

PUBLIC COPY

Form **990****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

**2022****Open to Public Inspection**Department of the Treasury  
Internal Revenue ServiceDo not enter social security numbers on this form as it may be made public.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**A For the 2022 calendar year, or tax year beginning** 07/01/22 , **and ending** 06/30/23

<b>B</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	<b>C</b> Name of organization UNITED WAY OF ADDISON COUNTY, INC.		<b>D</b> Employer identification number **-***1018
	Doing business as		<b>E</b> Telephone number 802-388-7189
	Number and street (or P.O. box if mail is not delivered to street address) P.O. BOX 555		Room/suite
	City or town, state or province, country, and ZIP or foreign postal code MIDDLEBURY VT 05753		<b>G</b> Gross receipts\$ 2,354,128
<b>F</b> Name and address of principal officer: HELENA VAN VOORST P.O. BOX 555 MIDDLEBURY VT 05753			<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions
<b>I</b> 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			
<b>J</b> Website: WWW.UNITEDWAYADDISONCOUNTY.ORG <b>H(c)</b> Group exemption number			
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			<b>L</b> Year of formation: 1968 <b>M</b> State of legal domicile: VT

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: FOR 55 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.		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	11
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	11
	<b>5</b> Total number of individuals employed in calendar year 2022 (Part V, line 2a)	<b>5</b>	10
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	390
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	0	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b> Program service revenue (Part VIII, line 2g)	1,637,812	1,757,348
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	12,077	9,368
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	99,098	73,307
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,899	11,291
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,753,886	1,851,314
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	588,896	847,394
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	497,874	496,829
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) 131,421		0
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	279,116	332,090
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,365,886	1,676,313	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	388,000	175,001	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	<b>21</b> Total liabilities (Part X, line 26)	2,053,478	2,611,594
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	149,495	486,636
		1,903,983	2,124,958

**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.

<b>Sign Here</b>	Signature of officer HELENA VAN VOORST EXECUTIVE DIRECTOR		Date
	Type or print name and title		
<b>Paid Preparer Use Only</b>	Print/Type preparer's name RANDALL L. SARGENT, CPA	Preparer's signature	Date
	Firm's name JMM & ASSOCIATES, PC	Firm's EIN **-***0081	Check <input type="checkbox"/> if self-employed PTIN *****
	Firm's address 463 MOUNTAIN VIEW DRIVE, SUITE 403 COLCHESTER, VT 05446	Phone no. 802-655-5665	

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2022)

DAA

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: FOR 55 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 \$ 566,337 including grants of \$ 120,085 ) (Revenue \$ 750 ) SEE SCHEDULE O

4b (Code: ) (Expenses \$ 375,005 including grants of \$ 374,698 ) (Revenue \$ 8,338 ) ORGANIZATION DEVELOPMENT ASSISTANCE: SUPPORTING THE NON-PROFIT SECTOR BY PROVIDING TECHNICAL ASSISTANCE IN AREAS SUCH AS BOARD DEVELOPMENT, STRATEGIC PLANNING AND FUNDRAISING AND RESULTS BASED ACCOUNTABILITY EFFORTS. SUPPORT ALSO INCLUDES ACTING AS FISCAL AGENT OR MANAGING FUNDING STREAMS ON BEHALF OF GRASSROOTS EFFORTS IN THE COMMUNITY: CHILD CARE CONSORTIUM, ADDISON COUNTY READERS, ADDISON COUNTY FIELD SERVICE DIRECTOR FUNDS, AND ADDISON COUNTY FOSTER CAMP FUND.

4c (Code: ) (Expenses \$ 57,751 including grants of \$ 3,000 ) (Revenue \$ ) VOLUNTEER PROGRAMS: THE ORGANIZATION HELD ITS ANNUAL DAYS OF CARING IN SEPTEMBER 2022. 290 VOLUNTEERS PARTICIPATED IN DIRECT SERVICE ACTIVITIES, CONTRIBUTING AN ESTIMATED 1,450 HOURS VALUED AT \$43,428 IN DONATED TIME SERVED.

4d Other program services (Describe on Schedule O.) (Expenses \$ 369,004 including grants of \$ 349,611 ) (Revenue \$ 280 )

4e Total program service expenses 1,368,097

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

**Part IV Checklist of Required Schedules (continued)**

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

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

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

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



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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	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.		
	<b>1a</b> 11		
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent		
	<b>1b</b> 11		
<b>2</b>	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
<b>3</b>	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
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	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>b</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
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	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
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		X
<b>b</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?		
<b>10b</b>			
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>b</b>	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
<b>12c</b>			
<b>13</b>	Did the organization have a written whistleblower policy?	X	
<b>14</b>	Did the organization have a written document retention and destruction policy?	X	
<b>15</b>	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?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	X	
<b>b</b>	Other officers or key employees of the organization		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
<b>16a</b>	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>b</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?		
<b>16b</b>			

**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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) HELENA VAN VOORST EXECUTIVE DIRECTOR	40.00 0.00			X			87,137	0	9,380	
(2) KEN STOCKMAN PRESIDENT	2.00 0.00	X		X			0	0	0	
(3) BRUCE GROVE VICE PRESIDENT	2.00 0.00	X		X			0	0	0	
(4) LOGAN PRICE TREASURER	2.00 0.00	X		X			0	0	0	
(5) BRUCE BAYLISS MEMBER AT LARGE	2.00 0.00	X					0	0	0	
(6) MARIA COLLETTE DIRECTOR	2.00 0.00	X					0	0	0	
(7) JON CRYSTAL DIRECTOR	2.00 0.00	X					0	0	0	
(8) ANN CRUMB DIRECTOR	2.00 0.00	X					0	0	0	
(9) BILL LADUE DIRECTOR	2.00 0.00	X					0	0	0	
(10) LAURA MACK DIRECTOR	2.00 0.00	X					0	0	0	
(11) JANET FRANKLIN DIRECTOR	2.00 0.00	X					0	0	0	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) MARK PELUSO ..... DIRECTOR	2.00 0.00	X						0	0	0
(13) SHANE WHALEY (UNTIL JANUARY 2023) ..... DIRECTOR	2.00 0.00	X						0	0	0
(14) NIAL RELE (UNTIL JANUARY 2023) ..... SECRETARY	2.00 0.00	X		X				0	0	0
(15) SYLVIE CHOINIERE (UNTIL FEB 2023) ..... DIRECTOR	2.00 0.00	X						0	0	0
<b>1b Subtotal</b> .....								87,137		9,380
<b>c Total from continuation sheets to Part VII, Section A</b> .....										
<b>d Total (add lines 1b and 1c)</b> .....								87,137		9,380

**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
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> .....		X
<b>4</b> 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
<b>5</b> 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	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns	<b>1a</b>				
	<b>b</b> Membership dues	<b>1b</b>				
	<b>c</b> Fundraising events	<b>1c</b>	13,418			
	<b>d</b> Related organizations	<b>1d</b>				
	<b>e</b> Government grants (contributions)	<b>1e</b>	468,159			
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	1,275,771			
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 19,281			
	<b>h Total.</b> Add lines 1a-1f		1,757,348			
<b>Program Service Revenue</b>	<b>2a</b> PROGRAM REVENUE	Business Code 561000	9,368	9,368		
	<b>b</b>					
	<b>c</b>					
	<b>d</b>					
	<b>e</b>					
	<b>f</b> All other program service revenue					
	<b>g Total.</b> Add lines 2a-2f		9,368			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		44,972		44,972	
	<b>4</b> Income from investment of tax-exempt bond proceeds					
	<b>5</b> Royalties					
	<b>6a</b> Gross rents	(i) Real				
		(ii) Personal				
		<b>6a</b>				
	<b>b</b> Less: rental expenses	<b>6b</b>				
	<b>c</b> Rental inc. or (loss)	<b>6c</b>				
	<b>d</b> Net rental income or (loss)					
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities		531,149		
		(ii) Other				
		<b>7a</b>				
	<b>b</b> Less: cost or other basis and sales exps.	<b>7b</b>	502,814			
	<b>c</b> Gain or (loss)	<b>7c</b>	28,335			
<b>d</b> Net gain or (loss)		28,335	28,335			
<b>8a</b> Gross income from fundraising events (not including \$ 13,418 of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>					
	<b>b</b> Less: direct expenses	<b>8b</b>				
<b>c</b> Net income or (loss) from fundraising events						
<b>9a</b> Gross income from gaming activities. See Part IV, line 19	<b>9a</b>					
	<b>b</b> Less: direct expenses	<b>9b</b>				
<b>c</b> Net income or (loss) from gaming activities						
<b>10a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>					
	<b>b</b> Less: cost of goods sold	<b>10b</b>				
<b>c</b> Net income or (loss) from sales of inventory						
<b>Miscellaneous Revenue</b>	<b>11a</b> OTHER INCOME	Business Code 900099	11,291		11,291	
	<b>b</b>					
	<b>c</b>					
	<b>d</b> All other revenue					
	<b>e Total.</b> Add lines 11a-11d		11,291			
<b>12 Total revenue.</b> See instructions		1,851,314	37,703	0	56,263	

**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	847,394	847,394		
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	96,307	64,527	25,039	6,741
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	308,348	176,125	65,447	66,776
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	8,745	2,569	5,903	273
9 Other employee benefits	54,157	18,057	33,973	2,127
10 Payroll taxes	29,272	19,638	4,090	5,544
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	11,000		11,000	
d Lobbying				
e Professional fundraising services. See Part IV, line 7				
f Investment management fees	9,775		9,775	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	46,525	43,235		3,290
12 Advertising and promotion	32,160	14,275	2,109	15,776
13 Office expenses	16,506	8,684	2,835	4,987
14 Information technology	20,218	9,770	1,553	8,895
15 Royalties				
16 Occupancy	54,872	34,684	9,352	10,836
17 Travel	33,092	33,088		4
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	7,513	7,513		
20 Interest				
21 Payments to affiliates	15,209	9,579	2,608	3,022
22 Depreciation, depletion, and amortization	7,098	4,442	1,265	1,391
23 Insurance	5,180	3,262	889	1,029
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	71,255	71,255		
b BANK FEES	1,687		957	730
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	1,676,313	1,368,097	176,795	131,421
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	78,565	1	53,333
	2	Savings and temporary cash investments	185,079	2	170,659
	3	Pledges and grants receivable, net	93,388	3	266,767
	4	Accounts receivable, net	224	4	191
	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	5,510	9	6,990
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	43,432		
	10b	Less: accumulated depreciation	21,911	10c	21,521
	11	Investments—publicly traded securities	1,450,344	11	1,563,137
	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	218,664	15	528,996
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 33)	2,053,478	16	2,611,594	
Liabilities	17	Accounts payable and accrued expenses	27,836	17	49,259
	18	Grants payable	43,252	18	40,717
	19	Deferred revenue	1,500	19	3,000
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	74,736	21	91,550
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	2,171	25	302,110
	26	<b>Total liabilities.</b> Add lines 17 through 25	149,495	26	486,636
Net Assets or Fund Balances	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>				
	27	Net assets without donor restrictions	690,559	27	763,847
	28	Net assets with donor restrictions	1,213,424	28	1,361,111
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>				
	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	<b>Total net assets or fund balances</b>	1,903,983	32	2,124,958	
33	<b>Total liabilities and net assets/fund balances</b>	2,053,478	33	2,611,594	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	1,851,314
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	1,676,313
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	175,001
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	1,903,983
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	45,974
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	2,124,958

**Part XII Financial Statements and Reporting**

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

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
<b>2a</b> 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>b</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	
<b>c</b> 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	
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		X
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

**SCHEDULE A**  
**(Form 990)**

**Public Charity Status and Public Support**

OMB No. 1545-0047

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

**2022**

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](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization

UNITED WAY OF ADDISON COUNTY, INC.

Employer identification number

\*\*-\*\*\*1018

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

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

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

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

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

Schedule A (Form 990) 2022



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

Section A. Public Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc. (see instructions).

13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2022; 15 Public support percentage from 2021 Schedule A, Part II, line 14; 16a 33 1/3% support test—2022; b 33 1/3% support test—2021; 17a 10%-facts-and-circumstances test—2022; b 10%-facts-and-circumstances test—2021; 18 Private foundation.

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

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

Section A. Public Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support.

Section B. Total Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b; 12 Other income; 13 Total support; 14 First 5 years.

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Value/Percentage. Row 15: Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) = 15 %; Row 16: Public support percentage from 2021 Schedule A, Part III, line 15 = 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Value/Percentage. Row 17: Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) = 17 %; Row 18: Investment income percentage from 2021 Schedule A, Part III, line 17 = 18 %

- 19a 33 1/3% support tests—2022. 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; 19b 33 1/3% support tests—2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization; 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? Row 2: Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)?

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

**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	<b>Adjusted Net Income</b> (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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

7  Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).



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

Section D – Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required—explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2022		
a	From 2017		
b	From 2018		
c	From 2019		
d	From 2020		
e	From 2021		
f	<b>Total</b> of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2022 distributable amount		
i	Carryover from 2017 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2022 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2022 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	<b>Excess distributions carryover to 2023.</b> Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2018		
b	Excess from 2019		
c	Excess from 2020		
d	Excess from 2021		
e	Excess from 2022		

**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 \$ 28,526

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

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

UNITED WAY OF ADDISON COUNTY, INC.

Employer identification number

\*\*-\*\*\*1018

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number of funds, aggregate values, and compliance questions.

Part II Conservation Easements.

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include reporting requirements for art and historical treasures.

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

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

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

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

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

**Part IV Escrow and Custodial Arrangements.**

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

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

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

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

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

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

**Part V Endowment Funds.**

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,037,566	1,155,254	819,347	896,994	883,595
b Contributions	140,292	4,800	68,500	3,600	4,464
c Net investment earnings, gains, and losses	90,983	-122,488	303,108	-47,202	54,740
d Grants or scholarships					
e Other expenditures for facilities and programs	179,524		35,701	34,045	45,805
f Administrative expenses					
g End of year balance	1,089,317	1,037,566	1,155,254	819,347	896,994

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

- a Board designated or quasi-endowment 54.69%
- b Permanent endowment 37.43%
- c Term endowment 7.88%

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

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

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

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

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		25,241	11,850	13,391
d Equipment		18,191	10,061	8,130
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				21,521

**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)		
<b>Total.</b> (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)		
<b>Total.</b> (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) RIGHT-OF-USE ASSET	300,713
(2) BENEFICIAL INTEREST IN VT COMMUNITY	174,933
(3) BENEFICIAL INTEREST - FISCAL AGENT	53,350
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	528,996

**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) LEASE LIABILITY	300,713
(3) ANNUITY PAYABLE	1,397
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	302,110

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	1,847,391
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains (losses) on investments	2a	45,974	
	b Donated services and use of facilities	2b	6,426	
	c Recoveries of prior year grants	2c		
	d Other (Describe in Part XIII.)	2d		
	e Add lines 2a through 2d	2e	52,400	
3	Subtract line 2e from line 1		3	1,794,991
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a	9,775	
	b Other (Describe in Part XIII.)	4b	46,548	
	c Add lines 4a and 4b	4c	56,323	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	1,851,314

**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	1,626,416
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	a Donated services and use of facilities	2a	6,426	
	b Prior year adjustments	2b		
	c Other losses	2c		
	d Other (Describe in Part XIII.)	2d		
	e Add lines 2a through 2d	2e	6,426	
3	Subtract line 2e from line 1		3	1,619,990
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	9,775	
	b Other (Describe in Part XIII.)	4b	46,548	
	c Add lines 4a and 4b	4c	56,323	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	1,676,313

**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 \$ 46,548

**Part XIII Supplemental Information** *(continued)*

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

DONOR DESIGNATED GIFTS \$ 46,548

**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization

UNITED WAY OF ADDISON COUNTY, INC.

Employer identification number

\*\*-\*\*\*1018

**Part I General Information on Grants and Assistance**

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	A.C. HOME HEALTH & HOSPICE P.O. BOX 754 MIDDLEBURY VT 05753	**--***2401	501C3	8,076				HEALTHY & IND LIVING
(2)	ADDISON ALLIES NETWORK 58 SEMINARY STREET EXT MIDDLEBURY VT 05753	**--***9952	501C3	7,968				HEALTH ACCESS
(3)	ADDISON COUNTY PARENT/CHILD CENTER P.O. BOX 646 MIDDLEBURY VT 05753	**--***0370	501C3	9,684				LIFE-LONG LEARNING
(4)	AGE WELL 76 PEARL ST. ESSEX JCT. VT 05452	**--***4636	501C3	10,656				HEALTHY & IND LIVING
(5)	BOYS & GIRLS CLUB OF GREATER VERGEN P.O. BOX 356 VERGENNES VT 05491	**--***9691	501C3	23,740				LIFE-LONG LEARNING
(6)	BRISTOL FAMILY CENTER 16 ORCHARD TERRACE BRISTOL VT 05443	**--***2076	501C3	14,292				LIFE-LONG LEARNING
(7)	CHARTER HOUSE COALITION P.O. BOX 344 EAST MIDDLEBURY VT 05740	**--***1802	501C3	33,120				AFFORDABLE HOUSING
(8)	COMMUNITY HEALTH SERVICES OF A.C. 100 PORTER DRIVE MIDDLEBURY VT 05753	**--***9531	501C3	22,368				HEALTHY & IND LIVING
(9)	COUNSELING SERVICE OF ADDISON CTY 89 MAIN STREET MIDDLEBURY VT 05753	**--***2396	501C3	19,028				HOUSING & FOSTER

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 23
- 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) (2022)

**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization

UNITED WAY OF ADDISON COUNTY, INC.

Employer identification number

\*\*-\*\*\*1018

**Part I General Information on Grants and Assistance**

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	ELDERLY SERVICES, INC. P.O. BOX 581 MIDDLEBURY VT 05753	**--***0968	501C3	10,188				HEALTHY & IND LIVING
(2)	HOPE P.O. BOX 165 MIDDLEBURY VT 05753	**--***3720	501C3	35,242				FINANCIAL STABILITY
(3)	JOHN GRAHAM EMERGENCY SHELTER 69 MAIN STREET VERGENNES VT 05491	**--***5219	501C3	48,437				FINANCIAL STABILITY
(4)	MARY JOHNSON CHILDREN'S CENTER 81 WATER ST. MIDDLEBURY VT 05753	**--***4359	501C3	9,384				LIFE-LONG LEARNING
(5)	OTTER CREEK CHILD CENTER, INC. 150 WEYBRIDGE STREET MIDDLEBURY VT 05753	**--***4467	501C3	389,554				CHILD CARE
(6)	STARKSBORO COOPERATIVE PRESCHOOL P.O. BOX 36 STARKSBORO VT 05487	**--***9397	501C3	11,004				LIFE-LONG LEARNING
(7)	THE HUB TEEN CENTER P.O. BOX 249 BRISTOL VT 05443	**--***0401	501C3	13,975				LIFE-LONG LEARNING
(8)	TRI-VALLEY TRANSIT P.O. BOX 532 MIDDLEBURY VT 05753	**--***5768	501C3	21,840				PUBLIC TRANSIT
(9)	UNITED WAYS OF VERMONT P.O. BOX 111 ESSEX JUNCTION VT 05452	**--***2082	501C3	25,649				VT 211 SUPPORT

- 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) (2022)

**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization

UNITED WAY OF ADDISON COUNTY, INC.

Employer identification number

\*\*-\*\*\*1018

**Part I General Information on Grants and Assistance**

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	VERMONT ADULT LEARNING 282 BOARDMAN STREET, SUITE 1A MIDDLEBURY VT 05753	**--***6755	501C3	20,992				EDUC, CHILD CARE
(2)	ADDISON HOUSING WORKS 272 MAIN STREET VERGENNES VT 05491	**--***2009	501C3	16,056				AFFORDABLE HOUSING
(3)	TURNING POINT CENTER OF A.C. 54 A CREEK ROAD MIDDLEBURY VT 05753	**--***4608	501C3	16,332				VARIOUS
(4)	THE TEEN CENTER 77 MARY HOGAN DRIVE MIDDLEBURY VT 05753	**--***8545	501C3	14,475				LIFE-LONG LEARNING
(5)	ATRIA COLLECTIVE P.O. BOX 67 MIDDLEBURY VT 05753	**--***1518	501C3	24,301				AFFORDABLE HOUSING
(6)								
(7)								
(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) (2022)



**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)

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

2022

Open To Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

UNITED WAY OF ADDISON COUNTY, INC.

Employer identification number

\*\*-\*\*\*1018

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

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

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

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

Part II Loans to and/or From Interested Persons.

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

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

Total \$

Part III Grants or Assistance Benefiting Interested Persons.

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

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

**Part IV Business Transactions Involving Interested Persons.**

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

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

**Part V Supplemental Information.**

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

SCHEDULE L, PART V - ADDITIONAL INFORMATION

UWAC HAS A LEASE AGREEMENT FOR OFFICE SPACE. ONE OF THE TWO LESSORS OF THE NEW OFFICE LOCATION IS THE FORMER BOARD CHAIR. LEGAL COUNSEL WAS USED BY ALL PARTIES TO REACH AN INDEPENDENT AGREEMENT CONSISTENT WITH THE FAIR MARKET VALUE OF THE LEASE. THE BOARD CHAIR ABSTAINED FROM ALL BOARD DISCUSSION AND BOARD VOTES THROUGHOUT THE PROCESS OF INITIATING THE LEASE.

**SCHEDULE O  
(Form 990)**

**Supplemental Information to Form 990 or 990-EZ**

OMB No. 1545-0047

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

**2022**

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](http://www.irs.gov/Form990) for the latest information.

Name of the organization

UNITED WAY OF ADDISON COUNTY, INC.

Employer identification number

\*\*-\*\*\*1018

FORM 990, PART III, LINE 2

UNITED WAY OF ADDISON COUNTY (UWAC) RECEIVED TWO NEW STATE FUNDED GRANTS IN FISCAL YEAR 2023. THE FIRST WAS THE CONTINUUM OF CARE GRANT TO ADDRESS COVID-19 HEALTH DISPARITIES AMONG THE MOST VULNERABLE OF ADDISON COUNTY RESIDENTS. THE SECOND WAS TO FUND LOCAL YOUTH VAPING PREVENTION INITIATIVES. COMBINED RECEIPTS FROM BOTH GRANTS TOTALED SLIGHTLY OVER \$46,000 IN FISCAL YEAR 2023, AND BOTH INITIATIVES CONTINUED INTO FISCAL YEAR 2024.

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

COMMUNITY LEADERSHIP & INITIATIVES: THIS PROGRAM INCLUDES INITIATIVES THAT ARE DEVELOPED AND LED BY UWAC TO BRING COLLABORATIVE PROGRAMMING TO MEET UNMET OR UNDER-MET NEEDS IN THE COMMUNITY THAT ALIGN WITH OUR IMPACT AREAS: 1. HEALTH (& EDUCATION) - THE ORGANIZATION CONTINUED ITS TWO MULTI-YEAR FEDERAL SUBSTANCE ABUSE PREVENTION GRANTS. THE FIRST OF WHICH IS NAMED THE 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 WELL-BEING. PROVIDING YOUTH LEADERSHIP OPPORTUNITIES AND INCREASING YOUTH PROTECTIVE FACTORS THROUGH EDUCATION, SPECIAL TRAININGS, EVIDENCE BASED PROGRAMMING, AND POLICY CHANGE ARE KEY OBJECTIVES OF THE PFS INITIATIVE. PFS GRANT YEAR 4 FUNDING TOTALS \$285,615, AND OVERLAPS FISCAL YEARS 2023 AND 2024. DRUG FREE COMMUNITIES FUNDING IS USED TO INFORM AND EDUCATE PARENTS AND ADULT POPULATIONS ABOUT THE DANGERS OF UNDERAGE SUBSTANCE USE,

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

Schedule O (Form 990) 2022

Name of the organization UNITED WAY OF ADDISON COUNTY, INC.	Employer identification number **-***1018
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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 DFC INITIATIVE. DFC GRANT YEAR 4 FUNDING TOTALS \$125,000, AND ALSO OVERLAPS FISCAL YEARS 2023 AND 2024.

2. EDUCATION - THE ORGANIZATION PURCHASED 528 BACKPACKS WITH SCHOOL SUPPLIES FOR DISTRIBUTION AT PARTNER SITES IN ADDISON COUNTY FOR LOCAL KINDERGARTEN, ELEMENTARY, AND SECONDARY SCHOOL STUDENTS.

3. FINANCIAL STABILITY - THE ORGANIZATION RELEASED \$25,362 IN PREVIOUSLY DESIGNATED FUNDS TO ASSIST ADDISON COUNTY RESIDENTS WHO HAVE EITHER EXPERIENCED HOMELESSNESS OR ARE IN IMMEDIATE RISK OF IT, CONTINUING A COMMUNITY COLLABORATION FORMED IN FISCAL YEAR 2022 WITH OUR PARTNER AGENCIES WHO OFFER DIRECT SERVICES TO AT-RISK INDIVIDUALS. THIS COLLABORATION MEETS AS A GROUP AT LEAST MONTHLY TO CONFIDENTIALLY DISCUSS VARIOUS FUNDING REQUESTS FOR APPROVAL. UPON APPROVAL BY THE GROUP, CASE MANAGERS THEN FILE THE APPROPRIATE REIMBURSEMENT PAPERWORK WITH UWAC AFTER THEIR ORGANIZATION HAS INITIATED THIRD-PARTY PAYMENTS FOR ITEMS SUCH AS BACK RENT, SECURITY DEPOSITS, OVERDUE UTILITY BILLS, AND EMERGENCY MOTEL HOUSING. THIS FUNDING IS SPECIFICALLY TARGETED AT REQUESTS THAT ARE OTHERWISE INELIGIBLE FOR ANY OTHER FEDERAL, STATE, OR LOCAL FINANCIAL ASSISTANCE. AN ADDITIONAL \$45,000 IN DESIGNATED FUNDS FOR THIS PURPOSE WILL BE RELEASED AT A RATE OF \$15,000/YEAR IN FISCAL YEAR 2024, FISCAL YEAR 2025, AND FISCAL YEAR 2026.

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

FUNDING & AGENCY RELATIONS: SUPPORT THE COMMUNITY THROUGH THE COMMUNITY IMPACT FUNDING PROCESS AND GRANTS. THIS INCLUDES EFFORTS TO DEVELOP AND

Name of the organization

Employer identification number

UNITED WAY OF ADDISON COUNTY, INC.

\*\*-\*\*\*1018

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 \$117,460. (2) LIFE-LONG LEARNING - FUNDED 11 PROGRAMS FOR \$96,053. (3) IMMEDIATE NEEDS & FINANCIAL STABILITY - FUNDED 8 PROGRAMS FOR \$132,765.

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



Name of the organization

Employer identification number

UNITED WAY OF ADDISON COUNTY, INC.

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THAT ARE CONSIDERED ARE COMPARISONS TO SIMILARLY SIZED UNITED WAYS, LOCAL  
NONPROFITS, AND QUALITY OF WORK.

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

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

DONOR DESIGNATED GIFTS \$ -46,548

DONOR DESIGNATED GIFTS \$ 46,548

Form **4562**

**Depreciation and Amortization**  
(Including Information on Listed Property)

OMB No. 1545-0172

**2022**

Department of the Treasury  
Internal Revenue Service

Attach to your tax return.

Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.

Attachment Sequence No. **179**

Name(s) shown on return

UNITED WAY OF ADDISON COUNTY, INC.

Identifying number

\*\*-\*\*\*1018

Business or activity to which this form relates

INDIRECT DEPRECIATION

**Part I Election To Expense Certain Property Under Section 179**

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

1	Maximum amount (see instructions)	1	1,080,000
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	2,700,000
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 <b>smaller</b> of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2021 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 2023. 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	7,098

**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 2022	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

**Section B—Assets Placed in Service During 2022 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 2022 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	<b>Total.</b> 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	7,098
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** (2022)

DAA

THERE ARE NO AMOUNTS FOR PAGE 2

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**Federal Asset Report**

FYE: 6/30/2023

**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
<b>Other Depreciation:</b>									
34	Refridgerator - Kenmore	11/17/16	550			550	15 MO S/L	205	36
36	Folding Machine	8/01/17	740			740	5 MO S/L	728	12
38	Wall, windows, and barn door	3/07/20	5,900			5,900	5 MO S/L	2,753	1,180
39	Wall	6/30/20	12,426			12,426	5 MO S/L	4,970	2,486
40	Phone office installation	3/30/20	4,967			4,967	5 MO S/L	2,235	994
41	Data cabling	3/30/20	2,800			2,800	5 MO S/L	1,260	560
42	Equipment and install for new phone system	6/18/20	1,108			1,108	5 MO S/L	443	222
43	Five Office Chairs	7/02/20	1,838			1,838	7 MO S/L	525	263
44	26 Upholstered Chairs	7/30/20	6,188			6,188	7 MO S/L	1,694	884
45	Network Equipment Upgrade	2/20/23	6,915			6,915	5 MO S/L	0	461
	<b>Total Other Depreciation</b>		<u>43,432</u>			<u>43,432</u>		<u>14,813</u>	<u>7,098</u>
	<b>Total ACRS and Other Depreciation</b>		<u>43,432</u>			<u>43,432</u>		<u>14,813</u>	<u>7,098</u>
	<b>Grand Totals</b>		43,432			43,432		14,813	7,098
	<b>Less: Dispositions and Transfers</b>		0			0		0	0
	<b>Less: Start-up/Org Expense</b>		0			0		0	0
	<b>Net Grand Totals</b>		<u>43,432</u>			<u>43,432</u>		<u>14,813</u>	<u>7,098</u>

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**AMT Asset Report**

FYE: 6/30/2023

**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
<b>Other Depreciation:</b>									
34	Refridgerator - Kenmore	11/17/16	550			550	15 MO S/L	205	36
36	Folding Machine	8/01/17	740			740	5 MO S/L	728	12
38	Wall, windows, and barn door	3/07/20	5,900			5,900	5 MO S/L	2,753	1,180
39	Wall	6/30/20	12,426			12,426	5 MO S/L	4,970	2,486
40	Phone office installation	3/30/20	4,967			4,967	5 MO S/L	2,235	994
41	Data cabling	3/30/20	2,800			2,800	5 MO S/L	1,260	560
42	Equipment and install for new phone system	6/18/20	1,108			1,108	5 MO S/L	443	222
43	Five Office Chairs	7/02/20	0			0	0 HY	0	0
44	26 Upholstered Chairs	7/30/20	0			0	0 HY	0	0
45	Network Equipment Upgrade	2/20/23	0			0	0 HY	0	0
<b>Total Other Depreciation</b>			<u>28,491</u>			<u>28,491</u>		<u>12,594</u>	<u>5,490</u>
<b>Total ACRS and Other Depreciation</b>			<u>28,491</u>			<u>28,491</u>		<u>12,594</u>	<u>5,490</u>
<b>Grand Totals</b>			28,491			28,491		12,594	5,490
<b>Less: Dispositions and Transfers</b>			<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
<b>Net Grand Totals</b>			<u>28,491</u>			<u>28,491</u>		<u>12,594</u>	<u>5,490</u>

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# Depreciation Adjustment Report

FYE: 6/30/2023

## All Business Activities

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

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**Future Depreciation Report FYE: 6/30/24**

FYE: 6/30/2023

**Form 990, Page 1**

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>Tax</u>	<u>AMT</u>
<b>Other Depreciation:</b>					
34	Refridgerator - Kenmore	11/17/16	550	37	37
36	Folding Machine	8/01/17	740	0	0
38	Wall, windows, and barn door	3/07/20	5,900	1,180	1,180
39	Wall	6/30/20	12,426	2,485	2,485
40	Phone office installation	3/30/20	4,967	993	993
41	Data cabling	3/30/20	2,800	560	560
42	Equipment and install for new phone system	6/18/20	1,108	221	221
43	Five Office Chairs	7/02/20	1,838	262	0
44	26 Upholstered Chairs	7/30/20	6,188	884	0
45	Network Equipment Upgrade	2/20/23	6,915	1,383	0
	<b>Total Other Depreciation</b>		<u>43,432</u>	<u>8,005</u>	<u>5,476</u>
	<b>Total ACRS and Other Depreciation</b>		<u>43,432</u>	<u>8,005</u>	<u>5,476</u>
	<b>Grand Totals</b>		<u>43,432</u>	<u>8,005</u>	<u>5,476</u>



Form <b>990</b>	<b>Event Income and Deduction Worksheet</b>	<b>2022</b>
Description <b>OTHER EVENTS</b>		

Name <b>UNITED WAY OF ADDISON COUNTY, INC.</b>	Taxpayer Identification Number <b>**-***1018</b>
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Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

**Income & Expense Summary:**

1. Gross receipts or sales	1.		
2. Advertising income	2.		
3. Circulation income	3.		
4. Other income	4.		
5. Returns and allowances	5.		
6. Contributions received	6.	13,418	
<b>7. Total revenue.</b> Add lines 1 through 6	<b>7.</b>	<b>13,418</b>	
8. Cost of Goods Sold	8.		
9. Employment Expense	9.		
10. Fees for services	10.		
11. Indirect Expense	11.		
12. Depreciation Expense	12.		
13. Exempt Activity Expense	13.		
14. Fundraising Expense	14.		
<b>15. Total expenses.</b> Add lines 8 through 14	<b>15.</b>		
<b>16. Net Income/Loss.</b> Line 7 minus Line 15	<b>16.</b>	<b>13,418</b>	

**Expense Details - Indirect Expense:**

Advertising and promotion	
Office	
Printing/publication/postage	
Info technology/Maintenance	
Royalties & License Fees	
Occupancy/Real Estate Taxes	
Travel & Repairs	
Travel/entertainment (officials)	
Conferences/meetings	
Interest	
Insurance	
<b>Total Indirect Expense</b>	

**Expense Details - Depreciation Expense:**

On investment property	
On non-investment property	
Amortization	
Depletion	
<b>Total Depreciation Expense</b>	

**Expense Details - Cost of Goods Sold:**

Beginning inventory	
Purchases	
Labor	
Section 263A costs	
Other costs	
Ending inventory	
<b>Total Cost of Goods Sold</b>	

**Expense Details - Exempt Activity Expense:**

Repairs and Maintenance	
Bad debts	
Taxes/licenses	
Charitable contributions	
Dividend recd deductions	
Readership costs	
Other expenses	
<b>Total Exempt Activity Expense</b>	

**Expense Details - Employment Expense:**

Compensation of officers	
Other salaries and wages	
Pension plan contributions	
Other employee benefits	
Payroll taxes	
<b>Total Employment Expense</b>	

**Expense Details - Fundraising Expense:**

Cash prizes	
Non-cash prizes	
Rent and facility costs	
Food & beverages (Part II only)	
Entertainment (Part II only)	
Other direct expenses	
<b>Total Fundraising Expense</b>	

**Expense Details - Fees for Services:**

Management	
Legal	
Accounting	
Lobbying	
Professional fundraising	
Investment management	
Other	
<b>Total Fees for Services</b>	

**Allocation of Expense to Program Service Accomplishments:**

First	
Second	
Third	
All other	

**Information is indicated for use on Form 990-T, Schedule A:**

Schedule A, UBIT Activity Code \_\_\_\_\_ Seq # \_\_\_\_\_

- Part V, Debt Financing
- Part VI, Controlled Org Income
- Part VII, Investments for C(7)(9)(17)
- Part VIII, Exploited Activities
- Part IX, Advertising Income

Form <b>990</b>	<b>Two Year Comparison Report</b>	<b>2021 &amp; 2022</b>
For calendar year 2022, or tax year beginning 07/01/22, ending 06/30/23		

Name: UNITED WAY OF ADDISON COUNTY, INC. Taxpayer Identification Number: \*\*-\*\*\*1018

		2021	2022	Differences
<b>Revenue</b>	1. Contributions, gifts, grants	1,268,842	1,289,189	20,347
	2. Membership dues and assessments			
	3. Government contributions and grants	368,970	468,159	99,189
	4. Program service revenue	12,077	9,368	-2,709
	5. Investment income	39,656	44,972	5,316
	6. Proceeds from tax exempt bonds			
	7. Net gain or (loss) from sale of assets other than inventory	59,442	28,335	-31,107
	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	4,899	11,291	6,392
	<b>12. Total revenue.</b> Add lines 1 through 11	<b>1,753,886</b>	<b>1,851,314</b>	<b>97,428</b>
<b>Expenses</b>	13. Grants and similar amounts paid	588,896	847,394	258,498
	14. Benefits paid to or for members			
	15. Compensation of officers, directors, trustees, etc.	92,404	96,307	3,903
	16. Salaries, other compensation, and employee benefits	405,470	400,522	-4,948
	17. Professional fundraising fees			
	18. Other professional fees	53,441	67,300	13,859
	19. Occupancy, rent, utilities, and maintenance	53,235	54,872	1,637
	20. Depreciation and Depletion	6,771	7,098	327
	21. Other expenses	165,669	202,820	37,151
	<b>22. Total expenses.</b> Add lines 13 through 21	<b>1,365,886</b>	<b>1,676,313</b>	<b>310,427</b>
	<b>23. Excess or (Deficit).</b> Subtract line 22 from line 12	<b>388,000</b>	<b>175,001</b>	<b>-212,999</b>
<b>Other Information</b>	24. Total exempt revenue	1,753,886	1,851,314	97,428
	25. Total unrelated revenue			
	26. Total excludable revenue	116,074	93,966	-22,108
	27. Total assets	2,053,478	2,611,594	558,116
	28. Total liabilities	149,495	486,636	337,141
	29. Retained earnings	1,903,983	2,124,958	220,975
	30. Number of voting members of governing body	11	11	
31. Number of independent voting members of governing body	11	11		
32. Number of employees	12	10		
33. Number of volunteers	323	390		

## PUBLIC COPY

Form <b>990</b>	<b>Tax Return History</b>	<b>2022</b>
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Name UNITED WAY OF ADDISON COUNTY, INC.	Employer Identification Number **-***1018
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	2018	2019	2020	2021	2022	2023
Contributions, gifts, grants .....	1,178,620	1,634,718	1,623,915	1,637,812	1,757,348	
Membership dues .....						
Program service revenue .....	46,602	43,673	12,248	12,077	9,368	
Capital gain or loss .....	41,489	18,626	69,562	59,442	28,335	
Investment income .....	39,136	37,119	35,144	39,656	44,972	
Fundraising revenue (income/loss) .....						
Gaming revenue (income/loss) .....						
Other revenue .....	10,581	5,902	7,144	4,899	11,291	
<b>Total revenue</b> .....	<b>1,316,428</b>	<b>1,740,038</b>	<b>1,748,013</b>	<b>1,753,886</b>	<b>1,851,314</b>	
Grants and similar amounts paid .....	781,703	1,057,684	801,471	588,896	847,394	
Benefits paid to or for members .....						
Compensation of officers, etc. ....	80,355	80,481	85,873	92,404	96,307	
Other compensation .....	288,945	378,612	388,816	405,470	400,522	
Professional fees .....	55,772	35,596	89,754	53,441	67,300	
Occupancy costs .....	9,706	25,295	53,263	53,235	54,872	
Depreciation and depletion .....	7,357	8,941	7,247	6,771	7,098	
Other expenses .....	177,372	161,916	179,014	165,669	202,820	
<b>Total expenses</b> .....	<b>1,401,210</b>	<b>1,748,525</b>	<b>1,605,438</b>	<b>1,365,886</b>	<b>1,676,313</b>	
<b>Excess or (Deficit)</b> .....	<b>-84,782</b>	<b>-8,487</b>	<b>142,575</b>	<b>388,000</b>	<b>175,001</b>	
<b>Total exempt revenue</b> .....	<b>1,316,428</b>	<b>1,740,038</b>	<b>1,748,013</b>	<b>1,753,886</b>	<b>1,851,314</b>	
Total unrelated revenue .....						
Total excludable revenue .....	137,808	105,320	124,098	116,074	93,966	
Total Assets .....	1,802,564	2,035,758	2,095,918	2,053,478	2,611,594	
Total Liabilities .....	396,090	725,733	375,206	149,495	486,636	
Net Fund Balances .....	1,406,474	1,310,025	1,720,712	1,903,983	2,124,958	

Form <b>990T</b>	<b>Tax Return History</b>	<b>2022</b>
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Name <b>UNITED WAY OF ADDISON COUNTY, INC.</b>	Employer Identification Number <b>**-***1018</b>
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\* Income shown net of expenses

	2018	2019	2020	2021	2022	2023
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 .....						
<b>Total trade or business income.</b> .....						
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 .....						

### 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	\$ 44,972		14			
TOTAL	<u>\$ 44,972</u>					

\*\*\_\*\*\*1018

**Federal Statements**

FYE: 6/30/2023

**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 &amp; General</u>	<u>Fund Raising</u>
PROFESSIONAL FEES - CL & I	\$ 38,812	\$ 38,812	\$	\$
PROFESSIONAL FEES - ORG DEV	17	17		
PROFESSIONAL FEES - VOL PROG	3,875	3,875		
PROFESSIONAL FEES - F&A REL	3,821	531		3,290
TOTAL	<u>\$ 46,525</u>	<u>\$ 43,235</u>	<u>\$ 0</u>	<u>\$ 3,290</u>