

Form **990**
 Department of the Treasury
 Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047
2019
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 07-01-2019, and ending 06-30-2020

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	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">C Name of organization UNITED WAY OF ALLEN COUNTY INC</td> <td rowspan="2">D Employer identification number 35-0867932</td> </tr> <tr> <td colspan="2">Doing business as</td> </tr> <tr> <td>Number and street (or P.O. box if mail is not delivered to street address) 334 EAST BERRY STREET</td> <td>Room/suite</td> <td rowspan="2">E Telephone number (260) 422-4776</td> </tr> <tr> <td colspan="2">City or town, state or province, country, and ZIP or foreign postal code FORT WAYNE, IN 46860</td> </tr> </table>	C Name of organization UNITED WAY OF ALLEN COUNTY INC		D Employer identification number 35-0867932	Doing business as		Number and street (or P.O. box if mail is not delivered to street address) 334 EAST BERRY STREET	Room/suite	E Telephone number (260) 422-4776	City or town, state or province, country, and ZIP or foreign postal code FORT WAYNE, IN 46860		G Gross receipts \$ 7,108,172
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F Name and address of principal officer: MATTHEW PURKEY 334 EAST BERRY STREET FORT WAYNE, IN 46802		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶										
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527												
J Website: ▶ WWW.UNITEDWAYALLENCOUNTY.ORG												
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1962 M State of legal domicile: IN										

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: UNITED WAY OF ALLEN COUNTY REDUCES BARRIERS FACING FAMILIES THAT ARE WORKING HARD BUT STRUGGLING TO SURVIVE BY PARTICIPATING IN EMERGENCY RELIEF FUND - COVID-19, AGENCY INVESTMENTS, AND VOLUNTEERISM																																											
Revenue	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 28 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 27 5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 38 6 Total number of volunteers (estimate if necessary) 6 2,260 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 7b Net unrelated business taxable income from Form 990-T, line 39 7b																																											
Expenses	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Prior Year</th> <th style="text-align: center;">Current Year</th> </tr> </thead> <tbody> <tr> <td>8 Contributions and grants (Part VIII, line 1h)</td> <td style="text-align: right;">4,603,264</td> <td style="text-align: right;">6,390,615</td> </tr> <tr> <td>9 Program service revenue (Part VIII, line 2g)</td> <td></td> <td style="text-align: right;">0</td> </tr> <tr> <td>10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)</td> <td style="text-align: right;">134,872</td> <td style="text-align: right;">20,409</td> </tr> <tr> <td>11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</td> <td style="text-align: right;">284,466</td> <td style="text-align: right;">58,195</td> </tr> <tr> <td>12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)</td> <td style="text-align: right;">5,022,602</td> <td style="text-align: right;">6,469,219</td> </tr> <tr> <td>13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)</td> <td style="text-align: right;">2,570,880</td> <td style="text-align: right;">3,704,552</td> </tr> <tr> <td>14 Benefits paid to or for members (Part IX, column (A), line 4)</td> <td></td> <td style="text-align: right;">0</td> </tr> <tr> <td>15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)</td> <td style="text-align: right;">1,321,873</td> <td style="text-align: right;">1,320,982</td> </tr> <tr> <td>16a Professional fundraising fees (Part IX, column (A), line 11e)</td> <td></td> <td style="text-align: right;">0</td> </tr> <tr> <td>b Total fundraising expenses (Part IX, column (D), line 25) ▶ 731,488</td> <td></td> <td></td> </tr> <tr> <td>17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)</td> <td style="text-align: right;">1,117,096</td> <td style="text-align: right;">861,177</td> </tr> <tr> <td>18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)</td> <td style="text-align: right;">5,009,849</td> <td style="text-align: right;">5,886,711</td> </tr> <tr> <td>19 Revenue less expenses. Subtract line 18 from line 12</td> <td style="text-align: right;">12,753</td> <td style="text-align: right;">582,508</td> </tr> </tbody> </table>		Prior Year	Current Year	8 Contributions and grants (Part VIII, line 1h)	4,603,264	6,390,615	9 Program service revenue (Part VIII, line 2g)		0	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	134,872	20,409	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	284,466	58,195	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,022,602	6,469,219	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	2,570,880	3,704,552	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)	1,321,873	1,320,982	16a Professional fundraising fees (Part IX, column (A), line 11e)		0	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 731,488			17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,117,096	861,177	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	5,009,849	5,886,711	19 Revenue less expenses. Subtract line 18 from line 12	12,753	582,508	
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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	2020-11-02 Date
	MATTHEW PURKEY PRESIDENT & CEO Type or print name and title	
Paid Preparer Use Only	Print/Type preparer's name Preparer's signature Date 2020-11-13 Check <input type="checkbox"/> if self-employed PTIN P00691953	Firm's name ▶ HAINES ISENBARGER & SKIBA LLC Firm's EIN ▶ 52-2127371 Firm's address ▶ 4630 W JEFFERSON BLVD 8 FORT WAYNE, IN 46804 Phone no. (260) 436-9500

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

TO UNITE OUR COMMUNITY'S TIME, TALENT, AND TREASURE TO CULTIVATE AND ADVANCE COMMUNITY SOLUTIONS THAT ADDRESS THE MOST CRITICAL ISSUES AROUND BASIC NEEDS, EDUCATION, FINANCIAL STABILITY AND HEALTHY LIVES.

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

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

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

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

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

4a (Code:) (Expenses \$ 1,955,379 including grants of \$ 1,448,498) (Revenue \$)
See Additional Data

4b (Code:) (Expenses \$ 1,374,444 including grants of \$ 1,329,217) (Revenue \$)
See Additional Data

4c (Code:) (Expenses \$ 707,858 including grants of \$ 707,858) (Revenue \$)
See Additional Data

(Code:) (Expenses \$ 940,311 including grants of \$ 218,979) (Revenue \$)
COMMUNITY COLLABORATIONS: UNITED WAY OF ALLEN COUNTY INVESTS IN NUMEROUS COLLABORATIVE EFFORTS THAT CONVENE MULTIPLE PARTNERS TO ADDRESS CONCERNS IN THE COMMUNITY IN A TWO-GENERATIONAL APPROACH THROUGH OUR IMPACT AREAS OF CHILDHOOD SUCCESS, YOUTH SUCCESS, ADULT SUCCESS AND SAFETY NET SERVICES THROUGH COMMUNITY-BASED SOLUTIONS. --DAY OF CARING: FOR OUR 26TH ANNUAL UNITED WAY DAY OF CARING, OVER 1600 VOLUNTEERS, CONTRIBUTING OVER 9,600 VOLUNTEER HOURS, COMPLETED OVER 91 PROJECTS. UNITED WAY WORKS TOGETHER WITH AGENCIES AND VOLUNTEERS TO MEET THE NEEDS OF OUR COMMUNITY, MAKING ALLEN COUNTY A BETTER PLACE TO LIVE AND WORK. PROJECTS SUBMITTED FOR DAY OF CARING ARE COMPLETED IN ONE DAY AND GENERALLY CONSIST OF CLEANING, LANDSCAPING, PAINTING AND OTHER GENERAL MAINTENANCE. PROJECTS TAKE PLACE AT NON-PROFIT AGENCIES, SCHOOLS OR PRIVATE RESIDENCES COORDINATED BY NEIGHBORLINK. --KINDERGARTEN COUNTDOWN: KINDERGARTEN COUNTDOWN COMPLETED ITS SEVENTH YEAR WHERE 126 CHILDREN ATTENDED CLASSES IN THE SCHOOLS THEY WILL BE ATTENDING IN THE FALL. THE PROGRAM OPERATES IN TWO PUBLIC SCHOOL DISTRICTS AND EMPHASIZES CLASSROOM SKILLS LIKE RAISING HANDS AND LINING UP QUIETLY AS WELL AS STRENGTHENING THE LITERACY SKILLS THAT ARE NECESSARY TO LEARN TO READ. THIS YEAR'S STUDENTS SHOWED A 16 PERCENT INCREASE IN BASIC LITERACY SKILLS AND A 18 PERCENT INCREASE IN SOCIAL EMOTIONAL SCORES FROM THE ASSESSMENTS COMPLETED AT THE BEGINNING AND END OF THE FOUR-WEEK PROGRAM. THERE WAS A 41 PERCENT INCREASE IN THE NUMBER STUDENTS ABLE TO WRITE THEIR NAMES. ONE HUNDRED SEVENTEEN STUDENTS HAD VISION SCREENINGS CONDUCTED AND REFERRALS WERE MADE FOR STUDENTS THAT NEED ADDITIONAL VISION AND HEARING INTERVENTION. --ON MY WAY PRE-K PILOT: ON MY WAY PRE-K IS THE NAME OF INDIANA'S FIRST STATE-FUNDED PREKINDERGARTEN PROGRAM, WHICH WAS APPROVED AS A FIVE-COUNTY PILOT BY THE INDIANA GENERAL ASSEMBLY IN 2014. THE PRIMARY GOAL OF THE ON MY WAY PRE-K PILOT PROGRAM IS TO PROMOTE ACCESS TO HIGH QUALITY EARLY CHILDHOOD EDUCATION (ECE) PROGRAMS FOR LOW-INCOME CHILDREN. ALLEN COUNTY WAS SELECTED AS ONE OF FIVE COUNTIES FOR THE PROGRAM AFTER DEMONSTRATING THE ABILITY TO SUCCESSFULLY IMPLEMENT THE PROJECT. STATE FUNDING IS SECURED THROUGH A MATCH. FOR EVERY 1 THAT ALLEN COUNTY INVESTS, THE STATE MATCHES 9. UNITED WAY IS THE LEAD FOR THE ALLEN COUNTY PROGRAM AND IS THE PRIMARY FUNDRAISER FOR THE MATCH. THIS PAST YEAR OVER 200 FOUR-YEAR-OLDS PARTICIPATED IN THE PRE-K PROGRAM IN ALLEN COUNTY. ALL PROVIDERS ARE AT A LEVEL 3 OR 4 ON THE PATHS TO QUALITY SYSTEM, INDIANA'S CHILD CARE QUALITY RATING AND IMPROVEMENT SYSTEM. --VOLUNTEER INCOME TAX ASSISTANCE (VITA): DURING THE 2020 VITA SEASON, TAX PREPARATION WAS OFFERED AT TWO SITES IN ALLEN COUNTY AND SIX SITES IN DEKALB, NOBLE AND STEUBEN COUNTIES. THIS YEAR, OVER 40 VOLUNTEERS DONATED OVER 1,800 HOURS TO THIS EFFORT. OVER 3.2 MILLION WERE RETURNED TO OVER 2,700 RESIDENTS. --UNITED WAY OF ALLEN COUNTY 2-1-1: 2-1-1 IS A FREE, AND CONFIDENTIAL DIALING CODE WHERE INDIVIDUALS IN NEED CAN REACH A TRAINED/CERTIFIED COMMUNITY NAVIGATOR WHO CAN CONNECT THEM TO THE HEALTH AND HUMAN SERVICES IN THEIR COMMUNITY. OPERATED IN ALLEN COUNTY AS AN ENDORSED REGIONAL 2-1-1 SERVICE CENTER, THE PROGRAM HANDLES CALLS FROM INDIVIDUALS WHO LIVE THROUGHOUT THE STATE. IN JANUARY 2020, THE 211 PROGRAM, INCLUDED THE 211 EMPLOYEES, TRANSFERRED TO INDIANA 211 WHICH TOOK OVER ALL 211 OPERATIONS ACROSS THE STATE.

4d Other program services (Describe in Schedule O.)
(Expenses \$ 940,311 including grants of \$ 218,979) (Revenue \$)

4e Total program service expenses **▶** 4,977,992

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Yes/No response. Rows include questions 1 through 21, with sub-questions a-f for items 10, 11, and 12. Each row has a corresponding 'Yes' or 'No' in the rightmost column.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question/Description, Yes, No. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, excess benefit transactions, and controlled entities.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question/Description, Yes, No. Rows include 1a (Form 1096), 1b (Forms W-2G), and 1c (gambling winnings).

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



Section A. Governing Body and Management

Table with 5 columns: Question, 1a, 1b, Yes, No. Rows include questions about voting members, family relationships, management control, governance changes, and meeting documentation.

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 include questions about local chapters, written policies, conflict of interest, whistleblower, document retention, compensation, and joint ventures.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed IN
18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: GREG JOHNSON 334 EAST BERRY STREET FORT WAYNE, IN 46802 (260) 422-4776

Part VIII Statement of Revenue

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

Table with 5 columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include 1a-1g for Federated campaigns, membership dues, fundraising events, related organizations, government grants, and other contributions.

Table for Program Service Revenue with 6 columns: Business Code, and four revenue columns. Rows include 2a-f for various program services and a total line 9.

Table for Other Revenue with 5 columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include 3-12 for investment income, royalties, rental income, gains from sales, fundraising events, gaming activities, and inventory sales.

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	3,704,552	3,704,552		
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	264,271	158,078	9,413	96,780
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	856,635	512,408	30,513	313,714
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	17,360	10,384	618	6,358
9 Other employee benefits	88,603	44,609	11,393	32,601
10 Payroll taxes	94,113	56,295	3,352	34,466
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	22,150		22,150	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	13,646		13,646	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	296,237	162,366	57,309	76,562
12 Advertising and promotion	82,927	57,446	4,045	21,436
13 Office expenses	18,026	7,459	1,206	9,361
14 Information technology	86,202	53,672	4,008	28,522
15 Royalties				
16 Occupancy	148,583	87,403	8,304	52,876
17 Travel	11,765	7,542	1,482	2,741
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	19,828	10,112	1,983	7,733
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	19,252	11,175	1,081	6,996
23 Insurance	16,344	10,987	860	4,497
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a DUES & SUBSCRIPTIONS	86,777	50,803	4,924	31,050
b PUBLIC EVENTS	23,397	22,150		1,247
c EQUIPMENT RENTAL & MAINTENANCE	15,576	10,469	591	4,516
d MISCELLANEOUS	467	82	353	32
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	5,886,711	4,977,992	177,231	731,488
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 IX

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	432,435	1	2,702,128
	2 Savings and temporary cash investments	275,629	2	131,057
	3 Pledges and grants receivable, net	1,802,088	3	1,052,548
	4 Accounts receivable, net	100,346	4	4,959
	5 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		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	19,721	9	16,078
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	263,710		
	b Less: accumulated depreciation	232,971	40,647	10c 30,739
	11 Investments—publicly traded securities	2,166,925	11	2,260,169
	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	1,481,910	15	1,493,494
16 Total assets. Add lines 1 through 15 (must equal line 34)	6,319,701	16	7,691,172	
Liabilities	17 Accounts payable and accrued expenses	172,997	17	591,894
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to 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	192,522	25	464,806
	26 Total liabilities. Add lines 17 through 25	365,519	26	1,056,700
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	4,332,369	27	3,850,361
	28 Net assets with donor restrictions	1,621,813	28	2,784,111
	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	5,954,182	32	6,634,472	
33 Total liabilities and net assets/fund balances	6,319,701	33	7,691,172	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	6,469,219
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,886,711
3	Revenue less expenses. Subtract line 2 from line 1	3	582,508
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5,954,182
5	Net unrealized gains (losses) on investments	5	97,782
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	6,634,472

Part XII Financial Statements and Reporting

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

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

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

Additional Data

Software ID:

Software Version:

EIN: 35-0867932

Name: UNITED WAY OF ALLEN COUNTY INC

Form 990 (2019)

Form 990, Part III, Line 4a:

COMMUNITY INVESTMENTS: UNITED WAY OF ALLEN COUNTY'S COMMUNITY INVESTMENT DECISIONS ARE MADE BY VOLUNTEERS. IN ORDER TO SUBMIT AN APPLICATION TO REQUEST FUNDING, NON-PROFIT 501(C)(3) ORGANIZATIONS MUST FIRST MEET STRICT STANDARDS FOR GOVERNANCE, FINANCIAL MANAGEMENT, OPERATIONS AND DIVERSITY AND INCLUSIVENESS. INVESTMENTS ARE GRANTED IN THREE YEAR CYCLES WITH FINANCIAL SUPPORT MADE OVER THE THREE-YEAR PERIOD. PRIOR TO AN INVESTMENT BEING MADE, ORGANIZATIONS MUST SUBMIT A FUNDING APPLICATION WITH AN ANNUAL BUDGET TO A TEAM OF VOLUNTEERS TO REVIEW. ALL APPLICATIONS MUST ALIGN WITH ONE OF SEVEN OUTCOMES: 1. CHILDREN ENTER KINDERGARTEN READY TO LEARN 2. CHILDREN READ AT GRADE LEVEL BY THE END OF THIRD GRADE. 3. YOUTH SUCCEED IN SCHOOL. 4. YOUTH SUCCESSFULLY TRANSITION FROM SCHOOL TO ADULTHOOD. 5. FAMILIES LIVE PRODUCTIVE AND ECONOMICALLY STABLE LIVES. 6. SENIORS AND PEOPLE WITH DISABILITIES MAINTAIN INDEPENDENCE. 7. INDIVIDUALS AND FAMILIES HAVE FOOD, SHELTER, AND ACCESS TO HEALTH CARE. AN AGREEMENT IS THEN ENTERED INTO THAT REQUIRES FUNDED ORGANIZATIONS TO SUBMIT THE FOLLOWING FOR INVESTMENT VOLUNTEERS TO REVIEW: -ANNUAL PROGRAM AND FINANCIAL REPORTS (ACTUAL EXPENSES VS BUDGETED EXPENSES) -ANNUAL SUBMISSION OF AUDIT REPORTS WITH MANAGEMENT LETTERS -NOTIFICATION AND REQUEST FOR AGREEMENT AMENDMENTS IF BUDGETS CHANGE SIGNIFICANTLY (IF NEEDED) DURING THE THREE-YEAR CYCLE, FUNDED AGENCIES MUST ALSO HOST A SITE VISIT FOR INVESTMENT TEAM VOLUNTEERS. SITE VISITS ALLOW VOLUNTEERS TO SEE FACILITIES, OBSERVE FUNDED ACTIVITIES AND ASK QUESTIONS ABOUT THE NEEDS AND FUNCTIONS OF THE ORGANIZATION. VOLUNTEERS ENSURE THE EFFECTIVENESS AND FINANCIAL ACCOUNTABILITY OF THE ORGANIZATION AND PROGRAMS THAT INVESTMENTS ARE MADE IN. UNITED WAY OF ALLEN COUNTY PROVIDES FUNDING TO 36 ORGANIZATIONS THAT PROVIDE SERVICES ADDRESSING THE MOST CRITICAL ISSUES AROUND BASIC NEEDS, EDUCATION, FINANCIAL STABILITY AND HEALTHY LIVES. ADDITIONALLY, UNITED WAY INVESTS IN VARIOUS COMMUNITY COLLABORATIONS (KINDERGARTEN COUNTDOWN, 211, VITA, ON MY WAY PRE-K) THROUGHOUT ALLEN COUNTY.

Form 990, Part III, Line 4b:

IN MARCH, WE LAUNCHED OUR EMERGENCY RELIEF FUND TO HELP MEET THE NEEDS OF ALLEN COUNTY RESIDENTS DIRECTLY AFFECTED BY COVID ECONOMIC IMPACTS. WE ESTABLISHED AN ADVISORY COMMITTEE MADE UP OF REPRESENTATIVES FROM LOCAL FOUNDATIONS, UNITED WAY BOARD MEMBERS, AND NON-PROFIT LEADERS TO ASSIST IN MAKING GRANT AWARD DECISIONS. SINCE THE FUND LAUNCHED, WE HAVE PROVIDED OVER 44 AWARDS TO 34 DIFFERENT NON-PROFIT ORGANIZATIONS. THESE AWARDS HAVE FINANCIALLY SUPPORTED EFFORTS IN FOOD/MEAL DISTRIBUTION, HOUSING ASSISTANCE, EMERGENCY SHELTER, MEDICAL TRANSPORTATION, MEDICAL TRANSLATION, AND MENTAL HEALTH ISSUES RELATED TO COVID STRESSORS. IN ADDITION TO AWARDS TO INDIVIDUAL AGENCIES, TWO INITIATIVES WERE FUNDED. ONE INITIATIVE WAS A PUBLIC/PRIVATE PARTNERSHIP THAT PROVIDED A RECOVERY SITE FOR HOMELESS INDIVIDUALS EITHER DIAGNOSED OR EXPOSED TO COVID-19. THE OTHER INITIATIVE FUNDED A FINANCIAL ASSISTANCE COLLABORATION TO HELP INDIVIDUALS IMPACTED BY JOB LOSS OR REDUCED HOURS RELATED TO THE PANDEMIC WITH RENT/MORTGAGE, UTILITIES, AND OTHER FINANCIAL NEEDS.

Form 990, Part III, Line 4c:

DONOR DESIGNATIONS: UNITED WAY OF ALLEN COUNTY (UWAC) DIRECTS DESIGNATED CONTRIBUTIONS (50 OR MORE) TO FUNDED PARTNERS OR TO LOCAL UNITED WAYS IN OTHER COMMUNITIES. WHEN A DONOR DESIGNATES A GIFT, THOSE DOLLARS ARE PROVIDED TO THE AGENCY AS A PART OF THE FUNDING THAT EACH ORGANIZATION RECEIVES FROM UNITED WAY OF ALLEN COUNTY. DESIGNATED GIFTS IN EXCESS OF THE COMMUNITY INVESTMENT FROM UWAC (AS DETERMINED BY COMMUNITY VOLUNTEERS) ARE USED AT THE AGENCY'S DISCRETION AND ARE NOT MONITORED BY UNITED WAY OF ALLEN COUNTY TO ENSURE CONTRIBUTIONS ARE ACHIEVING MEASURABLE RESULTS. UNITED WAY OF ALLEN COUNTY HAS NO CONTROL OVER THE OUTCOMES GENERATED BY THESE DESIGNATED DONATIONS. IF THE AMOUNT OF THE DESIGNATION IS IN EXCESS OF THE COMMUNITY INVESTMENT, UWAC RETAINS 18% OF THE ACTUAL AMOUNT COLLECTED ON DESIGNATED PLEDGES TO PARTNER AGENCIES IN ORDER TO RECOVER THE FUNDRAISING AND ADMINISTRATIVE COSTS. UWAC RETAINS 10% OF DESIGNATED GIFTS TO UNITED WAYS/FUNDS THAT ARE PART OF THE NORTHEAST INDIANA CONSORTIUM AND 18% ON GIFTS TO OTHER UNITED WAYS. NO OTHER FEES OR PERCENTAGES ARE CHARGED AGAINST THESE GIFTS.

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
SUE EHINGER BOARD CHAIR/	40.00	X		X				27,538	0	0
DON CATES VICE CHAIR	1.00	X		X				0	0	0
PAULA HUGHES-SCHUH SECRETARY	1.00	X		X				0	0	0
DAN DOAN TREASURER TH	1.00	X		X				0	0	0
MARY BELL TREASURER	1.00	X		X				0	0	0
AHMED ABDELMAGEED DIRECTOR	1.00	X						0	0	0
ROB ALLEN DIRECTOR	1.00	X						0	0	0
HERB ANDERSON DIRECTOR	1.00	X						0	0	0
SUSAN BERGHOFF DIRECTOR	1.00	X						0	0	0
JOE COHEN DIRECTOR	1.00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JOHN COURT DIRECTOR	1.00	X						0	0	0
STEPHANIE CRANDALL DIRECTOR	1.00	X						0	0	0
MERRY EWING DIRECTOR	1.00	X						0	0	0
CHRIS GOMEZ DIRECTOR	1.00	X						0	0	0
GEORGE GUY DIRECTOR	1.00	X						0	0	0
KRISTI HARKENRIDER DIRECTOR	1.00	X						0	0	0
PRACHI HOFFMEISTER DIRECTOR	1.00	X						0	0	0
DENT JOHNSON DIRECTOR	1.00	X						0	0	0
MAX MONTESINO DIRECTOR THR	1.00	X						0	0	0
HOLLI MURPHY DIRECTOR	1.00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
LLOYD OSBORNE DIRECTOR	1.00	X						0	0	0
IRENE PAXIA DIRECTOR	1.00	X						0	0	0
NELSON PETERS DIRECTOR	1.00	X						0	0	0
STAN RICHARD DIRECTOR THR	1.00	X						0	0	0
LISA SMITH DIRECTOR	1.00	X						0	0	0
GRETA SOUTHARD DIRECTOR	1.00	X						0	0	0
DAN STARR DIRECTOR	1.00	X						0	0	0
MIKE THOMAS DIRECTOR	1.00	X						0	0	0
LUTHER WHITFIELD DIRECTOR	1.00	X						0	0	0
JEANNE WICKENS DIRECTOR	1.00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DR DEBRA FAYE WILLIAMS-ROBBINS DIRECTOR	1.00	X						0	0	0
MATTHEW PURKEY PRESIDENT &	40.00			X				0	0	0
GREG JOHNSON CFO	40.00			X				94,354	0	13,791
DAVID M NICOLE PRES & CEO T	40.00			X				113,990	0	16,213

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2019
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
UNITED WAY OF ALLEN COUNTY INC

Employer identification number
35-0867932

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

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

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

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

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 failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	4,820,174	4,883,769	4,910,888	4,603,264	6,390,615	25,608,710
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .						
3 The value of services or facilities furnished by a governmental unit to the organization without charge..						
4 Total. Add lines 1 through 3	4,820,174	4,883,769	4,910,888	4,603,264	6,390,615	25,608,710
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . .						1,082,211
6 Public support. Subtract line 5 from line 4.						24,526,499

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4. . .	4,820,174	4,883,769	4,910,888	4,603,264	6,390,615	25,608,710
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .	33,942	32,975	37,142	43,714	47,335	195,108
9 Net income from unrelated business activities, whether or not the business is regularly carried on. . .	91,701	99,672	2,128	3,420		196,921
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .						
11 Total support. Add lines 7 through 10						26,000,739
12 Gross receipts from related activities, etc. (see instructions)					12	1,375,122

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	94.330 %
15 Public support percentage for 2018 Schedule A, Part II, line 14	15	94.030 %

- 16a 33 1/3% support test—2019.** 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
- b 33 1/3% support test—2018.** 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—2019.** 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—2018.** 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

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c	Add lines 7a and 7b.						
8	Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6.						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c	Add lines 10a and 10b.						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2018 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2019. 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—2018. 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 on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 2019 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-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

Additional Data

Software ID:

Software Version:

EIN: 35-0867932

Name: UNITED WAY OF ALLEN COUNTY INC

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).

Facts And Circumstances Test

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities
For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019
Open to Public Inspection

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of the organization UNITED WAY OF ALLEN COUNTY INC	Employer identification number 35-0867932
--	--

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")

2 Political campaign activity expenditures (see instructions) ▶ \$ _____

3 Volunteer hours for political campaign activities (see instructions)

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No

4a Was a correction made? Yes No

b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b..... ▶ \$ _____

4 Did the filing organization file **Form 1120-POL** for this year? Yes No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
1				
2				
3				
4				
5				
6				

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)

(a) Filing organization's totals	(b) Affiliated group totals
----------------------------------	-----------------------------

- 1a** Total lobbying expenditures to influence public opinion (grass roots lobbying)
- b** Total lobbying expenditures to influence a legislative body (direct lobbying)
- c** Total lobbying expenditures (add lines 1a and 1b)
- d** Other exempt purpose expenditures
- e** Total exempt purpose expenditures (add lines 1c and 1d)
- f** Lobbying nontaxable amount. Enter the amount from the following table in both columns.

3,079	
923	
4,002	
4,973,990	
4,977,992	
398,900	

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over \$500,000	20% of the amount on line 1e.
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.
Over \$17,000,000	\$1,000,000.

- g** Grassroots nontaxable amount (enter 25% of line 1f)
- h** Subtract line 1g from line 1a. If zero or less, enter -0-
- i** Subtract line 1f from line 1c. If zero or less, enter -0-
- j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

99,725	

Yes No

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
2a Lobbying nontaxable amount			358,405	398,900	757,305
b Lobbying ceiling amount (150% of line 2a, column(e))					1,135,958
c Total lobbying expenditures			3,449	4,002	7,451
d Grassroots nontaxable amount			89,601	99,725	189,326
e Grassroots ceiling amount (150% of line 2d, column (e))					283,989
f Grassroots lobbying expenditures			2,653	3,079	5,732

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation
SCHEDULE C, PART II-A	NO LOBBYING ACTIVITY OR EXPENSES IN ANY YEARS PRIOR TO 2018.

TY 2019 Averaging Attachment

Name: UNITED WAY OF ALLEN COUNTY INC

EIN: 35-0867932

Explanation: NO LOBBYING ACTIVITY OR EXPENSES IN ANY YEARS PRIOR TO 2018.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047
2019
Open to Public Inspection

▶ **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.**

Name of the organization
UNITED WAY OF ALLEN COUNTY INC

Employer identification number
35-0867932

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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . **Yes** **No**

Part IV Escrow and Custodial Arrangements.

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---|--------|
| 1c Beginning balance | |
| 1d Additions during the year | |
| 1e Distributions during the year | |
| 1f Ending balance | |
- 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 in 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	1,457,240	1,406,969	1,319,271	1,303,473	1,405,600
b Contributions				10,000	100
c Net investment earnings, gains, and losses	18,337	50,271	87,698	61,589	-40,659
d Grants or scholarships				55,791	61,568
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	1,475,577	1,457,240	1,406,969	1,319,271	1,303,473

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ 19.190 %
 - b** Permanent endowment ▶ 63.470 %
 - c** Temporarily restricted endowment ▶ 17.340 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|------------------|----|
| (i) unrelated organizations | 3a(i) Yes | No |
| (ii) related organizations | 3a(ii) | No |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		76,024	67,430	8,594
d Equipment		187,686	165,541	22,145
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				30,739

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 FUNDS - CMTY FDN	1,074,323
(2) CONTRIB. RECEIVABLE FROM REMAINDER TR	247,985
(3) BENEFICIAL INTEREST IN PERPETUAL TR.	153,269
(4) CASH SURRENDER VALUE OF LIFE INSUR.	17,917
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	▶ 1,493,494

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	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	▶ 464,806

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	5,845,497
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	97,782
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	97,782
3	Subtract line 2e from line 1	3	5,747,715
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	13,646
b	Other (Describe in Part XIII.)	4b	707,858
c	Add lines 4a and 4b	4c	721,504
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	6,469,219

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	5,165,207
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	5,165,207
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	13,646
b	Other (Describe in Part XIII.)	4b	707,858
c	Add lines 4a and 4b	4c	721,504
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	5,886,711

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.

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 35-0867932

Name: UNITED WAY OF ALLEN COUNTY INC

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 2, PART V, LINE 4	TO THE EXTENT THAT THE AMOUNT OF ENDOWMENT INVESTMENT INCOME TO BE DISTRIBUTED HAS BEEN DETERMINED AND THAT ALL DONOR DIRECTIVES HAVE BEEN MET, SAID AMOUNT MAY BE DISTRIBUTED AT THE DISCRETION OF UNITED WAY OF ALLEN COUNTY'S BOARD OF DIRECTORS. IN GENERAL, HOWEVER, THESE FUNDS WILL BE UTILIZED TO STABILIZE AGENCY FUNDING DURING PERIODS OF BELOW NORMAL ANNUAL CAMPAIGNS, TO ENHANCE ANNUAL AGENCY DISTRIBUTIONS, FOR SPECIAL PURPOSE AGENCY GRANTS AND TO SUPPORT THE ADMINISTRATIVE ACTIVITIES OF UNITED WAY OF ALLEN COUNTY.

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 3, PART X	UWAC IS INCORPORATED AS A NONPROFIT ORGANIZATION, EXEMPT FROM INCOME TAX UNDER SECTION 501 (C)(3) OF THE INTERNAL REVENUE CODE AND QUALIFIES FOR THE CHARITABLE CONTRIBUTION DEDUCTION. UWAC HAS BEEN CLASSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION UNDER SECTION 509(A) OF THE INTERNAL REVENUE CODE. UWAC IS ALSO EXEMPT FROM STATE INCOME TAXES. HOWEVER, UWAC IS SUBJECT TO FEDERAL INCOME TAX ON ANY UNRELATED BUSINESS TAXABLE INCOME. UWAC PROVIDES LIABILITIES FOR UNCERTAIN TAX POSITIONS WHEN A LIABILITY IS PROBABLY AND ESTIMABLE. MANAGEMENT BELIEVES THAT IS HAS APPROPRIATE SUPPORT FOR ANY TAX POSITIONS TAKEN OR EXPECTS TO BE TAKEN AND AS SUCH, DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT SHOULD BE RECOGNIZED, MEASURED OR DISCLOSED IN THE FINANCIAL STATEMENTS. MANAGEMENT BELIEVES UWAC IS NO LONGER SUBJECT TO EXAMINATION BY TAX AUTHORITIES FOR YEARS BEFORE JUNE 30, 2017.

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 4, PART XI, LINE 4B	DESIGNATED CONTRIBUTIONS 707,858

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 4, PART XII, LINE 4B	DESIGNATED CONTRIBUTIONS 707,858

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

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

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Name of the organization UNITED WAY OF ALLEN COUNTY INC

Employer identification number

35-0867932

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
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.

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of noncash assistance, (h) Purpose of grant or assistance. Rows 1-12.

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

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.

Return Reference	Explanation
SCHEDULE I, PAGE 1, PART I, LINE 2	FUNDS UNITED WAY OF ALLEN COUNTY'S COMMUNITY INVESTMENT DECISIONS ARE MADE BY VOLUNTEERS. IN ORDER TO SUBMIT AN APPLICATION TO REQUEST FUNDING, NONPROFIT 501(C)(3) ORGANIZATIONS MUST FIRST MEET STRICT STANDARDS FOR GOVERNANCE, FINANCIAL MANAGEMENT, OPERATIONS AND DIVERSITY AND INCLUSIVENESS. INVESTMENTS ARE GRANTED IN THREE YEAR CYCLES WITH FINANCIAL SUPPORT MADE OVER THE THREE-YEAR PERIOD. PRIOR TO AN INVESTMENT BEING MADE, ORGANIZATIONS MUST SUBMIT A FUNDING APPLICATION WITH AN ANNUAL BUDGET TO A TEAM OF VOLUNTEERS TO REVIEW. ALL APPLICATIONS SHOW HOW AND TO WHAT EXTENT THEY ARE SERVING UNITED WAY'S FOCUS POPULATION OF ALICE (ASSET LIMITED, INCOME CONSTRAINED, EMPLOYED) WHICH ARE HOUSEHOLDS THAT ARE WORKING BUT STILL STRUGGLING TO FINANCIALLY MEET THEIR BASIC NEEDS. AGENCIES ALSO MUST ALIGN WITH ONE OF OUR FOUR IMPACT AREAS: 1.CHILDHOOD SUCCESS 2.YOUTH SUCCESS 3.ADULT SUCCESS 4.SAFETY NET SERVICES ALL AGENCIES MUST REPORT ON DEFINED OUTCOMES AND INDICATORS FOR EACH IMPACT AREA THAT THEY ARE RECOMMENDED FOR FUNDING. AN AGREEMENT IS THEN ENTERED INTO THAT REQUIRES FUNDED ORGANIZATIONS TO SUBMIT THE FOLLOWING FOR INVESTMENT VOLUNTEERS TO REVIEW: --ANNUAL PROGRAM AND FINANCIAL REPORTS (ACTUAL EXPENSES VS BUDGETED EXPENSES) --ANNUAL SUBMISSION OF AUDIT REPORTS WITH MANAGEMENT LETTERS --NOTIFICATION AND REQUEST FOR AGREEMENT AMENDMENTS IF BUDGETS CHANGE SIGNIFICANTLY (IF NEEDED) DURING THE THREE-YEAR CYCLE, FUNDED AGENCIES MUST ALSO HOST A SITE VISIT FOR INVESTMENT TEAM VOLUNTEERS. SITE VISITS ALLOW VOLUNTEERS TO SEE FACILITIES, OBSERVE FUNDED ACTIVITIES AND ASK QUESTIONS ABOUT THE NEEDS AND FUNCTIONS OF THE ORGANIZATION. VOLUNTEERS ENSURE THE EFFECTIVENESS AND FINANCIAL ACCOUNTABILITY OF THE ORGANIZATION AND PROGRAMS THAT INVESTMENTS ARE MADE IN. UNITED WAY OF ALLEN COUNTY PROVIDES FUNDING TO 31 ORGANIZATIONS THAT PROVIDE SERVICES ADDRESSING THE MOST CRITICAL BARRIERS FOR ALICE HOUSEHOLDS.

Additional Data

Software ID:
Software Version:
EIN: 35-0867932
Name: UNITED WAY OF ALLEN COUNTY INC

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
A MOTHER'S HOPE 5322 N CLINTON ST FORT WAYNE, IN 46825		501C3	16,000				PROGRAM OPERATIONS
AGING AND IN HOME SERVICES 8101 W JEFFERSON BLVD FORT WAYNE, IN 46804		501C3	30,000				PROGRAM OPERATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMANI FAMILY SERVICES 5104 N CLINTON ST FORT WAYNE, IN 46825		501C3	20,000				PROGRAM OPERATIONS
AMERICAN RED CROSS OF NE INDIANA 1212 E CALIFORNIA RD FORT WAYNE, IN 46825		501C3	24,000				PROGRAM OPERATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ASSOCIATED CHURCHES OF FORT WAYNE 602 E WAYNE ST FORT WAYNE, IN 46802		501C3	65,000				PROGRAM OPERATIONS
BIG BROTHERS BIG SISTERS OF NE IN 2439 FAIRFIELD AVE FORT WAYNE, IN 46807		501C3	130,000				PROGRAM OPERATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BLUE JACKET 2826 S CALHOUN ST FORT WAYNE, IN 46807		501C3	70,000				PROGRAM OPERATIONS
BOY SCOUTS OF AMERICA 8315 W JEFFERSON BLVD FORT WAYNE, IN 46804		501C3	10,000				PROGRAM OPERATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOYS AND GIRLS CLUB OF FW 2609 FAIRFIELD AVE FORT WAYNE, IN 46807		501C3	75,000				PROGRAM OPERATIONS
BRIDGE OF GRACE 5100 GAYWOOD DR FORT WAYNE, IN 46806		501C3	20,000				COVID-19 RELIEF

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BRIGHTPOINT 227 E WASHINGTON BLVD FORT WAYNE, IN 46802		501C3	369,070				PROGRAM OPERATIONS
CANCER SERVICES OF NORTHEAST IN 6316 MUTUAL DR FORT WAYNE, IN 46825		501C3	12,000				PROGRAM OPERATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CATHOLIC CHARITIES 315 E WASHINGTON BVLD FORT WAYNE, IN 46802		501C3	92,365				PROGRAM OPERATIONS
CENTER FOR NONVIOLENCE 235 W CREIGHTON AVE FORT WAYNE, IN 46807		501C3	20,000				PROGRAM OPERATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COME AS YOU ARE COMMUNITY CHURCH 7910 S ANTHONY BLVD FORT WAYNE, IN 46816		501C3	13,500				COVID-19 RELIEF
COMMUNITY HARVEST FOOD BANK 999 E TILLMAN RD FORT WAYNE, IN 46816		501C3	70,000				COVID-19 RELIEF

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY TRANSPORTATION NETWORK 2701 S COLISEUM BLVD STE 1315 FORT WAYNE, IN 46803		501C3	92,126				PROGRAM OPERATIONS
CORNERSTONE YOUTH CENTER 19819 MONROEVILLE RD MONROEVILLE, IN 46773		501C3	30,000				PROGRAM OPERATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CROSSROAD CHILD & FAMILY SERVICES 1825 BEACON ST FORT WAYNE, IN 46805		501C3	10,000				COVID-19 RELIEF
EARLY CHILDHOOD ALLIANCE 3320 FAIRFIELD AVE FORT WAYNE, IN 46807		501C3	105,485				PROGRAM OPERATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EAST WAYNE STREET CENTER 801 W WAYNE ST FORT WAYNE, IN 46803		501C3	20,000				PROGRAM OPERATIONS
FORT WAYNE JEWISH FEDERATION 5200 OLD MILL RD FORT WAYNE, IN 46807		501C3	10,000				COVID-19 RELIEF

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FORT WAYNE MEDICAL SOCIETY FDN 709 CLAY ST FORT WAYNE, IN 46802		501C3	20,000				COVID-19 RELIEF
FORT WAYNE RESCUE MISSION 301 W SUPERIOR ST FORT WAYNE, IN 46802		501C3	105,000				PROGRAM OPERATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GIRL SCOUTS OF NORTHERN IN-MI 10008 DUPONT CIRCLE DR EAST FORT WAYNE, IN 46825		501C3	10,000				PROGRAM OPERATIONS
GIVEHEAR 130 W MAIN ST STE 150 FORT WAYNE, IN 46802		501C3	35,000				PROGRAM OPERATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GREATER FORT WAYNE INC 200 E MAIN ST FORT WAYNE, IN 46802		501C3	20,000				COVID-19 RELIEF
HOOSIERS FEEDING THE HUNGRY 4490A ST RD 327 GARRETT, IN 46738		501C3	10,000				COVID-19 RELIEF

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INDIANA 211 PARTNERSHIP PO BOX 68522 INDIANAPOLIS, IN 46268		501C3	75,000				PROGRAM OPERATIONS
INVISIBLE VETS PO BOX 5729 FORT WAYNE, IN 46895		501C3	7,500				COVID-19 RELIEF

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LEAGUE FOR THE BLIND & DISABLED 5821 S ANTHONY BLVD FORT WAYNE, IN 46816		501C3	75,503				PROGRAM OPERATIONS
LUTHERAN SOCIAL SERVICES OF IN 330 MADISON ST FORT WAYNE, IN 46802		501C3	231,205				PROGRAM OPERATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MATTHEW 25 413 E JEFFERSON BLVD FORT WAYNE, IN 46802		501C3	10,000				PROGRAM OPERATIONS
MENTAL HEALTH AMERICA OF NE IN 3106 LAKE AVE FORT WAYNE, IN 46805		501C3	20,000				PROGRAM OPERATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MLK MONTESSORI SCHOOL 6001 S ANTHONY BLVD FORT WAYNE, IN 46816		501C3	45,000				PROGRAM OPERATIONS
NE IN POSITIVE RESOURCE CONNECTION 525 OXFORD ST FORT WAYNE, IN 46806		501C3	6,000				PROGRAM OPERATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SCANPARENT CHILD CONNECTION 500 W MAIN ST FORT WAYNE, IN 46802		501C3	35,000				PROGRAM OPERATIONS
ST MARY'S CATHOLIC CHURCH PO BOX 11383 FORT WAYNE, IN 46857		501C3	11,326				PROGRAM OPERATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE SALVATION ARMY 2901 N CLINTON ST FORT WAYNE, IN 46805		501C3	70,000				PROGRAM OPERATIONS
TURNSTONE CTR FOR DISABLED CHILDREN 3320 N CLINTON ST FORT WAYNE, IN 46805		501C3	113,295				PROGRAM OPERATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VINCENT VILLAGE 2827 HOLTON AVE FORT WAYNE, IN 46806		501C3	35,000				PROGRAM OPERATIONS
VISITING NURSE SERVICES & HOSPICE 5910 HOMESTEAD RD FORT WAYNE, IN 46814		501C3	20,000				PROGRAM OPERATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WELLSPRING INTERFAITH SOCIAL SVCS 1316 BROADWAY FORT WAYNE, IN 46802		501C3	31,000				PROGRAM OPERATIONS
YMCA OF GREATER FORT WAYNE 1020 S BARR ST FORT WAYNE, IN 46802		501C3	72,500				PROGRAM OPERATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YWCA NORTHEAST INDIANA 1610 SPY RUN FORT WAYNE, IN 46805		501C3	240,907				PROGRAM OPERATIONS
DONOR DESIGNATED VARIOUS ORGS 334 EAST BERRY ST FORT WAYNE, IN 46802		501C3	707,858				DONOR DESIGNATIONS

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury

Name of the organization

UNITED WAY OF ALLEN COUNTY INC

Employer identification number

35-0867932

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4A	<p>COMMUNITY INVESTMENTS: UNITED WAY OF ALLEN COUNTY'S COMMUNITY INVESTMENT DECISIONS ARE MADE BY VOLUNTEERS. IN ORDER TO SUBMIT AN APPLICATION TO REQUEST FUNDING, NON-PROFIT 501(C)(3) ORGANIZATIONS MUST FIRST MEET STRICT STANDARDS FOR GOVERNANCE, FINANCIAL MANAGEMENT, OPERATIONS AND DIVERSITY AND INCLUSIVENESS. INVESTMENTS ARE GRANTED IN THREE YEAR CYCLES WITH FINANCIAL SUPPORT MADE OVER THE THREE-YEAR PERIOD. PRIOR TO AN INVESTMENT BEING MADE, ORGANIZATIONS MUST SUBMIT A FUNDING APPLICATION WITH AN ANNUAL BUDGET TO A TEAM OF VOLUNTEERS TO REVIEW. ALL APPLICATIONS MUST ALIGN WITH ONE OF SEVEN OUTCOMES: 1. CHILDREN ENTER KINDERGARTEN READY TO LEARN 2. CHILDREN READ AT GRADE LEVEL BY THE END OF THIRD GRADE. 3. YOUTH SUCCEED IN SCHOOL. 4. YOUTH SUCCESSFULLY TRANSITION FROM SCHOOL TO ADULTHOOD. 5. FAMILIES LIVE PRODUCTIVE AND ECONOMICALLY STABLE LIVES. 6. SENIORS AND PEOPLE WITH DISABILITIES MAINTAIN INDEPENDENCE. 7. INDIVIDUALS AND FAMILIES HAVE FOOD, SHELTER, AND ACCESS TO HEALTH CARE. AN AGREEMENT IS THEN ENTERED INTO THAT REQUIRES FUNDED ORGANIZATIONS TO SUBMIT THE FOLLOWING FOR INVESTMENT VOLUNTEERS TO REVIEW: -ANNUAL PROGRAM AND FINANCIAL REPORTS (ACTUAL EXPENSES VS BUDGETED EXPENSES) -ANNUAL SUBMISSION OF AUDIT REPORTS WITH MANAGEMENT LETTERS -NOTIFICATION AND REQUEST FOR AGREEMENT AMENDMENTS IF BUDGETS CHANGE SIGNIFICANTLY (IF NEEDED) DURING THE THREE-YEAR CYCLE, FUNDED AGENCIES MUST ALSO HOST A SITE VISIT FOR INVESTMENT TEAM VOLUNTEERS. SITE VISITS ALLOW VOLUNTEERS TO SEE FACILITIES, OBSERVE FUNDED ACTIVITIES AND ASK QUESTIONS ABOUT THE NEEDS AND FUNCTIONS OF THE ORGANIZATION. VOLUNTEERS ENSURE THE EFFECTIVENESS AND FINANCIAL ACCOUNTABILITY OF THE ORGANIZATION AND PROGRAMS THAT INVESTMENTS ARE MADE IN. UNITED WAY OF ALLEN COUNTY PROVIDES FUNDING TO 36 ORGANIZATIONS THAT PROVIDE SERVICES ADDRESSING THE MOST CRITICAL ISSUES AROUND BASIC NEEDS, EDUCATION, FINANCIAL STABILITY AND HEALTHY LIVES. ADDITIONALLY, UNITED WAY INVESTS IN VARIOUS COMMUNITY COLLABORATIONS (KINDERGARTEN COUNTDOWN, 211, VITA, ON MY WAY PRE-K) THROUGHOUT ALLEN COUNTY.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4B	<p>IN MARCH, WE LAUNCHED OUR EMERGENCY RELIEF FUND TO HELP MEET THE NEEDS OF ALLEN COUNTY RESIDENTS DIRECTLY AFFECTED BY COVID ECONOMIC IMPACTS. WE ESTABLISHED AN ADVISORY COMMITTEE MADE UP OF REPRESENTATIVES FROM LOCAL FOUNDATIONS, UNITED WAY BOARD MEMBERS, AND NON-PROFIT LEADERS TO ASSIST IN MAKING GRANT AWARD DECISIONS. SINCE THE FUND LAUNCHED, WE HAVE PROVIDED OVER 44 AWARDS TO 34 DIFFERENT NON-PROFIT ORGANIZATIONS. THESE AWARDS HAVE FINANCIALLY SUPPORTED EFFORTS IN FOOD/MEAL DISTRIBUTION, HOUSING ASSISTANCE, EMERGENCY SHELTER, MEDICAL TRANSPORTATION, MEDICAL TRANSLATION, AND MENTAL HEALTH ISSUES RELATED TO COVID STRESSORS. IN ADDITION TO AWARDS TO INDIVIDUAL AGENCIES, TWO INITIATIVES WERE FUNDED. ONE INITIATIVE WAS A PUBLIC/PRIVATE PARTNERSHIP THAT PROVIDED A RECOVERY SITE FOR HOMELESS INDIVIDUALS EITHER DIAGNOSED OR EXPOSED TO COVID-19. THE OTHER INITIATIVE FUNDED A FINANCIAL ASSISTANCE COLLABORATION TO HELP INDIVIDUALS IMPACTED BY JOB LOSS OR REDUCED HOURS RELATED TO THE PANDEMIC WITH RENT/MORTGAGE, UTILITIES, AND OTHER FINANCIAL NEEDS.</p>

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Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4C	DONOR DESIGNATIONS: UNITED WAY OF ALLEN COUNTY (UWAC) DIRECTS DESIGNATED CONTRIBUTIONS (50 OR MORE) TO FUNDED PARTNERS OR TO LOCAL UNITED WAYS IN OTHER COMMUNITIES. WHEN A DONOR DESIGNATES A GIFT, THOSE DOLLARS ARE PROVIDED TO THE AGENCY AS A PART OF THE FUNDING THAT EACH ORGANIZATION RECEIVES FROM UNITED WAY OF ALLEN COUNTY. DESIGNATED GIFTS IN EXCESS OF THE COMMUNITY INVESTMENT FROM UWAC (AS DETERMINED BY COMMUNITY VOLUNTEERS) ARE USED AT THE AGENCY'S DISCRETION AND ARE NOT MONITORED BY UNITED WAY OF ALLEN COUNTY TO ENSURE CONTRIBUTIONS ARE ACHIEVING MEASURABLE RESULTS. UNITED WAY OF ALLEN COUNTY HAS NO CONTROL OVER THE OUTCOMES GENERATED BY THESE DESIGNATED DONATIONS. IF THE AMOUNT OF THE DESIGNATION IS IN EXCESS OF THE COMMUNITY INVESTMENT, UWAC RETAINS 18% OF THE ACTUAL AMOUNT COLLECTED ON DESIGNATED PLEDGES TO PARTNER AGENCIES IN ORDER TO RECOVER THE FUNDRAISING AND ADMINISTRATIVE COSTS. UWAC RETAINS 10% OF DESIGNATED GIFTS TO UNITED WAYS/FUNDS THAT ARE PART OF THE NORTHEAST INDIANA CONSORTIUM AND 18% ON GIFTS TO OTHER UNITED WAYS. NO OTHER FEES OR PERCENTAGES ARE CHARGED AGAINST THESE GIFTS.

990 Schedule O, Optional Information

Return Reference	Explanation
<p>FORM 990, PAGE 2, PART III, LINE 4D</p>	<p>COMMUNITY COLLABORATIONS: UNITED WAY OF ALLEN COUNTY INVESTS IN NUMEROUS COLLABORATIVE EFFORTS THAT CONVENE MULTIPLE PARTNERS TO ADDRESS CONCERNS IN THE COMMUNITY IN A TWO-GENERATIONAL APPROACH THROUGH OUR IMPACT AREAS OF CHILDHOOD SUCCESS, YOUTH SUCCESS, ADULT SUCCESS AND SAFETY NET SERVICES THROUGH COMMUNITY-BASED SOLUTIONS. --DAY OF CARING: FOR OUR 26TH ANNUAL UNITED WAY DAY OF CARING, OVER 1600 VOLUNTEERS, CONTRIBUTING OVER 9,600 VOLUNTEER HOURS, COMPLETED OVER 91 PROJECTS. UNITED WAY WORKS TOGETHER WITH AGENCIES AND VOLUNTEERS TO MEET THE NEEDS OF OUR COMMUNITY, MAKING ALLEN COUNTY A BETTER PLACE TO LIVE AND WORK. PROJECTS SUBMITTED FOR DAY OF CARING ARE COMPLETED IN ONE DAY AND GENERALLY CONSIST OF CLEANING, LANDSCAPING, PAINTING AND OTHER GENERAL MAINTENANCE. PROJECTS TAKE PLACE AT NON-PROFIT AGENCIES, SCHOOLS OR PRIVATE RESIDENCES COORDINATED BY NEIGHBORLINK. --KINDERGARTEN COUNT DOWN: KINDERGARTEN COUNTDOWN COMPLETED ITS SEVENTH YEAR WHERE 126 CHILDREN ATTENDED CLASSES IN THE SCHOOLS THEY WILL BE ATTENDING IN THE FALL. THE PROGRAM OPERATES IN TWO PUBLIC SCHOOL DISTRICTS AND EMPHASIZES CLASSROOM SKILLS LIKE RAISING HANDS AND LINING UP QUIETLY AS WELL AS STRENGTHENING THE LITERACY SKILLS THAT ARE NECESSARY TO LEARN TO READ. THIS YEAR'S STUDENTS SHOWED A 16 PERCENT INCREASE IN BASIC LITERACY SKILLS AND A 18 PERCENT INCREASE IN SOCIAL EMOTIONAL SCORES FROM THE ASSESSMENTS COMPLETED AT THE BEGINNING AND END OF THE FOUR-WEEK PROGRAM. THERE WAS A 41 PERCENT INCREASE IN THE NUMBER STUDENTS ABLE TO WRITE THEIR NAMES. ONE HUNDRED SEVENTEEN STUDENTS HAD VISION SCREENINGS CONDUCTED AND REFERRALS WERE MADE FOR STUDENTS THAT NEED ADDITIONAL VISION AND HEARING INTERVENTION. --ON MY WAY PRE-K PILOT: ON MY WAY PRE-K IS THE NAME OF INDIANA'S FIRST STATE-FUNDED PREKINDERGARTEN PROGRAM, WHICH WAS APPROVED AS A FIVE-COUNTY PILOT BY THE INDIANA GENERAL ASSEMBLY IN 2014. THE PRIMARY GOAL OF THE ON MY WAY PRE-K PILOT PROGRAM IS TO PROMOTE ACCESS TO HIGH QUALITY EARLY CHILDHOOD EDUCATION (ECE) PROGRAMS FOR LOW-INCOME CHILDREN. ALLEN COUNTY WAS SELECTED AS ONE OF FIVE COUNTIES FOR THE PROGRAM AFTER DEMONSTRATING THE ABILITY TO SUCCESSFULLY IMPLEMENT THE PROJECT. STATE FUNDING IS SECURED THROUGH A MATCH. FOR EVERY 1 THAT ALLEN COUNTY INVESTS, THE STATE MATCHES 9. UNITED WAY IS THE LEAD FOR THE ALLEN COUNTY PROGRAM AND IS THE PRIMARY FUNDRAISER FOR THE MATCH. THIS PAST YEAR OVER 200 FOUR-YEAR-OLDS PARTICIPATED IN THE PRE-K PROGRAM IN ALLEN COUNTY. ALL PROVIDERS ARE AT A LEVEL 3 OR 4 ON THE PATHS TO QUALITY SYSTEM, INDIANA'S CHILD CARE QUALITY RATING AND IMPROVEMENT SYSTEM. --VOLUNTEER INCOME TAX ASSISTANCE (VITA): DURING THE 2020 VITA SEASON, TAX PREPARATION WAS OFFERED AT TWO SITES IN ALLEN COUNTY AND SIX SITES IN DEKALB, NOBLE AND STEUBEN COUNTIES. THIS YEAR, OVER 40 VOLUNTEERS DONATED OVER 1,800 HOURS TO THIS EFFORT. OVER 3.2 MILLION WERE RETURNED TO OVER 2,700 RESIDENTS. --UNITED WAY OF ALLEN COUNTY 2-1-1: 2-1-1 IS A FREE, AND CONFIDENTIAL DIALING CODE WHERE IND</p>

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Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4D	INDIVIDUALS IN NEED CAN REACH A TRAINED/CERTIFIED COMMUNITY NAVIGATOR WHO CAN CONNECT THEM TO THE HEALTH AND HUMAN SERVICES IN THEIR COMMUNITY. OPERATED IN ALLEN COUNTY AS AN ENDORSED REGIONAL 2-1-1 SERVICE CENTER, THE PROGRAM HANDLES CALLS FROM INDIVIDUALS WHO LIVE THROUGHOUT THE STATE. IN JANUARY 2020, THE 211 PROGRAM, INCLUDED THE 211 EMPLOYEES, TRANSFERRED TO INDIANA 211 WHICH TOOK OVER ALL 211 OPERATIONS ACROSS THE STATE.

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Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 11B	THE 990 IS COMPLETED BY OUR CPA FIRM AND REVIEWED BY THE CFO. THE AUDIT COMMITTEE REVIEWS AND APPROVES THE 990, WHICH IS THEN PRESENTED TO THE BOARD OF DIRECTORS PRIOR TO IT BEING FILED.

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Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 12C	<p>VOLUNTEERS (BOARD AND COMMITTEE MEMBERS) AND STAFF MEMBERS ARE REQUIRED TO READ OUR CODE OF ETHICS ON AN ANNUAL BASIS AND COMPLETE THE CONFLICT OF INTEREST DISCLOSURE STATEMENT. THE SECTION BELOW COMES DIRECTLY FROM OUR CODE OF ETHICS POLICY AS REVIEWED BY THE GOVERNANCE COMMITTEE. GUIDANCE, DISCLOSURE AND ENFORCEMENT VOLUNTEERS, STAFF, AND IDENTIFIED REPRESENTATIVES ARE ENCOURAGED TO SEEK GUIDANCE FROM UWAC'S BOARD CHAIR, PRESIDENT AND CEO, OR THE EXECUTIVE COMMITTEE CONCERNING THE INTERPRETATION OR APPLICATION OF THIS CODE (OF ETHICS). ANY KNOWN OR POSSIBLE BREACHES OF THE CODE SHOULD BE DISCLOSED. REPORTS OF POSSIBLE BREACHES WILL BE HANDLED IN THE FOLLOWING MANNER: - ALL REPORTS OF POSSIBLE BREACHES WILL BE TREATED IN CONFIDENCE AS MUCH AS THE ORGANIZATION'S DUTY TO INVESTIGATE AND THE LAW ALLOW. IF CONFIDENTIALITY CANNOT BE MAINTAINED, THE INDIVIDUAL DISCLOSING THE POSSIBLE BREACH WILL BE NOTIFIED. - ALL REPORTED EMPLOYEE BREACHES WILL BE INVESTIGATED AND, IF NEEDED, APPROPRIATE ACTION TAKEN, UP TO AND INCLUDING TERMINATION, BASED ON PERSONNEL POLICIES. - ALL REPORTED VOLUNTEER BREACHES WILL BE INVESTIGATED AND, IF NEEDED, APPROPRIATE ACTION TAKEN UP TO AND INCLUDING REMOVAL FROM THE BOARD AND/OR COMMITTEE, BASED ON THE RECOMMENDATIONS OR DECISIONS MADE AT THE DISCRETION OF THE EXECUTIVE COMMITTEE WITH APPROVAL OF THE BOARD OF DIRECTORS. - RETALIATION AGAINST A PERSON WHO SUSPECTS AND REPORTS A BREACH IN GOOD FAITH WILL BE TREATED AS AN INDEPENDENT BREACH OF THE CODE. - UWAC AFFIRMS PROMPT AND FAIR RESOLUTION OF ALL REPORTED BREACHES. - ANY AND ALL EXPENSES, INCLUDING ATTORNEY'S FEES, INCURRED BY THE ORGANIZATION AND/OR THE BOARD OF DIRECTORS IN THE ENFORCEMENT OF THE PROVISIONS OF THIS CODE WILL BE THE SOLE RESPONSIBILITY OF THE PERSON(S) WHO CAUSED SUCH BREACH.</p>

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Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 15A	THE SALARY AND OTHER REMUNERATION OF THE PRESIDENT AND CHIEF EXECUTIVE OFFICER SHALL BE FIXED BY THE BOARD OF DIRECTORS. SALARIES AND WAGES TO OTHER EMPLOYEES SHALL BE FIXED BY THE PRESIDENT BASED ON THE RECOMMENDED SALARY RANGES AND SUBJECT TO APPROVAL OF THE GENERAL OPERATING BUDGET BY THE BOARD OF DIRECTORS. THE EXECUTIVE COMMITTEE SHALL BE RESPONSIBLE FOR A) CONDUCTING A CHIEF EXECUTIVE OFFICER PERFORMANCE REVIEW PROCESS, INCLUDING GOAL SETTING, PERFORMANCE OBJECTIVES AND A 360 DEGREE ASSESSMENT; B) REVIEWING AND RECOMMENDING TO THE BOARD OF DIRECTORS TOTAL COMPENSATION AND REWARDS ADJUSTMENTS FOR THE CHIEF EXECUTIVE OFFICER AND C) MONITORING MARKET PRACTICES OF COMPARABLE ORGANIZATIONS TO ENSURE THAT EXECUTIVE COMPENSATION AND REWARD LEVEL ARE COMPETITIVE AND CONSISTENT WITH MARKET PRACTICES AND D) CONDUCTING PERIODIC REVIEWS OF ORGANIZATIONAL COMPENSATION STRATEGY AND RECOMMENDING CHANGES TO THE BOARD OF DIRECTORS AS NEEDED.

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Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 19	UNITED WAY OF ALLEN COUNTY MAKES ITS AUDITED FINANCIAL REPORT AND FORM 990 AVAILABLE ON ITS WEBSITE AND IN THE OFFICE FOR PUBLIC INSPECTION. GOVERNING DOCUMENTS AND THE CONFLICT OF INTEREST ARE AVAILABLE IN THE OFFICE FOR PUBLIC INSPECTION.