

PUBLIC COPY

Form **990****Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

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

2021Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.**Open to Public Inspection****A For the 2021 calendar year, or tax year beginning** 07/01/21 , **and ending** 06/30/22

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization UNITED WAY OF ADDISON COUNTY, INC.		D Employer identification number **-***1018
	Doing business as		E Telephone number 802-388-7189
	Number and street (or P.O. box if mail is not delivered to street address) P.O. BOX 555		Room/suite
	City or town, state or province, country, and ZIP or foreign postal code MIDDLEBURY VT 05753		G Gross receipts\$ 2,048,015
F Name and address of principal officer: HELENA VAN VOORST P.O. BOX 555 MIDDLEBURY VT 05753		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions	
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		H(c) Group exemption number ▶	
J Website: ▶ WWW.UNITEDWAYADDISONCOUNTY.ORG		L Year of formation: 1968 M State of legal domicile: VT	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: FOR 54 YEARS, OUR MISSION HAS BEEN TO MOBILIZE THE COMPASSION AND GENEROSITY OF INDIVIDUALS AND ORGANIZATIONS IN ADDISON COUNTY TO IMPROVE LIVES AND STRENGTHEN THE COMMUNITY.		
	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	11
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	11
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	12
	6 Total number of volunteers (estimate if necessary)	6	323
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	1,623,915	1,637,812
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	12,248	12,077
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	104,706	99,098
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,748,013	1,753,886
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	801,471	588,896
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	474,689	497,874
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 122,629		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	329,278	279,116
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	1,605,438	1,365,886	
19 Revenue less expenses. Subtract line 18 from line 12	142,575	388,000	
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)	2,095,918	2,053,478
	22 Net assets or fund balances. Subtract line 21 from line 20	375,205	149,495
		1,720,713	1,903,983

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 HELENA VAN VOORST		Date EXECUTIVE DIRECTOR	
	Type or print name and title			
Paid Preparer Use Only	Print/Type preparer's name RANDALL L. SARGENT, CPA	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN *****
	Firm's name ▶ JMM & ASSOCIATES, PC	Firm's EIN ▶ ** - *** 0081		
	Firm's address ▶ 336 WATER TOWER CIR STE 801 COLCHESTER, VT 05446	Phone no. 802-655-5665		

May the IRS discuss this return with the preparer shown above? See instructions Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2021)

DAA

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: FOR 54 YEARS, OUR MISSION HAS BEEN TO MOBILIZE THE COMPASSION AND GENEROSITY OF INDIVIDUALS AND ORGANIZATIONS IN ADDISON COUNTY TO IMPROVE LIVES AND STRENGTHEN THE COMMUNITY.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [X] Yes [] No 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 [X] 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 \$ 472,325 including grants of \$ 56,803) (Revenue \$ 474) SEE SCHEDULE O

4b (Code:) (Expenses \$ 375,777 including grants of \$ 374,698) (Revenue \$ 8,288) ORGANIZATION DEVELOPMENT ASSISTANCE: SUPPORTING THE NON-PROFIT SECTOR BY PROVIDING TECHNICAL ASSISTANCE IN AREAS SUCH AS BOARD DEVELOPMENT, STRATEGIC PLANNING AND FUNDRAISING AND RESULTS BASED ACCOUNTABILITY EFFORTS. SUPPORT ALSO INCLUDES ACTING AS FISCAL AGENT OR MANAGING FUNDING STREAMS ON BEHALF OF GRASSROOTS EFFORTS IN THE COMMUNITY: CHILD CARE CONSORTIUM, ADDISON COUNTY READERS, ADDISON COUNTY FIELD SERVICE DIRECTOR FUNDS, AND ADDISON COUNTY FOSTER CAMP FUND.

4c (Code:) (Expenses \$ 56,726 including grants of \$ 3,000) (Revenue \$ 380) VOLUNTEER PROGRAMS: THE ORGANIZATION RESUMED ITS ANNUAL DAYS OF CARING IN SEPTEMBER 2021. 226 VOLUNTEERS SAFELY PARTICIPATED IN DIRECT SERVICE ACTIVITIES, CONTRIBUTING AN ESTIMATED 1,130 HOURS VALUED AT \$33,844 IN DONATED TIME SERVED.

4d Other program services (Describe on Schedule O.) (Expenses \$ 173,185 including grants of \$ 154,395) (Revenue \$ 2,935)

4e Total program service expenses 1,078,013

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 Rev. Proc. 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 donor-restricted endowments or in 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. See instructions</i>		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
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	

Part IV Checklist of Required Schedules (continued)

		Yes	No
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? If "Yes," complete Schedule I, Parts I and III		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? If "Yes," complete Schedule J		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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24b			
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24c			
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
24d			
25a	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? If "Yes," complete Schedule L, Part 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? If "Yes," complete Schedule L, Part I		X
25b			X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II		X
26			X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
27			X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	X	
28a		X	
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		X
28b			X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV		X
28c			X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
29			X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
30			X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
31			X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
32			X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
33			X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1		X
34			X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
35a			X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
35b			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
36			X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
37			X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	X	
38		X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
1a			1
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
1b			0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
1c			

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	12		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	2b		X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a			X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	Organizations that may receive deductible contributions under section 170(c).				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a			X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	Section 501(c)(7) organizations. Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15			X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16			X
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17			

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 on 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 5 columns: Question, 1a, 1b, Yes, No. Rows 1a-9. 1a: 11, 1b: 11. 2: X, 3: X, 4: X, 5: X, 6: X, 7a: X, 7b: X, 8a: X, 8b: X, 9: X.

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

Table with 5 columns: Question, Yes, No. Rows 10a-16b. 10a: X, 10b: X, 11a: X, 11b: X, 12a: X, 12b: X, 12c: X, 13: X, 14: X, 15a: X, 15b: X, 16a: X, 16b: X.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NONE
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [X] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on 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

HELENA VAN VOORST
MIDDLEBURY

P.O. BOX 555

VT 05753

802-388-7189

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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. See the instructions for the order in which to list the persons above.

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/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(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) HELENA VAN VOORST EXECUTIVE DIRECTOR	40.00 0.00			X				80,232	0	9,489
(2) KEN STOCKMAN PRESIDENT	2.00 0.00	X		X				0	0	0
(3) BRUCE GROVE VICE PRESIDENT	2.00 0.00	X		X				0	0	0
(4) LOGAN PRICE TREASURER	2.00 0.00	X		X				0	0	0
(5) NIAL RELE SECRETARY	2.00 0.00	X		X				0	0	0
(6) BRUCE BAYLISS MEMBER AT LARGE	2.00 0.00	X						0	0	0
(7) MARIA COLLETTE DIRECTOR	2.00 0.00	X						0	0	0
(8) JON CRYSTAL DIRECTOR	2.00 0.00	X						0	0	0
(9) ANN CRUMB DIRECTOR	2.00 0.00	X						0	0	0
(10) BILL LADUE DIRECTOR	2.00 0.00	X						0	0	0
(11) BARBARA STRATTON DIRECTOR	2.00 0.00	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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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			
(12) SHANE WHALEY DIRECTOR	2.00 0.00							0	0	0
(13) SHANNON LYFORD (UNTIL APRIL 2022) DIRECTOR	2.00 0.00	X						0	0	0
.....										
.....										
.....										
.....										
.....										
.....										
.....										
.....										
.....										
1b Subtotal								80,232		9,489
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								80,232		9,489

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, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

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

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

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	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	9,990				
	d Related organizations	1d					
	e Government grants (contributions)	1e	368,970				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,258,852				
	g Noncash contributions included in lines 1a-1f	1g	\$ 22,823				
	h Total. Add lines 1a-1f		1,637,812				
	Program Service Revenue	2a PROGRAM REVENUE	Business Code 561000	12,077	12,077		
b							
c							
d							
e							
f All other program service revenue							
g Total. Add lines 2a-2f			12,077				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		39,656			39,656	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real					
		(ii) Personal					
		6a					
	b Less: rental expenses	6b					
	c Rental inc. or (loss)	6c					
	d Net rental income or (loss)						
	7a Gross amount from sales of assets other than inventory	(i) Securities	353,571				
		(ii) Other					
		7a					
		b Less: cost or other basis and sales exps.	7b	294,129			
	c Gain or (loss)	7c	59,442				
	d Net gain or (loss)		59,442	59,442			
8a Gross income from fundraising events (not including \$ 9,990 of contributions reported on line 1c). See Part IV, line 18	8a						
	b Less: direct expenses	8b					
c Net income or (loss) from fundraising events							
9a Gross income from gaming activities. See Part IV, line 19	9a						
	b Less: direct expenses	9b					
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances	10a						
	b Less: cost of goods sold	10b					
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11a OTHER INCOME	Business Code 900099	4,899			4,899	
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d		4,899				
12 Total revenue. See instructions		1,753,886	71,519	0	44,555		

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	588,896	588,896		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	92,404	61,911	24,025	6,468
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	298,607	180,611	43,383	74,613
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	9,026	1,785	7,067	174
9 Other employee benefits	69,850	17,826	50,249	1,775
10 Payroll taxes	27,987	18,976	3,181	5,830
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	9,900		9,900	
d Lobbying				
e Professional fundraising services. See Part IV, line 7				
f Investment management fees	10,757		10,757	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	32,784	30,580		2,204
12 Advertising and promotion	18,245	15,223	85	2,937
13 Office expenses	12,438	8,435	1,153	2,850
14 Information technology	19,199	10,422	1,468	7,309
15 Royalties				
16 Occupancy	53,235	34,588	8,000	10,647
17 Travel	6,758	6,676		82
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	4,805	4,755		50
20 Interest				
21 Payments to affiliates	20,134	13,082	3,026	4,026
22 Depreciation, depletion, and amortization	6,771	4,305	1,166	1,300
23 Insurance	5,882	3,822	884	1,176
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PROGRAM SUPPLIES	76,120	76,120		
b BANK FEES	2,088		900	1,188
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	1,365,886	1,078,013	165,244	122,629
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)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	52,646	1	78,565
	2 Savings and temporary cash investments	242,467	2	185,079
	3 Pledges and grants receivable, net	123,178	3	93,388
	4 Accounts receivable, net	252	4	224
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	6,165	9	5,510
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 36,517		
	b Less: accumulated depreciation	10b 14,813	28,475	10c 21,704
	11 Investments—publicly traded securities	1,380,249	11	1,450,344
	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	262,486	15	218,664
16 Total assets. Add lines 1 through 15 (must equal line 33)	2,095,918	16	2,053,478	
Liabilities	17 Accounts payable and accrued expenses	38,319	17	27,836
	18 Grants payable	242,824	18	43,252
	19 Deferred revenue	13,477	19	1,500
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	77,684	21	74,736
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		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	2,901	25	2,171
	26 Total liabilities. Add lines 17 through 25	375,205	26	149,495
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	577,269	27	690,559
	28 Net assets with donor restrictions	1,143,444	28	1,213,424
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	1,720,713	32	1,903,983	
33 Total liabilities and net assets/fund balances	2,095,918	33	2,053,478	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,753,886
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,365,886
3	Revenue less expenses. Subtract line 2 from line 1	3	388,000
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,720,713
5	Net unrealized gains (losses) on investments	5	-204,730
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 on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	1,903,983

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 on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
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 on Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A
(Form 990)

Public Charity Status and Public Support

OMB No. 1545-0047

2021

Open to Public Inspection

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

▶ **Attach to Form 990 or Form 990-EZ.**

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

Department of the Treasury
Internal Revenue Service

Name of the organization

UNITED WAY OF ADDISON COUNTY, INC.

Employer identification number

-*1018

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

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

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

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

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

Schedule A (Form 990) 2021

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

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10.

12 Gross receipts from related activities, etc. (see instructions) 12 152,927
13 First 5 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

14 Public support percentage for 2021 (line 6, column (f) divided by line 11, column (f)) 14 96.86%
15 Public support percentage from 2020 Schedule A, Part II, line 14 15 96.21%
16a 33 1/3% support test—2021. 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 [X]
b 33 1/3% support test—2020. 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
17a 10%-facts-and-circumstances test—2021. 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
b 10%-facts-and-circumstances test—2020. 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
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

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

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

Section A. Public Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support. (Add lines 9, 10c, 11, and 12.); 14 First 5 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

Table with 3 columns: Description, Amount, Percentage. Row 15: Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2020 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, Amount, Percentage. Row 17: Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2020 Schedule A, Part III, line 17 18 %

- 19a 33 1/3% support tests—2021. 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—2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
2a		
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
2b		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>		
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
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 Nov. 20, 1970 (explain in **Part VI**). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

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

Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 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 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 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—provide details in Part VI)			
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 2021 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-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2021			
a From 2016			
b From 2017			
c From 2018			
d From 2019			
e From 2020			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2021 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017			
b Excess from 2018			
c Excess from 2019			
d Excess from 2020			
e Excess from 2021			

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.)

PART II, LINE 10 - OTHER INCOME DETAIL

OTHER INCOME \$ 52,049

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

UNITED WAY OF ADDISON COUNTY, INC.

-*1018

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, aggregate value of grants, and questions about donor informed status.

Part II Conservation Easements.

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

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

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 III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange program
- e Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

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

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,155,254	819,347	896,994	883,595	778,825
b Contributions	4,800	68,500	3,600	4,464	90,562
c Net investment earnings, gains, and losses	-122,488	303,108	-47,202	54,740	40,240
d Grants or scholarships					
e Other expenditures for facilities and programs		35,701	34,045	45,805	26,032
f Administrative expenses					
g End of year balance	1,037,566	1,155,254	819,347	896,994	883,595

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

- a Board designated or quasi-endowment ▶ 50.80 %
- b Permanent endowment ▶ 42.11 %
- c Term endowment ▶ 7.09 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) Unrelated organizations	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(ii) Related organizations	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	<input type="checkbox"/>	<input type="checkbox"/>

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		18,326	7,724	10,602
c Leasehold improvements				
d Equipment		18,191	7,089	11,102
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				21,704

Part VII Investments – Other Securities.

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

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

Part VIII Investments – Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) BENEFICIAL INTEREST IN VT COMMUNITY	169,570
(2) BENEFICIAL INTEREST - FISCAL AGENT	49,094
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	218,664

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ANNUITY PAYABLE	2,171
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	2,171

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 FASB 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	1,394,944
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains (losses) on investments	2a	-204,730	
	b Donated services and use of facilities	2b	10,940	
	c Recoveries of prior year grants	2c		
	d Other (Describe in Part XIII.)	2d		
	e Add lines 2a through 2d	2e	-193,790	
3	Subtract line 2e from line 1		3	1,588,734
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a	10,757	
	b Other (Describe in Part XIII.)	4b	154,395	
	c Add lines 4a and 4b	4c	165,152	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	1,753,886

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

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

1	Total expenses and losses per audited financial statements		1	1,211,674
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	a Donated services and use of facilities	2a	10,940	
	b Prior year adjustments	2b		
	c Other losses	2c		
	d Other (Describe in Part XIII.)	2d		
	e Add lines 2a through 2d	2e	10,940	
3	Subtract line 2e from line 1		3	1,200,734
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a	10,757	
	b Other (Describe in Part XIII.)	4b	154,395	
	c Add lines 4a and 4b	4c	165,152	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	1,365,886

Part XIII Supplemental Information.

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

PART V, LINE 4 - INTENDED USES FOR ENDOWMENT FUNDS

INCOME FROM ENDOWMENT FUNDS IS INTENDED TO BE USED TO SUPPORT COMMUNITY PROGRAM SERVICES.

PART X - FIN 48 FOOTNOTE

THE ORGANIZATION BELIEVES THAT 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.

PART XI, LINE 4B - REVENUE AMOUNTS INCLUDED ON RETURN - OTHER

DONOR DESIGNATED GIFTS \$ 154,395

Part XIII Supplemental Information *(continued)*

PART XII, LINE 4B - EXPENSE AMOUNTS INCLUDED ON RETURN - OTHER

DONOR DESIGNATED GIFTS \$ 154,395

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for the latest information.**

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization

UNITED WAY OF ADDISON COUNTY, INC.

Employer identification number

-*1018

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	CHARTER HOUSE COALITION P.O. BOX 344 EAST MIDDLEBURY VT 05740	**--***1802	501C3	8,134				HOUSING & COVID
(2)	COUNSELING SERVICE OF ADDISON CTY 89 MAIN STREET MIDDLEBURY VT 05753	**--***2396	501C3	7,182				HOUSING & FOSTER
(3)	OTTER CREEK CHILD CENTER, INC. 150 WEYBRIDGE STREET MIDDLEBURY VT 05753	**--***4467	501C3	374,698				CHILD CARE
(4)	UNITED WAYS OF VERMONT P.O. BOX 111 ESSEX JUNCTION VT 05452	**--***2082	501C3	14,549				VT 211 SUPPORT
(5)	WOMENSAFE P.O. BOX 111 MIDDLEBURY VT 05753	**--***1518	501C3	9,040				HOUSING & COVID
(6)								
(7)								
(8)								
(9)								

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 5
- 3** Enter total number of other organizations listed in the line 1 table ▶

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

Schedule I (Form 990) (2021)

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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash 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.

SEE SCHEDULE I SUPPLEMENTAL INFORMATION WORKSHEET

Supplemental Information

SCHEDULE I (Form 990)

For calendar year 2021, or tax year beginning 07/01/21, and ending 06/30/22

2021

Name of the organization

UNITED WAY OF ADDISON COUNTY, INC.

Employer identification number

** - ***1018

PART I, LINE 2 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS
EACH ORGANIZATION IS REQUIRED TO SUBMIT AN ANNUAL REPORT TO UWAC DESCRIBING
THE USE OF FUNDS USING A RESULTS BASED ACCOUNTABILITY FORMAT.

PART IV - ADDITIONAL INFORMATION
IN FY22, THE ORGANIZATION ELECTED TO REALIGN ITS COMMUNITY IMPACT FUNDING
CYCLE WITH ITS ANNUAL FISCAL YEAR THAT STARTS JULY 1. IN ACCORDANCE WITH
GENERALLY ACCEPTED ACCOUNTING PRINCIPLES, THIS REQUIRED THE ORGANIZATION'S
ANNUAL COMMUNITY IMPACT FUNDING EXPENSE OF \$303,063 TO BE BOOKED TO THE
FIRST QUARTER OF FY23 RATHER THAN TO THE FOURTH QUARTER OF FY22, LIKE WOULD
OCCUR IN PREVIOUS YEARS. AS A RESULT, COMMUNITY IMPACT FUNDING ACCRUALS
OVER \$5,000 DO NOT APPEAR IN THIS YEAR'S SCHEDULE I EVEN THOUGH THE
ORGANIZATION'S 31 FUNDED PARTNER AGENCIES CONTINUED TO RECEIVE COMMUNITY
IMPACT FUNDING CASH PAYMENTS THROUGHOUT FY22 AND INTO FY23 LIKE NORMAL.

SCHEDULE L (Form 990)

Transactions With Interested Persons

OMB No. 1545-0047

2021

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

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

Open To Public Inspection

Name of the organization

UNITED WAY OF ADDISON COUNTY, INC.

Employer identification number

-*1018

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

Table with 4 main columns: (a) Name of disqualified person, (b) Relationship between disqualified person and organization, (c) Description of transaction, (d) Corrected? (Yes/No). Rows 1-6.

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 \$
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization \$

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

Table with 9 main columns: (a) Name of interested person, (b) Relationship with organization, (c) Purpose of loan, (d) Loan to or from the org? (To/From), (e) Original principal amount, (f) Balance due, (g) In default? (Yes/No), (h) Approved by board or committee? (Yes/No), (i) Written agreement? (Yes/No). Rows 1-10.

Total \$

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

Table with 5 main columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of assistance, (d) Type of assistance, (e) Purpose of assistance. Rows 1-10.

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of org. revenues?	
				Yes	No
(1) MIDDLEBURY FITNESS	PRIOR BOARD MEM	49,662	OFFICE RENT		X
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information.

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

SCHEDULE L, PART V - ADDITIONAL INFORMATION

UWAC ENTERED INTO A LEASE AGREEMENT FOR A NEW OFFICE SPACE. ONE OF THE TWO LESSORS OF THE NEW OFFICE LOCATION WAS THE FORMER BOARD CHAIR.

LEGAL COUNSEL WAS USED BY ALL PARTIES TO REACH AN INDEPENDENT AGREEMENT CONSISTENT WITH THE FAIR MARKET VALUE OF THE LEASE. THE BOARD CHAIR ABSTAINED FROM ALL BOARD DISCUSSION AND BOARD VOTES THROUGHOUT THE PROCESS OF INITIATING THE LEASE.

**SCHEDULE O
(Form 990)****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.**2021**Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

**Open to Public
Inspection**▶ Go to www.irs.gov/Form990 for the latest information.

Name of the organization

UNITED WAY OF ADDISON COUNTY, INC.

Employer identification number

-*1018

FORM 990, PART III, LINE 2

AT THE START OF FY22, UWAC RECEIVED \$15,000 FROM A LOCAL FAITH-BASED ORGANIZATION TO BEGIN AN INITIATIVE TO STRENGTHEN HOUSING SECURITY FOR VULNERABLE RESIDENTS IN ADDISON COUNTY. AN ANONYMOUS GIFT FROM A LOCAL DONOR ADDED \$20,000 TO THE FUND, WITH AN ADDITIONAL \$60,000 TO BE USED FOR THESE EFFORTS AT A RATE OF \$15,000/YEAR FOR THE NEXT FOUR FISCAL YEARS. A COLLABORATION HAS BEEN ESTABLISHED WITH A FEW OF OUR FUNDED COMMUNITY PARTNERS WHO DEAL DIRECTLY WITH HOUSING AND ECONOMIC SECURITY ISSUES FOR AREA RESIDENTS WHO HAVE EITHER BECOME HOMELESS OR ARE IN DANGER OF IT. CASE MANAGERS FOR THESE PARTNER AGENCIES WORK WITH VULNERABLE INDIVIDUALS, AND THIS SPECIAL POT OF HOUSING FUNDS IS USED TO HELP ALLEVIATE ECONOMIC SHORTFALLS THAT CAN'T BE REMEDIED BY ANY OTHER SOURCE OF FUNDING. THIS COLLABORATION MEETS AS A GROUP AT LEAST ONCE A MONTH TO DISCUSS VARIOUS FUNDING REQUESTS (WHILE MAINTAINING CONFIDENTIALITY) FOR APPROVAL. UPON APPROVAL BY THE GROUP, CASE MANAGERS THEN FILE THE APPROPRIATE REIMBURSEMENT PAPERWORK WITH UWAC AFTER THEIR ORGANIZATION HAS INITIATED THIRD PARTY PAYMENT FOR ITEMS SUCH AS BACK RENT, SECURITY DEPOSITS, OVERDUE UTILITY BILLS, AND EMERGENCY MOTEL HOUSING.

FORM 990, PART III, LINE 4A - FIRST ACCOMPLISHMENT

COMMUNITY LEADERSHIP & INITIATIVES: THIS PROGRAM INCLUDES INITIATIVES THAT ARE DEVELOPED AND LED BY UWAC TO BRING COLLABORATIVE PROGRAMMING TO MEET UNMET OR UNDER-MET NEEDS IN THE COMMUNITY THAT ALIGN WITH OUR IMPACT AREAS:

1. HEALTH (& EDUCATION) - THE ORGANIZATION CONTINUED ITS TWO MULTI-YEAR FEDERAL SUBSTANCE ABUSE PREVENTION GRANTS. THE FIRST OF WHICH IS NAMED THE

Name of the organization

Employer identification number

UNITED WAY OF ADDISON COUNTY, INC.

-*1018

PARTNERS FOR SUCCESS (PFS) GRANT, AND THE SECOND IS THE DRUG FREE COMMUNITIES (DFC) GRANT. PARTNERS FOR SUCCESS FUNDING IS USED TO INFORM AND EDUCATE YOUTH POPULATIONS ABOUT THE DANGERS OF UNDERAGE SUBSTANCE USE, EMPOWERING YOUTH TO MAKE INFORMED DECISIONS ABOUT THEIR HEALTH AND WELLBEING. PROVIDING YOUTH LEADERSHIP OPPORTUNITIES AND INCREASING YOUTH PROTECTIVE FACTORS THROUGH EDUCATION, SPECIAL TRAININGS, EVIDENCE BASED PROGRAMMING, AND POLICY CHANGE ARE KEY OBJECTIVES OF THE NEW PFS INITIATIVE. PFS GRANT YEAR 3 FUNDING TOTALS \$278,889, AND OVERLAPS FISCAL YEARS 2022 AND 2023. DRUG FREE COMMUNITIES FUNDING IS USED TO INFORM AND EDUCATE PARENTS AND ADULT POPULATIONS ABOUT THE DANGERS OF UNDERAGE SUBSTANCE USE, EMPOWERING THEM TO MORE EFFECTIVELY INFLUENCE AND GUIDE YOUTH INTO BETTER DECISION-MAKING AND AN INCREASED LIKELIHOOD OF POSITIVE OUTCOMES. MEDIA CAMPAIGNS, EVENTS, SPECIAL TRAININGS, AND POLICY CHANGE ARE THE MAIN STRATEGIES TO ACHIEVE THESE GOALS UNDER THE NEW DFC INITIATIVE. DFC GRANT YEAR 3 FUNDING TOTALS \$125,000, AND ALSO OVERLAPS FISCAL YEARS 2022 AND 2023.

2. EDUCATION - THE ORGANIZATION PURCHASED 494 BACKPACKS WITH SCHOOL SUPPLIES FOR DISTRIBUTION AT PARTNER SITES IN ADDISON COUNTY FOR LOCAL KINDERGARTEN, ELEMENTARY, AND SECONDARY SCHOOL STUDENTS.

3. FINANCIAL STABILITY - THE ORGANIZATION MADE AN ADDITIONAL \$9,400 IN EMERGENCY MINI-GRANTS TO ADDISON COUNTY NONPROFIT PARTNERS TO HELP MITIGATE VARIOUS PANDEMIC RELATED NECESSITIES IN THE FACE OF DECREASED COMMUNITY FUNDING. THE ORGANIZATION ALSO RECEIVED TWO COMMUNITY GIFTS TOTALING \$35,000 TO HELP LAUNCH A FUND USED TO ASSIST ADDISON COUNTY RESIDENTS WHO HAVE EITHER EXPERIENCED HOMELESSNESS OR ARE IN IMMEDIATE RISK OF IT. A COMMUNITY COLLABORATION WAS FORMED WITH OUR PARTNER AGENCIES WHO OFFER DIRECT SERVICES TO THESE AT-RISK INDIVIDUALS. THIS COLLABORATION MEETS AS A

Name of the organization

Employer identification number

UNITED WAY OF ADDISON COUNTY, INC.

-*1018

GROUP AT LEAST MONTHLY TO CONFIDENTIALLY DISCUSS VARIOUS FUNDING REQUESTS FOR APPROVAL. UPON APPROVAL BY THE GROUP, CASE MANAGERS THEN FILE THE APPROPRIATE REIMBURSEMENT PAPERWORK WITH UWAC AFTER THEIR ORGANIZATION HAS INITIATED THIRD-PARTY PAYMENTS FOR ITEMS SUCH AS BACK RENT, SECURITY DEPOSITS, OVERDUE UTILITY BILLS, AND EMERGENCY MOTEL HOUSING. THIS FUNDING IS SPECIFICALLY TARGETED AT REQUESTS THAT ARE OTHERWISE INELIGIBLE FOR ANY OTHER FEDERAL, STATE, OR LOCAL FINANCIAL ASSISTANCE.

FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENTS
FUNDING & AGENCY RELATIONS: SUPPORT THE COMMUNITY THROUGH THE COMMUNITY IMPACT FUNDING PROCESS AND OTHER GRANTS. THIS INCLUDES EFFORTS TO DEVELOP AND DEEPEN RELATIONSHIPS WITH FUNDED PARTNERS (SUCH AS OUTCOME MEASUREMENT TRAININGS AND SITE VISITS) AND EFFORTS TO SUPPORT THE COMMUNITY IMPACT VOLUNTEERS AS THEY LEARN ABOUT COMMUNITY ISSUES, THE SYSTEMS MEETING THOSE NEEDS, AND MAKING GRANT FUNDING DECISIONS. FUNDING ALIGNS WITH OUR COMMUNITY IMPACT AREAS AS FOLLOWS: (1) HEALTH AND INDEPENDENT LIVING - FUNDED 15 PROGRAMS FOR \$102,460. (2) LIFE-LONG LEARNING - FUNDED 11 PROGRAMS FOR \$94,433. (3) IMMEDIATE NEEDS & FINANCIAL STABILITY - FUNDED 8 PROGRAMS FOR \$121,335.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990
THE 990 DRAFT IS IMMEDIATELY PROVIDED TO THE BOARD TREASURER AND FINANCE COMMITTEE FOR REVIEW. THEN THE DRAFT IS DISTRIBUTED TO ALL REMAINING BOARD MEMBERS FOR THEIR REVIEW AND FOR DISCUSSION AT THE NEXT BOARD MEETING WHERE IT IS DISCUSSED AND ITS APPROVAL SUBJECT TO VOTE.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

Name of the organization

Employer identification number

UNITED WAY OF ADDISON COUNTY, INC.

-*1018

CONFLICT OF INTEREST DISCLOSURES ARE UPDATED ANNUALLY. ANY CONFLICTS OF INTEREST WITH STAFF ARE BROUGHT TO THE IMMEDIATE ATTENTION OF THE BOARD OF DIRECTORS. ANY CONFLICTS OF INTEREST AMONG BOARD MEMBERS ARE BROUGHT TO THE IMMEDIATE ATTENTION OF THE REMAINING BOARD MEMBERS. ANY BOARD MEMBER WITH A CONFLICT OF INTEREST REMOVES HIMSELF OR HERSELF FROM THE BOARD DISCUSSION AND VOTE ON THE MATTER IN QUESTION.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL
 THE EXECUTIVE DIRECTOR'S COMPENSATION IS SUBJECT TO ANNUAL REVIEW BY THE EXECUTIVE COMMITTEE AND IS DETERMINED BY BOARD APPROVAL WHICH IS THEN DOCUMENTED WITHIN THE EXECUTIVE DIRECTOR'S EMPLOYEE FILE. SOME BASELINES THAT ARE CONSIDERED ARE COMPARISONS TO SIMILARLY SIZED UNITED WAYS, LOCAL NONPROFITS, AND QUALITY OF WORK.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION
 THE AUDITED FINANCIAL STATEMENTS ARE AVAILABLE FOR INSPECTION ON OUR WEBSITE. OUR GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE ALSO AVAILABLE UPON REQUEST BY VISITING OR CONTACTING OUR OFFICE.

FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION

DONOR DESIGNATED GIFTS	\$ -154,395
DONOR DESIGNATED GIFTS	\$ 154,395

Form **4562**
Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)

OMB No. 1545-0172

2021

Attachment Sequence No. **179**

▶ Attach to your tax return.

▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

Name(s) shown on return

UNITED WAY OF ADDISON COUNTY, INC.

Identifying number

-*1018

Business or activity to which this form relates

INDIRECT DEPRECIATION

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,050,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,620,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2020 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2022. Add lines 9 and 10, less line 12	▶ 13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	6,770

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2021	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here	▶ <input type="checkbox"/>	

Section B—Assets Placed in Service During 2021 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property					
b	5-year property					
c	7-year property					
d	10-year property					
e	15-year property					
f	20-year property					
g	25-year property		25 yrs.		S/L	
h	Residential rental property		27.5 yrs.	MM	S/L	
i	Nonresidential real property		39 yrs.	MM	S/L	

Section C—Assets Placed in Service During 2021 Tax Year Using the Alternative Depreciation System

20a	Class life				S/L	
b	12-year		12 yrs.		S/L	
c	30-year		30 yrs.	MM	S/L	
d	40-year		40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	6,770
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	▶ 23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2021)

DAA

THERE ARE NO AMOUNTS FOR PAGE 2

_*1018

Federal Asset Report

FYE: 6/30/2022

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
Other Depreciation:									
34	Refridgerator - Kenmore	11/17/16	550			550	15 MO S/L	168	37
35	Dell Latitude Laptop - Jesse	6/23/17	679			679	3 MO S/L	679	0
	Sold/Scrapped: 6/30/22								
36	Folding Machine	8/01/17	740			740	5 MO S/L	580	148
38	Wall, windows, and barn door	3/07/20	5,900			5,900	5 MO S/L	1,573	1,180
39	Wall	6/30/20	12,426			12,426	5 MO S/L	2,485	2,485
40	Phone office installation	3/30/20	4,967			4,967	5 MO S/L	1,242	993
41	Data cabling	3/30/20	2,800			2,800	5 MO S/L	700	560
42	Equipment and install for new phone system	6/18/20	1,108			1,108	5 MO S/L	222	221
43	Five Office Chairs	7/02/20	1,838			1,838	7 MO S/L	263	262
44	26 Upholstered Chairs	7/30/20	6,188			6,188	7 MO S/L	810	884
	Total Other Depreciation		<u>37,196</u>			<u>37,196</u>		<u>8,722</u>	<u>6,770</u>
	Total ACRS and Other Depreciation		<u>37,196</u>			<u>37,196</u>		<u>8,722</u>	<u>6,770</u>
	Grand Totals		37,196			37,196		8,722	6,770
	Less: Dispositions and Transfers		679			679		679	0
	Less: Start-up/Org Expense		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
	Net Grand Totals		<u>36,517</u>			<u>36,517</u>		<u>8,043</u>	<u>6,770</u>

_*1018

AMT Asset Report

FYE: 6/30/2022

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv	Meth	Prior	Current
Other Depreciation:										
34	Refridgerator - Kenmore	11/17/16	550			550	15	MO S/L	168	37
35	Dell Latitude Laptop - Jesse	6/23/17	679			679	3	MO S/L	679	0
	Sold/Scrapped: 6/30/22									
36	Folding Machine	8/01/17	740			740	5	MO S/L	580	148
38	Wall, windows, and barn door	3/07/20	5,900			5,900	5	MO S/L	1,573	1,180
39	Wall	6/30/20	12,426			12,426	5	MO S/L	2,485	2,485
40	Phone office installation	3/30/20	4,967			4,967	5	MO S/L	1,242	993
41	Data cabling	3/30/20	2,800			2,800	5	MO S/L	700	560
42	Equipment and install for new phone system	6/18/20	1,108			1,108	5	MO S/L	222	221
43	Five Office Chairs	7/02/20	0			0	0	HY	0	0
44	26 Upholstered Chairs	7/30/20	0			0	0	HY	0	0
	Total Other Depreciation		<u>29,170</u>			<u>29,170</u>			<u>7,649</u>	<u>5,624</u>
	Total ACRS and Other Depreciation		<u>29,170</u>			<u>29,170</u>			<u>7,649</u>	<u>5,624</u>
	Grand Totals		29,170			29,170			7,649	5,624
	Less: Dispositions and Transfers		<u>679</u>			<u>679</u>			<u>679</u>	<u>0</u>
	Net Grand Totals		<u>28,491</u>			<u>28,491</u>			<u>6,970</u>	<u>5,624</u>

_*1018

Depreciation Adjustment Report

FYE: 6/30/2022

All Business Activities

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
There are no assets that meet the criteria of this report						

_*1018

Future Depreciation Report FYE: 6/30/23

FYE: 6/30/2022

Form 990, Page 1

Asset	Description	Date In Service	Cost	Tax	AMT
Other Depreciation:					
34	Refridgerator - Kenmore	11/17/16	550	36	36
36	Folding Machine	8/01/17	740	12	12
38	Wall, windows, and barn door	3/07/20	5,900	1,180	1,180
39	Wall	6/30/20	12,426	2,486	2,486
40	Phone office installation	3/30/20	4,967	994	994
41	Data cabling	3/30/20	2,800	560	560
42	Equipment and install for new phone system	6/18/20	1,108	222	222
43	Five Office Chairs	7/02/20	1,838	263	0
44	26 Upholstered Chairs	7/30/20	6,188	884	0
	Total Other Depreciation		<u>36,517</u>	<u>6,637</u>	<u>5,490</u>
	Total ACRS and Other Depreciation		<u>36,517</u>	<u>6,637</u>	<u>5,490</u>
	Grand Totals		<u>36,517</u>	<u>6,637</u>	<u>5,490</u>

Form 990	Two Year Comparison Report	2020 & 2021
For calendar year 2021, or tax year beginning 07/01/21, ending 06/30/22		

Name

Taxpayer Identification Number

UNITED WAY OF ADDISON COUNTY, INC.

-*1018

		2020	2021	Differences
Revenue	1. Contributions, gifts, grants	1,124,547	1,268,842	144,295
	2. Membership dues and assessments			
	3. Government contributions and grants	499,368	368,970	-130,398
	4. Program service revenue	12,248	12,077	-171
	5. Investment income	35,144	39,656	4,512
	6. Proceeds from tax exempt bonds			
	7. Net gain or (loss) from sale of assets other than inventory	69,562	59,442	-10,120
	8. Net income or (loss) from fundraising events			
	9. Net income or (loss) from gaming			
	10. Net gain or (loss) on sales of inventory			
	11. Other revenue	7,144	4,899	-2,245
	12. Total revenue. Add lines 1 through 11	1,748,013	1,753,886	5,873
Expenses	13. Grants and similar amounts paid	801,471	588,896	-212,575
	14. Benefits paid to or for members			
	15. Compensation of officers, directors, trustees, etc.	85,873	92,404	6,531
	16. Salaries, other compensation, and employee benefits	388,816	405,470	16,654
	17. Professional fundraising fees			
	18. Other professional fees	89,754	53,441	-36,313
	19. Occupancy, rent, utilities, and maintenance	53,263	53,235	-28
	20. Depreciation and Depletion	7,247	6,771	-476
	21. Other expenses	179,014	165,669	-13,345
	22. Total expenses. Add lines 13 through 21	1,605,438	1,365,886	-239,552
	23. Excess or (Deficit). Subtract line 22 from line 12	142,575	388,000	245,425
Other Information	24. Total exempt revenue	1,748,013	1,753,886	5,873
	25. Total unrelated revenue			
	26. Total excludable revenue	124,098	116,074	-8,024
	27. Total assets	2,095,918	2,053,478	-42,440
	28. Total liabilities	375,206	149,495	-225,711
	29. Retained earnings	1,720,712	1,903,983	183,271
	30. Number of voting members of governing body	15	11	
31. Number of independent voting members of governing body	14	11		
32. Number of employees	13	12		
33. Number of volunteers	190	323		

Form 990	Tax Return History	2021
-----------------	---------------------------	-------------

Name UNITED WAY OF ADDISON COUNTY, INC.	Employer Identification Number **-***1018
--	--

	2017	2018	2019	2020	2021	2022
Contributions, gifts, grants	1,317,337	1,178,620	1,634,718	1,623,915	1,637,812	
Membership dues						
Program service revenue	42,630	46,602	43,673	12,248	12,077	
Capital gain or loss	35,886	41,489	18,626	69,562	59,442	
Investment income	36,981	39,136	37,119	35,144	39,656	
Fundraising revenue (income/loss)						
Gaming revenue (income/loss)						
Other revenue	23,523	10,581	5,902	7,144	4,899	
Total revenue	1,456,357	1,316,428	1,740,038	1,748,013	1,753,886	
Grants and similar amounts paid	781,908	781,703	1,057,684	801,471	588,896	
Benefits paid to or for members						
Compensation of officers, etc.	104,175	80,355	80,481	85,873	92,404	
Other compensation	217,293	288,945	378,612	388,816	405,470	
Professional fees	55,851	55,772	35,596	89,754	53,441	
Occupancy costs	15,330	9,706	25,295	53,263	53,235	
Depreciation and depletion	7,186	7,357	8,941	7,247	6,771	
Other expenses	151,189	177,372	161,916	179,014	165,669	
Total expenses	1,332,932	1,401,210	1,748,525	1,605,438	1,365,886	
Excess or (Deficit)	123,425	-84,782	-8,487	142,575	388,000	
Total exempt revenue	1,456,357	1,316,428	1,740,038	1,748,013	1,753,886	
Total unrelated revenue						
Total excludable revenue	139,020	137,808	105,320	124,098	116,074	
Total Assets	1,900,708	1,802,564	2,035,758	2,095,918	2,053,478	
Total Liabilities	415,220	396,090	725,733	375,206	149,495	
Net Fund Balances	1,485,488	1,406,474	1,310,025	1,720,712	1,903,983	

Form 990T	Tax Return History	2021
------------------	---------------------------	-------------

Name UNITED WAY OF ADDISON COUNTY, INC.	Employer Identification Number **-***1018
---	---

* Income shown net of expenses

	2017	2018	2019	2020	2021	2022
Business activity profit/loss						
Capital gains/losses						
Partner and S Corp gain/loss						
Rental income*						
Debt-financed income*						
Controlled organizations income/interest*						
Investment income, specific organizations*						
Exploited exempt activity income*						
Other income						
Total trade or business income.						
Compensation of officers, ect.						
Other salaries and wages						
Repairs and maintenance						
Bad debts						
Interest						
Taxes and licenses						
Charitable contributions						
Depreciation and Depletion						
Deferred compensation plans						
Employee benefit programs						

Form 990T	Tax Return History	2021
------------------	---------------------------	-------------

Name UNITED WAY OF ADDISON COUNTY, INC.	Employer Identification Number ** - *** 1018
---	--

	2017	2018	2019	2020	2021	2022
Other deductions						
Net income (first activity, year 2019 & prior)						
UBTI from all trades	0	0	0	0	0	
Charitable contributions						
Net operating loss deduction						
Specific deduction		1,000			1,000	
Section 199A deduction (trusts)						
Income after deductions						
Income tax (corporate or trust)						
Other taxes						
Total taxes						
General business credit						
Other credits						
Net tax after credits						
Estimated tax payments						
Other payments		103				
Balance due/Overpayment		-103				

_*1018

Federal Statements

FYE: 6/30/2022

Taxable Interest on Investments

<u>Description</u>	<u>Amount</u>	<u>Unrelated</u>	<u>Exclusion</u>	<u>Postal</u>	<u>Acquired after</u>	<u>US</u>
		<u>Business</u>	<u>Code</u>	<u>Code</u>	<u>6/30/75</u>	<u>Obs (\$ or %)</u>
INTEREST & DIVIDENDS	\$ 39,656					
			14			
TOTAL	<u>\$ 39,656</u>					

_*1018

Federal Statements

FYE: 6/30/2022

Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Management & General</u>	<u>Fund Raising</u>
PROFESSIONAL FEES - CL & I	\$ 27,918	\$ 27,918	\$	\$
PROFESSIONAL FEES - ORG DEV	60	60		
PROFESSIONAL FEES - VOL PROG	2,162	2,162		
PROFESSIONAL FEES - F&A REL	2,644	440		2,204
TOTAL	<u>\$ 32,784</u>	<u>\$ 30,580</u>	<u>\$ 0</u>	<u>\$ 2,204</u>