THAT RECEIVES FUNDING FROM FOOTHILLS UNITED WAY.

BOARD MEMBER, JAMES PAYNE, IS ON THE FINANCE BOARD OF FLATIRONS COMMUNITY CHURCH.

BOARD MEMBER, SUZANNE CRAWFORD, IS AFFILIATED WITH AN AGENCY THAT RECEIVES FUNDING FROM THE ORGANIZATION.

BOARD MEMBER, KIM FELTON, IS A VOLUNTEER FOR AN AGENCY THAT RECEIVES FUNDING FROM THE ORGANIZATION.

BOARD MEMBER, CAROL PACHECO, WORKS FOR AN EMPLOYER WHO DONATES TO THE ORGANIZATION.

BOARD MEMBER, JAMES PAYNE, WORKS FOR AN EMPLOYER WHO DONATES TO THE ORGANIZATION.

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

EXPLANATION: THE 990 IS REVIEWED BY THE BOARD OF DIRECTORS AND QUESTIONS AND COMMENTS ARE SOLICATED VIA ELECTRONIC DISTRIBUTION OF THE RETURN.

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

EXPLANATION: BOARD 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.

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

EXPLANATION: THE EXECUTIVE COMMITTEE OF THE BOARD PROVIDES AN ANNUAL PERFORMANCE EVALUATION OF THE CEO. SALARY DETERMINATION IS BASED ON SIMILAR NON-PROFIT ENTITIES IN THE AREA.

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

EXPLANATION: THE 990 IS AVAILABLE FOR PUBLIC REVIEW ON GUIDESTAR. ALL ORGANIZATION GOVERNING DOCUMENTS, POLICIES AND FINANCIAL STATEMENTS ARE AVAILABLE FOR REVIEW AT THE ORGANIZATION'S OFFICES DURING NORMAL BUSINESS HOURS.

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

ROUNDING

1.

FORM 990, PART XII, LINE 2C:

EXPLANATION: THERE HAS BEEN NO CHANGE TO EITHER THE OVERSIGHT PROCESS OR THE SELECTION PROCESS DURING THE TAX YEAR.

Name of the organization  
FOOTHILLS UNITED WAY, INC.

Employer identification number  
84-6042598

Multiple horizontal lines for supplemental information.

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
▶ Attach to Form 990. ▶ See separate instructions.

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

OMB No. 1545-0047

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Employer identification number

**84-6042598**

**Part I Identification of Disregarded Entities** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

**Part II Identification of Related Tax-Exempt Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
UNITED WAY WORLDWIDE - 13-1635294 701 NORTH FAIRFAX STREET ALEXANDRIA, VA 22314	IMPROVE LIVES BY MOBILIZING THE CARING POWER OF COMMUNITIES	VIRGINIA	501(C)(3)	170(B)(1)(A)			X

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

Schedule R (Form 990) 2013

SEE PART VII FOR CONTINUATIONS



**Part V Transactions With Related Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
<b>a</b> Receipt of <b>(i)</b> interest <b>(ii)</b> annuities <b>(iii)</b> royalties or <b>(iv)</b> rent from a controlled entity .....		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....		X
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....		X
<b>d</b> Loans or loan guarantees to or for related organization(s) .....		X
<b>e</b> Loans or loan guarantees by related organization(s) .....		X
<b>f</b> Dividends from related organization(s) .....		X
<b>g</b> Sale of assets to related organization(s) .....		X
<b>h</b> Purchase of assets from related organization(s) .....		X
<b>i</b> Exchange of assets with related organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....		X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....	X	
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....		X
<b>o</b> Sharing of paid employees with related organization(s) .....		X
<b>p</b> Reimbursement paid to related organization(s) for expenses .....		X
<b>q</b> Reimbursement paid by related organization(s) for expenses .....		X
<b>r</b> Other transfer of cash or property to related organization(s) .....		X
<b>s</b> Other transfer of cash or property from related organization(s) .....		X

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			



**Part VII** Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions).

**PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:**

**NAME OF RELATED ORGANIZATION:**

UNITED WAY WORLDWIDE

**PRIMARY ACTIVITY:** IMPROVE LIVES BY MOBILIZING THE CARING POWER OF  
COMMUNITIES AROUND THE WORLD