

PUBLIC

Form **990**
(Rev. January 2020)
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)

OMB No. 1545-0047

2019
Open to Public Inspection

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.

A For the 2019 calendar year, or tax year beginning 07/01/19, and ending 06/30/20

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization UNITED WAY OF ADDISON COUNTY, INC.		D Employer identification number 03-0221018
	Doing business as		E Telephone number 802-388-7189
	Number and street (or P.O. box if mail is not delivered to street address) P.O. BOX 555	Room/suite	G Gross receipts\$ 2,115,317
	City or town, state or province, country, and ZIP or foreign postal code MIDDLEBURY VT 05753		
F Name and address of principal officer: HELENA VAN VOORST P.O. BOX 555 MIDDLEBURY VT 05753			H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			H(c) Group exemption number ▶
J Website: ▶ WWW.UNITEDWAYADDISONCOUNTY.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1968	M State of legal domicile: VT

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: FOR 52 YEARS, OUR MISSION HAS BEEN TO MOBILIZE THE COMPASSION AND GENEROSITY OF INDIVIDUALS AND ORGANIZATIONS IN ADDISON COUNTY TO IMPROVE LIVES AND STRENGTHEN THE COMMUNITY.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	11
	4	Number of independent voting members of the governing body (Part VI, line 1b)	10
	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	13
	6	Total number of volunteers (estimate if necessary)	767
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0
7b	Net unrelated business taxable income from Form 990-T, line 39	0	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year: 1,178,620 / Current Year: 1,634,718
	9	Program service revenue (Part VIII, line 2g)	46,602 / 43,673
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	80,625 / 55,745
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	10,581 / 5,902
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,316,428 / 1,740,038
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	781,703 / 1,057,684
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	369,300 / 459,093
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 118,417	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	250,207 / 231,748
Net Assets or Fund Balances	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,401,210 / 1,748,525
	19	Revenue less expenses. Subtract line 18 from line 12	-84,782 / -8,487
	20	Total assets (Part X, line 16)	Beginning of Current Year: 1,802,564 / End of Year: 2,035,758
	21	Total liabilities (Part X, line 26)	396,090 / 725,733
22	Net assets or fund balances. Subtract line 21 from line 20	1,406,474 / 1,310,025	

Part II Signature Block

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

Sign Here	Signature of officer HELENA VAN VOORST		Date EXECUTIVE DIRECTOR	
	Type or print name and title			
Paid Preparer Use Only	Print/Type preparer's name RANDALL L. SARGENT, CPA	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN P00136499
	Firm's name ▶ JMM & ASSOCIATES, PC		Firm's EIN ▶ 03-0280081	
	Firm's address ▶ 336 WATER TOWER CIR STE 801 COLCHESTER, VT 05446		Phone no. 802-655-5665	

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

For Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: FOR 52 YEARS, OUR MISSION HAS BEEN TO MOBILIZE THE COMPASSION AND GENEROSITY OF INDIVIDUALS AND ORGANIZATIONS IN ADDISON COUNTY TO IMPROVE LIVES AND STRENGTHEN THE COMMUNITY.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [X] Yes [] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 589,434 including grants of \$ 573,106) (Revenue \$ 1,972) FUNDING & AGENCY RELATIONS: SUPPORT THE COMMUNITY THROUGH THE COMMUNITY IMPACT FUNDING PROCESS AND OTHER GRANTS. THIS INCLUDES EFFORTS TO DEVELOP AND DEEPEN RELATIONSHIPS WITH FUNDED PARTNERS (SUCH AS OUTCOME MEASUREMENT TRAININGS AND SITE VISITS) AND EFFORTS TO SUPPORT THE COMMUNITY IMPACT VOLUNTEERS AS THEY LEARN ABOUT COMMUNITY ISSUES, THE SYSTEMS MEETING THOSE NEEDS, AND MAKING GRANT FUNDING DECISIONS. FUNDING ALIGNS WITH OUR COMMUNITY IMPACT AREAS AS FOLLOWS: (1) HEALTH AND INDEPENDENT LIVING - FUNDED 16 PROGRAMS FOR \$111,301. (2) LIFE-LONG LEARNING - FUNDED 11 PROGRAMS FOR \$94,953. (3) IMMEDIATE NEEDS & FINANCIAL STABILITY - FUNDED 7 PROGRAMS FOR \$119,335.

4b (Code:) (Expenses \$ 378,577 including grants of \$ 374,698) (Revenue \$ 8,147) ORGANIZATION DEVELOPMENT ASSISTANCE: SUPPORTING THE NON-PROFIT SECTOR BY PROVIDING TECHNICAL ASSISTANCE IN AREAS SUCH AS BOARD DEVELOPMENT, STRATEGIC PLANNING AND FUNDRAISING AND RESULTS BASED ACCOUNTABILITY EFFORTS. SUPPORT ALSO INCLUDES ACTING AS FISCAL AGENT OR MANAGING FUNDING STREAMS ON BEHALF OF GRASSROOTS EFFORTS IN THE COMMUNITY: ADDISON COUNTY READERS, ADDISON COUNTY FIELD SERVICE DIRECTOR FUNDS AND ADDISON COUNTY FOSTER CAMP FUND.

4c (Code:) (Expenses \$ 475,029 including grants of \$ 109,880) (Revenue \$ 31,348) SEE SCHEDULE O

4d Other program services (Describe on Schedule O.) (Expenses \$ 59,294 including grants of \$) (Revenue \$ 2,205)

4e Total program service expenses 1,502,334

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a 11		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 10		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.		X

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ► NONE
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records ►

HELENA VAN VOORST
MIDDLEBURY

P.O. BOX 555

VT 05753

802-388-7189

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. 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 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) HELENA VAN VOORST EXECUTIVE DIRECTOR	40.00 0.00			X				76,634	0	2,767
(2) JERROD RUSHTON PRESIDENT	2.00 0.00	X		X				0	0	0
(3) ABIGAIL BLUM VICE PRESIDENT	2.00 0.00	X		X				0	0	0
(4) DARCY TARTE TREASURER	2.00 0.00	X		X				0	0	0
(5) NIAL RELE SECRETARY	2.00 0.00	X		X				0	0	0
(6) BRUCE BAYLISS DIRECTOR	2.00 0.00	X						0	0	0
(7) BRUCE GROVE DIRECTOR	2.00 0.00	X						0	0	0
(8) LOGAN PRICE DIRECTOR	2.00 0.00	X						0	0	0
(9) SHANNON LYFORD DIRECTOR	2.00 0.00	X						0	0	0
(10) KEN STOCKMAN DIRECTOR	2.00 0.00	X						0	0	0
(11) ANN CRUMB DIRECTOR	2.00 0.00	X						0	0	0

PUBLIC

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

(A) Name and title	(B) Average hours per week 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			
(12) BARBARA STRATTON DIRECTOR	2.00 0.00	X						0	0	0
1b Subtotal								76,634		2,767
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								76,634		2,767

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

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c	10,424			
	d Related organizations	1d				
	e Government grants (contributions)	1e	281,137			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,343,157			
	g Noncash contributions included in lines 1a-1f	1g	\$ 17,400			
	h Total. Add lines 1a-1f		1,634,718			
Program Service Revenue	2a PROGRAM REVENUE	Business Code 561000	43,673	43,673		
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		43,673			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		37,119		37,119	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents	(i) Real				
		(ii) Personal				
		6a				
	b Less: rental expenses	6b				
	c Rental inc. or (loss)	6c				
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities		393,905		
		(ii) Other				
		7a				
	b Less: cost or other basis and sales exps.	7b	375,279			
	c Gain or (loss)	7c	18,626			
d Net gain or (loss)		18,626	18,626			
8a Gross income from fundraising events (not including \$ 10,424 of contributions reported on line 1c). See Part IV, line 18	8a					
	b Less: direct expenses	8b				
	c Net income or (loss) from fundraising events					
9a Gross income from gaming activities. See Part IV, line 19	9a					
	b Less: direct expenses	9b				
	c Net income or (loss) from gaming activities					
10a Gross sales of inventory, less returns and allowances	10a					
	b Less: cost of goods sold	10b				
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue	11a OTHER INCOME	Business Code 900099	5,902		5,902	
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d		5,902			
12 Total revenue. See instructions		1,740,038	62,299	0	43,021	

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	1,057,684	1,057,684		
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	80,481	59,556	15,291	5,634
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	307,873	189,084	54,876	63,913
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	5,788	2,725	2,906	157
9 Other employee benefits	36,771	20,063	15,272	1,436
10 Payroll taxes	28,180	20,516	2,471	5,193
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	9,300		9,300	
d Lobbying				
e Professional fundraising services. See Part IV, line 7				
f Investment management fees	7,887		7,887	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	18,409	13,328	2,273	2,808
12 Advertising and promotion	38,597	23,309	866	14,422
13 Office expenses	9,626	4,546	1,960	3,120
14 Information technology	19,297	8,684	1,309	9,304
15 Royalties				
16 Occupancy	25,295	17,574	4,809	2,912
17 Travel	23,191	22,482	59	650
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	11,767	11,419	63	285
20 Interest	6,257	4,101	1,343	813
21 Payments to affiliates	12,231	8,015	2,626	1,590
22 Depreciation, depletion, and amortization	8,941	5,577	2,324	1,040
23 Insurance	4,724	3,096	1,014	614
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PROGRAM SUPPLIES	30,545	30,545		
b BANK CHARGES	5,681	30	1,125	4,526
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	1,748,525	1,502,334	127,774	118,417
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A)		(B)	
		Beginning of year		End of year	
Assets	1	Cash—non-interest-bearing	71,344	1	79,947
	2	Savings and temporary cash investments	59,320	2	412,336
	3	Pledges and grants receivable, net	131,156	3	126,310
	4	Accounts receivable, net	21,292	4	7,256
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	7,185	9	5,432
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	321,596		
	10b	Less: accumulated depreciation	94,497	10c	227,099
	11	Investments—publicly traded securities	1,085,212	11	973,665
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	218,216	15	203,713
16	Total assets. Add lines 1 through 15 (must equal line 33)	1,802,564	16	2,035,758	
Liabilities	17	Accounts payable and accrued expenses	9,412	17	43,895
	18	Grants payable	225,444	18	251,889
	19	Deferred revenue	2,281	19	200,788
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	57,259	21	62,478
	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	98,105	23	163,094
	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	3,589	25	3,589
	26	Total liabilities. Add lines 17 through 25	396,090	26	725,733
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	915,992	27	845,372
	28	Net assets with donor restrictions	490,482	28	464,653
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
32	Total net assets or fund balances	1,406,474	32	1,310,025	
33	Total liabilities and net assets/fund balances	1,802,564	33	2,035,758	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,740,038
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,748,525
3	Revenue less expenses. Subtract line 2 from line 1	3	-8,487
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,406,474
5	Net unrealized gains (losses) on investments	5	-87,962
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	1,310,025

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

PUBLIC

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

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

2019

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

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

Name of the organization UNITED WAY OF ADDISON COUNTY, INC.	Employer identification number 03-0221018
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 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 **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box 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		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

PUBLIC

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 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.")	1,031,822	1,111,988	1,317,337	1,178,620	1,639,021	6,278,788
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	1,031,822	1,111,988	1,317,337	1,178,620	1,639,021	6,278,788
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)						
6 Public support. Subtract line 5 from line 4.						6,278,788

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	1,031,822	1,111,988	1,317,337	1,178,620	1,639,021	6,278,788
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	29,361	30,934	36,981	39,136	37,119	173,531
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.)	20,452	43,854	23,523	10,581	5,902	104,312
11 Total support. Add lines 7 through 10						6,556,631
12 Gross receipts from related activities, etc. (see instructions)					12	205,416

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	95.76%
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	95.42%

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 <input type="checkbox"/>						

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 for 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 in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

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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?		
11a		
b A family member of a person described in (a) above?		
11b		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .		
11c		

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? 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.		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? 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.		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? 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).		
1		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a 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? 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.		
2a		
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? 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.		
2b		
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? Provide details in Part VI .		
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		
3b		

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 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 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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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. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result 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			

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Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

PART II, LINE 10 - OTHER INCOME DETAIL

OTHER INCOME \$ 104,312

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**SCHEDULE D
(Form 990)**

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

Employer identification number

UNITED WAY OF ADDISON COUNTY, INC.

03-0221018

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?		<input type="checkbox"/> Yes <input type="checkbox"/> 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?		<input type="checkbox"/> Yes <input type="checkbox"/> 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).	
<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> 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.	
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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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)?	<input type="checkbox"/> Yes <input type="checkbox"/> 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 FASB 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 FASB 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 FASB 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 make significant use of its collection items (check all that apply):

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

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

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

	Amount
1c	
1d	
1e	
1f	

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

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

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	896,994	883,595	778,825	668,096	691,886
b Contributions	3,600	4,464	90,562	29,921	27,062
c Net investment earnings, gains, and losses	-47,202	54,740	40,240	92,383	-25,477
d Grants or scholarships					
e Other expenditures for facilities and programs	34,045	45,805	26,032	11,575	25,375
f Administrative expenses					
g End of year balance	819,347	896,994	883,595	778,825	668,096

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

- a Board designated or quasi-endowment ▶ 44.35 %
- b Permanent endowment ▶ 47.85 %
- c Term endowment ▶ 7.80 %

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

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		80,000		80,000
b Buildings		215,267	77,539	137,728
c Leasehold improvements				
d Equipment		26,329	16,958	9,371
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				227,099

Part VII Investments – Other Securities.

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

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

Part VIII Investments – Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) BENEFICIAL INTEREST IN VT COMMUNITY	167,223
(2) BENEFICIAL INTEREST - FISCAL AGENT	36,490
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	203,713

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ANNUITY PAYABLE	3,589
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	3,589

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	1,380,322
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-87,962
b	Donated services and use of facilities	2b	10,904
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	-77,058
3	Subtract line 2e from line 1	3	1,457,380
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	7,887
b	Other (Describe in Part XIII.)	4b	274,771
c	Add lines 4a and 4b	4c	282,658
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	1,740,038

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

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

1	Total expenses and losses per audited financial statements	1	1,476,771
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	10,904
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	10,904
3	Subtract line 2e from line 1	3	1,465,867
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	7,887
b	Other (Describe in Part XIII.)	4b	274,771
c	Add lines 4a and 4b	4c	282,658
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	1,748,525

Part XIII Supplemental Information.

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

PART V, LINE 4 - INTENDED USES FOR ENDOWMENT FUNDS

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

PART X - FIN 48 FOOTNOTE

THE ORGANIZATION BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR ANY TAX POSITIONS TAKEN AND, AS SUCH, DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE FINANCIAL STATEMENTS.

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

DONOR DESIGNATED GIFTS \$ 274,771

PUBLIC

Part XIII Supplemental Information *(continued)*

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

DONOR DESIGNATED GIFTS \$ 274,771

PUBLIC

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2019
**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization: **UNITED WAY OF ADDISON COUNTY, INC.** Employer identification number: **03-0221018**

Part I General Information on Grants and Assistance

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	ADDISON COUNTY COMMUNITY TRUST P.O. BOX 311 VERGENNES VT 05491	22-3032009	501C3	15,000				FINANCIAL STABILITY
(2)	ADDISON COUNTY PARENT/CHILD CENTER P.O. BOX 646 MIDDLEBURY VT 05753	03-0280370	501C3	9,792				LIFE-LONG LEARNING
(3)	ADDISON COUNTY TRANSIT RESOURCES P.O. BOX 532 MIDDLEBURY VT 05753	03-0335768	501C3	20,011				FINANCIAL STABILITY
(4)	ADDISON ALLIES NETWORK 58 SEMINARY STREET EXT MIDDLEBURY VT 05753	83-1559952	501C3	8,000				HEALTH ACCESS
(5)	AGE WELL 76 PEARL ST. ESSEX JCT. VT 05452	22-2474636	501C3	10,680				HEALTHY & IND LIVING
(6)	BOYS & GIRLS CLUB OF GREATER VERGEN P.O. BOX 356 VERGENNES VT 05491	03-0359691	501C3	13,750				LIFE-LONG LEARNING
(7)	BRISTOL FAMILY CENTER 16 ORCHARD TERRACE BRISTOL VT 05443	22-3172076	501C3	14,300				LIFE-LONG LEARNING
(8)	CHARTER HOUSE COALITION P.O. BOX 344 E. MIDDLEBURY VT 05740	56-2531802	501C3	23,114				FOOD, HOUSING
(9)	COMMUNITY HEALTH SERVICES OF A.C. 100 PORTER DRIVE MIDDLEBURY VT 05753	03-0359531	501C3	20,000				HEALTHY & IND LIVING

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 21
- 3** Enter total number of other organizations listed in the line 1 table ▶

PUBLIC

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization

UNITED WAY OF ADDISON COUNTY, INC.

Employer identification number

03-0221018

Part I General Information on Grants and Assistance

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	COUNSELING SERVICES OF ADDISON CTY 89 MAIN ST. MIDDLEBURY VT 05753	03-0212396	501C3	12,894				FINANCIAL STABILITY
(2)	ELDERLY SERVICES, INC. P.O. BOX 581 MIDDLEBURY VT 05753	03-0280968	501C3	11,678				HEALTHY & IND LIVING
(3)	HOPE P.O. BOX 165 MIDDLEBURY VT 05753	23-7393720	501C3	20,224				FINANCIAL STABILITY
(4)	END OF LIFE SERVICES P.O. BOX 772 MIDDLEBURY VT 05753	03-0286587	501C3	11,200				HEALTHY & IND LIVING
(5)	JOHN GRAHAM EMERGENCY SHELTER 69 MAIN ST. VERGENNES VT 05491	03-0275219	501C3	33,898				FINANCIAL STABILITY
(6)	MARY JOHNSON CHILDREN'S CENTER 81 WATER ST. MIDDLEBURY VT 05753	03-0224359	501C3	9,444				LIFE-LONG LEARNING
(7)	OTTER CREEK CHILD CENTER 150 WEYBRIDGE STREET MIDDLEBURY VT 05753	22-2564467	501C3	14,300				LIFE-LONG LEARNING
(8)	STARSBORO COOPERATIVE PRESCHOOL P.O. BOX 36 STARSBORO VT 05487	03-0259397	501C3	11,000				LIFE-LONG LEARNING
(9)	VERMONT ADULT LEARNING 282 BOARDMAN MIDDLEBURY VT 05753	03-0276755	501C3	11,000				EDUC, CHILD CARE

- 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 ▶

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

Schedule I (Form 990) (2019)

PUBLIC

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2019
**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization: **UNITED WAY OF ADDISON COUNTY, INC.** Employer identification number: **03-0221018**

Part I General Information on Grants and Assistance

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	WOMENSAFE P.O. BOX 67 MIDDLEBURY VT 05753	22-2921518	501C3	20,000				HEALTHY & IND LIVING
(2)	OTTER CREEK CHILD CENTER 150 WEYBRIDGE STREET MIDDLEBURY VT 05753	22-2564467	501C3	374,698				LIFE-LONG LEARNING
(3)	UNITED WAYS OF VT P.O. BOX 111 ESSEX JUNCTION VT 05452	30-0192082	501C3	11,380				VT 211/INFO & REFER
(4)	A.C. HOME HEALTH & HOSPICE P.O. BOX 754 MIDDLEBURY VT 05753	23-7032401	501C3	6,000				HEALTHY & IND LIVING
(5)	CHARTER HOUSE COALITION P.O. BOX 344 E. MIDDLEBURY VT 05740	56-2531802	501C3	6,000				FOOD, HOUSING
(6)	HOPE P.O. BOX 165 MIDDLEBURY VT 05753	23-7393720	501C3	18,000				FINANCIAL STABILITY
(7)	OTTER CREEK CHILD CENTER 150 WEYBRIDGE STREET MIDDLEBURY VT 05753	22-2564467	501C3	5,200				LIFE-LONG LEARNING
(8)								
(9)								

- 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 ▶

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

Schedule I (Form 990) (2019)

PUBLIC

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.

PART I, LINE 2 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS

EACH ORGANIZATION IS REQUIRED TO SUBMIT AN ANNUAL REPORT TO UWAC DESCRIBING

THE USE OF FUNDS USING A RESULTS BASED ACCOUNTABILITY FORMAT.

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SCHEDULE L (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Transactions With Interested Persons

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open To Public Inspection

UNITED WAY OF ADDISON COUNTY, INC.

Employer identification number

03-0221018

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

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

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

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

Part II Loans to and/or From Interested Persons.

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

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

Total \$

Part III Grants or Assistance Benefiting Interested Persons.

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

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

PUBLIC

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of org. revenues?	
				Yes	No
(1) MIDDLEBURY FITNESS	BOARD PRESIDENT	12,416	OFFICE RENT		X
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information.

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

SCHEDULE L, PART V - ADDITIONAL INFORMATION

UWAC ENTERED INTO A LEASE AGREEMENT FOR A NEW OFFICE SPACE. ONE OF THE TWO LESSORS OF THE NEW OFFICE LOCATION IS THE CURRENT BOARD CHAIR WHO, BECAUSE OF TERM LIMITS, WILL BE LEAVING THE UWAC BOARD OF DIRECTORS IN JULY 2021. LEGAL COUNSEL WAS USED BY ALL PARTIES TO REACH AN INDEPENDENT AGREEMENT CONSISTENT WITH THE FAIR MARKET VALUE OF THE LEASE. THE BOARD CHAIR ABSTAINED FROM ALL BOARD DISCUSSION AND BOARD VOTES THROUGHOUT THE PROCESS OF INITIATING THE LEASE.

PUBLIC

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019**Open to Public
Inspection**

Name of the organization

UNITED WAY OF ADDISON COUNTY, INC.

Employer identification number

03-0221018

FORM 990, PART III, LINE 2

THE ORGANIZATION WAS AWARDED TWO NEW MULTI-YEAR FEDERAL SUBSTANCE ABUSE PREVENTION GRANTS. THE FIRST AWARD IS NAMED THE PARTNERS FOR SUCCESS (PFS) GRANT, AND THE SECOND IS THE DRUG FREE COMMUNITIES (DFC) GRANT. PARTNERS FOR SUCCESS FUNDING IS USED TO INFORM AND EDUCATE YOUTH POPULATIONS ABOUT THE DANGERS OF UNDERAGE SUBSTANCE USE, EMPOWERING YOUTH TO MAKE INFORMED DECISIONS ABOUT THEIR HEALTH AND WELLBEING. PROVIDING YOUTH LEADERSHIP OPPORTUNITIES AND INCREASING YOUTH PROTECTIVE FACTORS THROUGH EDUCATION, SPECIAL TRAININGS, EVIDENCE BASED PROGRAMMING, AND POLICY CHANGE ARE KEY OBJECTIVES OF THE NEW PFS INITIATIVE. DRUG FREE COMMUNITIES FUNDING IS USED TO INFORM AND EDUCATE PARENTS AND ADULT POPULATIONS ABOUT THE DANGERS OF UNDERAGE SUBSTANCE USE, EMPOWERING THEM TO MORE EFFECTIVELY INFLUENCE AND GUIDE YOUTH INTO BETTER DECISION-MAKING AND AN INCREASED LIKELIHOOD OF POSITIVE OUTCOMES. MEDIA CAMPAIGNS, EVENTS, SPECIAL TRAININGS, AND POLICY CHANGE ARE THE MAIN STRATEGIES TO ACHIEVE THESE GOALS UNDER THE NEW DFC INITIATIVE. LASTLY, IN RESPONSE TO THE SUDDEN AND ADVERSE ECONOMIC IMPACT BROUGHT ABOUT BY COVID-19 IN ADDISON COUNTY, A NEW PROGRAM CALLED ADDISON COUNTY RESPONDS WAS CREATED IN THE SPRING OF 2020. ADDISON COUNTY RESIDENTS WHO SUFFERED PANDEMIC-RELATED JOB LOSS WERE SCREENED FOR ELIGIBILITY TO BENEFIT FROM RELIEF PAYMENTS UP TO A FIXED AMOUNT TO HELP ALLEVIATE HOUSING, UTILITY, INSURANCE, TRANSPORTATION, AND/OR FOOD INSECURITIES RESULTING FROM THE JOB LOSS. EMERGENCY MINI-GRANTS WERE ALSO MADE TO ADDISON COUNTY NONPROFIT PARTNERS TO HELP MITIGATE VARIOUS PANDEMIC-RELATED NECESSITIES IN THE FACE OF DECREASED COMMUNITY FUNDING.

PUBLIC

Name of the organization UNITED WAY OF ADDISON COUNTY, INC.	Employer identification number 03-0221018
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FORM 990, PART III, LINE 4C - THIRD ACCOMPLISHMENT

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

1. FINANCIAL STABILITY - WORKPLACE BASED FINANCIAL LITERACY TRAINING AND RESOURCE COACHING TO HELP LOW-TO-MODERATE INCOME EMPLOYEES OVERCOME WORK/LIFE ISSUES AND REMAIN GAINFULLY EMPLOYED, AND THE MY FREE TAXES FACILITATED SELF-ASSISTANCE PROGRAM WITH 78 RETURNS WITH \$100,335 IN REFUNDS AND \$16,872 IN PROFESSIONAL TAX PREPARATION FEES SAVED.

2. EDUCATION & HEALTH - THE UNITED WAY OF ADDISON COUNTY FINISHED ITS PROGRAM WORK FOR THE STATE OF VERMONT REGIONAL PREVENTION PARTNERSHIP GRANT, WHICH IS ADMINISTERED THROUGH THE DEPT. OF HEALTH, ALCOHOL & DRUG ABUSE PROGRAMS. IT IS A FOUR-YEAR GRANT. GRANT YEAR FOUR PROCEEDS TOTALED \$145,175, WHICH WENT TOWARD LOCAL COLLABORATIVE EFFORTS TO ADDRESS OPIATE ADDICTION, ALCOHOL & TOBACCO USE IN ADDISON COUNTY, AND A MENTORING PROGRAM FOR LOCAL DISENGAGED YOUTH. THE ORGANIZATION WAS ALSO AWARDED TWO NEW MULTI-YEAR FEDERAL SUBSTANCE ABUSE PREVENTION GRANTS. THE FIRST AWARD IS NAMED THE PARTNERS FOR SUCCESS (PFS) GRANT, AND THE SECOND IS THE DRUG FREE COMMUNITIES (DFC) GRANT. PARTNERS FOR SUCCESS FUNDING IS USED TO INFORM AND EDUCATE YOUTH POPULATIONS ABOUT THE DANGERS OF UNDERAGE SUBSTANCE USE, EMPOWERING YOUTH TO MAKE INFORMED DECISIONS ABOUT THEIR HEALTH AND WELLBEING. PROVIDING YOUTH LEADERSHIP OPPORTUNITIES AND INCREASING YOUTH PROTECTIVE FACTORS THROUGH EDUCATION, SPECIAL TRAININGS, EVIDENCE BASED PROGRAMMING, AND POLICY CHANGE ARE KEY OBJECTIVES OF THE NEW PFS INITIATIVE. PFS GRANT YEAR ONE FUNDING TOTALS \$216,795, AND OVERLAPS FISCAL YEARS 2020 AND 2021. DRUG FREE COMMUNITIES FUNDING IS USED TO INFORM AND EDUCATE PARENTS AND ADULT POPULATIONS ABOUT THE DANGERS OF UNDERAGE

PUBLIC

Schedule O (Form 990 or 990-EZ) (2019)

Page 2

Name of the organization

Employer identification number

UNITED WAY OF ADDISON COUNTY, INC.

03-0221018

SUBSTANCE USE, EMPOWERING THEM TO MORE EFFECTIVELY INFLUENCE AND GUIDE YOUTH INTO BETTER DECISION-MAKING AND AN INCREASED LIKELIHOOD OF POSITIVE OUTCOMES. MEDIA CAMPAIGNS, EVENTS, SPECIAL TRAININGS, AND POLICY CHANGE ARE THE MAIN STRATEGIES TO ACHIEVE THESE GOALS UNDER THE NEW DFC INITIATIVE. DRUG FREE COMMUNITIES GRANT YEAR 1 FUNDING TOTALS \$125,000 AND ALSO OVERLAPS FISCAL YEARS 2020 AND 2021.

FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENTS

VOLUNTEER PROGRAMS: GATHERING AND ALLOCATING HUMAN RESOURCES THROUGHOUT THE COMMUNITY BY SUPPORTING EFFORTS TO INCREASE VOLUNTEERISM AND SUPPORTING AGENCIES IN EFFORT TO INCREASE THEIR ABILITY TO DEVELOP VOLUNTEER PROGRAMS. EXAMPLES INCLUDE: MANAGING OUR INTERNAL VOLUNTEER CENTER (317 TOTAL VOLUNTEERS, 46,282 VOLUNTEER HOURS SCHEDULED), NATIONAL VOLUNTEER WEEK, AND DAYS OF CARING (450 VOLUNTEERS, 2,250 HOURS, AND \$61,200 VALUE OF TIME). ALSO, IN RESPONSE TO THE SUDDEN AND ADVERSE ECONOMIC IMPACT BROUGHT ABOUT BY COVID-19 IN ADDISON COUNTY, A NEW PROGRAM CALLED ADDISON COUNTY RESPONDS WAS CREATED IN THE SPRING OF 2020. ADDISON COUNTY RESIDENTS WHO SUFFERED PANDEMIC-RELATED JOB LOSS WERE SCREENED FOR ELIGIBILITY TO BENEFIT FROM RELIEF PAYMENTS UP TO A FIXED AMOUNT TO HELP ALLEVIATE HOUSING, UTILITY, INSURANCE, TRANSPORTATION, AND/OR FOOD INSECURITIES RESULTING FROM THE JOB LOSS. THROUGH THE LAST THREE MONTHS OF FY20, 101 RELIEF PAYMENTS WERE ISSUED, TOTALING \$35,202. AN ADDITIONAL \$16,000 IN RELIEF FUNDING WAS TRANSFERRED TO A PARTNER NONPROFIT IN COLLABORATION WITH A LOCAL HOUSING COALITION TO CONTINUE THIS RELIEF ACTIVITY WITH A FOCUS ON HELPING DISPLACED WORKERS TO MAINTAIN THEIR HOUSING. EMERGENCY MINI-GRANTS WERE ALSO MADE TO ADDISON COUNTY NONPROFIT PARTNERS TO HELP MITIGATE VARIOUS PANDEMIC-RELATED NECESSITIES IN THE FACE OF DECREASED COMMUNITY FUNDING.

PAGE 2 OF 4

Schedule O (Form 990 or 990-EZ) (2019)

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Schedule O (Form 990 or 990-EZ) (2019)

Page 2

Name of the organization

Employer identification number

UNITED WAY OF ADDISON COUNTY, INC.

03-0221018

THROUGH THE LAST THREE MONTHS OF FY20, 17 EMERGENCY MINI-GRANTS TOTALING \$39,550 WERE ISSUED TO NONPROFIT PARTNERS. ADDITIONAL COVID RELIEF FUNDING AND EMERGENCY MINI-GRANT FUNDING CONTINUED INTO FY21.

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

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY CONFLICT OF INTEREST DISCLOSURES ARE UPDATED ANNUALLY. ANY CONFLICTS OF INTEREST WITH STAFF ARE BROUGHT TO THE IMMEDIATE ATTENTION OF THE BOARD OF DIRECTORS. ANY CONFLICTS OF INTEREST AMONG BOARD MEMBERS ARE BROUGHT TO THE IMMEDIATE ATTENTION OF THE REMAINING BOARD MEMBERS. ANY BOARD MEMBER WITH A CONFLICT OF INTEREST REMOVES HIMSELF OR HERSELF FROM THE BOARD DISCUSSION AND VOTE ON THE MATTER IN QUESTION.

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

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION THE AUDITED FINANCIAL STATEMENTS ARE AVAILABLE FOR INSPECTION ON OUR

PAGE 3 OF 4

Schedule O (Form 990 or 990-EZ) (2019)

PUBLIC

Name of the organization

Employer identification number

UNITED WAY OF ADDISON COUNTY, INC.

03-0221018

WEBSITE. OUR GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE ALSO AVAILABLE UPON REQUEST BY VISITING OR CONTACTING OUR OFFICE.

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

DONOR DESIGNATED GIFTS \$ -274,771

DONOR DESIGNATED GIFTS \$ 274,771

PUBLIC

Form **4562**
 Department of the Treasury
 Internal Revenue Service (99)
 Name(s) shown on return

Depreciation and Amortization
 (Including Information on Listed Property)

▶ Attach to your tax return.

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

OMB No. 1545-0172

2019

Attachment Sequence No. **179**

UNITED WAY OF ADDISON COUNTY, INC.

Identifying number
 03-0221018

Business or activity to which this form relates

INDIRECT DEPRECIATION

Part I Election To Expense Certain Property Under Section 179

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

1	Maximum amount (see instructions)	1	1,020,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,550,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2018 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2020. Add lines 9 and 10, less line 12	▶ 13	

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

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

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	6,094

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

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2019	17	2,842
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here	▶ <input type="checkbox"/>	

Section B—Assets Placed in Service During 2019 Tax Year Using the General Depreciation System

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

Section C—Assets Placed in Service During 2019 Tax Year Using the Alternative Depreciation System

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

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	8,936
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	▶ 23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2019)

DAA

THERE ARE NO AMOUNTS FOR PAGE 2

PUBLIC

Form 990	Two Year Comparison Report	2018 & 2019
For calendar year 2019, or tax year beginning 07/01/19, ending 06/30/20		

Name

Taxpayer Identification Number

UNITED WAY OF ADDISON COUNTY, INC.

03-0221018

		2018	2019	Differences
R e v e n u e	1. Contributions, gifts, grants	1,035,710	1,353,581	317,871
	2. Membership dues and assessments			
	3. Government contributions and grants	142,910	281,137	138,227
	4. Program service revenue	46,602	43,673	-2,929
	5. Investment income	39,136	37,119	-2,017
	6. Proceeds from tax exempt bonds			
	7. Net gain or (loss) from sale of assets other than inventory	41,489	18,626	-22,863
	8. Net income or (loss) from fundraising events			
	9. Net income or (loss) from gaming			
	10. Net gain or (loss) on sales of inventory			
	11. Other revenue	10,581	5,902	-4,679
	12. Total revenue. Add lines 1 through 11	1,316,428	1,740,038	423,610
E x p e n s e s	13. Grants and similar amounts paid	781,703	1,057,684	275,981
	14. Benefits paid to or for members			
	15. Compensation of officers, directors, trustees, etc.	80,355	80,481	126
	16. Salaries, other compensation, and employee benefits	288,945	378,612	89,667
	17. Professional fundraising fees			
	18. Other professional fees	55,772	35,596	-20,176
	19. Occupancy, rent, utilities, and maintenance	9,706	25,295	15,589
	20. Depreciation and Depletion	7,357	8,941	1,584
	21. Other expenses	177,372	161,916	-15,456
	22. Total expenses. Add lines 13 through 21	1,401,210	1,748,525	347,315
	23. Excess or (Deficit). Subtract line 22 from line 12	-84,782	-8,487	76,295
O t h e r I n f o r m a t i o n	24. Total exempt revenue	1,316,428	1,740,038	423,610
	25. Total unrelated revenue			
	26. Total excludable revenue	137,808	105,320	-32,488
	27. Total assets	1,802,564	2,035,758	233,194
	28. Total liabilities	396,090	725,733	329,643
	29. Retained earnings	1,406,474	1,310,025	-96,449
	30. Number of voting members of governing body	11	11	
31. Number of independent voting members of governing body	11	10		
32. Number of employees	11	13		
33. Number of volunteers	673	767		

Form **990T** **Two Year Comparison Report** **2018 & 2019**
 For calendar year 2019, or tax year beginning 07/01/19, ending 06/30/20

Name: UNITED WAY OF ADDISON COUNTY, INC. Taxpayer Identification Number: 03-0221018

		2018	2019	Differences	
Revenue	1. Gross profit/loss on business activities	1.			
	2. Capital gains/losses	2.			
	3. Income/loss from partnerships and S corporations	3.			
	4. Rent income (net of expense)	4.			
	5. Unrelated debt-financed income (net of expense)	5.			
	6. Income from controlled organizations (net of expense)	6.			
	7. Section 501(c)(7)(9)(17) organization income (net of expense)	7.			
	8. Exploited exempt activity income (net of expense)	8.			
	9. Advertising income (net of expense)	9.			
	10. Other income	10.			
	11. Total trade or business income. Combine lines 1 through 10	11.			
Expenses	12. Compensation of officers, directors, and trustees	12.			
	13. Other salaries and wages	13.			
	14. Repairs and maintenance	14.			
	15. Bad debts	15.			
	16. Interest	16.			
	17. Taxes and licenses	17.			
	18. Charitable contributions	18.			
	19. Depreciation and Depletion	19.			
	20. Contributions to deferred compensation plans	20.			
	21. Employee benefit programs	21.			
	22. Other deductions	22.			
	23. Total deductions. Add lines 12 through 22	23.			
	24. Net income (990T/first activity); Subtract line 23 from 11	24.			
	25. Number of unrelated business activities for this return	25.	1		-1
26. Unrelated business taxable income from all trades	26.				
27. Disallowed employee fringe benefits	27.				
28. Charitable contributions	28.				
29. Taxable income before NOL loss	29.				
30. Net operating loss (pre-2018)	30.				
31. Specific deduction	31.	1,000	1,000		
32. Unrelated business taxable income.	32.				
Tax & Credits	33. Income tax (corporate or trust)	33.			
	34. Proxy tax	34.			
	35. Other taxes	35.			
	36. Total taxes	36.			
	37. Other credits	37.			
	38. General business credit	38.			
	39. Credit for prior year minimum tax	39.			
	40. Total credits	40.			
	41. Net tax after credits	41.			
	42. Recapture taxes and 965 tax	42.			
	43. Total Taxes	43.			
Due/Refund	44. Prior year overpayment and estimated tax payments	44.			
	45. Payment made with extension	45.	103	-103	
	46. Backup withholding and foreign withholding	46.			
	47. Other payments	47.			
	48. Total payments	48.	103	-103	
	49. Balance due/(Overpayment)	49.	-103	103	
	50. Overpayment applied to next year	50.			
	51. Penalties	51.			
	52. Total due/(Refund)	52.	-103	103	

PUBLIC

Form 990	Tax Return History	2019
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Name UNITED WAY OF ADDISON COUNTY, INC.	Employer Identification Number 03-0221018
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	2015	2016	2017	2018	2019	2020
Contributions, gifts, grants	1,031,822	1,111,988	1,317,337	1,178,620	1,634,718	
Membership dues						
Program service revenue	38,907	37,907	42,630	46,602	43,673	
Capital gain or loss	-4,112	40,690	35,886	41,489	18,626	
Investment income	29,361	30,934	36,981	39,136	37,119	
Fundraising revenue (income/loss)						
Gaming revenue (income/loss)						
Other revenue	20,452	43,854	23,523	10,581	5,902	
Total revenue	1,116,430	1,265,373	1,456,357	1,316,428	1,740,038	
Grants and similar amounts paid	752,875	723,355	781,908	781,703	1,057,684	
Benefits paid to or for members						
Compensation of officers, etc.	84,410	89,331	104,175	80,355	80,481	
Other compensation	184,230	222,268	217,293	288,945	378,612	
Professional fees	14,306	12,433	55,851	55,772	35,596	
Occupancy costs	8,704	9,627	15,330	9,706	25,295	
Depreciation and depletion	8,143	7,374	7,186	7,357	8,941	
Other expenses	117,661	129,793	151,189	177,372	161,916	
Total expenses	1,170,329	1,194,181	1,332,932	1,401,210	1,748,525	
Excess or (Deficit)	-53,899	71,192	123,425	-84,782	-8,487	
Total exempt revenue	1,116,430	1,265,373	1,456,357	1,316,428	1,740,038	
Total unrelated revenue						
Total excludable revenue	84,608	153,385	139,020	137,808	105,320	
Total Assets	1,747,932	1,837,147	1,900,708	1,802,564	2,035,758	
Total Liabilities	478,521	449,019	415,220	396,090	725,733	
Net Fund Balances	1,269,411	1,388,128	1,485,488	1,406,474	1,310,025	

PUBLIC

Form 990T	Tax Return History	2019
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Name UNITED WAY OF ADDISON COUNTY, INC.	Employer Identification Number 03-0221018
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* Income shown net of expenses

	2015	2016	2017	2018	2019	2020
Business activity profit/loss						
Capital gains/losses						
Partner and S Corp gain/loss						
Rental income*						
Debt-financed income*						
Controlled organizations income/interest*						
Investment income, specific organizations*						
Exploited exempt activity income*						
Other income						
Total trade or business income.						
Compensation of officers, ect.						
Other salaries and wages						
Repairs and maintenance						
Bad debts						
Interest						
Taxes and licenses						
Charitable contributions						
Depreciation and Depletion						
Deferred compensation plans						
Employee benefit programs						

PUBLIC

Form 990T	Tax Return History	2019
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Name UNITED WAY OF ADDISON COUNTY, INC.	Employer Identification Number 03-0221018
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	2015	2016	2017	2018	2019	2020
Other deductions						
Net income (990T/first activity)						
UBTI from all trades	0	0	0	0	0	
Taxable employee fringe benefits						
Charitable contributions						
Net operating loss deduction						
Specific deduction				1,000	1,000	
Income after expense and deductions						
Income tax (corporate or trust)						
Other taxes						
Total taxes						
General business credit						
Other credits						
Net tax after credits						
Estimated tax payments						
Other payments				103		
Balance due/Overpayment				-103		

03-0221018

Federal Asset Report

FYE: 6/30/2020

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
Prior MACRS:									
1	Building	6/12/10	110,812			110,812	39 MMS/L	25,771	2,842
			<u>110,812</u>			<u>110,812</u>		<u>25,771</u>	<u>2,842</u>
Other Depreciation:									
2	Land	6/12/10	80,000			80,000	0 -- Land	0	0
4	Lenovo computers	11/09/09	12,924			12,924	5 MO200DB	12,924	0
5	Base Heating contract	6/15/10	8,072			8,072	7 MO200DB	8,072	0
6	Plumbing cap of 4 sinks	6/15/10	298			298	7 MO200DB	298	0
8	Supplies electrical work	6/16/10	1,554			1,554	7 MO200DB	1,554	0
10	Valley Electric Supply	6/21/10	736			736	7 MO200DB	736	0
11	Lights & paint	6/23/10	354			354	7 MO200DB	354	0
13	Carpet	6/29/10	7,876			7,876	7 MO200DB	7,876	0
15	FY11 Building Imp.	12/31/10	26,410			26,410	15 MO S/L	14,966	1,760
16	Goodro Lumber roof	10/25/11	726			726	15 MO S/L	363	48
17	File cabinet	11/30/80	243			243	7 MO S/L	243	0
18	Office equipment	2/28/90	399			399	7 MO200DB	399	0
19	Telephone system	4/30/92	800			800	5 MO200DB	800	0
29	Kitchen improvement/repair	3/07/14	16,141			16,141	15 MO S/L	5,739	1,076
30	Carpet & vinyl flooring	3/07/14	2,995			2,995	7 MO S/L	2,282	428
31	Vari-Desk	6/01/15	500			500	7 MO S/L	292	71
32	HP ProDesk 400 G1 MT - Nancy	8/27/15	619			619	5 MO S/L	475	123
33	Office Renovations - FY16	4/15/16	6,566			6,566	15 MO S/L	1,423	437
34	Refridgerator - Kenmore	11/17/16	550			550	15 MO S/L	95	36
35	Dell Latitude Laptop - Jesse	6/23/17	679			679	3 MO S/L	453	226
36	Folding Machine	8/01/17	740			740	5 MO S/L	284	148
37	Reroofing FY19	5/01/19	14,400			14,400	15 MO S/L	160	960
38	Wall, windows, and barn door	3/07/20	5,900			5,900	5 MO S/L	0	393
39	Wall	6/30/20	12,426			12,426	5 MO S/L	0	0
40	Phone office installation	3/30/20	4,967			4,967	5 MO S/L	0	248
41	Data cabling	3/30/20	2,800			2,800	5 MO S/L	0	140
42	Equipment and install for new phone system	6/18/20	1,108			1,108	5 MO S/L	0	0
	Total Other Depreciation		<u>210,783</u>			<u>210,783</u>		<u>59,788</u>	<u>6,094</u>
	Total ACRS and Other Depreciation		<u>210,783</u>			<u>210,783</u>		<u>59,788</u>	<u>6,094</u>
	Grand Totals		321,595			321,595		85,559	8,936
	Less: Dispositions and Transfers		0			0		0	0
	Less: Start-up/Org Expense		0			0		0	0
	Net Grand Totals		<u>321,595</u>			<u>321,595</u>		<u>85,559</u>	<u>8,936</u>

Federal Statements

Taxable Interest on Investments

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
INTEREST & DIVIDENDS	\$ 37,119					
			14			
TOTAL	<u>\$ 37,119</u>					

03-0221018

PUBLIC
Federal Statements

FYE: 6/30/2020

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

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Management & General</u>	<u>Fund Raising</u>
PROFESSIONAL FEES - F&A REL	\$ 253	\$ 253	\$	\$
PROFESSIONAL FEES - ORG DEV	33	33		
PROFESSIONAL FEES - CL & I	11,906	11,906		
PROFESSIONAL FEES - OTHER	6,217	1,136	2,273	2,808
TOTAL	<u>\$ 18,409</u>	<u>\$ 13,328</u>	<u>\$ 2,273</u>	<u>\$ 2,808</u>