

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 01-01-2019, and ending 12-31-2019

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
UNITED WAY OF SOUTHWESTERN INDIANA INC

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
318 MAIN STREET STE 504

City or town, state or province, country, and ZIP or foreign postal code
EVANSVILLE, IN 47708

D Employer identification number
35-0868069

E Telephone number
(812) 422-4100

G Gross receipts \$ 4,426,361

F Name and address of principal officer:
AMY CANTERBURY
318 MAIN STREET STE 504
EVANSVILLE, IN 47708

H(a) Is this a group return for subordinates? Yes No

H(b) Are all subordinates included? Yes No
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: ▶ WWW.UNITEDWAYSWI.ORG

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1922

M State of legal domicile: IN

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
TO IMPROVE LIVES BY MOBILIZING THE CARING POWER OF THE COMMUNITY.

2 Check this box 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	22
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	22
5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	22
6 Total number of volunteers (estimate if necessary)	6	1,530
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 39	7b	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	4,111,592	4,330,308
9 Program service revenue (Part VIII, line 2g)	5,061	8,652
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	66,028	67,180
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	29,650	15,739
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,212,331	4,421,879
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	3,210,619	2,933,054
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	869,016	685,617
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶580,830		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	799,466	814,457
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	4,879,101	4,433,128
19 Revenue less expenses. Subtract line 18 from line 12	-666,770	-11,249
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	5,666,383	6,057,367
21 Total liabilities (Part X, line 26)	2,315,637	2,382,099
22 Net assets or fund balances. Subtract line 21 from line 20	3,350,746	3,675,268

Part II Signature Block

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

Sign Here
Signature of officer: *****
Date: 2020-11-11
Type or print name and title: AMY CANTERBURY PRESIDENT AND CEO

Paid Preparer Use Only
Print/Type preparer's name: Preparer's signature: Date: 2020-11-11
Check if self-employed PTIN: P01286730
Firm's name ▶ HARDING SHYMANSKI & CO PSC Firm's EIN ▶ 35-1346211
Firm's address ▶ PO BOX 3677 Phone no. (812) 464-9161
EVANSVILLE, IN 47735

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 IMPROVE LIVES BY MOBILIZING THE CARING POWERS OF COMMUNITIES.

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 \$ 3,214,106 including grants of \$ 2,933,054) (Revenue \$)

See Additional Data

4b (Code:) (Expenses \$ 17,432 including grants of \$) (Revenue \$ 7,023)

See Additional Data

4c (Code:) (Expenses \$ 1,188 including grants of \$) (Revenue \$ 0)

See Additional Data

(Code:) (Expenses \$ 185,255 including grants of \$) (Revenue \$ 1,629)

OTHER PROGRAMS - INTERNAL INDIRECT COST OF GRANT FUNDING ACTIVITIES SUCH AS NONPROFIT RESOURCE NETWORK (NRN) JUMPSTART.

4d Other program services (Describe in Schedule O.)
(Expenses \$ 185,255 including grants of \$) (Revenue \$ 1,629)

4e Total program service expenses ▶ 3,417,981

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
11a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	Yes	
11b	Did the organization report an amount for investments—other securities—in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	Yes	
11c	Did the organization report an amount for investments—program related—in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		No
11d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		No
11e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	Yes	
11f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	Yes	
12b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?		No
14b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		No
20b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	Yes	

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various organizational requirements and schedules.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 2a 22
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 2b Yes
3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a No
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 3b
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a No
b If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 5c
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6a No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b
7 Organizations that may receive deductible contributions under section 170(c).
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a No
b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c No
d If "Yes," indicate the number of Forms 8282 filed during the year 7d
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f No
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8
9 Sponsoring organizations maintaining donor advised funds.
a Did the sponsoring organization make any taxable distributions under section 4966? 9a
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b
10 Section 501(c)(7) organizations. Enter:
a Initiation fees and capital contributions included on Part VIII, line 12 10a
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b
11 Section 501(c)(12) organizations. Enter:
a Gross income from members or shareholders 11a
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b
13 Section 501(c)(29) qualified nonprofit health insurance issuers.
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. 13a
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b
c Enter the amount of reserves on hand 13c
14a Did the organization receive any payments for indoor tanning services during the tax year? 14a No
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. 15 No
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. 16 No

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, and governance decisions.

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, and document retention policies.

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: BRENT HILL 318 MAIN STREET STE 504 EVANSVILLE, IN 47708 (812) 421-4200

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

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

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

- 1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) BRAD ELLSWORTH BOARD MEMBER	2.00	X					0	0	0	
(2) LEE RIDDLE BOARD MEMBER	2.00	X					0	0	0	
(3) CATHLIN GRAY BOARD MEMBER	2.00	X					0	0	0	
(4) DAVID MILLIGAN BOARD MEMBER	2.00	X					0	0	0	
(5) TRICIA HENNING-HOLLANDER BOARD CHAIR	2.00	X		X			0	0	0	
(6) PETER PARADOSSI BOARD MEMBER	2.00	X					0	0	0	
(7) LYNN LINGAFELTER BOARD MEMBER	2.00	X					0	0	0	
(8) TINA FARRINGTON BOARD MEMBER	2.00	X					0	0	0	
(9) ANNA HARGIS BOARD MEMBER	2.00	X					0	0	0	
(10) LINDSAY SCHMITT TREASURER	2.00	X		X			0	0	0	
(11) SHERRY SHEN BOARD MEMBER	2.00	X					0	0	0	
(12) JARED MCINTOSH BOARD MEMBER	2.00	X					0	0	0	
(13) ED STRATTON SECRETARY	2.00	X		X			0	0	0	
(14) MIKE SUTTON BOARD MEMBER	2.00	X					0	0	0	
(15) MATT THEBY BOARD VICE CHAIR	2.00	X		X			0	0	0	
(16) PHIL WAHL BOARD MEMBER	2.00	X					0	0	0	
(17) JONATHAN WEINZAPFEL BOARD MEMBER	2.00	X					0	0	0	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations	
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former				
(18) BRENT WILSON BOARD MEMBER	2.00	X						0	0	0	
(19) STEVE CROW BOARD MEMBER	2.00	X						0	0	0	
(20) SCOTT EVERNHAM BOARD MEMBER	2.00	X						0	0	0	
(21) MARK SAMILA BOARD MEMBER	2.00	X						0	0	0	
(22) HEIDI DUNNIWAY BOARD MEMBER	2.00	X						0	0	0	
(23) AMY CANTERBURY PRESIDENT & CEO	50.00			X				142,873	0	0	
1b Sub-Total											
1c Total from continuation sheets to Part VII, Section A											
1d Total (add lines 1b and 1c)								142,873	0		0

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶ 1**

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a	18,096				
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	4,312,212				
	g Noncash contributions included in lines 1a - 1f:\$	1g	14,674				
	h Total. Add lines 1a-1f			4,330,308			
Program Service Revenue	2a ECDC INCOME	Business Code					
		900099	7,023	7,023			
	b EFSP INCOME	900099	1,629	1,629			
	c						
	d						
	e						
	f All other program service revenue						
g Total. Add lines 2a-2f.			8,652				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		71,662			71,662	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real	6a				
			(ii) Personal	6a			
		b Less: rental expenses	6b				
		c Rental income or (loss)	6c				
	d Net rental income or (loss)						
	7a Gross amount from sales of assets other than inventory	(i) Securities	7a				
			(ii) Other	7a			
		b Less: cost or other basis and sales expenses	7b	4,482			
		c Gain or (loss)	7c	-4,482			
	d Net gain or (loss)			-4,482		-4,482	
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18		8a				
		b Less: direct expenses	8b				
		c Net income or (loss) from fundraising events					
	9a Gross income from gaming activities. See Part IV, line 19		9a				
		b Less: direct expenses	9b				
		c Net income or (loss) from gaming activities					
	10a Gross sales of inventory, less returns and allowances		10a				
b Less: cost of goods sold		10b					
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	Business Code						
11a MISC. REVENUE	900099	15,739			15,739		
b							
c							
d All other revenue							
e Total. Add lines 11a-11d			15,739				
12 Total revenue. See instructions			4,421,879	8,652	0	82,919	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	2,933,054	2,933,054		
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	142,873	20,003	105,727	17,143
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	424,002	118,787	136,316	168,899
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	77,794	18,929	30,775	28,090
9 Other employee benefits				
10 Payroll taxes	40,948	8,599	18,017	14,332
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	22,900		22,900	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	5,087	5,087		
12 Advertising and promotion	76,120	5,579		70,541
13 Office expenses	20,672	7,328	5,592	7,752
14 Information technology	30,000			30,000
15 Royalties				
16 Occupancy	115,338	40,887	31,199	43,252
17 Travel	517	183	140	194
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	35,666	2,820	3,152	29,694
20 Interest				
21 Payments to affiliates	46,866			46,866
22 Depreciation, depletion, and amortization	6,856	2,861	2,072	1,923
23 Insurance				
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 IAUW EXPENSES	216,469	138,492		77,977
b BAD DEBT EXPENSE	52,718		52,718	
c ECD EXPENSES	36,656	36,656		
d VITA	30,177	30,177		
e All other expenses	118,415	48,539	25,709	44,167
25 Total functional expenses. Add lines 1 through 24e	4,433,128	3,417,981	434,317	580,830
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	95	1	95
	2 Savings and temporary cash investments	2,754,737	2	2,950,813
	3 Pledges and grants receivable, net	2,310,865	3	2,422,873
	4 Accounts receivable, net		4	
	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	12,593	9	11,444
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	147,114		
	b Less: accumulated depreciation	106,333	7,361	10c 40,781
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11	514,861	12	559,089
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets	65,871	14	72,272
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	5,666,383	16	6,057,367	
Liabilities	17 Accounts payable and accrued expenses	82,032	17	131,255
	18 Grants payable	1,377,514	18	1,325,108
	19 Deferred revenue	33,945	19	40,489
	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	822,146	25	885,247
	26 Total liabilities. Add lines 17 through 25	2,315,637	26	2,382,099
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	689,605	27	1,092,986
	28 Net assets with donor restrictions	2,661,141	28	2,582,282
	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	3,350,746	32	3,675,268	
33 Total liabilities and net assets/fund balances	5,666,383	33	6,057,367	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,421,879
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,433,128
3	Revenue less expenses. Subtract line 2 from line 1	3	-11,249
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,350,746
5	Net unrealized gains (losses) on investments	5	515,863
6	Donated services and use of facilities	6	1,942
7	Investment expenses	7	-9,313
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-172,721
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	3,675,268

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: 35-0868069

Name: UNITED WAY OF SOUTHWESTERN INDIANA INC

Form 990 (2019)

Form 990, Part III, Line 4a:

FUND DISTRIBUTION - ALLOCATES RESOURCES RAISED IN ANNUAL CAMPAIGN TO PROGRAMS WITH OUTCOMES ALIGNED WITH THE UNITED WAY OF SOUTHWESTERN INDIANA COMMUNITY AGENDA.

Form 990, Part III, Line 4b:

EARLY CHILD DEVELOPMENT- THE EARLY CHILDHOOD DEVELOPMENT (ECD) WORKS WITH COMMUNITY PARTNERS TO ENSURE CHILDREN BIRTH THROUGH FIVE ARE PREPARED FOR SUCCESS IN SCHOOL USING EVIDENCE-BASED STRATEGIES AND INITIATIVES.

Form 990, Part III, Line 4c:

211- INFORMATION AND REFERRAL CENTER CONNECTS INDIVIDUALS IN NEED OF SOCIAL SERVICES WITH APPROPRIATE SERVICE PROVIDERS IN THE COMMUNITY. THIS SERVICE IS PROVIDED TO TEN COUNTIES: VANDERBURGH, WARRICK, SPENCER, POSEY, GIBSON, DUBOIS, PERRY, CRAWFORD, KNOX AND PIKE COUNTIES.

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 SOUTHWESTERN INDIANA INC

Employer identification number
35-0868069

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.") . . .	4,595,233	4,370,496	5,124,133	4,111,592	4,330,308	22,531,762
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	4,595,233	4,370,496	5,124,133	4,111,592	4,330,308	22,531,762
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) . . .						2,512,730
6 Public support. Subtract line 5 from line 4.						20,019,032

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. . .	4,595,233	4,370,496	5,124,133	4,111,592	4,330,308	22,531,762
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .	61,748	57,015	60,924	66,028	71,662	317,377
9 Net income from unrelated business activities, whether or not the business is regularly carried on. . .						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .	104,756	57,508	66,578	29,650	15,739	274,231
11 Total support. Add lines 7 through 10						23,123,370
12 Gross receipts from related activities, etc. (see instructions)					12	

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	86.570 %
15 Public support percentage for 2018 Schedule A, Part II, line 14	15	85.100 %

- 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>		
	1		
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>		
	2		
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>		
	3a		
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>		
	3b		
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>		
	3c		
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>		
	4a		
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>		
	4b		
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>		
	4c		
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>		
	5a		
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?		
	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
	5c		
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>		
	6		
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>		
	7		
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>		
	8		
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>		
	9a		
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>		
	9b		
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>		
	9c		
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>		
	10a		
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>		
	10b		

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: 35-0868069

Name: UNITED WAY OF SOUTHWESTERN INDIANA 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 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 SOUTHWESTERN INDIANA INC

Employer identification number
35-0868069

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	514,861	537,589	504,135	486,629	542,782
b Contributions	0	1,060			
c Net investment earnings, gains, and losses	115,979	-13,179	80,952	44,075	-11,480
d Grants or scholarships	66,664	5,719	42,727	22,500	40,000
e Other expenditures for facilities and programs					
f Administrative expenses	5,087	4,890	4,771	4,069	4,673
g End of year balance	559,089	514,861	537,589	504,135	486,629

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ 100.000 %
 - b** Permanent endowment ▶
 - c** Temporarily restricted endowment ▶
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | | |
|--|---------------|-----------|
| | Yes | No |
| (i) unrelated organizations | 3a(i) | 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		49,554	39,498	10,056
d Equipment		97,560	66,835	30,725
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				40,781

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) BOARD-DESIGNATED ENDOWMENT	559,089	F
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	559,089	

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)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	885,247

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	4,398,138
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	515,863	
b	Donated services and use of facilities	2b	1,942	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	-172,721	
e	Add lines 2a through 2d			2e 345,084
3	Subtract line 2e from line 1			3 4,053,054
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	9,313	
b	Other (Describe in Part XIII.)	4b	359,512	
c	Add lines 4a and 4b			4c 368,825
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)			5 4,421,879

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

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

1	Total expenses and losses per audited financial statements		1	4,073,616
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 0
3	Subtract line 2e from line 1			3 4,073,616
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	359,512	
c	Add lines 4a and 4b			4c 359,512
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)			5 4,433,128

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: 35-0868069

Name: UNITED WAY OF SOUTHWESTERN INDIANA INC

Supplemental Information

Return Reference	Explanation
PART X, LINE 2:	THE INTERNAL REVENUE SERVICE HAS RULED THAT THE CORPORATION IS (EXEMPT FROM THE PAYMENT OF FEDERAL INCOME TAX EXCEPT ON UNRELATED BUSINESS INCOME) UNDER THE PROVISIONS OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE OF 1954. THERE WERE NO TAXES DUE FOR THE YEARS ENDED DECEMBER 31, 2019 AND 2018, AS THERE WAS NO UNRELATED BUSINESS INCOME FOR THESE YEARS. MANAGEMENT EVALUATED THE CORPORATIONS UNCERTAIN TAX POSITIONS AND CONCLUDED THAT THE CORPORATION HAD TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE FINANCIAL STATEMENTS.

Supplemental Information

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS:	PROVISION FOR UNCOLLECTIBLE PLEDGES -228,306. INCREASE IN CASH SURRENDER VALUE 2,867. BAD DEBT EXPENSE 52,718.

Supplemental Information

Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS:	DONOR DESIGNATIONS - NETTED AGAINST REVENUE ON FINANCIALS 354,425. FUND FEES - NETTED AGAINST REVENUE ON FINANCIALS 5,087.

Supplemental Information

Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS:	DONOR DESIGNATIONS - NETTED AGAINST REVENUE ON FINANCIALS 354,425. FUND FEES - NETTED AGAINST REVENUE ON FINANCIALS 5,087.

Note: To capture the full content of this document as Filed, 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**

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.

Department of the
Treasury
Internal Revenue Service

Name of the organization
UNITED WAY OF SOUTHWESTERN INDIANA INC

Employer identification number
35-0868069

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(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
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(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
PART I, LINE 2:	<p>ALL AGENCIES MUST SUBMIT AUDITED FINANCIAL STATEMENTS, AN INDEPENDENT FINANCIAL REVIEW OR BANK STATEMENT IN ACCORDANCE WITH UNITED WAY GUIDELINES. UNITED WAY DISTRIBUTES DONOR DOLLARS TO LOCAL PROGRAMS THAT FOCUS ON EDUCATION, INCOME AND HEALTH. UNITED WAY DEPENDS ON THREE TEAMS OF VOLUNTEERS WHO WORK TOGETHER TO MAKE FUNDING DECISIONS. THIS GROUP OF MORE THAN 60 VOLUNTEERS TAKES ON THE CHALLENGING, REWARDING TASK OF INVESTING CONTRIBUTIONS INTO LOCAL PROGRAMS OF UNITED WAY PARTNER AGENCIES. THE COMMUNITY IMPACT CABINET SUPPORTS UNITED WAY BY EFFECTIVELY OVERSEEING AND IMPLEMENTING THE FUND DISTRIBUTION PROCESS, ENSURING THAT UNITED WAY, ITS PARTNER AGENCIES AND COMMUNITY IMPACT PARTNERS ARE ACCOUNTABLE TO ONE ANOTHER FOR THE RESOURCES AND THE PARTNERSHIP THEY SHARE. TEN FUND DISTRIBUTION PROGRAM PANELS SUPPORT UNITED WAY BY REVIEWING FUNDING REQUESTS FROM THE PARTNER AGENCIES, ASSESSING INDIVIDUAL PROGRAM RESULTS AND MAKING FUNDING RECOMMENDATIONS FOR EACH PROGRAM. FUND DISTRIBUTION AUDIT COMMITTEE VOLUNTEERS SUPPORT UNITED WAY BY ENSURING PARTNER AGENCIES MEET FINANCIAL STABILITY STANDARDS OF UNITED WAY FUNDING CRITERIA. THE VOLUNTEERS BEGIN MEETING TO REVIEW PROGRAM RESULTS AND FINANCIAL STATEMENTS WITH PARTNER AGENCY EACH OCTOBER. ONCE THE UNITED WAY CAMPAIGN CLOSES, THE VOLUNTEERS WEIGH THE AVAILABLE RESOURCES WITH THE NEEDS OF THE COMMUNITY AND THE MERIT OF EACH PROGRAM BEFORE MAKING FINAL FUNDING RECOMMENDATIONS TO THE UNITED WAY BOARD OF DIRECTORS. PARTNER AGENCIES RECEIVE DONOR DESIGNATIONS AS WELL AS DONATIONS DISTRIBUTED FROM THE GENERAL FUND.</p>

Additional Data

Software ID:
Software Version:
EIN: 35-0868069
Name: UNITED WAY OF SOUTHWESTERN INDIANA 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
ALBION FELLOWS BACON CENTER PO BOX 3164 EVANSVILLE, IN 477313164	31-1029051	501C (3)	86,465				MISSION: TO ELIMINATE DOMESTIC VIOLENCE AND SEXUAL ASSAULT. PROGRAMS FUNDED BY UNITED WAY: CHILDRENS PROGRAM; DOMESTIC VIOLENCE & SHELTER PROGRAM
AMERICAN RED CROSS - SW INDIANA 29 S STOCKWELL RD EVANSVILLE, IN 47714	35-0867941	501C (3)	199,067				MISSION: THE AMERICAN RED CROSS IS A HUMANITARIAN ORGANIZATION, LED BY VOLUNTEERS, THAT PROVIDES RELIEF TO VICTIMS OF DISASTER AND HELPS PEOPLE PREVENT, PREPARE FOR AND RESPOND TO EMERGENCIES. IT DOES THIS THROUGH SERVICES THAT ARE CONSISTENT WITH ITS CONGRESSIONAL CHARTER AND THE FUNDAMENTAL PRINCIPLES OF THE INTERNATIONAL RED CROSS MOVEMENT. PROGRAMS FUNDED BY UNITED WAY: CRISIS ADMINISTRATION; BIOMEDICAL SERVICES; DISASTER PREPAREDNESS, RESPONSE & RECOVERY PROGRAM; PUBLIC HEALTH EDUCATION & SAFETY PROGRAM; SERVICES TO ARMED FORCES.

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
ARK CRISIS NURSERY 415 LINCOLN AVE EVANSVILLE, IN 47713	35-1553918	501C (3)	54,129				MISSION: TO PREVENT AND END HOMELESSNESS IN OUR COMMUNITY. PROGRAM FUNDED BY UNITED WAY: HOMELESS OUTREACH TEAM
AURORA INC 1100 LINCOLN AVE EVANSVILLE, IN 47714	35-1759576	501C (3)	71,502				MISSION: TO KEEP CHILDREN SAFE AND STRENGTHEN FAMILIES IN STRESS. PROGRAM FUNDED BY UNITED WAY: CHILD PROTECTION PROGRAM

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
BIG BROTHERSBIG SISTERS PO BOX 3071 EVANSVILLE, IN 47730	35-1305578	501C (3)	134,002				MISSION: TO PROVIDE POSITIVE ADULT ROLE MODELS FOR AT-RISK CHILDREN TO SUPPORT THEM IN BECOMING CARING, COMPETENT AND SELF-CONFIDENT PERSONS. PROGRAM FUNDED BY UNITED WAY: ONE-TO-ONE YOUTH MENTORING.
BOY SCOUTS OF AMERICA - BUFFALO TRACE PO BOX 3245 EVANSVILLE, IN 47731	35-0867971	501C (3)	104,141				MISSION: TO SERVE OTHERS BY HELPING TO INSTILL VALUES IN YOUNG PEOPLE AND IN OTHER WAYS PREPARE THEM TO MAKE ETHICAL CHOICES OVER THEIR LIFETIME IN ACHIEVING THEIR FULL POTENTIAL. PROGRAMS FUNDED BY UNITED WAY: HIGH RISK TROOPS PROGRAM; SCOUT REACH

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 & GIRLS CLUB OF EVANSVILLE PO BOX 6311 EVANSVILLE, IN 47719	35-1007558	501C (3)	178,002				MISSION: THE BOYS & GIRLS CLUB OF EVANSVILLE IS A YOUTH GUIDANCE AGENCY UTILIZING POSITIVE PRINCIPLES OF YOUTH DEVELOPMENT IN WORKING WITH YOUTH, SIX THROUGH 17 YEARS OF AGE FROM ALL BACKGROUNDS, BUT WITH SPECIAL CONCERN FOR THOSE FROM DISADVANTAGED CIRCUMSTANCES TO DEVELOP THOSE QUALITIES NEEDED TO BECOME RESPONSIBLE AND CARING CITIZENS. PROGRAMS FUNDED BY UNITED WAY: SPRINGLEAF SERVICE UNIT AND FULTON AVENUE SERVICE UNIT
CARVER COMMUNITY ORGANIZATION 400 SE 8TH ST EVANSVILLE, IN 47713	35-0869030	501C (3)	199,110				MISSION: TO PROMOTE COMMUNITY RECREATIONAL, CULTURAL, EDUCATIONAL AND SOCIAL ACTIVITIES TO SERVE ALL AGES AND BOTH SEXES AND THE DEVELOPMENT OF INTEREST AND PARTICIPATION IN CHARACTER BUILDING PROGRAMS AND COMMUNITY BETTERMENT, AND PARTICULARLY INCLUDING THOSE SERVICES TO THE BLACK COMMUNITY OF EVANSVILLE. PROGRAMS FUNDED BY UNITED WAY: EARLY CHILDHOOD DEVELOPMENT, CARVER YOUTH PROGRAMS AND AARP EXPERIENCE CORPS.

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 BUREAU 123 NW 4TH ST SUITE 603 EVANSVILLE, IN 47708	35-0890893	501C (3)	128,002				MISSION: WE, THE PEOPLE OF CATHOLIC CHARITIES, DIOCESE OF EVANSVILLE, WORK AS A COMMUNITY OF CHRISTIANS GUIDED BY THE SCRIPTURES AND SOCIAL TEACHINGS OF THE CHURCH. WE STRENGTHEN INDIVIDUALS, FAMILIES AND COMMUNITIES BY ASSISTING THEM IN DISCOVERING AND UTILIZING THEIR GIFTS TO ACHIEVE THEIR GOALS AND TO SERVE THE COMMON GOOD. PROGRAMS FUNDED BY UNITED WAY: COMMUNITY OUTREACH PROGRAM; COUNSELING PROGRAM; SCHOOL COUNSELING PROGRAM; NEIGHBOR TO NEIGHBOR.
CHRISTIAN RESOURCE CENTER INC 410 MAIN ST ROCKPORT, IN 47635	35-0975325	501C (3)	46,998				MISSION: TO PROVIDE HUMAN AND MATERIAL RESOURCES TO HELP THOSE WHO ARE IN NEED. PROGRAMS FUNDED BY UNITED WAY: COMPREHENSIVE EMERGENCY ASSISTANCE PROGRAM

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

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CRISIS CONNECTION PO BOX 903 JASPER, IN 47547	35-1719802	501C (3)	34,500				MISSION: TO WORK IN PARTNERSHIP WITH COMMUNITIES TO EMPOWER VICTIMS, SURVIVORS AND PERSONS AFFECTED BY DOMESTIC AND SEXUAL VIOLENCE THROUGH CONFIDENTIAL CRISIS INTERVENTION, EDUCATION AND ADVOCACY IN CRAWFORD, DUBOIS, ORANGE, PERRY AND SPENCER COUNTIES. PROGRAMS FUNDED BY UNITED WAY: DOMESTIC VIOLENCE ASSISTANCE PROGRAM, DOMESTIC AND SEXUAL VIOLENCE EDUCATION PROGRAM.
ECHO COMMUNITY HEALTH CARE INC 501 JOHN ST SUITE 12 EVANSVILLE, IN 47713	35-1791786	501C (3)	138,042				MISSION: TO ADVANCE THE VALUE OF AND RESPECT FOR INDIVIDUALS WITH DISABILITIES BY PROVIDING OPPORTUNITIES FOR DEVELOPMENT AND INDEPENDENCE IN THE COMMUNITY. PROGRAM FUNDED BY UNITED WAY: PROGRAM FUNDED BY UNITED WAY: PERSONAL, ADULT SERVICES PROGRAM FOR ADULTS; CHILD LIFE CENTER.

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 THE RAIN TREE COUNCIL PO BOX 1350 EVANSVILLE, IN 47706	35-0876380	501C (3)	12,000				MISSION: TO BUILD GIRLS OF CONFIDENCE, COURAGE AND CHARACTER, WHO MAKE THE WORLD A BETTER PLACE.
GOODWILL FAMILY CENTER 500 S GREEN RIVER RD EVANSVILLE, IN 47715	35-0868075	501C (3)					MISSION: TO PROVIDE QUALITY TRANSITIONAL HOUSING OPPORTUNITIES AND SUPPORTIVE SERVICES TO MEET THE IDENTIFIED NEEDS OF HOMELESS INDIVIDUALS AND FAMILIES, PARTICULARLY THOSE WITH CHILDREN, WITH A FAIR, RESPECTFUL, COMPASSIONATE AND PROFESSIONAL ENVIRONMENT, LEADING TO ECONOMIC SELF-SUFFICIENCY AND AN INDEPENDENT LIFESTYLE. PROGRAM FUNDED BY UNITED WAY: FAMILY CENTER TRANSITIONAL HOUSING PROGRAM

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

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LAMPION CENTER 655 S HEBRON AVE EVANSVILLE, IN 47714	35-0868077	501C (3)	250,000				MISSION: TO STRENGTHEN AND IMPROVE THE QUALITY OF INDIVIDUAL, FAMILY AND COMMUNITY LIFE. PROGRAMS FUNDED BY UNITED WAY: ADVOCACY FOR CHILDREN AND FAMILY SERVICES; COMMUNITY SERVICE PROJECT; COUNSELING PROGRAM
LEGAL AID SOCIETY 1 NW MARTIN LUTHER KING BLVD ROOM 105 EVANSVILLE, IN 47708	35-1035547	501C (3)	60,272				MISSION: TO PROVIDE QUALITY LEGAL SERVICES TO ELIGIBLE RESIDENTS OF VANDERBURGH COUNTY. PROGRAM FUNDED BY UNITED WAY: CIVIL LEGAL AID PROGRAM

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

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MENTAL HEALTH AMERICA OF SPENCER COUNTY 13435 N STATE RD 245 LAMAR, IN 47550	23-7038692	501C (3)	1,492				MISSION: TO IMPROVE THE QUALITY OF LIFE FOR THE CITIZENS OF SPENCER COUNTY THROUGH EDUCATION, VOLUNTEERISM, SUPPORT SERVICES AND ADVOCACY. PROGRAMS FUNDED BY UNITED WAY: GIFT LIST PROGRAM; PSYCHOTHERAPY PROGRAM; PSYCHOTHERAPY MEDICATION PROGRAM; YOUTH ADVOCACY PROGRAM
MENTAL HEALTH AMERICA OF VANDERBURGH COUNTY 420 MULBERRY ST SUITE 305 EVANSVILLE, IN 47713	35-1016901	501C (3)	15,528				MISSION: THE MENTAL HEALTH ASSOCIATION OF VANDERBURGH COUNTY IS A NON-PROFIT ORGANIZATION COMMITTED TO IMPROVING THE QUALITY OF LIFE FOR THE CITIZENS OF VANDERBURGH & WARRICK COUNTIES WITHOUT PREJUDICE OR COST THROUGH EDUCATION, VOLUNTEERISM, SUPPORT SERVICES AND ADVOCACY. PROGRAMS FUNDED BY UNITED WAY: SUPPLEMENTAL MEDICATION PROGRAM; SUPPORT GROUPS AND COMMUNITY EDUCATION PROGRAM.

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
OTHER UNITED WAY VARIOUS EVANSVILLE, IN 47712	99-9999999	501C (3)					MISSION: TO PREVENT HUNGER, PREVENT HOMELESSNESS AND TO STRENGTHEN THE FAMILY BY PROVIDING EMERGENCY ASSISTANCE FOR LOW-INCOME INDIVIDUALS FACING A FINANCIAL CRISIS, AND TO EDUCATE AND ADVOCATE FOR SOCIAL CHANGE. PROGRAMS FUNDED BY UNITED WAY: CRISIS INTERVENTION CASE MANAGEMENT PROGRAM; EMERGENCY ASSISTANCE PROGRAM.
OUTREACH MINISTRIES 734 W DELAWARE ST SUITE 216 EVANSVILLE, IN 47710	35-6035311	501C (3)	4,167				MISSION: TO PROVIDE QUALITY CHILD CARE FOR CHILDREN IN FAMILIES MOST IN NEED, OFFERING MULTIPLE SERVICES, WHICH HELP THEIR CHILDREN DEVELOP TO THEIR FULL POTENTIAL WHILE SUPPORTING EACH CHILD AND FAMILY STRUCTURE IN ITS DIVERSITY. PROGRAMS FUNDED BY UNITED WAY: EARLY CHILDHOOD EDUCATION AND CHILD CARE PROGRAM.

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

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SPENCER COUNTY COUNCIL ON AGING 2792 N US HWY 231 SUITE 200 ROCKPORT, IN 47635	31-0900819	501C (3)	22,622				MISSION: SPENCER COUNTY COUNCIL ON AGING HAS COORDINATED ITS EFFORTS WITH THE FOLLOWING ORGANIZATIONS IN SPENCER COUNTY. FAMILY AND SOCIAL SERVICES, SOUTHERN INDIANA RESOURCE SOLUTIONS, ALL SENIOR HOUSING, MILLER'S MERRY MANOR, COMMUNITY CARE CENTER, PROFESSIONAL CARE REHABILITATION CENTER, VETERANS, HANDICAPPED INDIVIDUALS, AND ALL OTHER CITIZENS OF SPENCER COUNTY THAT QUALIFY FOR OUR TRANSPORTATION AND HOMEMAKER SERVICES. OUR GOAL IS TO HELP SENIOR CITIZENS AND HANDICAPPED INDIVIDUALS IN SPENCER COUNTY MAINTAIN THEIR INDEPENDENCE. PROGRAMS FUNDED BY UNITED WAY: HOMEMAKER PROGRAM; TRANSPORTATION SERVICE PROGRAM
SPENCER COUNTY HOSPICE 225 MAIN ST ROCKPORT, IN 47635	35-1830590	501C (3)	5,541				MISSION: TO PROVIDE HIGH-QUALITY PHYSICAL, SOCIAL, SPIRITUAL AND EMOTIONAL CARE FOR TERMINALLY ILL PEOPLE AND THEIR FAMILIES THAT PROMOTES COMFORT, ENHANCES QUALITY OF LIFE AND MEETS THE UNIQUE NEEDS OF EACH CLIENT/FAMILY THROUGH THE PROCESS OF ILLNESS, DEATH AND BEREAVEMENT. PROGRAMS FUNDED BY UNITED WAY: HOSPICE PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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ST VINCENT'S DAY CARE CENTER 730 W DELAWARE ST EVANSVILLE, IN 47710	35-0869067	501C (3)	172,000				MISSION: TO HELP INDIVIDUALS WITH DISABILITIES ACHIEVE MAXIMUM INDEPENDENCE. PROGRAMS FUNDED BY UNITED WAY: MEDICAL REHABILITATION.
THE ARC OF EVANSVILLE PO BOX 4089 EVANSVILLE, IN 47724	35-0992718	501C (3)	100,998				MISSION: THE SALVATION ARMY, AN INTERNATIONAL MOVEMENT, IS AN EVANGELICAL PART OF THE UNIVERSAL CHRISTIAN CHURCH. ITS MESSAGE IS BASED ON THE BIBLE. ITS MINISTRY IS MOTIVATED BY THE LOVE OF GOD. ITS MISSION IS TO PREACH THE GOSPEL OF JESUS CHRIST AND TO MEET HUMAN NEEDS IN HIS NAME WITHOUT DISCRIMINATION. PROGRAMS FUNDED BY UNITED WAY: EMERGENCY FINANCIAL ASSISTANCE; DAILY FEEDING PROGRAM; K.A.S.H 4 CHANGE.

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

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THE REHABILITATION CENTER 3701 BELLEMEADE AVE EVANSVILLE, IN 47714	35-1087526	501C (3)	106,000				MISSION: TO REPRESENT THE BEST INTEREST OF CHILDREN INVOLVED IN COURT PROCEEDINGS THROUGH THE COURT-APPOINTED SPECIAL ADVOCATE PROGRAM. PROGRAMS FUNDED BY UNITED WAY: VOLUNTEER BASED CHILD ADVOCATE PROGRAM.
THE SALVATION ARMY PO BOX 4055 EVANSVILLE, IN 47724	36-2167910	501C (3)	41,996				MISSION: VNA PROVIDES PROFESSIONAL AND COMPASSIONATE HEALTHCARE IN YOUR HOME AND COMMUNITY. VNA BRINGS CARE AND SUPPORT TO PEOPLE OF ALL AGES WHO ARE CONFRONTING DISEASE, DISABILITY, OR DEATH. BY IMPROVING THE QUALITY OF LIFE FOR INDIVIDUALS, VNA STRENGTHENS THE HEALTH OF OUR COMMUNITIES. PROGRAMS FUNDED BY UNITED WAY: HOME HEALTH CARE FOR INDIGENT PROGRAM

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

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VANDERBURGH COUNTY CASA 312 NW MARTIN LUTHER KING BLVD SUITE 110 EVANSVILLE, IN 47708	35-1601081	501C (3)	67,500				MISSION: TO PROTECT THE RIGHTS OF RECOVERY NURSING HOME RESIDENTS TO BE TREATED WITH DIGNITY AND RESPECT AND TO RECEIVE SERVICES AND TREATMENTS NECESSARY TO ENSURE THE HIGHEST QUALITY OF LIFE AND CARE. TO INCREASE COMMUNITY AWARENESS OF ISSUES RELATED TO THE AGING POPULATION AND ADVOCATE FOR DEVELOPMENT OF VIABLE OPTIONS IN ADDITION TO NURSING HOME PLACEMENT. PROGRAMS FUNDED BY UNITED WAY: NURSING HOME OMBUDSMAN PROGRAM
VOICES 2425 HWY 41 NORTH SUITE 405 EVANSVILLE, IN 47711	35-1544787	501C (3)	27,000				MISSION: THE YMCA OF SOUTHWESTERN INDIANA, INC., FOLLOWING THE EXAMPLES OF JESUS CHRIST, RESPONDS TO COMMUNITY NEEDS BY SERVING ALL PEOPLE, ESPECIALLY YOUTH, THROUGH PROGRAMS THAT PROMOTE HEALTHY SPIRIT, MIND AND BODY. PROGRAMS FUNDED BY UNITED WAY: Y-CAP PROGRAM; CALDWELL COMMUNITY OUTREACH PROGRAM; AFTER SCHOOL PROGRAM; INTEGRATING RECREATION WITH EDUCATION; WARRICK COUNTY Y-READ.

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

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YMCA 222 NW 6TH ST EVANSVILLE, IN 47711	35-0869074	501C (3)	87,914				MISSION: THE EMPOWERMENT OF WOMEN AND THE ELIMINATION OF RACISM. PROGRAMS FUNDED BY UNITED WAY: DOMESTIC VIOLENCE SHELTER PROGRAM; DOMESTIC VIOLENCE COUNSELING FOR CHILDREN PROGRAM; TRANSITIONAL HOUSING PROGRAM; LIVE YERS PROGRAM
YWCA 118 VINE ST EVANSVILLE, IN 47708	35-0869074	501C (3)	271,327				PROGRAM SUPPORT

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

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EVANSVILLE CHRISTIAN LIFE CENTER 509 S KENTUCKY ST EVANSVILLE, IN 47714	31-1191608	501C (3)	22,860				MISSION: THE EVANSVILLE CHRISTIAN LIFE CENTER IS DEDICATED TO THE RESTORATION OF PEOPLE OUR MISSION IS TO MAKE A LIFE CHANGING SPIRITUAL IMPACT THAT WILL RESTORE PEOPLE TO PRODUCTIVE AND INDEPENDENT LIVING THROUGH JESUS CHRIST BY NETWORKING HUMAN AND FINANCIAL RESOURCES, OUR GOAL IS TO EFFECTIVELY MEET THE EMOTIONAL, PHYSICAL AND SPIRITUAL NEEDS OF FAMILIES AND INDIVIDUALS.

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 SOUTHWESTERN INDIANA INC

Employer identification number

35-0868069

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	A COPY OF THE 990 IS PROVIDED TO EACH FINANCE COMMITTEE MEMBER BEFORE IT IS FILED. A FINAL COPY IS PROVIDED TO ALL BOARD MEMBERS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	UPON JOINING THE ORGANIZATION AS A BOARD MEMBER OR A STAFF MEMBER, EMPLOYEES ARE PROVIDED WITH THE CONFLICT OF INTEREST POLICY. ANNUALLY, BOARD MEMBERS AND STAFF ARE REQUIRED TO SIGN A CONFLICT OF INTEREST POLICY. THE COMPLETED FORMS ARE REVIEWED TO DETERMINE IF ANY FURTHER ACTION IS REQUIRED.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	ON AN ANNUAL BASIS, THE EXECUTIVE COMMITTEE GOES THROUGH A SALARY COMPARABILITY AND APPROVAL PROCESS FOR THE EXECUTIVE DIRECTOR. ALL OTHER EMPLOYEE COMPENSATION IS APPROVED IN AGGREGATE ON AN ANNUAL BASIS BY THE BOARD IN CONJUNCTION WITH THE BUDGET APPROVAL.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	ALL POLICIES, AUDITS, AND 990S ARE LOCATED AT THE OFFICES OF THE UNITED WAY OF SOUTHWESTERN INDIANA, INC. AND ARE AVAILABLE UPON REQUEST.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9:	INCREASE IN CASH SURRENDER VALUE 2,867. UNCOLLECTIBLE PLEDGES -228,306. BAD DEBT EXPENSE 52,718.

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART XII, LINE 2C	THE PROCESS FOR OVERSIGHT OF THE AUDIT HAS NOT CHANGED FROM THE PRIOR YEAR.