

Form **990**

OMB No. 1545-0047

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.
 ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2015 calendar year, or tax year beginning <u>Apr 1</u> , 2015, and ending <u>Mar 31</u> , 2016	
B Check if applicable:	C Name of organization <u>United Way of Chittenden County, Inc.</u>
<input type="checkbox"/> Address change	Doing business as
<input type="checkbox"/> Name change	Number and street (or P.O. box if mail is not delivered to street address) Room/suite
<input type="checkbox"/> Initial return	<u>412 Farrell Street</u> <u>200</u>
<input type="checkbox"/> Final return/terminated	City or town, state or province, country, and ZIP or foreign postal code
<input type="checkbox"/> Amended return	<u>South Burlington</u> <u>VT</u> <u>05403-4466</u>
<input type="checkbox"/> Application pending	F Name and address of principal officer:
	<u>Martha E. Maksym 412 Farrell Street #200 South Burlington VT 05403-4466</u>
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: ▶ <u>www.unitedwaynvt.org</u>	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'No,' attach a list. (see instructions)
L Year of formation: <u>1971</u>	H(c) Group exemption number ▶
M State of legal domicile: <u>VT</u>	G Gross receipts \$ <u>4,636,172.</u>

Part I Summary			
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>Founded in 1942 and incorporated in 1971, United Way of Chittenden County (UWCC) advances the common good by creating opportunities for a better way of life for all, focusing on Education, Income and Health - the building blocks of a better quality of life. See Page 2 for additional information on UWCC's mission and activities.</u>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	23
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	23
	5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	34
	6 Total number of volunteers (estimate if necessary)	6	557
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	4,253,742.	3,958,443.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	136,870.	176,247.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	123,299.	96,859.
	12 Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)	0.	0.
		4,513,911.	4,231,549.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,628,957.	2,548,819.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,437,204.	1,452,183.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>607,097.</u>		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	623,885.	643,358.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	4,690,046.	4,644,360.
19 Revenue less expenses. Subtract line 18 from line 12	-176,135.	-412,811.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	6,208,716.	5,569,400.
	22 Net assets or fund balances. Subtract line 21 from line 20	815,325.	768,451.
		5,393,391.	4,800,949.

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	Date			
	<u>Martha E Maksym</u> Type or print name and title.	<u>Executive Director</u>			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	<u>William S. Huckabay, CPA</u>				<u>P00154308</u>
	Firm's name	Firm's address		Firm's EIN ▶	
	<u>Tapia & Huckabay, P.C.</u>	<u>P.O. Box 38</u> <u>Vergennes VT 05491</u>		<u>47-1371818</u>	Phone no. <u>(802) 870-7086</u>

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

1 Briefly describe the organization's mission:

UWCC fulfills its mission of "building a stronger Chittenden County by mobilizing our community to improve people's lives" in the following ways:
See Form 990, Page 2, Part III, Line 1 (continued)

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 No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes No

If 'Yes,' describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 1,975,729. including grants of \$ 1,975,729.) (Revenue \$ 0.)

Community Investment: For many years, United Way of Chittenden County funded agency programs which provided direct services to community members who needed them. However, a new model for determining which programs to fund was implemented in 2007. Funding decisions are now based on a set of target outcomes which were identified through a comprehensive community participation process. Working in three "impact areas," Education, Income, and Health, community volunteers review applications for support and recommend specific amounts of program funding based on criteria that include alignment with desired outcomes, program quality, program outcomes and the
See Form 990, Page 2, Part III, Line 4a (continued)

4b (Code:) (Expenses \$ 573,090. including grants of \$ 573,090.) (Revenue \$ 0.)

Donor Designation Pass-Throughs: In our annual community fundraising campaign, and true to our mission to mobilize the community to improve people's lives, we provide the opportunity for donors to designate their gifts to other nonprofit organizations including United Ways within the state and nationally. As a courtesy to our donors, we processed those donor designations without assessing a fee or keeping a percentage. However, all agencies receiving donor designations must annually verify compliance with provisions of the USA Patriot Act and verify they are an agency in good standing as an IRC Section 501(c)(3) nonprofit organization.

4c (Code:) (Expenses \$ 1,190,035. including grants of \$ 0.) (Revenue \$ 176,247.)

Effective April 1, 2016, United Way of Chittenden County (UWCC) merged Franklin-Grand Isle United Way, Inc. into UWCC then officially changed its name to United Way of Northwest Vermont, Inc. due to the expanded geographic area now served. The following narrative reflects the work done by United Way of Chittenden County, Inc. during its FY 2016 year which ended March 31, 2016. For any references to information that can be found on our website, our web address, which has been updated to reflect our new name, is now www.unitedwaynvt.org.

See Form 990, Page 2, Part III, Line 4c (continued)

4d Other program services. (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 3,738,854.

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> (see instructions)?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <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> (see instructions)		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <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)

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

BAA

Form **990** (2015)

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

Table with columns for line numbers (1a-14b), descriptions of questions, and Yes/No columns. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed
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:
Susan Pelkey Smith 412 Farrell Street Suite #200 South Burlington VT 05403 (802) 864-7541

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Martha E. Maksym Executive Director	40.00			X			96,325.	0.	16,141.	
(2) Susan Pelkey Smith Director of Fin. & Operations	40.00			X			70,008.	0.	21,216.	
(3) Michael Seaver President	4.00	X		X			0.	0.	0.	
(4) Tammy Johnson Vice-President	4.00	X		X			0.	0.	0.	
(5) Joseph A. Gaida Treasurer	4.00	X		X			0.	0.	0.	
(6) Jeffrey J. McMahan Secretary	4.00	X		X			0.	0.	0.	
(7) Ronald Boucher Director	2.00	X					0.	0.	0.	
(8) Patrick Brown Director	2.00	X					0.	0.	0.	
(9) Edward Castle Director	2.00	X					0.	0.	0.	
(10) James Cohen Director	2.00	X					0.	0.	0.	
(11) Robert DiPalma Director	2.00	X					0.	0.	0.	
(12) Kevin Gallagher Director	2.00	X					0.	0.	0.	
(13) Brooke Gillman Director	2.00	X					0.	0.	0.	
(14) Traci Griffith Director	2.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) <u>Michell Langlais</u> Director	2.00	X					0.	0.	0.	
(16) <u>Susan Leonard</u> Director	2.00	X					0.	0.	0.	
(17) <u>Amit Lodha</u> Director	2.00	X					0.	0.	0.	
(18) <u>Chris Lyon</u> Director	2.00	X					0.	0.	0.	
(19) <u>Pamela Mackenzie</u> Director	2.00	X					0.	0.	0.	
(20) <u>Owen Milne</u> Director	2.00	X					0.	0.	0.	
(21) <u>Rubi Simon</u> Director	2.00	X					0.	0.	0.	
(22) <u>Joseph Speidel</u> Director	2.00	X					0.	0.	0.	
(23) <u>Linda Tarr-Whelan</u> Director	2.00	X					0.	0.	0.	
(24) <u>Rebecca Towne</u> Director	2.00	X					0.	0.	0.	
(25) <u>Eileen Whalen</u> Director	2.00	X					0.	0.	0.	
1 b Sub-total							166,333.	0.	37,357.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							166,333.	0.	37,357.	
2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 0										

		Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If 'Yes,' complete Schedule J for such individual</i>	3		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If 'Yes' complete Schedule J for such individual</i>	4		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If 'Yes,' complete Schedule J for such person</i>	5		X

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	9,000.				
	1 b Membership dues	0.				
	1 c Fundraising events	0.				
	1 d Related organizations	0.				
	1 e Government grants (contributions) . .	254,872.				
	1 f All other contributions, gifts, grants, and similar amounts not included above . .	3,694,571.				
	1 g Noncash contributions included in lines 1a-1f: \$	153,074.				
	1 h Total. Add lines 1a-1f ▶	3,958,443.				
Program Service Revenue	2 a Consulting & Other Prog. Svc. Rev.	900099	176,247.	176,247.	0.	0.
	b _____					
	c _____					
	d _____					
	e _____					
	f All other program service revenue . . .					
	g Total. Add lines 2a-2f ▶		176,247.			
Other Revenue	3 Investment income (including dividends, interest and other similar amounts) ▶		67,144.	0.	0.	67,144.
	4 Income from investment of tax-exempt bond proceeds . . ▶		0.	0.	0.	0.
	5 Royalties ▶		0.	0.	0.	0.
	6 a Gross rents	(i) Real				
		(ii) Personal				
		b Less: rental expenses				
		c Rental income or (loss) . .				
	d Net rental income or (loss) ▶					
	7 a Gross amount from sales of assets other than inventory	(i) Securities	434,338.			
		(ii) Other				
		b Less: cost or other basis and sales expenses	404,623.			
		c Gain or (loss)	29,715.			
	d Net gain or (loss) ▶		29,715.	0.	0.	29,715.
	8 a Gross income from fundraising events (not including . . \$ 0 . 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 ▶					
11 a _____	Miscellaneous Revenue	Business Code				
	b _____					
	c _____					
	d All other revenue					
	e Total. Add lines 11a-11d ▶					
12 Total revenue. See instructions ▶		4,231,549.	176,247.	0.	96,859.	

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.	2,548,819.	2,548,819.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.	0.	0.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	0.	0.		
4 Benefits paid to or for members.	0.	0.		
5 Compensation of current officers, directors, trustees, and key employees	207,909.	75,550.	84,203.	48,156.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0.	0.	0.	0.
7 Other salaries and wages.	965,802.	598,749.	65,237.	301,816.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	49,282.	30,894.	2,882.	15,506.
9 Other employee benefits	146,168.	89,581.	10,878.	45,709.
10 Payroll taxes	83,022.	48,193.	9,896.	24,933.
11 Fees for services (non-employees):				
a Management	0.	0.	0.	0.
b Legal.	7,930.	0.	7,930.	0.
c Accounting	11,200.	0.	11,200.	0.
d Lobbying	0.	0.	0.	0.
e Professional fundraising services. See Part IV, line 17	0.			0.
f Investment management fees	14,245.	0.	14,245.	0.
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	199,302.	111,969.	35,765.	51,568.
12 Advertising and promotion	0.	0.	0.	0.
13 Office expenses	82,220.	40,146.	10,533.	31,541.
14 Information technology	0.	0.	0.	0.
15 Royalties	0.	0.	0.	0.
16 Occupancy	19,832.	10,047.	4,875.	4,910.
17 Travel	16,052.	10,477.	3,340.	2,235.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.	0.	0.	0.
19 Conferences, conventions, and meetings	34,707.	22,652.	7,222.	4,833.
20 Interest	0.	0.	0.	0.
21 Payments to affiliates	37,471.	21,733.	4,459.	11,279.
22 Depreciation, depletion, and amortization	39,878.	16,327.	10,785.	12,766.
23 Insurance	17,464.	7,130.	5,016.	5,318.
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 <u>Volunteer expenses</u>	27,996.	27,996.	0.	0.
b <u>Public relations & printing</u>	53,600.	11,847.	2,893.	38,860.
c <u>Stipends</u>	62,395.	62,395.	0.	0.
d <u>Miscellaneous</u>	19,066.	4,349.	7,050.	7,667.
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e.	4,644,360.	3,738,854.	298,409.	607,097.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash — non-interest-bearing	316,671.	1	283,106.
	2 Savings and temporary cash investments	714,255.	2	544,906.
	3 Pledges and grants receivable, net	1,775,806.	3	1,537,288.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	67,248.	9	82,377.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	1,001,004.		
	b Less: accumulated depreciation	378,830.	10c	622,174.
	11 Investments — publicly traded securities	2,636,455.	11	2,461,318.
	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	41,968.	15	38,231.
16 Total assets. Add lines 1 through 15 (must equal line 34)	6,208,716.	16	5,569,400.	
Liabilities	17 Accounts payable and accrued expenses	156,455.	17	218,762.
	18 Grants payable		18	
	19 Deferred revenue	20,950.	19	23,980.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	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	637,920.	25	525,709.
	26 Total liabilities. Add lines 17 through 25	815,325.	26	768,451.
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	1,198,098.	27	995,276.
	28 Temporarily restricted net assets	3,838,691.	28	3,412,751.
	29 Permanently restricted net assets	356,602.	29	392,922.
	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	5,393,391.	33	4,800,949.
	34 Total liabilities and net assets/fund balances	6,208,716.	34	5,569,400.

Part XI Reconciliation of Net Assets

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

1 Total revenue (must equal Part VIII, column (A), line 12)	1	4,231,549.
2 Total expenses (must equal Part IX, column (A), line 25)	2	4,644,360.
3 Revenue less expenses. Subtract line 2 from line 1	3	-412,811.
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5,393,391.
5 Net unrealized gains (losses) on investments	5	-175,894.
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	-3,737.
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	4,800,949.

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.			
2 a Were the organization's financial statements compiled or reviewed by an independent accountant?	2 a		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			
b Were the organization's financial statements audited by an independent accountant?	2 b	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			
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?	2 c	X	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3 a 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?	3 a		X
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3 b		

BAA

Form 990 (2015)

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.

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization United Way of Chittenden County, Inc.	Employer identification number 03-0217229
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

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

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	4,330,498.	4,225,246.	4,188,070.	4,253,742.	3,958,443.	20,955,999.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0.	0.	0.	0.	0.	0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge.	0.	0.	0.	0.	0.	0.
4 Total. Add lines 1 through 3	4,330,498.	4,225,246.	4,188,070.	4,253,742.	3,958,443.	20,955,999.
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)						0.
6 Public support. Subtract line 5 from line 4						20,955,999.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total	
7 Amounts from line 4	4,330,498.	4,225,246.	4,188,070.	4,253,742.	3,958,443.	20,955,999.	
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	48,776.	54,677.	60,796.	61,426.	67,144.	292,819.	
9 Net income from unrelated business activities, whether or not the business is regularly carried on	0.	0.	0.	0.	0.	0.	
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	44,320.	28,937.	24,294.	0.		97,551.	
11 Total support. Add lines 7 through 10						21,346,369.	
12 Gross receipts from related activities, etc. (see instructions).						12	680,032.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>							

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	98.17 %
15 Public support percentage from 2014 Schedule A, Part II, line 14	15	98.04 %
16a 33-1/3% support test – 2015. If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>		
b 33-1/3% support test – 2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test – 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test – 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants.')						
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						
7 a 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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6						
10 a 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 2015 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2014 Schedule A, Part III, line 15.	16	%

Section D. Computation of Investment Income Percentage

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

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

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows include questions 1 through 10b regarding supported organizations, such as 'Are all of the organization's supported organizations listed by name...', 'Did the organization have any supported organization that does not have an IRS determination...', etc.

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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? Row 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?

Section E. Type III Functionally-Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions): a, b, c. Row 2: Activities Test. Answer (a) and (b) below. Sub-rows 2a, 2b. Row 3: Parent of Supported Organizations. Answer (a) and (b) below. Sub-rows 3a, 3b.

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

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

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions).	3	
4	Add lines 1 through 3	4	
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	1 a	
b	Average monthly cash balances	1 b	
c	Fair market value of other non-exempt-use assets	1 c	
d	Total (add lines 1a, 1b, and 1c).	1 d	
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	(B) Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	Current Year
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 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).

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

Section D – Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required – see instructions)			
3 Excess distributions carryover, if any, to 2015:			
a			
b			
c			
d From 2013			
e From 2014			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 3j and 4c			
8 Breakdown of line 7:			
a			
b			
c Excess from 2013			
d Excess from 2014			
e Excess from 2015			

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.)

Pt II Ln 10 Other Income Part II, Line 10 Description: Miscellaneous Income 2011: 15805. 2012: 7558. 2013: 5789. 2014: 0. Description: Annual Dinner 2011: 28515. 2012: 21379. 2013: 18505. 2014: 0.

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, 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Name of the organization

United Way of Chittenden County, Inc.

Employer identification number

03-0217229

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Section:

[X] 501(c)(3) (enter number) organization

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

[] 527 political organization

Form 990-PF

[] 501(c)(3) exempt private foundation

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

[] 501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

Caution. An organization that 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).

BAA 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) (2015)

Name of organization United Way of Chittenden County, Inc.	Employer identification number 03-0217229
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	The University of Vermont Medical Center 111 Colchester Avenue Burlington VT 05401	\$ 416,956.	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	Green Mountain Power Corporation 163 Acorn Lane Colchester VT 05446	\$ 146,002.	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	Corporation for National and Community Service 1201 New York Avenue N.W. Washington DC 20525	\$ 229,984.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	IBM Corporation 1000 River Road Essex Junction VT 05452	\$ 84,119.	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	The University of Vermont 85 South Prospect Street Burlington VT 05405	\$ 141,202.	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	The Andree LeBoeuf Foundation 20 Ian Place Williston VT 05495	\$ 95,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <u>United Way of Chittenden County, Inc.</u>	Employer identification number <u>03-0217229</u>
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<u>Hickok & Boardman Network of Companies</u> <u>346 Shelburne Road</u> <u>Burlington VT 05401</u>	\$ <u>131,789.</u>	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<u>Merchants Bank</u> <u>275 Kennedy Drive</u> <u>South Burlington VT 05403</u>	\$ <u>93,068.</u>	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	<u>State of Vermont</u> <u>109 State Street</u> <u>Montpelier VT 05602</u>	\$ <u>152,237.</u>	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	<u>Vermont Gas Systems, Inc.</u> <u>85 Swift Street</u> <u>South Burlington VT 05403</u>	\$ <u>105,056.</u>	Person <input checked="" type="checkbox"/> Payroll <input checked="" 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.)
---	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2015

Department of the Treasury Internal Revenue Service

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.

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

Open to Public Inspection

Name of the organization

Employer identification number

United Way of Chittenden County, Inc.

03-0217229

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 information.

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 conservation easements, total number and acreage, and various monitoring and reporting questions.

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 questions about reporting art and historical treasures.

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) -----		
(I) -----		
Total. (Column (b) must equal Form 990, Part X, column (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)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column (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)	
(10)	
Total. (Column (b) must equal Form 990, Part X, column (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

(a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) Allocations & designations payable	525,709.	
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
(11)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.) . . . ▶	525,709.	

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

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

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

1 Total revenue, gains, and other support per audited financial statements		1		3,511,431.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a Net unrealized gains (losses) on investments	2 a		-175,894.	
b Donated services and use of facilities	2 b		46,848.	
c Recoveries of prior year grants	2 c			
d Other (Describe in Part XIII.)	2 d		-3,737.	
e Add lines 2a through 2d		2 e		-132,783.
3 Subtract line 2e from line 1				3,644,214.
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	4 a		14,245.	
b Other (Describe in Part XIII.)	4 b		573,090.	
c Add lines 4a and 4b		4 c		587,335.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)				4,231,549.

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

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

1 Total expenses and losses per audited financial statements		1		4,103,873.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a Donated services and use of facilities	2 a		46,848.	
b Prior year adjustments	2 b			
c Other losses	2 c			
d Other (Describe in Part XIII.)	2 d			
e Add lines 2a through 2d		2 e		46,848.
3 Subtract line 2e from line 1				4,057,025.
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	4 a		14,245.	
b Other (Describe in Part XIII.)	4 b		573,090.	
c Add lines 4a and 4b		4 c		587,335.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)				4,644,360.

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.

Pt V, Line 4 Earnings from the Organization's endowment funds are available to operations at the discretion of the Board of Directors.
 "The Organization believes it has appropriate support for any tax positions taken and, as such, does not have any "uncertain tax positions" that are material to the financial statements."
 Pt X, Line 2
 Pt XI, Line 2d Change in beneficial interest in assets held by others.
 Pt XI, Line 4b Donor designations netted on the audited financial statements.
 Pt XII, Line 4b See above.

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2015

Open to Public
Inspection

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization

United Way of Chittenden County, Inc.

Employer identification number

03-0217229

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
(1) American Cancer Society 55 Day Lane Williston VT 05495	23-7040934	501(c)(3)	9,494.				Program/DD
(2) American Red Cross of Ver 29 Mansfield Avenue Burlington VT 05401	53-0196605	501(c)(3)	6,820.				Program/DD
(3) Assoc. of Africans Living 139 Elmwood Avenue Burlington VT 05401	03-0371003	501(c)(3)	20,000.				Prog/DD/Strat
(4) Boys & Girls Club of Burl 62 Oak Street Burlington VT 05401	03-0179307	501(c)(3)	98,637.				Program/DD
(5) Burlington Children's Sp. 241 No. Winooski Ave. Burlington VT 05401	22-2533646	501(c)(3)	45,373.				Program/DD
(6) Champlain Community Servi 512 Troy Avenue #1 Colchester VT 05446	03-6015899	501(c)(3)	45,000.				Program/DD
(7) Champlain Senior Center 241 No. Winooski Ave. Burlington VT 05401	23-7056383	501(c)(3)	19,140.				Program/DD
(8) Champlain Valley Agency o 76 Pearl Street #201 Essex Jct. VT 05452	02-2474636	501(c)(3)	65,686.				Program/DD

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 39

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

Continuation Sheet for Schedule I (Form 990)

2015

▶ **Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II and Part III.**

Continuation Page 1 of 4

Name of the organization United Way of Chittenden County, Inc.	Employer identification number 03-0217229
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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments. (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
Champlain Valley OEO 225 South Champlain St Su Burlington VT 05401	03-0216837	501(c)(3)	137,785.				Program/DD
Child Care Resources 181 Commerece Street Williston VT 05495	03-0301330	501(c)(3)	17,780.				Program/DD
Committee on Temporary Sh 179 So. Winooski Ave. Burlington VT 05401	03-0285303	501(c)(3)	131,263.				Program/DD
Community Health Centers 617 Riverside Ave Burlington VT 05401	23-7182584	501(c)(3)	60,000.				Program/DD/Str
Dismas of Vermont, Inc. 194 Old Country Road Weston VT 05161	23-7376100	501(c)(3)	34,500.				Program/DD
The Dream Program 87 Elm Street Winooski VT 05404	26-0030908	501(c)(3)	17,577.				Program/DD
Essex Meals on Wheels P.O. Box 8442 Essex VT 05451	23-7357298	501(c)(3)	5,775.				Program/DD
Franklin/Grand Isle Unite 48 Lower Newton Street St. Albans VT 05478	03-0273929	501(c)(3)	42,761.				Donor Designat
Greater Burlington YMCA 266 College Street Burlington VT 05401	03-0185810	501(c)(3)	69,026.				Program/DD
Green Mountain United Way 963 Paine Turnpike No. #2 Montpelier VT 05602	03-0261384	501(c)(3)	33,135.				Donor Designat

Continuation Sheet for Schedule I (Form 990)

2015

▶ **Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II and Part III.**

Continuation Page **2** of **4**

Name of the organization

United Way of Chittenden County, Inc.

Employer identification number

03-0217229

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments. (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
The Heineberg Senior Cent 14 Heineberg Road Burlington VT 05408	03-0224108	501(c)(3)	18,140.				Program/DD
HomeShare Vermont 412 Farrell Street #300 So. Burlington VT 05403	13-4287957	501(c)(3)	35,465.				Program/DD
HowardCenter 208 Flynn Avenue #3J Burlington VT 05401	03-0179433	501(c)(3)	329,108.				Program/DD/Str
KidSafe Collaborative 308 Pine Street Burlington VT 05401	03-0303867	501(c)(3)	25,059.				Program/DD
King Street Center 87 King Street Burlington VT 05401	02-3726312	501(c)(3)	89,566.				Program/DD
Lund Family Center P.O. Box 4009 Burlington VT 05406	03-0179434	501(c)(3)	109,194.				Program/DD
Make-A-Wish Vermont 431 Pine Street #214 Burlington VT 05401	03-0323013	501(c)(3)	9,910.				Program/DD
Milton Family Community C P.O. Box 619 Milton VT 05468	03-0309155	501(c)(3)	37,732.				Program/DD
Prevent Child Abuse - VT 94 Main Street 3rd Floor Montpelier VT 05601	03-0267183	501(c)(3)	18,614.				Program/DD
Sara Holbrook Community C 66 North Avenue Burlington VT 05401	03-0179595	501(c)(3)	106,956.				Program/DD

Continuation Sheet for Schedule I (Form 990)

2015

▶ **Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II and Part III.**

Continuation Page 3 of 4

Name of the organization United Way of Chittenden County, Inc.	Employer identification number 03-0217229
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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments. (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
__ Spectrum Youth & Family S __ 31 Elmwood Avenue __ Burlington VT 05401	03-0253232	501(c)(3)	118,126.				Program/DD
__ Spring Hill Horse Rescue __ 175 Middle Road __ North Clarendon VT 05759	02-0537086	501(c)(3)	5,371.				Program/DD
__ United Way of Addison Cou __ 2 Court Street __ Middlebury VT 05753	03-0221018	501(c)(3)	32,206.				Donor Designat
__ United Way of Lamoille Co __ 20 Morrisville Plaza #B __ Morrisville VT 05661	22-2774485	501(c)(3)	12,884.				Donor Designat
__ United Way of Rutland Cou __ 6 Church Street __ Rutland VT 05701	03-6000224	501(c)(3)	47,940.				Donor Designat
__ United Way of Windham Cou __ P.O. Box 617 __ Brattleboro VT 05302	03-6003074	501(c)(3)	7,180.				Donor Designat
__ Vermont Works for Women __ 32 Malletts Bay Avenue __ Winooski VT 05404	22-2894557	501(c)(3)	53,283.				Program/DD
__ Visiting Nurse Associatio __ 1110 Prim Road __ Colchester VT 05446	22-2586282	501(c)(3)	225,173.				Program/DD
__ Women Helping Battered Wo __ 279 No. Winooski Ave. __ Burlington VT 05401	03-0283657	501(c)(3)	120,041.				Program/DD
__ United Ways of Vermont __ P.O. Box 111 __ Essex Junction VT 05453	30-0192082	501(c)(3)	54,113.				Op. Support

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

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

Pt I Line 2 Program operating costs are restricted grants made to an agency in support of the costs associated with a specific program that it operates. At the start of a three-year cycle, agencies apply for funding for specific programs under the following impact areas: Education, Income (financial stability) and Health. In a thorough explanation of how they plan to use current year's program funding (and how they used the prior year's award), the applicant must provide specific performance measures in three areas: 1) outputs of the program (e.g. number of people served, number of hours provided, anything that is meaningful to describe the scope of their work), 2) any external measures of program quality (i.e. licensure, accreditation, oversight, etc.) and 3) data on program outcomes (i.e. how much was done, how well was it done, and is anyone better off).

Pt I Line 2 In addition, applicants for funding provide a complete set of current financial statements which are reviewed.

Pt I Line 2 Applications received at the start of the three-year funding cycle are reviewed by the volunteer Community Impact Team. In years two and three of the cycle, agencies with funded programs report annually on the programs. Annually the Community Impact Team reviews the application and/or reports and rates the applications on specific criteria, and then recommends the amount of funding that each program will receive. The scores are shared with funding applicants along with suggestions for improvement or changes.

Pt I Line 2 Funding recommendations made by the Community Impact Teams are reviewed by a volunteer oversight Community Investment Committee that looks at the entire portfolio of program investment recommendations before furthering the recommendations on to the United Way of Chittenden County Board of Directors for final approval.

**Continuation of
Part IV – Supplemental Information**

Pt I Line 2 Midway during the fiscal year, the Community Impact Team also makes monitoring site visits and/or reviews reports from the funded programs and asks a standard set of questions on how the money is being spent, how things are progressing, whether or not there are program changes, etc. In addition, throughout the year, program providers partner with United Way in community change initiatives, agency forums, affinity groups where programs work toward the same target outcome, as volunteers on committees and as providers of volunteer opportunities. The relationship between funded agencies and United Way of Chittenden County is much different from the typical grant fund recipient with grant funder.

Pt I Line 2 An annual report of how the program funds are used and the effectiveness of the program in meeting target outcomes is part of the application for funding the next year.

Pt I Line 2 Donor Designated Gifts for General Support are unrestricted contributions made to an agency at the direction of the donor(s) in support of its general operating costs. Agencies receiving donor designations must annually verify compliance with provisions of the USA Patriot Act and verify they are an agency in good standing as an IRC Section 501(c)(3) nonprofit organization. United Way of Chittenden County has no oversight of those funds.

Other Part IV - United Way of Chittenden County states the following on our pledge form with regard to donor designated gifts: "This gift option bypasses review and follow-up measurement by the Community Volunteer Impact Teams and all fiscal and program oversight."

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2015

**Open To Public
Inspection**

- ▶ **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.**

Department of the Treasury
Internal Revenue Service

Name of the organization

Employer identification number

United Way of Chittenden County, Inc.

03-0217229

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	36	153,074.	Average Share Price
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 ▶ (_____)				
26 Other ▶ (_____)				
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 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 is not required to be used for exempt purposes for the entire holding period?	30 a		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?	31	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32 a		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 O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

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

2015

▶ 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.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

Employer identification number

United Way of Chittenden County, Inc.

03-0217229

Pt VI, Line 11b A draft of Form 990 is reviewed and approved first by the Organization's Audit Committee and then by the full Board prior to filing.

Pt VI, Line 12c The Code of Ethics and Conflict of Interest Policy is reviewed each July by both the Board and the staff. Each Board member and staff person must complete a disclosure form 1) certifying that they understand and agree with the policies and 2) disclosing any known conflicts of interest. Board members and staff also agree to disclose any potential conflicts should they arise during the year. New staff or Board members who join the Organization during the year are required to complete the disclosure form as part of their orientation.

Pt VI, Line 15a In its annual determination of compensation of the Organization's Executive Director and other key employees, United Way of Chittenden County compares compensation rates and benefit plans to local and regional compensation information. Individual salaries are compared to salary ranges for similar positions with data provided by United Way Worldwide ("UWW"). The data provides stratified information by geographic region with minimum, midpoint and maximum compensation levels for various positions. In order to maintain a compensation/benefit plan that is competitive in the local job market, UWCC strives to maintain a compensation/benefit plan near the midpoint of comparative survey information. UWCC's Finance and Operations Committee reviews and approves the annual budget - which includes compensation and benefits - with final approval by the full Board.

Pt VI, Line 15b See above description for Part VI, Line 15a.

Pt VI, Line 19 The Organization makes its governing documents, Conflict of Interest Policy, and financial statements available either on its website or upon request.

Pt XI Line 9 - Change in beneficial interest in assets held by others.

Schedule O (Form 990), Supplemental Information to Form 990
Form 990, Page 2, Part III, Line 1 (continued)

Briefly describe the organization's mission:

* conducting an annual community fundraising campaign which provides for the investment in a portfolio of high quality local health and human services programs all working toward pre-determined community goals in Education, Income and Health and serving children, families and individuals throughout Chittenden County;

* convening local collaborations with other nonprofits, businesses, faith-based organizations, health care providers, law enforcement agencies and whoever needs to be "at the table" to look at root causes of community issues in order to find sustainable solutions to systems challenges in our priority areas of Education, Income, and Health;

* recruiting thousands of individuals and organizations to volunteer annually to strengthen the capacity of nonprofit agencies to achieve their missions; and

* recruiting and training volunteers, including people 55 years and older, to volunteer for projects aligning with our Education, Income and Health Impact areas including: reading and academic enrichment programs at child care centers and schools; training for and becoming volunteer tax preparers for VITA sites and companies participating in the Working Bridges program; working with other seniors on a program to manage their fear of falling and the importance of healthy eating, and helping to relieve the potential isolation of local senior housing residents who benefit from the social connection of a weekly phone call; providing rides to seniors and people with disabilities to doctors appointments, grocery stores, and other venues to improve health and well-being.

*The organization's support comes primarily from contributions from individuals, businesses and foundations during the annual community fundraising campaign, with additional support from non-campaign grants and contributions, program-related fee for service work and investment income.

Schedule O (Form 990), Supplemental Information to Form 990
Form 990, Page 2, Part III, Line 4a (continued)

impact of our funding. We ask how much each program is doing, how well the work is being done, and is anyone better off as a result of participating in the program.

As a means to achieve the impact we want to see in our community, United Way conducts an annual fundraising campaign (over \$3,250,000 raised in 2015) which includes workplace campaigns and individual solicitation. The ability to make investments for community impact is dependent upon the success of that community campaign each year. To add value to the financial investment, program staff provides technical assistance on how to measure and report program successes, how to share best practices and resources, and how to avoid redundancies.

Schedule O (Form 990), Supplemental Information to Form 990
Form 990, Page 2, Part III, Line 4c (continued)

Community Impact & Volunteer Mobilization: In addition to investing financial resources in strategic programs, UWCC operates a comprehensive volunteer center which supports our mission to mobilize the community and improve people's lives through service and work as a convener, facilitator, and collaborator in community improvement and strategic systems change initiatives. The focus of the volunteer center is to provide meaningful volunteer opportunities to individuals, businesses and groups, while providing nonprofit organizations with volunteer management assistance, consultation and training support. Typically over 400 volunteer listings can be found at www.unitedwaynwvt.org by clicking on "Volunteer Now."

In FY 2016, we referred 2,488 volunteers to nonprofit organizations through our online service. In addition, there were 686 volunteers serving in United Way programs in the community. They contributed more than 40,882 hours addressing our priority areas of Education, Income and Health. The estimated value of these hours of volunteer service was \$931,701 (based on the 2015 Independent Sector "Value of Volunteer Time" for Vermont).

For volunteers 55+, the volunteer center offers specialized placement services and opportunities to draw on life experience, wisdom and professional skills to foster change - one generation to the next. These services are partially federally funded by two national initiatives to mobilize 55+ volunteers, RSVP (54% federally funded) and the Foster Grandparent Program (59% federally funded).

Because of the strong network of programs provided by our funded agencies, United Way is able to work as a convener, facilitator, and collaborator in community improvement and strategic systems change initiatives. Criteria to become involved in that work are:

*alignment with our United Way mission;

*alignment with one of our three Impact Areas - Education, Income and Health;

*the ability to leverage non-campaign funds & relationships;

*community need;

*the ability to measure results;

*relevance to diverse stakeholders;

*whether United Way will be accepted as the "mobilizer" and/or leader; and

*the sustainability of the community change.

Partnerships for system change initiatives include various combinations of our nonprofit agency partners, faith-based organizations, government, schools, law enforcement, health care providers, business groups and other nonprofits. Our 2016 Case for Impact Report and our Detailed Investment Report, which includes a complete listing of our community initiatives, can be found on our website at www.unitedwaynwvt.org under "Our Impact." A brief synopsis of the three major initiatives and

Schedule O (Form 990), Supplemental Information to Form 990
Form 990, Page 2, Part III, Line 4c (continued)

Continued

their current successes follows:

THE CARING COLLABORATIVE: UWCC is a lead partner in the Caring Collaborative, a family-centered service delivery pilot within a mid-sized childcare center. The childcare center serves a significant number of children and families at risk of experiencing negative consequences of mental health issues and health disparities that could be prevented or mitigated with appropriate and timely service. It is governed by a diverse Steering Committee of key partners and supported by a backbone organization comprised of staff from HowardCenter, The University of Vermont Medical Center's Community Health Improvement office and UWCC. The Collaborative has four mutually reinforcing goals: improve outcomes for children and their families, increase ability of the center and staff to meet the needs of children and their families, leverage, align and provide access to community resources that can sustain the impact of the pilot, and use the lessons learned to inform systems change initiatives. After only a year in operation, the pilot is showing promising results and is expected to be replicated at a second site later in the fall.

ADDRESSING OPIATE AND HEROIN ABUSE: The Chittenden County Opioid Alliance (CCOA) is a collaborative partnership with UWCC, local non-profit agencies, state and local government, The University of Vermont Medical Center, business leaders and community members in Chittenden County. The Alliance is dedicated to reducing the opioid crisis and the burden it brings to our community. The Alliance brings together the varied existing and intensive efforts to address the complex causes and effects of opioid addiction, so the impacts of our collective investments can be measured. Using a Collective Impact framework to ensure data-driven collaboration, reliance on shared outcomes, mutual accountability, continuous communication, and strong backbone support provided by staff specifically dedicated to this effort. UWCC, through a generous donor, has committed \$100,000 per year for three years to support the work of the Alliance. Our funding will leverage an additional \$200,000 per year for three years to support the work.

HOUSING THE HOMELESS: UWCC sits on the Executive Committee and Steering Committee for the Chittenden Homeless Alliance whose goal is that "All homeless people who want housing are stably and safely housed and there is an open door for those who currently do not want housing." The Alliance is looking at the continuum from homelessness to permanent housing and developing strategies across the continuum to meet the demands for shelter, transitional housing, permanent supportive housing and housing retention. As a result of this work, Chittenden County saw a 30% decrease in the number of individuals and families experiencing homelessness between 2015 and 2016. UWCC provided \$50,000 in funding towards the development of nineteen units of permanent supportive housing through Champlain Housing Trust. Nineteen vulnerable individuals who had experienced chronic homelessness are now in housing with on site support to help them navigate the public benefits system, the health care system and job supports. The impact of housing these individuals on direct

Schedule O (Form 990), Supplemental Information to Form 990
Form 990, Page 2, Part III, Line 4c (continued)

Continued

health care costs has been significant.

UWCC also participates with a collaboration of partners facilitating the creation of temporary low barrier winter warming shelters (WWS) to serve homeless individuals who are unable to access our shelter system during the coldest months of the year. During the winter of 2015-2016, a temporary warming shelter in the community was run by the Committee on Temporary Shelter. The temporary WWS was open from November 3, 2015 to April 1, 2016. This program sheltered 240 unduplicated individuals, the majority of whom struggled with severe mental illness and addiction. The WWS was open nightly from 6 p.m. to 7 a.m.

Form 8868

(Rev January 2014)

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

Department of the Treasury Internal Revenue Service

File a separate application for each return. Information about Form 8868 and its instructions is at www.irs.gov/form8868.

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box [X]
If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only []

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Enter filer's identifying number, see instructions

Form fields for filer information: Name of exempt organization (United Way of Chittenden County, Inc.), Employer identification number (03-0217229), Address (412 Farrell Street, #200, South Burlington, VT 05403-4466).

Enter the Return code for the return that this application is for (file a separate application for each return) [01]

Table with 4 columns: Application Is For, Return Code, Application Is For, Return Code. Lists various forms like Form 990, Form 990-T, Form 4720, etc.

The books are in the care of Susan Pelkey Smith

Telephone No. (802) 864-7541 Fax No.

- If the organization does not have an office or place of business in the United States, check this box []
If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) []

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until Nov 15, 2016, to file the exempt organization return for the organization named above.

The extension is for the organization's return for:

- [] calendar year 20__ or
[X] tax year beginning Apr 1, 2015, and ending Mar 31, 2016.

2 If the tax year entered in line 1 is for less than 12 months, check reason: [] Initial return [] Final return [] Change in accounting period

Table with 3 columns: Description, Code, Amount. Rows for 3a (tentative tax), 3b (refundable credits), and 3c (Balance due).

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.