

Form **8879-EO**

# IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-0047

For calendar year 2020, or fiscal year beginning JUL 1, 2020, and ending JUN 30, 2021

# 2020

Department of the Treasury  
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**  
▶ **Go to [www.irs.gov/Form8879EO](http://www.irs.gov/Form8879EO) for the latest information.**

Name of exempt organization or person subject to tax

**UNITED WAY OF DELAWARE COUNTY, INC  
INDIANA, INC.**

Taxpayer identification number

**35-0996148**

Name and title of officer or person subject to tax

**JENNIFER MARSH  
PRESIDENT AND CEO**

## Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, or 7a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, or 7b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

|   |   |                             |
|---|---|-----------------------------|
| <b>1a</b> Form 990 check here ▶ <input checked="" type="checkbox"/> | <b>b</b> Total revenue, if any (Form 990, Part VIII, column (A), line 12) ..... | <b>1b</b> <u>1,708,515.</u> |
| <b>2a</b> Form 990-EZ check here ▶ <input type="checkbox"/>         | <b>b</b> Total revenue, if any (Form 990-EZ, line 9) .....                      | <b>2b</b> _____             |
| <b>3a</b> Form 1120-POL check here ▶ <input type="checkbox"/>       | <b>b</b> Total tax (Form 1120-POL, line 22) .....                               | <b>3b</b> _____             |
| <b>4a</b> Form 990-PF check here ▶ <input type="checkbox"/>         | <b>b</b> Tax based on investment income (Form 990-PF, Part VI, line 5) .....    | <b>4b</b> _____             |
| <b>5a</b> Form 8868 check here ▶ <input type="checkbox"/>           | <b>b</b> Balance due (Form 8868, line 3c) .....                                 | <b>5b</b> _____             |
| <b>6a</b> Form 990-T check here ▶ <input type="checkbox"/>          | <b>b</b> Total tax (Form 990-T, Part III, line 4) .....                         | <b>6b</b> _____             |
| <b>7a</b> Form 4720 check here ▶ <input type="checkbox"/>           | <b>b</b> Total tax (Form 4720, Part III, line 1) .....                          | <b>7b</b> _____             |

## Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that  I am an officer of the above organization or  I am a person subject to tax with respect to (name of organization) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy

of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

**PIN: check one box only**

I authorize WHITINGER & COMPANY LLC to enter my PIN 56783  
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax ▶

Date ▶

## Part III Certification and Authentication

**ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

**35020221694**

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.**

ERO's signature ▶ \_\_\_\_\_ Date ▶ 03/05/22

**ERO Must Retain This Form - See Instructions  
Do Not Submit This Form to the IRS Unless Requested To Do So**

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2020)

# Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**  
▶ **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

|  |  |   |
|--|--|---|
| <b>Type or print</b>   | Name of exempt organization or other filer, see instructions.<br><b>UNITED WAY OF DELAWARE COUNTY, INC<br/>INDIANA, INC.</b> | Taxpayer identification number (TIN)<br><br><b>35-0996148</b> |
| File by the due date for filing your return. See instructions. | Number, street, and room or suite no. If a P.O. box, see instructions.<br><b>400 N HIGH STREET, SUITE 300</b>                |   |
|  | City, town or post office, state, and ZIP code. For a foreign address, see instructions.<br><b>MUNCIE, IN 47305</b>          |   |

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

| Application Is For                       | Return Code | Application Is For                | Return Code |
|--|-------------|-----------------------------------|-------------|
| Form 990 or Form 990-EZ                  | 01          | Form 990-T (corporation)          | 07          |
| Form 990-BL                              | 02          | Form 1041-A                       | 08          |
| Form 4720 (individual)                   | 03          | Form 4720 (other than individual) | 09          |
| Form 990-PF                              | 04          | Form 5227                         | 10          |
| Form 990-T (sec. 401(a) or 408(a) trust) | 05          | Form 6069                         | 11          |
| Form 990-T (trust other than above)      | 06          | Form 8870                         | 12          |

**JENNIFER MARSH**

- The books are in the care of ▶ **400 N HIGH STREET, SUITE 300 - MUNCIE, IN 47305**  
Telephone No. ▶ **765-288-5586** Fax No. ▶ \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until **MAY 16, 2022**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ▶  calendar year \_\_\_\_\_ or  
 ▶  tax year beginning **JUL 1, 2020**, and ending **JUN 30, 2021**.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

|   |           |    |    |
|---|-----------|----|----|
| <b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.                                   | <b>3a</b> | \$ | 0. |
| <b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. | <b>3b</b> | \$ | 0. |
| <b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.              | <b>3c</b> | \$ | 0. |

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

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

**2020**

Department of the Treasury  
Internal Revenue Service

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

Open to Public Inspection

**A** For the 2020 calendar year, or tax year beginning **JUL 1, 2020** and ending **JUN 30, 2021**

|  |   |   |
|--|---|---|
| <b>B</b> Check if applicable:<br><br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Final return/terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>C</b> Name of organization<br><b>UNITED WAY OF DELAWARE COUNTY, INC INDIANA, INC.</b><br>Doing business as<br>Number and street (or P.O. box if mail is not delivered to street address) Room/suite<br><b>400 N HIGH STREET, SUITE 300</b><br>City or town, state or province, country, and ZIP or foreign postal code<br><b>MUNCIE, IN 47305</b><br><b>F</b> Name and address of principal officer: <b>JENNIFER MARSH</b><br><b>SAME AS C ABOVE</b> | <b>D</b> Employer identification number<br><br><b>35-0996148</b><br><b>E</b> Telephone number<br><b>765-288-5586</b><br><b>G</b> Gross receipts \$ <b>1,739,337.</b><br><b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If "No," attach a list. See instructions<br><b>H(c)</b> Group exemption number ▶ |
| <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: ▶ <b>WWW.INVITEDTOLIVEUNITED.ORG</b>   |   |   |
| <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: <b>1925</b>  |   | <b>M</b> State of legal domicile: <b>IN</b>   |

**Part I Summary**

|  | <b>1</b> Briefly describe the organization's mission or most significant activities: <b>SEE ATTACHED SCHEDULE O</b>                              |   |              |                           |              |  |            |            |   |            |            |   |            |            |  |         |          |  |            |            |
|--|--|---|--------------|---------------------------|--------------|--|------------|------------|---|------------|------------|---|------------|------------|--|---------|----------|--|------------|------------|
| Activities & Governance  | <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> 12   |              |                           |              |  |            |            |   |            |            |   |            |            |  |         |          |  |            |            |
|  | <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)   | <b>4</b> 12   |              |                           |              |  |            |            |   |            |            |   |            |            |  |         |          |  |            |            |
|  | <b>5</b> Total number of individuals employed in calendar year 2020 (Part V, line 2a)  | <b>5</b> 8  |              |                           |              |  |            |            |   |            |            |   |            |            |  |         |          |  |            |            |
|  | <b>6</b> Total number of volunteers (estimate if necessary)  | <b>6</b> 389  |              |                           |              |  |            |            |   |            |            |   |            |            |  |         |          |  |            |            |
|  | <b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12   | <b>7a</b> 0.  |              |                           |              |  |            |            |   |            |            |   |            |            |  |         |          |  |            |            |
|  | <b>7b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11   | <b>7b</b> 0.  |              |                           |              |  |            |            |   |            |            |   |            |            |  |         |          |  |            |            |
| Revenue  | <b>8</b> Contributions and grants (Part VIII, line 1h)   | <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:30%;"></th> <th style="width:35%;">Prior Year</th> <th style="width:35%;">Current Year</th> </tr> </thead> <tbody> <tr> <td><b>8</b> Contributions and grants (Part VIII, line 1h)</td> <td style="text-align: right;">2,972,427.</td> <td style="text-align: right;">1,246,427.</td> </tr> <tr> <td><b>9</b> Program service revenue (Part VIII, line 2g)</td> <td style="text-align: right;">11,730.</td> <td style="text-align: right;">6,618.</td> </tr> <tr> <td><b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)</td> <td style="text-align: right;">79,919.</td> <td style="text-align: right;">75,389.</td> </tr> <tr> <td><b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</td> <td style="text-align: right;">16,526.</td> <td style="text-align: right;">380,081.</td> </tr> <tr> <td><b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)</td> <td style="text-align: right;">3,080,602.</td> <td style="text-align: right;">1,708,515.</td> </tr> </tbody> </table> |              | Prior Year                | Current Year | <b>8</b> Contributions and grants (Part VIII, line 1h) | 2,972,427. | 1,246,427. | <b>9</b> Program service revenue (Part VIII, line 2g) | 11,730.    | 6,618.     | <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 79,919.    | 75,389.    | <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 16,526. | 380,081. | <b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 3,080,602. | 1,708,515. |
|  |  | Prior Year  | Current Year |                           |              |  |            |            |   |            |            |   |            |            |  |         |          |  |            |            |
|  | <b>8</b> Contributions and grants (Part VIII, line 1h)   | 2,972,427.  | 1,246,427.   |                           |              |  |            |            |   |            |            |   |            |            |  |         |          |  |            |            |
|  | <b>9</b> Program service revenue (Part VIII, line 2g)  | 11,730.   | 6,618.       |                           |              |  |            |            |   |            |            |   |            |            |  |         |          |  |            |            |
|  | <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)  | 79,919.   | 75,389.      |                           |              |  |            |            |   |            |            |   |            |            |  |         |          |  |            |            |
|  | <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)   | 16,526.   | 380,081.     |                           |              |  |            |            |   |            |            |   |            |            |  |         |          |  |            |            |
| <b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 3,080,602.   | 1,708,515.  |              |                           |              |  |            |            |   |            |            |   |            |            |  |         |          |  |            |            |
| <b>9</b> Program service revenue (Part VIII, line 2g)  | 11,730.  | 6,618.  |              |                           |              |  |            |            |   |            |            |   |            |            |  |         |          |  |            |            |
| <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)                      | 79,919.  | 75,389.   |              |                           |              |  |            |            |   |            |            |   |            |            |  |         |          |  |            |            |
| <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)           | 16,526.  | 380,081.  |              |                           |              |  |            |            |   |            |            |   |            |            |  |         |          |  |            |            |
| <b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 3,080,602.   | 1,708,515.  |              |                           |              |  |            |            |   |            |            |   |            |            |  |         |          |  |            |            |
| Expenses   | <b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)   | 948,581.  | 1,973,413.   |                           |              |  |            |            |   |            |            |   |            |            |  |         |          |  |            |            |
|  | <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)  | 0.  | 0.           |                           |              |  |            |            |   |            |            |   |            |            |  |         |          |  |            |            |
|  | <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  | 446,603.  | 475,072.     |                           |              |  |            |            |   |            |            |   |            |            |  |         |          |  |            |            |
|  | <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)   | 0.  | 0.           |                           |              |  |            |            |   |            |            |   |            |            |  |         |          |  |            |            |
|  | <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>210,961.</b>   |   |              |                           |              |  |            |            |   |            |            |   |            |            |  |         |          |  |            |            |
|  | <b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)   | 465,270.  | 383,681.     |                           |              |  |            |            |   |            |            |   |            |            |  |         |          |  |            |            |
| <b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)          | 1,860,454.   | 2,832,166.  |              |                           |              |  |            |            |   |            |            |   |            |            |  |         |          |  |            |            |
| <b>19</b> Revenue less expenses. Subtract line 18 from line 12                               | 1,220,148.   | -1,123,651.   |              |                           |              |  |            |            |   |            |            |   |            |            |  |         |          |  |            |            |
| Net Assets or Fund Balances  | <b>20</b> Total assets (Part X, line 16)   | <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:30%;"></th> <th style="width:35%;">Beginning of Current Year</th> <th style="width:35%;">End of Year</th> </tr> </thead> <tbody> <tr> <td><b>20</b> Total assets (Part X, line 16)</td> <td style="text-align: right;">4,965,855.</td> <td style="text-align: right;">4,203,102.</td> </tr> <tr> <td><b>21</b> Total liabilities (Part X, line 26)</td> <td style="text-align: right;">1,105,988.</td> <td style="text-align: right;">1,218,983.</td> </tr> <tr> <td><b>22</b> Net assets or fund balances. Subtract line 21 from line 20</td> <td style="text-align: right;">3,859,867.</td> <td style="text-align: right;">2,984,119.</td> </tr> </tbody> </table>  |              | Beginning of Current Year | End of Year  | <b>20</b> Total assets (Part X, line 16)               | 4,965,855. | 4,203,102. | <b>21</b> Total liabilities (Part X, line 26)         | 1,105,988. | 1,218,983. | <b>22</b> Net assets or fund balances. Subtract line 21 from line 20    | 3,859,867. | 2,984,119. |  |         |          |  |            |            |
|  |  | Beginning of Current Year   | End of Year  |                           |              |  |            |            |   |            |            |   |            |            |  |         |          |  |            |            |
|  | <b>20</b> Total assets (Part X, line 16)   | 4,965,855.  | 4,203,102.   |                           |              |  |            |            |   |            |            |   |            |            |  |         |          |  |            |            |
| <b>21</b> Total liabilities (Part X, line 26)  | 1,105,988.   | 1,218,983.  |              |                           |              |  |            |            |   |            |            |   |            |            |  |         |          |  |            |            |
| <b>22</b> Net assets or fund balances. Subtract line 21 from line 20                         | 3,859,867.   | 2,984,119.  |              |                           |              |  |            |            |   |            |            |   |            |            |  |         |          |  |            |            |
| <b>21</b> Total liabilities (Part X, line 26)  | 1,105,988.   | 1,218,983.  |              |                           |              |  |            |            |   |            |            |   |            |            |  |         |          |  |            |            |
| <b>22</b> Net assets or fund balances. Subtract line 21 from line 20                         | 3,859,867.   | 2,984,119.  |              |                           |              |  |            |            |   |            |            |   |            |            |  |         |          |  |            |            |

**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<br><b>JENNIFER MARSH, PRESIDENT AND CEO</b><br>Type or print name and title | Date<br>_____                                     |                         |   |                          |
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name<br><b>JOHN D MARTIN, CPA</b>  | Preparer's signature<br><b>JOHN D MARTIN, CPA</b> | Date<br><b>03/05/22</b> | Check <input type="checkbox"/> if self-employed | PTIN<br><b>P00321694</b> |
|                               | Firm's name ▶ <b>WHITINGER &amp; COMPANY LLC</b>   | Firm's EIN ▶ <b>35-0905017</b>                    |                         |   |                          |
|                               | Firm's address ▶ <b>1100 W WHITE RIVER BLVD</b><br><b>MUNCIE, IN 47303-3776</b>                  | Phone no. <b>765-284-3384</b>                     |                         |   |                          |

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

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission:  
**WE ENGAGE THE COMMUNITY TO IMPROVE LIVES BY FOCUSING RESOURCES ON  
EDUCATION, INCOME, AND HEALTH.**

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

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

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

**4a** (Code: \_\_\_\_\_) (Expenses \$ 2,426,113. including grants of \$ 1,973,413.) (Revenue \$ 6,618.)  
**WITH A GOAL TO END GENERATIONAL POVERTY, UNITED WAY (UW) UNITES DONORS, VOLUNTEERS AND ADVOCATES TO FIGHT FOR THE EDUCATION, FINANCIAL STABILITY AND HEALTH OF EVERY PERSON IN EVERY COMMUNITY. ACROSS DELAWARE, HENRY, AND RANDOLPH COUNTIES, NEARLY HALF OF ALL HOUSEHOLDS STRUGGLE. MANY HOUSEHOLDS ARE WORKING YET LIVING ONE CRISIS AWAY FROM SLIDING INTO POVERTY. THROUGH COMMUNITY INVESTMENTS, AS WELL AS DIRECT SERVICE PROGRAMS, UW POSITIVELY IMPACTS THE QUALITY OF LIFE FOR ALL WHO RESIDE IN THE COMMUNITIES. POSITIONED TO ASSESS THE WHOLE COMMUNITY, UW IDENTIFIES GAPS IN SERVICES AND ALIGNS EFFORTS WITH PROVEN PROGRAMS AND PARTNERS TO ADDRESS THOSE GAPS. BY TAKING THIS BROAD VIEW, UW NOT ONLY MEETS IMMEDIATE NEEDS, BUT ALSO ATTACKS ROOT CAUSES TO PREVENT FUTURE PROBLEMS.**

**4b** (Code: \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

**4c** (Code: \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

**4d** Other program services (Describe on Schedule O.)  
(Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

**4e** Total program service expenses **2,426,113.**

**UNITED WAY OF DELAWARE COUNTY, INC  
INDIANA, INC.**

**Part IV Checklist of Required Schedules**

|   | Yes      | No       |
|---|----------|----------|
| <b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?<br><i>If "Yes," complete Schedule A</i> .....  | <b>X</b> |          |
| <b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? .....   | <b>X</b> |          |
| <b>3</b> 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> .....  |          | <b>X</b> |
| <b>4 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> .....  |          | <b>X</b> |
| <b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> .....   |          | <b>X</b> |
| <b>6</b> 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> .....  |          | <b>X</b> |
| <b>7</b> 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> .....  |          | <b>X</b> |
| <b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....   |          | <b>X</b> |
| <b>9</b> 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> .....            |          | <b>X</b> |
| <b>10</b> 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> .....   | <b>X</b> |          |
| <b>11</b> 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.   |          |          |
| <b>a</b> 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> .....   | <b>X</b> |          |
| <b>b</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> .....  | <b>X</b> |          |
| <b>c</b> 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> .....  |          | <b>X</b> |
| <b>d</b> 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> .....   | <b>X</b> |          |
| <b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....   |          | <b>X</b> |
| <b>f</b> 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> .....  |          | <b>X</b> |
| <b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....  | <b>X</b> |          |
| <b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year?<br><i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> .....  |          | <b>X</b> |
| <b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....  |          | <b>X</b> |
| <b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....  |          | <b>X</b> |
| <b>b</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> ..... |          | <b>X</b> |
| <b>15</b> 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> .....   |          | <b>X</b> |
| <b>16</b> 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> .....   |          | <b>X</b> |
| <b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> .....   |          | <b>X</b> |
| <b>18</b> 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> .....   | <b>X</b> |          |
| <b>19</b> 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> .....   |          | <b>X</b> |
| <b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....   |          | <b>X</b> |
| <b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....   |          |          |
| <b>21</b> 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> .....  | <b>X</b> |          |

**UNITED WAY OF DELAWARE COUNTY, INC  
INDIANA, INC.**

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

|            |   | Yes      | No       |
|------------|---|----------|----------|
| <b>22</b>  | 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? <i>If "Yes," complete Schedule I, Parts I and III</i> .....  |          | <b>X</b> |
| <b>23</b>  | 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? <i>If "Yes," complete Schedule J</i> .....   |          | <b>X</b> |
| <b>24a</b> | 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....   |          | <b>X</b> |
| <b>24b</b> | <b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....  |          |          |
| <b>24c</b> | <b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....   |          |          |
| <b>24d</b> | <b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....  |          |          |
| <b>25a</b> | <b>25a 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? <i>If "Yes," complete Schedule L, Part I</i> .....  |          | <b>X</b> |
| <b>25b</b> | <b>b</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? <i>If "Yes," complete Schedule L, Part I</i> .....   |          | <b>X</b> |
| <b>26</b>  | 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? <i>If "Yes," complete Schedule L, Part II</i> .....   |          | <b>X</b> |
| <b>27</b>  | 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? <i>If "Yes," complete Schedule L, Part III</i> ..... |          | <b>X</b> |
| <b>28</b>  | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):  |          |          |
| <b>28a</b> | <b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> .....  |          | <b>X</b> |
| <b>28b</b> | <b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....   |          | <b>X</b> |
| <b>28c</b> | <b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> .....   |          | <b>X</b> |
| <b>29</b>  | Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....   |          | <b>X</b> |
| <b>30</b>  | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....   |          | <b>X</b> |
| <b>31</b>  | Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....   |          | <b>X</b> |
| <b>32</b>  | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....   |          | <b>X</b> |
| <b>33</b>  | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....   |          | <b>X</b> |
| <b>34</b>  | Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....   |          | <b>X</b> |
| <b>35a</b> | Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....   |          | <b>X</b> |
| <b>35b</b> | <b>b</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)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....   |          |          |
| <b>36</b>  | <b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....   |          | <b>X</b> |
| <b>37</b>  | 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? <i>If "Yes," complete Schedule R, Part VI</i> .....  |          | <b>X</b> |
| <b>38</b>  | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?<br><b>Note:</b> All Form 990 filers are required to complete Schedule O .....  | <b>X</b> |          |

**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 |
|-----------|---|----------|----|
| <b>1a</b> | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable .....  |          | 8  |
| <b>1b</b> | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .....   |          | 0  |
| <b>1c</b> | <b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? ..... | <b>X</b> |    |

**UNITED WAY OF DELAWARE COUNTY, INC  
INDIANA, INC.**

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

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

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

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

**Section A. Governing Body and Management**

|           |  | Yes | No |
|-----------|--|-----|----|
| <b>1a</b> | Enter the number of voting members of the governing body at the end of the tax year<br>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> 12   |     |    |
| <b>b</b>  | Enter the number of voting members included on line 1a, above, who are independent   |     |    |
|           | <b>1b</b> 12   |     |    |
| <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 in 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 in Schedule O how this was done   | X   |    |
| <b>12c</b> |  | X   |    |
| <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 in 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 **IN**
- 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 **JENNIFER MARSH - 765-288-5586**  
**400 N HIGH STREET, SUITE 300, MUNCIE, IN 47305**



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

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

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

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

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

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

| (A)<br>Name and title                    | (B)<br>Average hours per week (list any hours for related organizations below line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |          | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>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) TONY HARVEY<br>CHAIR                 | 1.00  | X  |                       | X       |              |                              | 0.       | 0.   | 0.  |   |
| (2) BETTIE CALDWELL<br>TREASURER         | 1.00  | X  |                       | X       |              |                              | 0.       | 0.   | 0.  |   |
| (3) KEVIN WOEHLER<br>PAST CHAIR          | 1.00  | X  |                       | X       |              |                              | 0.       | 0.   | 0.  |   |
| (4) MATTHEW KELSEY<br>INCOMING CHAIR     | 1.00  | X  |                       | X       |              |                              | 0.       | 0.   | 0.  |   |
| (5) DOROTHY DOUGLASS<br>DIRECTOR         | 1.00  | X  |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| (6) STEVE MOORE<br>DIRECTOR              | 1.00  | X  |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| (7) BRIAN SCOTT<br>DIRECTOR              | 1.00  | X  |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| (8) DR SUSANA RIVERA-MILLS<br>DIRECTOR   | 1.00  | X  |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| (9) JENNIFER MARSH<br>EXECUTIVE DIRECTOR | 40.00   |  |                       | X       |              |                              | 100,727. | 0.   | 0.  |   |
|  |   |  |                       |         |              |                              |          |  |   |   |
|  |   |  |                       |         |              |                              |          |  |   |   |
|  |   |  |                       |         |              |                              |          |  |   |   |
|  |   |  |                       |         |              |                              |          |  |   |   |
|  |   |  |                       |         |              |                              |          |  |   |   |
|  |   |  |                       |         |              |                              |          |  |   |   |
|  |   |  |                       |         |              |                              |          |  |   |   |
|  |   |  |                       |         |              |                              |          |  |   |   |
|  |   |  |                       |         |              |                              |          |  |   |   |
|  |   |  |                       |         |              |                              |          |  |   |   |

**UNITED WAY OF DELAWARE COUNTY, INC  
INDIANA, INC.**

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

| (A)<br>Name and title  | (B)<br>Average hours per week (list any hours for related organizations below line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |          | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|---|---|-----------------------|---------|--------------|------------------------------|----------|--|---|---|
|  |   | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former   |  |   |   |
|  |   |   |                       |         |              |                              |          |  |   |   |
|  |   |   |                       |         |              |                              |          |  |   |   |
|  |   |   |                       |         |              |                              |          |  |   |   |
|  |   |   |                       |         |              |                              |          |  |   |   |
|  |   |   |                       |         |              |                              |          |  |   |   |
|  |   |   |                       |         |              |                              |          |  |   |   |
|  |   |   |                       |         |              |                              |          |  |   |   |
|  |   |   |                       |         |              |                              |          |  |   |   |
|  |   |   |                       |         |              |                              |          |  |   |   |
|  |   |   |                       |         |              |                              |          |  |   |   |
|  |   |   |                       |         |              |                              |          |  |   |   |
|  |   |   |                       |         |              |                              |          |  |   |   |
|  |   |   |                       |         |              |                              |          |  |   |   |
|  |   |   |                       |         |              |                              |          |  |   |   |
|  |   |   |                       |         |              |                              |          |  |   |   |
|  |   |   |                       |         |              |                              |          |  |   |   |
|  |   |   |                       |         |              |                              |          |  |   |   |
| <b>1b Subtotal</b> .....   |   |   |                       |         |              |                              | 100,727. | 0.   | 0.  |   |
| <b>c Total from continuation sheets to Part VII, Section A</b> ..... |   |   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| <b>d Total (add lines 1b and 1c)</b> .....                           |   |   |                       |         |              |                              | 100,727. | 0.   | 0.  |   |

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

|  | Yes | No       |
|--|-----|----------|
| <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> .....  |     | <b>X</b> |
| <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> ..... |     | <b>X</b> |
| <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> .....                       |     | <b>X</b> |

**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)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
| <b>NONE</b>                      |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

**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**

**UNITED WAY OF DELAWARE COUNTY, INC  
INDIANA, INC.**

**Part VIII Statement of Revenue**

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

|   |   |   | (A)            | (B)                                | (C)                        | (D)  |        |
|---|---|---|----------------|------------------------------------|----------------------------|--|--------|
|   |   |   | Total revenue  | Related or exempt function revenue | Unrelated business revenue | Revenue excluded from tax under sections 512 - 514 |        |
| <b>Contributions, Gifts, Grants and Other Similar Amounts</b>   | <b>1 a</b> Federated campaigns .....  | <b>1a</b>   |                |                                    |                            |  |        |
|   | <b>b</b> Membership dues .....  | <b>1b</b>   |                |                                    |                            |  |        |
|   | <b>c</b> Fundraising events .....   | <b>1c</b>   |                |                                    |                            |  |        |
|   | <b>d</b> Related organizations .....  | <b>1d</b>   |                |                                    |                            |  |        |
|   | <b>e</b> Government grants (contributions) .....  | <b>1e</b>   |                |                                    |                            |  |        |
|   | <b>f</b> All other contributions, gifts, grants, and similar amounts not included above ... | <b>1f</b>   | 1,246,427.     |                                    |                            |  |        |
|   | <b>g</b> Noncash contributions included in lines 1a-1f .....                                | <b>1g</b>   | \$ 16,102.     |                                    |                            |  |        |
|   | <b>h Total.</b> Add lines 1a-1f .....   |   |                | 1,246,427.                         |                            |  |        |
| <b>Program Service Revenue</b>  | <b>2 a</b> SERVICE FEES .....   | <b>Business Code</b>  |                |                                    |                            |  |        |
|   |   | 561000  | 6,618.         | 6,618.                             |                            |  |        |
|   | <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 .....   |   |   | 6,618.         |                                    |                            |  |        |
| <b>Other Revenue</b>  | <b>3</b> Investment income (including dividends, interest, and other similar amounts) ..... |   | 38,080.        |                                    |                            | 38,080.  |        |
|   | <b>4</b> Income from investment of tax-exempt bond proceeds .....                           |   |                |                                    |                            |  |        |
|   | <b>5</b> Royalties .....  |   |                |                                    |                            |  |        |
|   | <b>6 a</b> Gross rents .....  | <b>6a</b>   | (i) Real       |                                    |                            |  |        |
|   |   |   | (ii) Personal  |                                    |                            |  |        |
|   |   |   |                |                                    |                            |  |        |
|   | <b>b</b> Less: rental expenses ...  | <b>6b</b>   |                |                                    |                            |  |        |
|   | <b>c</b> Rental income or (loss)  | <b>6c</b>   |                |                                    |                            |  |        |
|   | <b>d</b> Net rental income or (loss) .....  |   |                |                                    |                            |  |        |
|   | <b>7 a</b> Gross amount from sales of assets other than inventory .....                     | <b>7a</b>   | (i) Securities | 60,479.                            |                            |  |        |
|   |   |   | (ii) Other     |                                    |                            |  |        |
|   |   |   |                | 22,344.                            | 826.                       |  |        |
|   |   |   |                | 38,135.                            | -826.                      |  |        |
|   | <b>b</b> Less: cost or other basis and sales expenses .....                                 | <b>7b</b>   |                |                                    |                            |  |        |
|   | <b>c</b> Gain or (loss) .....   | <b>7c</b>   |                |                                    |                            |  |        |
| <b>d</b> Net gain or (loss) .....   |   |   | 37,309.        |                                    | 37,309.                    |  |        |
| <b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 ..... | <b>8a</b>   |   | 12,887.        |                                    |                            |  |        |
|   |   | <b>b</b> Less: direct expenses .....                        | <b>8b</b>      | 7,652.                             |                            |  |        |
|   |   | <b>c</b> Net income or (loss) from fundraising events ..... |                |                                    | 5,235.                     |  | 5,235. |
| <b>9 a</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>10 a</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>11 a</b> CHANGE IN BENEFICIAL INTEREST AT .....  | <b>Business Code</b>  |                |                                    |                            |  |        |
|   |   | 900099  | 165,284.       |                                    |                            | 165,284.   |        |
|   | <b>b</b> EMPLOYEE RETENTION CREDITS .....   | 900099  | 132,311.       |                                    |                            | 132,311.   |        |
|   | <b>c</b> PAYCHECK PROTECTION PROGRAM LOAN .....   | 900099  | 74,100.        |                                    |                            | 74,100.  |        |
|   | <b>d</b> All other revenue .....  | 900099  | 3,151.         |                                    |                            | 3,151.   |        |
| <b>e Total.</b> Add lines 11a-11d .....   |   |   | 374,846.       |                                    |                            |  |        |
| <b>12 Total revenue.</b> See instructions .....   |   |   | 1,708,515.     | 6,618.                             | 0.                         | 455,470.   |        |

**UNITED WAY OF DELAWARE COUNTY, INC  
INDIANA, INC.**

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**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

| <i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>   | <b>(A)</b><br>Total expenses | <b>(B)</b><br>Program service expenses | <b>(C)</b><br>Management and general expenses | <b>(D)</b><br>Fundraising expenses |
|---|------------------------------|--|---|------------------------------------|
| <b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21   | 1,973,413.                   | 1,973,413.                             |   |                                    |
| <b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22  |                              |  |   |                                    |
| <b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16   |                              |  |   |                                    |
| <b>4</b> Benefits paid to or for members  |                              |  |   |                                    |
| <b>5</b> Compensation of current officers, directors, trustees, and key employees   | 115,269.                     | 64,112.                                | 15,654.                                       | 35,503.                            |
| <b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)   |                              |  |   |                                    |
| <b>7</b> Other salaries and wages   | 275,240.                     | 153,094.                               | 37,372.                                       | 84,774.                            |
| <b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)   | 16,065.                      | 8,444.                                 | 2,352.  | 5,269.                             |
| <b>9</b> Other employee benefits  | 39,672.                      | 23,734.                                | 4,912.  | 11,026.                            |
| <b>10</b> Payroll taxes   | 28,826.                      | 15,947.                                | 3,964.  | 8,915.                             |
| <b>11</b> Fees for services (nonemployees):   |                              |  |   |                                    |
| <b>a</b> Management   |                              |  |   |                                    |
| <b>b</b> Legal  |                              |  |   |                                    |
| <b>c</b> Accounting   | 47,565.                      |  | 47,565.                                       |                                    |
| <b>d</b> Lobbying   |                              |  |   |                                    |
| <b>e</b> Professional fundraising services. See Part IV, line 17  |                              |  |   |                                    |
| <b>f</b> Investment management fees   | 13,746.                      |  | 13,746.                                       |                                    |
| <b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)  | 44,891.                      | 13,259.                                | 23,677.                                       | 7,955.                             |
| <b>12</b> Advertising and promotion   | 29,622.                      | 14,299.                                | 4,174.  | 11,149.                            |
| <b>13</b> Office expenses   | 45,071.                      | 24,450.                                | 6,444.  | 14,177.                            |
| <b>14</b> Information technology  | 1,704.                       | 913.                                   | 243.  | 548.                               |
| <b>15</b> Royalties   |                              |  |   |                                    |
| <b>16</b> Occupancy   | 34,856.                      | 18,672.                                | 4,981.  | 11,203.                            |
| <b>17</b> Travel  | 965.                         | 517.                                   | 138.  | 310.                               |
| <b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials  |                              |  |   |                                    |
| <b>19</b> Conferences, conventions, and meetings  | 13,235.                      | 10,659.                                | 793.  | 1,783.                             |
| <b>20</b> Interest  |                              |  |   |                                    |
| <b>21</b> Payments to affiliates  | 25,417.                      |  | 25,417.                                       |                                    |
| <b>22</b> Depreciation, depletion, and amortization   | 3,064.                       | 1,641.                                 | 438.  | 985.                               |
| <b>23</b> Insurance   | 6,873.                       | 3,682.                                 | 982.  | 2,209.                             |
| <b>24</b> 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.) |                              |  |   |                                    |
| <b>a GRANT EXPENSE</b>  | 57,800.                      | 57,800.                                |   |                                    |
| <b>b CAMPAIGN EVENTS &amp; PROG</b>   | 40,662.                      | 30,551.                                |   | 10,111.                            |
| <b>c DUES AND SUBSCRIPTIONS</b>   | 12,627.                      | 6,765.                                 | 1,804.  | 4,058.                             |
| <b>d MISCELLANEOUS</b>  | 5,583.                       | 4,161.                                 | 436.  | 986.                               |
| <b>e</b> All other expenses   |                              |  |   |                                    |
| <b>25 Total functional expenses.</b> Add lines 1 through 24e  | 2,832,166.                   | 2,426,113.                             | 195,092.                                      | 210,961.                           |
| <b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.                                    |                              |  |   |                                    |

Check here  if following SOP 98-2 (ASC 958-720)

**UNITED WAY OF DELAWARE COUNTY, INC  
INDIANA, INC.**

Form 990 (2020)

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**Part X Balance Sheet**

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

|   |  | (A)<br>Beginning of year |           | (B)<br>End of year |            |
|---|--|--------------------------|-----------|--------------------|------------|
| <b>Assets</b>   | <b>1</b> Cash - non-interest-bearing .....   | 2,538,637.               | <b>1</b>  | 1,197,913.         |            |
|   | <b>2</b> Savings and temporary cash investments .....  | 272,395.                 | <b>2</b>  | 274,490.           |            |
|   | <b>3</b> Pledges and grants receivable, net .....  | 540,170.                 | <b>3</b>  | 513,181.           |            |
|   | <b>4</b> Accounts receivable, net .....  | 8,186.                   | <b>4</b>  | 176,087.           |            |
|   | <b>5</b> Loans and other receivables from any current or former officer, director,<br>trustee, key employee, creator or founder, substantial contributor, or 35%<br>controlled entity or family member of any of these persons ..... |                          |           | <b>5</b>           |            |
|   | <b>6</b> Loans and other receivables from other disqualified persons (as defined<br>under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....  |                          |           | <b>6</b>           |            |
|   | <b>7</b> Notes and loans receivable, net .....   |                          |           | <b>7</b>           |            |
|   | <b>8</b> Inventories for sale or use .....   |                          |           | <b>8</b>           |            |
|   | <b>9</b> Prepaid expenses and deferred charges .....   | 18,466.                  | <b>9</b>  |                    | 20,581.    |
|   | <b>10a</b> Land, buildings, and equipment: cost or other<br>basis. Complete Part VI of Schedule D .....  | <b>10a</b> 59,315.       |           |                    |            |
|   | <b>b</b> Less: accumulated depreciation .....  | <b>10b</b> 47,724.       | 12,990.   | <b>10c</b>         | 11,591.    |
|   | <b>11</b> Investments - publicly traded securities .....   | 489,404.                 | <b>11</b> |                    | 607,410.   |
|   | <b>12</b> Investments - other securities. See Part IV, line 11 .....   | 577,800.                 | <b>12</b> |                    | 752,694.   |
|   | <b>13</b> Investments - program-related. See Part IV, line 11 .....  |                          |           | <b>13</b>          |            |
|   | <b>14</b> Intangible assets .....  |                          |           | <b>14</b>          |            |
|   | <b>15</b> Other assets. See Part IV, line 11 .....   | 507,807.                 | <b>15</b> |                    | 649,155.   |
| <b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) ..... | 4,965,855.   | <b>16</b>                |           | 4,203,102.         |            |
| <b>Liabilities</b>  | <b>17</b> Accounts payable and accrued expenses .....  | 110,289.                 | <b>17</b> | 367,235.           |            |
|   | <b>18</b> Grants payable .....   | 921,599.                 | <b>18</b> | 851,748.           |            |
|   | <b>19</b> Deferred revenue .....   |                          |           | <b>19</b>          |            |
|   | <b>20</b> Tax-exempt bond liabilities .....  |                          |           | <b>20</b>          |            |
|   | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....  |                          |           | <b>21</b>          |            |
|   | <b>22</b> Loans and other payables to any current or former officer, director,<br>trustee, key employee, creator or founder, substantial contributor, or 35%<br>controlled entity or family member of any of these persons .....     |                          |           | <b>22</b>          |            |
|   | <b>23</b> Secured mortgages and notes payable to unrelated third parties .....   |                          |           | <b>23</b>          |            |
|   | <b>24</b> Unsecured notes and loans payable to unrelated third parties .....   | 74,100.                  | <b>24</b> |                    |            |
|   | <b>25</b> Other liabilities (including federal income tax, payables to related third<br>parties, and other liabilities not included on lines 17-24). Complete Part X<br>of Schedule D .....  |                          |           | <b>25</b>          |            |
|   | <b>26 Total liabilities.</b> Add lines 17 through 25 .....   | 1,105,988.               | <b>26</b> |                    | 1,218,983. |
| <b>Net Assets or Fund Balances</b>  | <b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>X</b><br><b>and complete lines 27, 28, 32, and 33.</b>  |                          |           |                    |            |
|   | <b>27</b> Net assets without donor restrictions .....  | 1,923,915.               | <b>27</b> | 2,092,947.         |            |
|   | <b>28</b> Net assets with donor restrictions .....   | 1,935,952.               | <b>28</b> | 891,172.           |            |
|   | <b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/><br><b>and complete lines 29 through 33.</b>  |                          |           |                    |            |
|   | <b>29</b> Capital stock or trust principal, or current funds .....   |                          |           | <b>29</b>          |            |
|   | <b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....   |                          |           | <b>30</b>          |            |
|   | <b>31</b> Retained earnings, endowment, accumulated income, or other funds .....   |                          |           | <b>31</b>          |            |
|   | <b>32</b> Total net assets or fund balances .....  | 3,859,867.               | <b>32</b> |                    | 2,984,119. |
| <b>33</b> Total liabilities and net assets/fund balances .....            | 4,965,855.   | <b>33</b>                |           | 4,203,102.         |            |

Form 990 (2020)

**UNITED WAY OF DELAWARE COUNTY, INC  
INDIANA, INC.**

**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>  | 1,708,515.  |
| <b>2</b> Total expenses (must equal Part IX, column (A), line 25) .....  | <b>2</b>  | 2,832,166.  |
| <b>3</b> Revenue less expenses. Subtract line 2 from line 1 .....  | <b>3</b>  | -1,123,651. |
| <b>4</b> Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) .....                       | <b>4</b>  | 3,859,867.  |
| <b>5</b> Net unrealized gains (losses) on investments .....  | <b>5</b>  | 247,902.    |
| <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>  | 1.          |
| <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> | 2,984,119.  |

**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 in Schedule O.   |           |     |    |
| <b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? .....   | <b>2a</b> |     | X  |
| 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   |           |     |    |
| <b>b</b> Were the organization's financial statements audited by an independent accountant? .....   | <b>2b</b> | X   |    |
| 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  |           |     |    |
| <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? ..... | <b>2c</b> | X   |    |
| If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.   |           |     |    |
| <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 Single Audit Act and OMB Circular A-133? .....  | <b>3a</b> |     | 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 .....     | <b>3b</b> |     |    |

**SCHEDULE A**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

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

OMB No. 1545-0047

**2020**

Open to Public  
Inspection

Name of the organization **UNITED WAY OF DELAWARE COUNTY, INC INDIANA, INC.** Employer identification number **35-0996148**

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

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

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

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

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ▶   | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....  | 1497563. | 1484826. | 1478068. | 2972427. | 1246428. | 8679312.  |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....   |          |          |          |          |          |           |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge .....   |          |          |          |          |          |           |
| 4 <b>Total.</b> Add lines 1 through 3 .....   | 1497563. | 1484826. | 1478068. | 2972427. | 1246428. | 8679312.  |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) ..... |          |          |          |          |          | 1058575.  |
| 6 <b>Public support.</b> Subtract line 5 from line 4.   |          |          |          |          |          | 7620737.  |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶   | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total                |
|---|----------|----------|----------|----------|----------|--------------------------|
| 7 Amounts from line 4 .....   | 1497563. | 1484826. | 1478068. | 2972427. | 1246428. | 8679312.                 |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....   | 53,000.  | 28,514.  | 33,265.  | 34,852.  | 38,080.  | 187,711.                 |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on .....  |          |          |          |          |          |                          |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....  | 43,296.  | 50,422.  | 14,478.  | 8,286.   | 374,846. | 491,328.                 |
| 11 <b>Total support.</b> Add lines 7 through 10   |          |          |          |          |          | 9358351.                 |
| 12 Gross receipts from related activities, etc. (see instructions) .....  |          |          |          |          | 12       | 107,957.                 |
| 13 <b>First 5 years.</b> 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 <b>stop here</b> ..... |          |          |          |          |          | <input type="checkbox"/> |

**Section C. Computation of Public Support Percentage**

|   |                                     |         |
|---|-------------------------------------|---------|
| 14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)).....   | 14                                  | 81.43 % |
| 15 Public support percentage from 2019 Schedule A, Part II, line 14 .....   | 15                                  | 85.45 % |
| 16a <b>33 1/3% support test - 2020.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....  | <input checked="" type="checkbox"/> |         |
| <b>b 33 1/3% support test - 2019.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....   | <input type="checkbox"/>            |         |
| 17a <b>10% -facts-and-circumstances test - 2020.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....    | <input type="checkbox"/>            |         |
| <b>b 10% -facts-and-circumstances test - 2019.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ..... | <input type="checkbox"/>            |         |
| 18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....  | <input type="checkbox"/>            |         |



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

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

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ►   | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....   |          |          |          |          |          |           |
| <b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose ..... |          |          |          |          |          |           |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....   |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....  |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....  |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 through 5 .....   |          |          |          |          |          |           |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....  |          |          |          |          |          |           |
| <b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....           |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b .....  |          |          |          |          |          |           |
| <b>8 Public support.</b> (Subtract line 7c from line 6.)  |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ►  | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6 .....   |          |          |          |          |          |           |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ..... |          |          |          |          |          |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....                           |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b .....   |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....      |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....                                  |          |          |          |          |          |           |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)   |          |          |          |          |          |           |

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

**Section C. Computation of Public Support Percentage**

|   |           |   |
|---|-----------|---|
| <b>15</b> Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) ..... | <b>15</b> | % |
| <b>16</b> Public support percentage from 2019 Schedule A, Part III, line 15 .....                       | <b>16</b> | % |

**Section D. Computation of Investment Income Percentage**

|  |           |   |
|--|-----------|---|
| <b>17</b> Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) ..... | <b>17</b> | % |
| <b>18</b> Investment income percentage from 2019 Schedule A, Part III, line 17 .....                         | <b>18</b> | % |

**19a 33 1/3% support tests - 2020.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2019.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

|  | Yes | No |
|--|-----|----|
| <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 or 990-EZ).</i>  |     |    |
| <b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>  |     |    |
| <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 in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>  |     |    |
| <b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>   |     |    |
| <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)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

|   | Yes | No |
|---|-----|----|
| <b>1</b> 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? |     |    |
| <b>1</b>  |     |    |
| <b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).   |     |    |
| <b>2</b>  |     |    |
| <b>3</b> By reason of the relationship described in 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? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.  |     |    |
| <b>3</b>  |     |    |

**Section E. Type III Functionally Integrated Supporting Organizations**

|   |  |     |    |
|---|--|-----|----|
| <b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).  |  |     |    |
| <b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.  |  |     |    |
| <b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.   |  |     |    |
| <b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see instructions).  |  |     |    |
| <b>2</b> Activities Test. Answer lines 2a and 2b below.   |  |     |    |
| <b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI</b> identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. |  | Yes | No |
| <b>2a</b>   |  |     |    |
| <b>b</b> Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.  |  |     |    |
| <b>2b</b>   |  |     |    |
| <b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.   |  |     |    |
| <b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in <b>Part VI</b> .  |  |     |    |
| <b>3a</b>   |  |     |    |
| <b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.   |  |     |    |
| <b>3b</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 Part VI):   |                |                             |
| 2                                | Acquisition indebtedness applicable to non-exempt-use assets  | 2              |                             |
| 3                                | Subtract line 2 from line 1d.   | 3              |                             |
| 4                                | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).                                  | 4              |                             |
| 5                                | Net value of non-exempt-use assets (subtract line 4 from line 3)  | 5              |                             |
| 6                                | Multiply line 5 by 0.035.   | 6              |                             |
| 7                                | Recoveries of prior-year distributions  | 7              |                             |
| 8                                | <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                                | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). |   |              |

**UNITED WAY OF DELAWARE COUNTY, INC**

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

| <b>Section D - Distributions</b> |   | <b>Current Year</b> |
|----------------------------------|---|---------------------|
| <b>1</b>                         | Amounts paid to supported organizations to accomplish exempt purposes   | <b>1</b>            |
| <b>2</b>                         | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity               | <b>2</b>            |
| <b>3</b>                         | Administrative expenses paid to accomplish exempt purposes of supported organizations   | <b>3</b>            |
| <b>4</b>                         | Amounts paid to acquire exempt-use assets   | <b>4</b>            |
| <b>5</b>                         | Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )  | <b>5</b>            |
| <b>6</b>                         | Other distributions ( <i>describe in Part VI</i> ). See instructions.   | <b>6</b>            |
| <b>7</b>                         | <b>Total annual distributions.</b> Add lines 1 through 6.   | <b>7</b>            |
| <b>8</b>                         | Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions. | <b>8</b>            |
| <b>9</b>                         | Distributable amount for 2020 from Section C, line 6  | <b>9</b>            |
| <b>10</b>                        | Line 8 amount divided by line 9 amount  | <b>10</b>           |

| <b>Section E - Distribution Allocations</b> (see instructions)   | <b>(i)<br/>Excess Distributions</b> | <b>(ii)<br/>Underdistributions<br/>Pre-2020</b> | <b>(iii)<br/>Distributable<br/>Amount for 2020</b> |
|--|-------------------------------------|---|--|
| <b>1</b> Distributable amount for 2020 from Section C, line 6  |                                     |   |  |
| <b>2</b> Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.   |                                     |   |  |
| <b>3</b> Excess distributions carryover, if any, to 2020   |                                     |   |  |
| <b>a</b> From 2015   |                                     |   |  |
| <b>b</b> From 2016   |                                     |   |  |
| <b>c</b> From 2017   |                                     |   |  |
| <b>d</b> From 2018   |                                     |   |  |
| <b>e</b> From 2019   |                                     |   |  |
| <b>f</b> <b>Total</b> of lines 3a through 3e   |                                     |   |  |
| <b>g</b> Applied to underdistributions of prior years  |                                     |   |  |
| <b>h</b> Applied to 2020 distributable amount  |                                     |   |  |
| <b>i</b> Carryover from 2015 not applied (see instructions)  |                                     |   |  |
| <b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.  |                                     |   |  |
| <b>4</b> Distributions for 2020 from Section D, line 7: \$   |                                     |   |  |
| <b>a</b> Applied to underdistributions of prior years  |                                     |   |  |
| <b>b</b> Applied to 2020 distributable amount  |                                     |   |  |
| <b>c</b> Remainder. Subtract lines 4a and 4b from line 4.  |                                     |   |  |
| <b>5</b> Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions. |                                     |   |  |
| <b>6</b> Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.                        |                                     |   |  |
| <b>7</b> <b>Excess distributions carryover to 2021.</b> Add lines 3j and 4c.   |                                     |   |  |
| <b>8</b> Breakdown of line 7:  |                                     |   |  |
| <b>a</b> Excess from 2016  |                                     |   |  |
| <b>b</b> Excess from 2017  |                                     |   |  |
| <b>c</b> Excess from 2018  |                                     |   |  |
| <b>d</b> Excess from 2019  |                                     |   |  |
| <b>e</b> Excess from 2020  |                                     |   |  |



**Schedule B**

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

|   |   |
|---|---|
| Name of the organization<br><b>UNITED WAY OF DELAWARE COUNTY, INC<br/>INDIANA, INC.</b> | Employer identification number<br><b>35-0996148</b> |
|---|---|

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

|  |   |
|--|---|
| Name of organization<br><b>UNITED WAY OF DELAWARE COUNTY, INC<br/>                 INDIANA, INC.</b> | Employer identification number<br><b>35-0996148</b> |
|--|---|

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|---|----------------------------|---|
| 1          | GEORGE AND FRANCES BALL FOUNDATION<br><br>PO BOX 1408<br><br>MUNCIE, IN 47308                                 | \$ 187,500.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 2          | FIRST MERCHANTS BANK<br><br>200 EAST JACKSON STREET<br><br>MUNCIE, IN 47305                                   | \$ 72,151.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 3          | INDIANA ASSOCIATION OF UNITED WAYS<br><br>2955 NORTH MERIDIAN STREET, SUITE 200<br><br>INDIANAPOLIS, IN 46208 | \$ 50,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 4          | BALL BROTHERS FOUNDATION<br><br>222 SOUTH MULBERRY STREET<br><br>MUNCIE, IN 47305                             | \$ 75,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
|            | _____<br><br>_____<br><br>_____   | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
|            | _____<br><br>_____<br><br>_____   | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |



|   |   |
|---|---|
| Name of organization<br><b>UNITED WAY OF DELAWARE COUNTY, INC<br/>INDIANA, INC.</b> | Employer identification number<br><b>35-0996148</b> |
|---|---|

**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
|------------------------------|--|---|----------------------|
|                              |  | \$ _____  | _____                |
|                              |  | \$ _____  | _____                |
|                              |  | \$ _____  | _____                |
|                              |  | \$ _____  | _____                |
|                              |  | \$ _____  | _____                |
|                              |  | \$ _____  | _____                |
|                              |  | \$ _____  | _____                |

|   |   |
|---|---|
| Name of organization<br><b>UNITED WAY OF DELAWARE COUNTY, INC<br/>INDIANA, INC.</b> | Employer identification number<br><b>35-0996148</b> |
|---|---|

**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

| (a) No. from Part I   | (b) Purpose of gift   | (c) Use of gift   | (d) Description of how gift is held   |
|---|---|---|---|
|   | <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div> | <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div> | <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div> |
| <b>(e) Transfer of gift</b>   |   |   |   |
| <b>Transferee's name, address, and ZIP + 4</b>  |   | <b>Relationship of transferor to transferee</b>   |   |
| <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div> |   | <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div> |   |
|   | <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div> | <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div> | <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div> |
| <b>(e) Transfer of gift</b>   |   |   |   |
| <b>Transferee's name, address, and ZIP + 4</b>  |   | <b>Relationship of transferor to transferee</b>   |   |
| <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div> |   | <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div> |   |
|   | <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div> | <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div> | <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div> |
| <b>(e) Transfer of gift</b>   |   |   |   |
| <b>Transferee's name, address, and ZIP + 4</b>  |   | <b>Relationship of transferor to transferee</b>   |   |
| <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div> |   | <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div> |   |
|   | <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div> | <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div> | <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div> |
| <b>(e) Transfer of gift</b>   |   |   |   |
| <b>Transferee's name, address, and ZIP + 4</b>  |   | <b>Relationship of transferor to transferee</b>   |   |
| <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div> |   | <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div> |   |

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

OMB No. 1545-0047

**2020**

**Open to Public Inspection**

**Name of the organization** **UNITED WAY OF DELAWARE COUNTY, INC** **Employer identification number**  
**INDIANA, INC.** **35-0996148**

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

|   | (a) Donor advised funds | (b) Funds and other accounts                             |
|---|-------------------------|--|
| 1 Total number at end of year .....   |                         |  |
| 2 Aggregate value of contributions to (during year) .....   |                         |  |
| 3 Aggregate value of grants from (during year) .....  |                         |  |
| 4 Aggregate value at end of year .....  |                         |  |
| 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....  |                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ..... |                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |

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

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

Preservation of land for public use (for example, recreation or education)  Preservation of a historically important land area

Protection of natural habitat  Preservation of a certified historic structure

Preservation of open space

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

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

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

Yes  No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

Yes  No

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

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

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

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

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

(i) Revenue included on Form 990, Part VIII, line 1 .....

▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X .....

▶ \$ \_\_\_\_\_

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

a Revenue included on Form 990, Part VIII, line 1 .....

▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X .....

▶ \$ \_\_\_\_\_

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- |   |  |
|---|--|
| <b>a</b> <input type="checkbox"/> Public exhibition                   | <b>d</b> <input type="checkbox"/> Loan or exchange program |
| <b>b</b> <input type="checkbox"/> Scholarly research                  | <b>e</b> <input type="checkbox"/> Other _____              |
| <b>c</b> <input type="checkbox"/> Preservation for future generations |  |
- 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    |
|--|-----------|
| <b>c</b> Beginning balance             | <b>1c</b> |
| <b>d</b> Additions during the year     | <b>1d</b> |
| <b>e</b> Distributions during the year | <b>1e</b> |
| <b>f</b> Ending balance                | <b>1f</b> |
- 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 |
|---|------------------|----------------|--------------------|----------------------|---------------------|
| <b>1a</b> Beginning of year balance                     | 571,801.         | 584,516.       | 596,911.           | 576,560.             | 533,893.            |
| <b>b</b> Contributions                                  |                  |                | 100.               | 200.                 | 100.                |
| <b>c</b> Net investment earnings, gains, and losses     | 166,546.         | 8,286.         | 14,226.            | 50,126.              | 62,431.             |
| <b>d</b> Grants or scholarships                         |                  |                |                    |                      |                     |
| <b>e</b> Other expenditures for facilities and programs | 30,215.          | 21,001.        | 26,721.            | 29,975.              | 19,864.             |
| <b>f</b> Administrative expenses                        |                  |                |                    |                      |                     |
| <b>g</b> End of year balance                            | 708,132.         | 571,801.       | 584,516.           | 596,911.             | 576,560.            |

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment  \_\_\_\_\_ %
- b** Permanent endowment  92.0615 %
- c** Term endowment  7.9390 %
- 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                                  |
|---|-------------------------------------|-------------------------------------|
| <b>(i)</b> Unrelated organizations  | <input checked="" type="checkbox"/> |                                     |
| <b>(ii)</b> Related organizations   |                                     | <input checked="" type="checkbox"/> |
| <b>b</b> If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? |                                     |                                     |
- 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 |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| <b>1a</b> Land   |                                      |                                 |                              |                |
| <b>b</b> Buildings   |                                      |                                 |                              |                |
| <b>c</b> Leasehold improvements  |                                      |                                 |                              |                |
| <b>d</b> Equipment   |                                      | 59,315.                         | 47,724.                      | 11,591.        |
| <b>e</b> Other   |                                      |                                 |                              |                |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) |                                      |                                 |                              | 11,591.        |

**UNITED WAY OF DELAWARE COUNTY, INC  
INDIANA, INC.**

**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>COMMUNITY FOUNDATION</b>   |                |   |
| (B) <b>STABILIZATION FUND</b>   | 752,694.       | <b>END-OF-YEAR MARKET VALUE</b>                           |
| (C)   |                |   |
| (D)   |                |   |
| (E)   |                |   |
| (F)   |                |   |
| (G)   |                |   |
| (H)   |                |   |
| <b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ | 752,694.       |   |

**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> (Col. (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) <b>BENEFICIAL INTEREST IN ASSETS HELD</b>                               | 649,155.       |
| (2)   |                |
| (3)   |                |
| (4)   |                |
| (5)   |                |
| (6)   |                |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶ | 649,155.       |

**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)   |                |
| (3)   |                |
| (4)   |                |
| (5)   |                |
| (6)   |                |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ |                |

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.

|          |  |                    |           |            |
|----------|--|--------------------|-----------|------------|
| <b>1</b> | Total revenue, gains, and other support per audited financial statements                       |                    | <b>1</b>  | 1,848,604. |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part VIII, line 12:                            |                    |           |            |
| <b>a</b> | Net unrealized gains (losses) on investments   | <b>2a</b> 247,902. |           |            |
| <b>b</b> | Donated services and use of facilities   | <b>2b</b> 16,350.  |           |            |
| <b>c</b> | Recoveries of prior year grants  | <b>2c</b>          |           |            |
| <b>d</b> | Other (Describe in Part XIII.)   | <b>2d</b> 7,753.   |           |            |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b>  |                    | <b>2e</b> | 272,005.   |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b>   |                    | <b>3</b>  | 1,576,599. |
| <b>4</b> | Amounts included on Form 990, Part VIII, line 12, but not on line 1:                           |                    |           |            |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b                               | <b>4a</b> 13,746.  |           |            |
| <b>b</b> | Other (Describe in Part XIII.)   | <b>4b</b> 118,170. |           |            |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b>  |                    | <b>4c</b> | 131,916.   |
| <b>5</b> | Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) |                    | <b>5</b>  | 1,708,515. |

**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.

|          |   |                    |           |            |
|----------|---|--------------------|-----------|------------|
| <b>1</b> | Total expenses and losses per audited financial statements                                      |                    | <b>1</b>  | 2,724,353. |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part IX, line 25:                               |                    |           |            |
| <b>a</b> | Donated services and use of facilities  | <b>2a</b> 16,350.  |           |            |
| <b>b</b> | Prior year adjustments  | <b>2b</b>          |           |            |
| <b>c</b> | Other losses  | <b>2c</b>          |           |            |
| <b>d</b> | Other (Describe in Part XIII.)  | <b>2d</b> 7,753.   |           |            |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b>   |                    | <b>2e</b> | 24,103.    |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b>  |                    | <b>3</b>  | 2,700,250. |
| <b>4</b> | Amounts included on Form 990, Part IX, line 25, but not on line 1:                              |                    |           |            |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b                                | <b>4a</b> 13,746.  |           |            |
| <b>b</b> | Other (Describe in Part XIII.)  | <b>4b</b> 118,170. |           |            |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b>   |                    | <b>4c</b> | 131,916.   |
| <b>5</b> | Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) |                    | <b>5</b>  | 2,832,166. |

**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:**

UNITED WAY OF DELAWARE COUNTY COMPLIES WITH FINANCIAL STATEMENT REPORTING REQUIREMENTS AND RECOGNIZES ITS RIGHT TO ASSETS HELD BY A RECIPIENT ORGANIZATION AS A BENEFICIAL INTEREST. ASSETS ARE MAINTAINED, ON BEHALF OF THE UNITED WAY OF DELAWARE COUNTY, BY A COMMUNITY FOUNDATION. FUNDS WITH THE FOUNDATION ARE GOVERNED BY A DESIGNATED ENDOWMENT AGREEMENT. UNDER THE TERMS OF THE AGREEMENT, THE UNITED WAY OF DELAWARE COUNTY IS SPECIFIED AS THE BENEFICIARY OF EARNINGS AS DETERMINED BY THE FOUNDATION'S DISTRIBUTION POLICY. THE FOUNDATION HAS RETAINED VARIANCE AUTHORITY OVER THE FUNDS. DISTRIBUTIONS FROM THE FUNDS ARE UNRESTRICTED.

**PART XI, LINE 2D - OTHER ADJUSTMENTS:**

**Part XIII** Supplemental Information (continued)

FUNDRAISING EXPENSE RECLASSIFICATON 7,753.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATED CONTRIBUTIONS 118,170.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSE RECLASSIFICATION 7,753.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATED DISTRIBUTIONS 118,170.

DONOR DESIGNATED DISTRIBUTIONS

THE RETURN INCLUDES DESIGNATED FUNDS AS CONTRIBUTIONS TO THE ORGANIZATION  
IN ORDER TO BE IN COMPLIANCE WITH THE UNITED WAY OF AMERICA

"IMPLEMENTATION REQUIREMENTS FOR MEMBERSHIP STANDARD A, TAX EXEMPT STATUS  
& IRS FORM 990 REPORTING REQUIREMENTS". THE REPORTING OF DONOR DESIGNATED  
OR AGENCY TRANSACTIONS AS REVENUE AND EXPENSES ARE PROHIBITED BY GAAP FOR  
AUDITED FINANCIAL STATEMENTS. THE UNITED WAY OF AMERICA "IMPLEMENTATION  
REQUIREMENTS FOR MEMBERSHIP STANDARD A, TAX EXEMPT STATUS AND IRS FORM  
REPORTING REQUIREMENTS" REQUIRES DESIGNATED OR AGENCY TRANSACTIONS TO BE  
INCLUDED AS FORM 990 REVENUE AND EXPENSE TO REFLECT THE TRANSPARENCY OF  
THE TRANSACTIONS WITHIN THE ORGANIZATION.

**SCHEDULE G**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

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

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

OMB No. 1545-0047

**2020**

**Open to Public Inspection**

Name of the organization **UNITED WAY OF DELAWARE COUNTY, INC  
INDIANA, INC.** Employer identification number **35-0996148**

**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- |  |   |
|--|---|
| <b>a</b> <input type="checkbox"/> Mail solicitations               | <b>e</b> <input type="checkbox"/> Solicitation of non-government grants |
| <b>b</b> <input type="checkbox"/> Internet and email solicitations | <b>f</b> <input type="checkbox"/> Solicitation of government grants     |
| <b>c</b> <input type="checkbox"/> Phone solicitations              | <b>g</b> <input type="checkbox"/> Special fundraising events            |
| <b>d</b> <input type="checkbox"/> In-person solicitations          |   |
- 2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  **Yes**  **No**
- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? |    | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col. (i) | (vi) Amount paid to (or retained by) organization |
|---|---------------|--|----|-----------------------------------|---|---|
|   |               | Yes  | No |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
| <b>Total</b> .....  |               |  |    | ▶                                 |   |   |

- 3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.
- 
- 
- 
- 
- 
- 
- 
- 
- 
- 
-



**UNITED WAY OF DELAWARE COUNTY, INC**

**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

|  |   | (a) Event #1       | (b) Event #2      | (c) Other events | (d) Total events<br>(add col. (a) through<br>col. (c)) |
|--|---|--------------------|-------------------|------------------|--|
|  |   | CAMPAIGN<br>EVENTS | MISCELLANEOU<br>S | NONE             |  |
|  |   | (event type)       | (event type)      | (total number)   |  |
| Revenue  | <b>1</b> Gross receipts .....   | 12,382.            | 505.              | 0                | 12,887.  |
|  | <b>2</b> Less: Contributions .....  |                    |                   |                  |  |
|  | <b>3</b> Gross income (line 1 minus line 2) .....                           | 12,382.            | 505.              |                  | 12,887.  |
| Direct Expenses  | <b>4</b> Cash prizes .....  |                    |                   |                  |  |
|  | <b>5</b> Noncash prizes .....   |                    |                   |                  |  |
|  | <b>6</b> Rent/facility costs .....  |                    |                   |                  |  |
|  | <b>7</b> Food and beverages .....   | 5,940.             |                   |                  | 5,940.   |
|  | <b>8</b> Entertainment .....  |                    |                   |                  |  |
|  | <b>9</b> Other direct expenses .....  | 1,469.             | 243.              |                  | 1,712.   |
|  | <b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) ..... |                    |                   |                  | 7,652.   |
| <b>11</b> Net income summary. Subtract line 10 from line 3, column (d) ..... |   |                    |                   | 5,235.           |  |

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

|                 |   | (a) Bingo   | (b) Pull tabs/instant<br>bingo/progressive bingo                    | (c) Other gaming  | (d) Total gaming (add<br>col. (a) through col. (c)) |
|-----------------|---|---|---|---|---|
|                 |   |   |   |   |   |
| Revenue         | <b>1</b> Gross revenue .....  |   |   |   |   |
| Direct Expenses | <b>2</b> Cash prizes .....  |   |   |   |   |
|                 | <b>3</b> Noncash prizes .....   |   |   |   |   |
|                 | <b>4</b> Rent/facility costs .....  |   |   |   |   |
|                 | <b>5</b> Other direct expenses .....  |   |   |   |   |
|                 | <b>6</b> Volunteer labor .....  | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No |   |
|                 | <b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) .....        |   |   |   |   |
|                 | <b>8</b> Net gaming income summary. Subtract line 7 from line 1, column (d) ..... |   |   |   |   |

**9** Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

**a** Is the organization licensed to conduct gaming activities in each of these states?  Yes  No

**b** If "No," explain: \_\_\_\_\_

**10a** Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No

**b** If "Yes," explain: \_\_\_\_\_

UNITED WAY OF DELAWARE COUNTY, INC

Schedule G (Form 990 or 990-EZ) 2020 INDIANA, INC.

35-0996148 Page 3

- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity conducted in:
 

|                               |            |   |
|-------------------------------|------------|---|
| a The organization's facility | <b>13a</b> | % |
| b An outside facility         | <b>13b</b> | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_

c If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

- Director/officer       Employee       Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

**Part IV** Supplemental Information *(continued)*

Multiple horizontal lines for supplemental information.

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**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

**2020**

**Open to Public  
Inspection**

Name of the organization **UNITED WAY OF DELAWARE COUNTY, INC  
INDIANA, INC.** Employer identification number **35-0996148**

**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.

| <b>1 (a)</b> Name and address of organization or government                       | <b>(b)</b> EIN | <b>(c)</b> IRC section (if applicable) | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of noncash assistance | <b>(h)</b> Purpose of grant or assistance                        |
|---|----------------|--|---------------------------------|--|--|--|--|
| A BETTER WAY<br>806 W JACKSON STREET<br>MUNCIE, IN 47308                          | 35-0868081     | 501(C)(3)                              | 65,493.                         | 0.                                       |  |  | FUNDING ALLOCATION, DESIGNATED FUNDING, COVID 19 EMERGENCY GRANT |
| ALPHA CENTER<br>315 S MONROE STREET<br>MUNCIE, IN 47305                           | 35-1417901     | 501(C)(3)                              | 17,543.                         | 0.                                       |  |  | FUNDING ALLOCATION AND DESIGNATED FUNDING                        |
| BALL STATE UNIVERSITY FOUNDATION<br>2800 W BETHEL AVENUE<br>MUNCIE, IN 47304      | 35-6024566     | 501(C)(3)                              | 32,054.                         | 0.                                       |  |  | FUNDING ALLOCATION AND DESIGNATED FUNDING                        |
| BRIDGES COMMUNITY SERVICES<br>318 W EIGHT STREET<br>MUNCIE, IN 47308              | 35-1956251     | 501(C)(3)                              | 78,964.                         | 0.                                       |  |  | FUNDING ALLOCATION, DESIGNATED FUNDING, COVID 19 EMERGENCY GRANT |
| CANCER SERVICES FOR RANDOLPH COUNTY - 133 N MERIDIAN ST - WINCHESTER, IN 47394    | 26-1580141     | 501(C)(3)                              | 5,000.                          | 0.                                       |  |  | COVID 19 EMERGENCY GRANT   |
| CANCER SERVICES OF EAST CENTRAL INDIANA - 401 W JACKSON STREET - MUNCIE, IN 47308 | 35-0988703     | 501(C)(3)                              | 24,360.                         | 0.                                       |  |  | FUNDING ALLOCATION, DESIGNATED FUNDING, COVID 19 EMERGENCY GRANT |

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 45.

**3** Enter total number of other organizations listed in the line 1 table ▶ 3.

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

Schedule I (Form 990) 2020

**UNITED WAY OF DELAWARE COUNTY, INC  
INDIANA, INC.**

Schedule I (Form 990)

35-0996148

Page 1

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government  | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance        |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| CENTRAL INDIANA COMMUNITY FOUNDATION - 615 N ALABAMA ST., SUITE 300 - INDIANAPOLIS, IN 46204                    | 35-1793680 | 501(C)(3)                     | 10,000.                  | 0.                                |   |  | COVID 19 EMERGENCY GRANT                  |
| CHILDRENS BUREAU<br>1575 DR. MARTIN LUTHER KING JR. ST<br>INDIANAPOLIS, IN 46202                                | 35-1061264 | 501(C)(3)                     | 23,500.                  | 0.                                |   |  | COVID 19 EMERGENCY GRANT                  |
| CHRISTIAN MINISTRIES OF DELAWARE COUNTY, INC - PO BOX 1088 - MUNCIE, IN 47305                                   | 31-1179990 | 501(C)(3)                     | 5,000.                   | 0.                                |   |  | FUNDING ALLOCATION AND DESIGNATED FUNDING |
| COMMUNITY FOUNDATION OF MUNCIE AND DELAWARE COUNTY - 201 E JACKSON ST STE 100 - MUNCIE, IN 47305                | 35-1640051 | 501(C)(3)                     | 180,000.                 | 0.                                |   |  | COVID 19 EMERGENCY GRANT                  |
| COMMUNITY HELP CENTER OF UNION CITY - PO BOX 328 - UNION CITY, IN 47390   | 35-1690978 | 501(C)(3)                     | 10,000.                  | 0.                                |   |  | FUNDING ALLOCATION AND DESIGNATED FUNDING |
| CORNERSTONE CENTER FOR THE ARTS<br>520 E MAIN STR<br>MUNCIE, IN 47305   | 35-1804398 | 501(C)(3)                     | 5,000.                   | 0.                                |   |  | COVID 19 EMERGENCY GRANT                  |
| DELAWARE COUNTY CASA PROGRAM<br>3412 W KILGORE AVENUE<br>MUNCIE, IN 47304                                       | 35-1886373 | 501(C)(3)                     | 22,440.                  | 0.                                |   |  | FUNDING ALLOCATION AND DESIGNATED FUNDING |
| GOODWILL INDUSTRIES OF CENTRAL INDIANA, INC - 1635 W MICHIGAN ST - INDIANAPOLIS, IN 46222                       | 35-0893506 | 501(C)(3)                     | 13,200.                  | 0.                                |   |  | FUNDING ALLOCATION AND DESIGNATED FUNDING |
| HEALTH AND HOSPITAL CORPORATION OF MARION COUNTY - 3838 N RURAL STREET, 8TH FLOOR - INDIANAPOLIS, IN 46205-2930 |            |                               | 10,350.                  | 0.                                |   |  | FUNDING ALLOCATION AND DESIGNATED FUNDING |

Schedule I (Form 990)

**UNITED WAY OF DELAWARE COUNTY, INC  
INDIANA, INC.**

Schedule I (Form 990)

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**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government                                 | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance                               |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| HENRY COUNTY HEALTH DEPARTMENT<br>1201 RACE ST., SUITE 208<br>NEW CASTLE, IN 47362 |            |                               | 27,526.                  | 0.                                |   |  | COVID 19 EMERGENCY GRANT   |
| HOME SAVERS OF DELAWARE COUNTY<br>PO BOX 89<br>MUNCIE, IN 47308                    | 35-1923351 | 501(C)(3)                     | 22,776.                  | 0.                                |   |  | FUNDING ALLOCATION, DESIGNATED FUNDING, COVID 19 EMERGENCY GRANT |
| HOPE INITIATIVE<br>1426 BROAD ST<br>NEW CASTLE, IN 47362                           | 27-0663407 | 501(C)(3)                     | 105,000.                 | 0.                                |   |  | COVID 19 EMERGENCY GRANT   |
| HUFFER MEMORIAL CHILDREN'S CENTER<br>2000 N ELGIN STREET<br>MUNCIE, IN 47308       | 35-1275252 | 501(C)(3)                     | 156,121.                 | 0.                                |   |  | FUNDING ALLOCATION, DESIGNATED FUNDING, COVID 19 EMERGENCY GRANT |
| HUMANE SOCIETY FOR HENRY COUNTY<br>11 MIDWAY DRIVE<br>NEW CASTLE, IN 47362         | 23-7070762 | 501(C)(3)                     | 5,000.                   | 0.                                |   |  | COVID 19 EMERGENCY GRANT   |
| INSIDE OUT COMMUNITY DEVELOPMENT<br>300 N MADISON ST<br>MUNCIE, IN 47305           | 45-0713446 | 501(C)(3)                     | 32,980.                  | 0.                                |   |  | FUNDING ALLOCATION, DESIGNATED FUNDING, COVID 19 EMERGENCY GRANT |
| IVY TECH FOUNDATION<br>50 W FALL CREEK PARKWAY NORTH DR.<br>INDIANAPOLIS, IN 46208 | 23-7073977 | 501(C)(3)                     | 20,000.                  | 0.                                |   |  | COVID 19 EMERGENCY GRANT   |
| JACKSON LIFE SERVICES<br>1103 N MACEDONIA AVE.<br>MUNCIE, IN 47303                 | 82-4915815 | 501(C)(3)                     | 5,000.                   | 0.                                |   |  | COVID 19 EMERGENCY GRANT   |
| JAY-RANDOLPH DEVELOPMENTAL SERVICES - 901 E WATER ST -<br>PORTLAND, IN 47371       | 35-1391724 | 501(C)(3)                     | 7,500.                   | 0.                                |   |  | COVID 19 EMERGENCY GRANT   |

Schedule I (Form 990)

UNITED WAY OF DELAWARE COUNTY, INC  
INDIANA, INC.

Schedule I (Form 990)

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**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government   | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance                               |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| LIFESTREAM SERVICES<br>PO BOX 308<br>YORKTOWN, IN 47396                                      | 35-1356741 | 501(C)(3)                     | 29,613.                  | 0.                                |   |  | FUNDING ALLOCATION AND DESIGNATED FUNDING                        |
| MEALS ON WHEELS<br>2401 W UNIVERSITY AVENUE<br>MUNCIE, IN 47308                              | 23-7160756 | 501(C)(3)                     | 16,950.                  | 0.                                |   |  | FUNDING ALLOCATION AND DESIGNATED FUNDING                        |
| MOTIVATE OUR MINDS, INC<br>PO BOX 384<br>MUNCIE, IN 47308                                    | 35-1734264 | 501(C)(3)                     | 13,615.                  | 0.                                |   |  | FUNDING ALLOCATION AND DESIGNATED FUNDING                        |
| MUNCIE & DELAWARE COUNTY BY5 EARLY CHILDHOOD INITIATIVE, INC - PO BOX 807 - MUNCIE, IN 47305 | 35-2149845 | 501(C)(3)                     | 15,000.                  | 0.                                |   |  | FUNDING ALLOCATION AND DESIGNATED FUNDING                        |
| MUNCIE BOYS & GIRLS CLUB<br>1710 S MADISON STREET<br>MUNCIE, IN 47308                        | 35-0869060 | 501(C)(3)                     | 120,967.                 | 0.                                |   |  | FUNDING ALLOCATION, DESIGNATED FUNDING, COVID 19 EMERGENCY GRANT |
| MUNCIE MISSION MINISTRIES<br>PO BOX 2349<br>MUNCIE, IN 47307-0349                            | 35-0869061 | 501(C)(3)                     | 28,500.                  | 0.                                |   |  | COVID 19 EMERGENCY GRANT   |
| MUNCIE SPORTS COMMISSION<br>3700 S MADISON ST.<br>MUNCIE, IN 47302                           | 35-1885741 | 501(C)(3)                     | 5,000.                   | 0.                                |   |  | COVID 19 EMERGENCY GRANT   |
| OPEN DOOR HEALTH SERVICES<br>3715 S MADISON STREET<br>MUNCIE, IN 47308                       | 35-2018494 | 501(C)(3)                     | 36,478.                  | 0.                                |   |  | FUNDING ALLOCATION AND DESIGNATED FUNDING                        |
| PATHSTONE HOUSING CORP<br>420 S HIGH ST STE 101<br>MUNCIE, IN 47305                          | 16-0984913 | 501(C)(3)                     | 62,250.                  | 0.                                |   |  | COVID 19 EMERGENCY GRANT   |

Schedule I (Form 990)

**UNITED WAY OF DELAWARE COUNTY, INC  
INDIANA, INC.**

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**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government   | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance                               |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| PATHSTONE HOUSING CORP-DELAWARE COUNTY THRIVE - 1917 W ROYAL DRIVE - MUNCIE, IN 47304                          | 16-0984913 | 501(C)(3)                     | 45,350.                  | 0.                                |   |  | FUNDING ALLOCATION AND DESIGNATED FUNDING                        |
| PREVENT CHILD ABUSE OF DELAWARE COUNTY - 5126 N MUNCIE PIKE - NEW CASTLE, IN 47362                             | 35-1934897 | 501(C)(3)                     | 5,000.                   | 0.                                |   |  | COVID 19 EMERGENCY GRANT   |
| PROJECT LEADERSHIP DELAWARE COUNTY 2500 N ELGIN STREET MUNCIE, IN 47303  | 31-1117791 | 501(C)(3)                     | 22,666.                  | 0.                                |   |  | FUNDING ALLOCATION AND DESIGNATED FUNDING                        |
| RAINTREE HABITAT FOR HUMANITY PO BOX 6024 NEW CASTLE, IN 47362   | 35-1825323 | 501(C)(3)                     | 20,000.                  | 0.                                |   |  | COVID 19 EMERGENCY GRANT   |
| RANDOLPH COUNTY HEALTH DEPARTMENT 325 SOUTH OAK STREET, SUITE 202 WINCHESTER, IN 47394                         | 35-6000191 |                               | 5,000.                   | 0.                                |   |  | COVID 19 EMERGENCY GRANT   |
| RANDOLPH COUNTY VETERANS SHELTER INC. D/B/A THE JOURNEY HOME - 325 S OAK ST., SUITE 101 - WINCHESTER, IN 47394 | 46-2943028 | 501(C)(3)                     | 5,000.                   | 0.                                |   |  | FUNDING ALLOCATION AND DESIGNATED FUNDING                        |
| SALVATION ARMY HENRY COUNTY 2500 WASHINGTON ST NEW CASTLE, IN 47362  | 36-2167910 | 501(C)(3)                     | 10,000.                  | 0.                                |   |  | COVID 19 EMERGENCY GRANT   |
| SECOND HARVEST FOOD BANK OF EAST CENTRAL INDIANA - 6621 OLD STATE ROAD 3 - MUNCIE, IN 47308                    | 31-1111795 | 501(C)(3)                     | 77,480.                  | 0.                                |   |  | FUNDING ALLOCATION, DESIGNATED FUNDING, COVID 19 EMERGENCY GRANT |
| UNITED DAYCARE CENTER 312 S VINE STREET MUNCIE, IN 47308   | 35-0868143 | 501(C)(3)                     | 80,000.                  | 0.                                |   |  | FUNDING ALLOCATION AND DESIGNATED FUNDING                        |

Schedule I (Form 990)



UNITED WAY OF DELAWARE COUNTY, INC  
INDIANA, INC.

Schedule I (Form 990)

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**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government                            | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance                                     |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| UNITED WAY OF MADISON COUNTY<br>205 W 11TH ST.<br>ANDERSON, IN 46016          | 35-1052350 | 501(C)(3)                     | 12,516.                  | 0.                                |   |  | FUNDING ALLOCATION   |
| VICTORY LANE CAMP INC<br>1912 BUNDY AVE<br>NEW CASTLE, IN 47362               | 45-5088581 | 501(C)(3)                     | 12,000.                  | 0.                                |   |  | COVID 19 EMERGENCY GRANT   |
| WHITELY COMMUNITY COUNCIL<br>PO BOX 665<br>MUNCIE, IN 47308                   | 35-1911000 | 501(C)(3)                     | 7,540.                   | 0.                                |   |  | FUNDING ALLOCATION,<br>DESIGNATED FUNDING, COVID<br>19 EMERGENCY GRANT |
| YMCA OF RANDOLPH COUNTY<br>1521 E WASHINGTON ST<br>WINCHESTER, IN 47394       | 31-1120460 | 501(C)(3)                     | 50,000.                  | 0.                                |   |  | COVID 19 EMERGENCY GRANT   |
| YOUNG MENS CHRISTIAN ASSOCIATION<br>500 S MULBERRY STREET<br>MUNCIE, IN 47308 | 35-0868215 | 501(C)(3)                     | 153,772.                 | 0.                                |   |  | FUNDING ALLOCATION,<br>DESIGNATED FUNDING, COVID<br>19 EMERGENCY GRANT |
| YWCA<br>310 W CHARLES STREET<br>MUNCIE, IN 47305                              | 35-0868225 | 501(C)(3)                     | 6,000.                   | 0.                                |   |  | FUNDING ALLOCATION,<br>DESIGNATED FUNDING, COVID<br>19 EMERGENCY GRANT |
|   |            |                               |                          |                                   |   |  |  |
|   |            |                               |                          |                                   |   |  |  |
|   |            |                               |                          |                                   |   |  |  |

**UNITED WAY OF DELAWARE COUNTY, INC  
INDIANA, INC.**

**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 non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|---------------------------------------|
|                                 |                          |                          |                                   |   |                                       |
|                                 |                          |                          |                                   |   |                                       |
|                                 |                          |                          |                                   |   |                                       |
|                                 |                          |                          |                                   |   |                                       |
|                                 |                          |                          |                                   |   |                                       |
|                                 |                          |                          |                                   |   |                                       |
|                                 |                          |                          |                                   |   |                                       |

**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:**

ANNUALLY, UNITED WAY OF DELAWARE, HENRY AND RANDOLPH COUNTIES' (UW) GRANTEES ARE REQUIRED TO SUBMIT A FULL REPORT INCLUDING MEASURABLE OUTCOMES AS WELL AS A FULL ACCOUNTING OF EXPENDITURES. FUNDED PARTNERS ARE ALSO REQUIRED TO PROVIDE QUARTERLY SUCCESS STORIES THAT ILLUSTRATE CLIENTS' SUCCESSES BECAUSE OF UW FUNDED PROGRAMS.

COVID-19 GRANT RECIPIENTS ARE REQUIRED TO SUBMIT A SIMPLE REPORT DETAILING THE WORK ACCOMPLISHED BECAUSE OF THE GRANT AND HOW MANY PEOPLE WERE SERVED.

**Part IV** Supplemental Information

RECIPIENTS ARE ALSO REQUIRED TO SHARE A SUCCESS STORY MADE POSSIBLE BECAUSE  
OF THE GRANT.

Lined area for supplemental information, consisting of 20 horizontal lines.

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

Open to Public  
Inspection

Name of the organization

UNITED WAY OF DELAWARE COUNTY, INC  
INDIANA, INC.

Employer identification number  
35-0996148

FORM 990, PART I, LINE 1, ORGANIZATION'S MISSION:

WE ENGAGE THE COMMUNITY TO IMPROVE LIVES BY FOCUSING RESOURCES ON  
EDUCATION, INCOME, AND HEALTH.

FORM 990, PART VI, SECTION A, LINE 6:

UNITED WAY OF DELAWARE COUNTY, INC. BY-LAWS STATE THAT MEMBERSHIP SHALL  
CONSIST OF ONLY THE MEMBERSHIP OF THE BOARD.

FORM 990, PART VI, SECTION B, LINE 11B:

A DRAFT COPY OF THE FORM 990 WAS PROVIDED TO THE GOVERNING BODY PRIOR TO  
FILING THE FINAL FORM 990. BOARD MEMBERS REVIEWED THE FORM 990 FOR ACCURACY  
PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

CONFLICT OF INTEREST STATEMENTS ARE SIGNED ANNUALLY BY ALL BOARD MEMBERS  
AND EMPLOYEES. BOARD MEMBERS ARE NOT ALLOWED TO VOTE ON ANY ISSUES IN WHICH  
THEY HAVE OR MAY APPEAR TO HAVE A CONFLICT OF INTEREST. EACH BOARD MEMBER  
DISCLOSES ANY OTHER BOARD POSITIONS HELD PRIOR TO VOTING.

FORM 990, PART VI, SECTION B, LINE 15:

OFFICERS AND KEY EMPLOYEES' PERFORMANCE APPRAISALS ARE DETERMINED BY A  
SPECIAL COMMITTEE MADE UP OF BOARD MEMBERS. COMPENSATION IS BASED ON  
OVERALL JOB PERFORMANCE AND BENCHMARKS DETERMINED BY THE BOARD. PAY SCALES  
ARE BASED ON SIMILAR POSITIONS AND PERFORMANCE STANDARDS IN THE  
NOT-FOR-PROFIT SECTOR. THE EXECUTIVE DIRECTOR PERFORMS EMPLOYEE PERFORMANCE

|  |   |
|--|---|
| Name of the organization <b>UNITED WAY OF DELAWARE COUNTY, INC<br/>INDIANA, INC.</b> | Employer identification number<br><b>35-0996148</b> |
|--|---|

APPRAISALS FOR ALL OTHER EMPLOYEES OF THE ORGANIZATION. ALL PAY RAISES AND BENEFIT PACKAGES ARE APPROVED BY THE BOARD PRIOR TO IMPLEMENTATION.

FORM 990, PART VI, SECTION C, LINE 18:

THE ORGANIZATION'S FORM 990 IS AVAIABLE UPON REQUEST AND ALSO AT IRS.GOV AND GUIDESTAR.ORG.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

ROUNDING ADJUSTMENT 1.

FORM 990, PART XII, LINE 2C:

THE ORGANIZATION HAS NOT CHANGED ITS OVERSIGHT PROCESS.

FORM 990, PART V, LINES 7G AND 7H:

THE ORGANIZATION HAD NO CONTRIBUTIONS OF INTELLECTUAL PROPERTY, CARS, BOATS, AIRPLANES, OR OTHER VEHICLES.

**Caution:** Forms printed from within Adobe Acrobat may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.

STATE COPY

EXTENSION REQUEST FOR INDIANA FORM NP-20

Form **8868**  
(Rev. January 2020)

**Application for Automatic Extension of Time To File an Exempt Organization Return**

OMB No. 1545-0047

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**  
▶ **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

|   |  |   |
|---|--|---|
| <b>Type or print</b><br><br><small>File by the due date for filing your return. See instructions.</small> | Name of exempt organization or other filer, see instructions.<br><b>UNITED WAY OF DELAWARE COUNTY, INC<br/>INDIANA, INC.</b> | Taxpayer identification number (TIN)<br><b>35-0996148</b> |
|   | Number, street, and room or suite no. If a P.O. box, see instructions.<br><b>400 N HIGH STREET, SUITE 300</b>                |   |
|   | City, town or post office, state, and ZIP code. For a foreign address, see instructions.<br><b>MUNCIE, IN 47305</b>          |   |

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

| Application Is For                       | Return Code | Application Is For                | Return Code |
|--|-------------|-----------------------------------|-------------|
| Form 990 or Form 990-EZ                  | 01          | Form 990-T (corporation)          | 07          |
| Form 990-BL                              | 02          | Form 1041-A                       | 08          |
| Form 4720 (individual)                   | 03          | Form 4720 (other than individual) | 09          |
| Form 990-PF                              | 04          | Form 5227                         | 10          |
| Form 990-T (sec. 401(a) or 408(a) trust) | 05          | Form 6069                         | 11          |
| Form 990-T (trust other than above)      | 06          | Form 8870                         | 12          |

**JENNIFER MARSH**

- The books are in the care of ▶ **400 N HIGH STREET, SUITE 300 - MUNCIE, IN 47305**  
Telephone No. ▶ **765-288-5586** Fax No. ▶ \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **MAY 16, 2022**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ▶  calendar year \_\_\_\_\_ or  
 ▶  tax year beginning **JUL 1, 2020**, and ending **JUN 30, 2021**.

2 If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

|   |           |    |           |
|---|-----------|----|-----------|
| <b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.                                   | <b>3a</b> | \$ | <b>0.</b> |
| <b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. | <b>3b</b> | \$ | <b>0.</b> |
| <b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.              | <b>3c</b> | \$ | <b>0.</b> |

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA **For Privacy Act and Paperwork Reduction Act Notice, see instructions.**

Form **8868** (Rev. 1-2020)



WHITINGER & COMPANY<sup>LLC</sup>

CERTIFIED PUBLIC ACCOUNTANTS AND CONSULTANTS

1100 W. WHITE RIVER BOULEVARD • PO BOX 631  
MUNCIE, INDIANA 47308-0631

UNITED WAY OF DELAWARE COUNTY, INC  
INDIANA, INC.  
400 N HIGH STREET, SUITE 300  
MUNCIE, IN 47305

DEAR JENNI:

WE HAVE PREPARED AND ENCLOSED YOUR 2020 INDIANA FORM NP-20,  
NONPROFIT ANNUAL REPORT. THE REPORT SHOULD BE SIGNED, DATED,  
AND MAILED AS INDICATED.

INDIANA FORM NP-20:

THE INDIANA FORM NP-20 SHOULD BE MAILED ON OR BEFORE MAY 16,  
2022 TO:

INDIANA DEPARTMENT OF REVENUE  
TAX ADMINISTRATION  
P.O. BOX 6481  
INDIANAPOLIS, INDIANA 46206-6481

NO PAYMENT IS REQUIRED.

THE REPORT SHOULD BE SIGNED AND DATED BY THE AUTHORIZED  
INDIVIDUAL(S).

A COPY OF THE RETURN IS ENCLOSED FOR YOUR FILES. WE SUGGEST  
THAT YOU RETAIN THIS COPY INDEFINITELY.

YOURS VERY TRULY,

JOHN D MARTIN, CPA  
WHITINGER & COMPANY LLC



**NP-20**

State Form 51062  
(R11 / 8-20)

Indiana Department of Revenue  
**Indiana Nonprofit Organization's Annual Report  
For the Calendar Year or Fiscal Year**

Beginning    and Ending

Place "X" in box if: Change of Address  Amended Report  Final Report:  Indicate Date Closed \_\_\_\_\_

Due on the 15th day of the 5th month following the end of the tax year.

NO FEE REQUIRED

Name of Organization  Telephone Number

Address  County  Indiana Taxpayer Identification Number

City  State  ZIP Code  Federal Employer Identification Number

Printed Name of Person to Contact  Contact's Telephone Number

If you are filing a federal return, attach a completed copy of Form 990, 990EZ, or 990PF.

**Note:** If your organization has unrelated business income of more than \$1,000 as defined under **Section 513** of the Internal Revenue Code, **you must also file Form IT-20NP.**

**Current Information**

1. Indicate number of years your organization has been in continuous existence: 97
2. Have any changes not previously reported to the Department been made in your governing instruments, (e.g.) articles of incorporation, bylaws, or other instruments of importance? If yes, attach a detailed description of changes.
3. Attach a schedule, listing the names, titles and addresses of your current officers.
4. Briefly describe the purpose or mission of your organization below.

SEE STATEMENT 1  
\_\_\_\_\_  
\_\_\_\_\_

Email Address:

*I declare under the penalties of perjury that I have examined this return, including all attachments, and to the best of my knowledge and belief, it is true, complete, and correct.*

\_\_\_\_\_  
Signature of Officer or Trustee PRESIDENT AND CEO \_\_\_\_\_  
Title Date

\_\_\_\_\_  
Name of Person(s) to Contact 765 288 5586  
Daytime Telephone Number



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NP-20

STATEMENT 1

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WE ENGAGE THE COMMUNITY TO IMPROVE LIVES BY FOCUSING RESOURCES ON EDUCATION,  
INCOME, AND HEALTH.

FORM NP-20

LIST OF OFFICERS, DIRECTORS AND TRUSTEES

STATEMENT 2

| <u>NAME AND ADDRESS</u>  | <u>TITLE</u>       |
|--|--------------------|
| TONY HARVEY<br>400 N HIGH STREET, SUITE 300<br>MUNCIE, IN 47305            | CHAIR              |
| BETTIE CALDWELL<br>400 N HIGH STREET, SUITE 300<br>MUNCIE, IN 47305        | TREASURER          |
| KEVIN WOHLER<br>400 N HIGH STREET, SUITE 300<br>MUNCIE, IN 47305           | PAST CHAIR         |
| MATTHEW KELSEY<br>400 N HIGH STREET, SUITE 300<br>MUNCIE, IN 47305         | INCOMING CHAIR     |
| DOROTHY DOUGLASS<br>400 N HIGH STREET, SUITE 300<br>MUNCIE, IN 47305       | DIRECTOR           |
| STEVE MOORE<br>400 N HIGH STREET, SUITE 300<br>MUNCIE, IN 47305            | DIRECTOR           |
| BRIAN SCOTT<br>400 N HIGH STREET, SUITE 300<br>MUNCIE, IN 47305            | DIRECTOR           |
| DR SUSANA RIVERA-MILLS<br>400 N HIGH STREET, SUITE 300<br>MUNCIE, IN 47305 | DIRECTOR           |
| JENNIFER MARSH<br>400 N HIGH STREET, SUITE 300<br>MUNCIE, IN 47305         | EXECUTIVE DIRECTOR |

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

**2020**

Department of the Treasury  
Internal Revenue Service

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

Open to Public Inspection

**A** For the 2020 calendar year, or tax year beginning **JUL 1, 2020** and ending **JUN 30, 2021**

|  |   |   |
|--|---|---|
| <b>B</b> Check if applicable:<br><br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Final return/terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>C</b> Name of organization<br><b>UNITED WAY OF DELAWARE COUNTY, INC</b><br><b>INDIANA, INC.</b><br>Doing business as<br>Number and street (or P.O. box if mail is not delivered to street address) Room/suite<br><b>400 N HIGH STREET, SUITE 300</b><br>City or town, state or province, country, and ZIP or foreign postal code<br><b>MUNCIE, IN 47305</b><br><b>F</b> Name and address of principal officer: <b>JENNIFER MARSH</b><br><b>SAME AS C ABOVE</b> | <b>D</b> Employer identification number<br><br><b>35-0996148</b><br><b>E</b> Telephone number<br><b>765-288-5586</b><br><b>G</b> Gross receipts \$ <b>1,739,337.</b><br><b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If "No," attach a list. See instructions<br><b>H(c)</b> Group exemption number ▶ |
| <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: ▶ <b>WWW.INVITEDTOLIVEUNITED.ORG</b>   |   |   |
| <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: <b>1925</b>  |   | <b>M</b> State of legal domicile: <b>IN</b>   |

**Part I Summary**

|                             |  |                                   |
|-----------------------------|--|-----------------------------------|
|                             | <b>1</b> Briefly describe the organization's mission or most significant activities: <b>SEE ATTACHED SCHEDULE O</b>                              |                                   |
| Activities & Governance     | <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> 12                       |
|                             | <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) .....   | <b>4</b> 12                       |
|                             | <b>5</b> Total number of individuals employed in calendar year 2020 (Part V, line 2a) .....  | <b>5</b> 8                        |
|                             | <b>6</b> Total number of volunteers (estimate if necessary) .....  | <b>6</b> 389                      |
|                             | <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.                      |
| Revenue                     | <b>8</b> Contributions and grants (Part VIII, line 1h) .....   | Prior Year<br><b>2,972,427.</b>   |
|                             | <b>9</b> Program service revenue (Part VIII, line 2g) .....  | Current Year<br><b>1,246,427.</b> |
|                             | <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....  | <b>11,730.</b>                    |
|                             | <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....   | <b>79,919.</b>                    |
|                             | <b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....   | <b>16,526.</b>                    |
|                             | <b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) .....   | <b>3,080,602.</b>                 |
|                             | <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) .....  | <b>948,581.</b>                   |
| Expenses                    | <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) .....  | <b>0.</b>                         |
|                             | <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) .....   | <b>446,603.</b>                   |
|                             | <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>210,961.</b>   | <b>475,072.</b>                   |
|                             | <b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) .....   | <b>0.</b>                         |
|                             | <b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) .....  | <b>465,270.</b>                   |
|                             | <b>19</b> Revenue less expenses. Subtract line 18 from line 12 .....   | <b>1,860,454.</b>                 |
|                             | <b>20</b> Total assets (Part X, line 16) .....   | <b>1,220,148.</b>                 |
| Net Assets or Fund Balances | <b>21</b> Total liabilities (Part X, line 26) .....  | <b>4,965,855.</b>                 |
|                             | <b>22</b> Net assets or fund balances. Subtract line 21 from line 20 .....   | <b>1,105,988.</b>                 |
|                             |  | <b>3,859,867.</b>                 |

**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<br><b>JENNIFER MARSH, PRESIDENT AND CEO</b><br>Type or print name and title | Date<br>_____  |
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name<br><b>JOHN D MARTIN, CPA</b>  | Preparer's signature<br><b>JOHN D MARTIN, CPA</b>                        |
|                               | Firm's name ▶ <b>WHITINGER &amp; COMPANY LLC</b>   | Date<br><b>03/05/22</b>  |
|                               | Firm's address ▶ <b>1100 W WHITE RIVER BLVD</b><br><b>MUNCIE, IN 47303-3776</b>                  | Check if self-employed <input type="checkbox"/> PTIN<br><b>P00321694</b> |
|                               | Firm's EIN ▶ <b>35-0905017</b>   | Phone no. <b>765-284-3384</b>  |

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

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission:  
**WE ENGAGE THE COMMUNITY TO IMPROVE LIVES BY FOCUSING RESOURCES ON  
EDUCATION, INCOME, AND HEALTH.**

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

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

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

**4a** (Code: \_\_\_\_\_) (Expenses \$ 2,426,113. including grants of \$ 1,973,413.) (Revenue \$ 6,618.)  
**WITH A GOAL TO END GENERATIONAL POVERTY, UNITED WAY (UW) UNITES DONORS, VOLUNTEERS AND ADVOCATES TO FIGHT FOR THE EDUCATION, FINANCIAL STABILITY AND HEALTH OF EVERY PERSON IN EVERY COMMUNITY. ACROSS DELAWARE, HENRY, AND RANDOLPH COUNTIES, NEARLY HALF OF ALL HOUSEHOLDS STRUGGLE. MANY HOUSEHOLDS ARE WORKING YET LIVING ONE CRISIS AWAY FROM SLIDING INTO POVERTY. THROUGH COMMUNITY INVESTMENTS, AS WELL AS DIRECT SERVICE PROGRAMS, UW POSITIVELY IMPACTS THE QUALITY OF LIFE FOR ALL WHO RESIDE IN THE COMMUNITIES. POSITIONED TO ASSESS THE WHOLE COMMUNITY, UW IDENTIFIES GAPS IN SERVICES AND ALIGNS EFFORTS WITH PROVEN PROGRAMS AND PARTNERS TO ADDRESS THOSE GAPS. BY TAKING THIS BROAD VIEW, UW NOT ONLY MEETS IMMEDIATE NEEDS, BUT ALSO ATTACKS ROOT CAUSES TO PREVENT FUTURE PROBLEMS.**

**4b** (Code: \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

**4c** (Code: \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

**4d** Other program services (Describe on Schedule O.)  
(Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

**4e** Total program service expenses **2,426,113.**

**UNITED WAY OF DELAWARE COUNTY, INC  
INDIANA, INC.**

**Part IV Checklist of Required Schedules**

|   | Yes      | No       |
|---|----------|----------|
| <b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?<br><i>If "Yes," complete Schedule A</i> .....  | <b>X</b> |          |
| <b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors?</i> .....  | <b>X</b> |          |
| <b>3</b> 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> .....  |          | <b>X</b> |
| <b>4 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> .....  |          | <b>X</b> |
| <b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> .....   |          | <b>X</b> |
| <b>6</b> 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> .....  |          | <b>X</b> |
| <b>7</b> 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> .....  |          | <b>X</b> |
| <b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....   |          | <b>X</b> |
| <b>9</b> 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> .....            |          | <b>X</b> |
| <b>10</b> 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> .....   | <b>X</b> |          |
| <b>11</b> 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.   |          |          |
| <b>a</b> 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> .....   | <b>X</b> |          |
| <b>b</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> .....  | <b>X</b> |          |
| <b>c</b> 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> .....  |          | <b>X</b> |
| <b>d</b> 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> .....   | <b>X</b> |          |
| <b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....   |          | <b>X</b> |
| <b>f</b> 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> .....  |          | <b>X</b> |
| <b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....  | <b>X</b> |          |
| <b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year?<br><i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> .....  |          | <b>X</b> |
| <b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....  |          | <b>X</b> |
| <b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....  |          | <b>X</b> |
| <b>b</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> ..... |          | <b>X</b> |
| <b>15</b> 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> .....   |          | <b>X</b> |
| <b>16</b> 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> .....   |          | <b>X</b> |
| <b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> .....   |          | <b>X</b> |
| <b>18</b> 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> .....   | <b>X</b> |          |
| <b>19</b> 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> .....   |          | <b>X</b> |
| <b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....   |          | <b>X</b> |
| <b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....   |          |          |
| <b>21</b> 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> .....  | <b>X</b> |          |

**UNITED WAY OF DELAWARE COUNTY, INC  
INDIANA, INC.**

**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? <i>If "Yes," complete Schedule I, Parts I and III</i> .....  |     | 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? <i>If "Yes," complete Schedule J</i> .....   |     | 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....   |     | X  |
| b   | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....   |     |    |
| c   | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....  |     |    |
| d   | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....   |     |    |
| 25a | <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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</i> .....  |     | X  |
| 26  | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> .....   |     | 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? <i>If "Yes," complete Schedule L, Part III</i> ..... |     | X  |
| 28  | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):  |     |    |
| a   | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> .....   |     | X  |
| b   | A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....  |     | X  |
| c   | A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> .....  |     | X  |
| 29  | Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....   |     | X  |
| 30  | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....   |     | X  |
| 31  | Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....   |     | X  |
| 32  | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....   |     | 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? <i>If "Yes," complete Schedule R, Part I</i> .....   |     | X  |
| 34  | Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....   |     | X  |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....   |     | X  |
| b   | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....  |     |    |
| 36  | <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....  |     | 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? <i>If "Yes," complete Schedule R, Part VI</i> .....  |     | X  |
| 38  | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? .....  | X   |    |

**Note:** All Form 990 filers are required to complete Schedule O

**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 .....   |     | 8  |
| b  | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .....  |     | 0  |
| c  | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? ..... | X   |    |

**UNITED WAY OF DELAWARE COUNTY, INC  
INDIANA, INC.**

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

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



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

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

**Section A. Governing Body and Management**

|           |  | Yes | No |
|-----------|--|-----|----|
| <b>1a</b> | Enter the number of voting members of the governing body at the end of the tax year<br>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>1b</b> | Enter the number of voting members included on line 1a, above, who are independent   |     |    |
| <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>7b</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>8a</b> | The governing body?  | X   |    |
| <b>8b</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>10b</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>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>11b</b> | Describe in 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>12b</b> | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  | X   |    |
| <b>12c</b> | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done   | X   |    |
| <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>15a</b> | The organization's CEO, Executive Director, or top management official   | X   |    |
| <b>15b</b> | Other officers or key employees of the organization  | X   |    |
|            | If "Yes" to line 15a or 15b, describe the process in 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>16b</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? |     |    |

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **IN**
- 18** Section 6104 requires an organization to make its 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 **JENNIFER MARSH - 765-288-5586**  
**400 N HIGH STREET, SUITE 300, MUNCIE, IN 47305**

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

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

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

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

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

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

| (A)<br>Name and title                    | (B)<br>Average hours per week (list any hours for related organizations below line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>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) TONY HARVEY<br>CHAIR                 | 1.00  | X   |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (2) BETTIE CALDWELL<br>TREASURER         | 1.00  | X   |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (3) KEVIN WOEHLER<br>PAST CHAIR          | 1.00  | X   |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (4) MATTHEW KELSEY<br>INCOMING CHAIR     | 1.00  | X   |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (5) DOROTHY DOUGLASS<br>DIRECTOR         | 1.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (6) STEVE MOORE<br>DIRECTOR              | 1.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (7) BRIAN SCOTT<br>DIRECTOR              | 1.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (8) DR SUSANA RIVERA-MILLS<br>DIRECTOR   | 1.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (9) JENNIFER MARSH<br>EXECUTIVE DIRECTOR | 40.00   |   |                       | X       |              |                              |        | 100,727.   | 0.  | 0.  |
|  |   |   |                       |         |              |                              |        |  |   |   |
|  |   |   |                       |         |              |                              |        |  |   |   |
|  |   |   |                       |         |              |                              |        |  |   |   |
|  |   |   |                       |         |              |                              |        |  |   |   |
|  |   |   |                       |         |              |                              |        |  |   |   |
|  |   |   |                       |         |              |                              |        |  |   |   |
|  |   |   |                       |         |              |                              |        |  |   |   |
|  |   |   |                       |         |              |                              |        |  |   |   |
|  |   |   |                       |         |              |                              |        |  |   |   |
|  |   |   |                       |         |              |                              |        |  |   |   |
|  |   |   |                       |         |              |                              |        |  |   |   |
|  |   |   |                       |         |              |                              |        |  |   |   |
|  |   |   |                       |         |              |                              |        |  |   |   |
|  |   |   |                       |         |              |                              |        |  |   |   |
|  |   |   |                       |         |              |                              |        |  |   |   |

**UNITED WAY OF DELAWARE COUNTY, INC  
INDIANA, INC.**

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

| (A)<br>Name and title  | (B)<br>Average hours per week (list any hours for related organizations below line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |          | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|---|---|-----------------------|---------|--------------|------------------------------|----------|--|---|---|
|  |   | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former   |  |   |   |
|  |   |   |                       |         |              |                              |          |  |   |   |
|  |   |   |                       |         |              |                              |          |  |   |   |
|  |   |   |                       |         |              |                              |          |  |   |   |
|  |   |   |                       |         |              |                              |          |  |   |   |
|  |   |   |                       |         |              |                              |          |  |   |   |
|  |   |   |                       |         |              |                              |          |  |   |   |
|  |   |   |                       |         |              |                              |          |  |   |   |
|  |   |   |                       |         |              |                              |          |  |   |   |
|  |   |   |                       |         |              |                              |          |  |   |   |
|  |   |   |                       |         |              |                              |          |  |   |   |
|  |   |   |                       |         |              |                              |          |  |   |   |
|  |   |   |                       |         |              |                              |          |  |   |   |
|  |   |   |                       |         |              |                              |          |  |   |   |
|  |   |   |                       |         |              |                              |          |  |   |   |
|  |   |   |                       |         |              |                              |          |  |   |   |
|  |   |   |                       |         |              |                              |          |  |   |   |
|  |   |   |                       |         |              |                              |          |  |   |   |
|  |   |   |                       |         |              |                              |          |  |   |   |
|  |   |   |                       |         |              |                              |          |  |   |   |
|  |   |   |                       |         |              |                              |          |  |   |   |
| <b>1b Subtotal</b> .....   |   |   |                       |         |              |                              | 100,727. | 0.   | 0.  |   |
| <b>c Total from continuation sheets to Part VII, Section A</b> ..... |   |   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| <b>d Total (add lines 1b and 1c)</b> .....                           |   |   |                       |         |              |                              | 100,727. | 0.   | 0.  |   |

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

|  | Yes | No       |
|--|-----|----------|
| <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> .....  |     | <b>X</b> |
| <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> ..... |     | <b>X</b> |
| <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> .....                       |     | <b>X</b> |

**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)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
| <b>NONE</b>                      |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

**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

**UNITED WAY OF DELAWARE COUNTY, INC  
INDIANA, INC.**

**Part VIII Statement of Revenue**

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

|   |   |   | (A)            | (B)                                | (C)                        | (D)  |        |
|---|---|---|----------------|------------------------------------|----------------------------|--|--------|
|   |   |   | Total revenue  | Related or exempt function revenue | Unrelated business revenue | Revenue excluded from tax under sections 512 - 514 |        |
| <b>Contributions, Gifts, Grants and Other Similar Amounts</b>   | <b>1 a</b> Federated campaigns .....  | <b>1a</b>   |                |                                    |                            |  |        |
|   | <b>b</b> Membership dues .....  | <b>1b</b>   |                |                                    |                            |  |        |
|   | <b>c</b> Fundraising events .....   | <b>1c</b>   |                |                                    |                            |  |        |
|   | <b>d</b> Related organizations .....  | <b>1d</b>   |                |                                    |                            |  |        |
|   | <b>e</b> Government grants (contributions) .....  | <b>1e</b>   |                |                                    |                            |  |        |
|   | <b>f</b> All other contributions, gifts, grants, and similar amounts not included above ... | <b>1f</b>   | 1,246,427.     |                                    |                            |  |        |
|   | <b>g</b> Noncash contributions included in lines 1a-1f .....                                | <b>1g</b>   | \$ 16,102.     |                                    |                            |  |        |
|   | <b>h Total.</b> Add lines 1a-1f .....   |   |                | 1,246,427.                         |                            |  |        |
| <b>Program Service Revenue</b>  | <b>2 a</b> SERVICE FEES .....   | <b>Business Code</b>  |                |                                    |                            |  |        |
|   |   | 561000  | 6,618.         | 6,618.                             |                            |  |        |
|   | <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 .....   |   |   | 6,618.         |                                    |                            |  |        |
| <b>Other Revenue</b>  | <b>3</b> Investment income (including dividends, interest, and other similar amounts) ..... |   | 38,080.        |                                    |                            | 38,080.  |        |
|   | <b>4</b> Income from investment of tax-exempt bond proceeds .....                           |   |                |                                    |                            |  |        |
|   | <b>5</b> Royalties .....  |   |                |                                    |                            |  |        |
|   | <b>6 a</b> Gross rents .....  | <b>6a</b>   | (i) Real       |                                    |                            |  |        |
|   |   |   | (ii) Personal  |                                    |                            |  |        |
|   |   |   |                |                                    |                            |  |        |
|   | <b>b</b> Less: rental expenses ...  | <b>6b</b>   |                |                                    |                            |  |        |
|   | <b>c</b> Rental income or (loss)  | <b>6c</b>   |                |                                    |                            |  |        |
|   | <b>d</b> Net rental income or (loss) .....  |   |                |                                    |                            |  |        |
|   | <b>7 a</b> Gross amount from sales of assets other than inventory .....                     | <b>7a</b>   | (i) Securities | 60,479.                            |                            |  |        |
|   |   |   | (ii) Other     |                                    |                            |  |        |
|   |   |   |                | 22,344.                            | 826.                       |  |        |
|   |   |   |                | 38,135.                            | -826.                      |  |        |
|   | <b>b</b> Less: cost or other basis and sales expenses .....                                 | <b>7b</b>   |                |                                    |                            |  |        |
|   | <b>c</b> Gain or (loss) .....   | <b>7c</b>   |                |                                    |                            |  |        |
| <b>d</b> Net gain or (loss) .....   |   |   | 37,309.        |                                    | 37,309.                    |  |        |
| <b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 ..... | <b>8a</b>   |   | 12,887.        |                                    |                            |  |        |
|   |   | <b>b</b> Less: direct expenses .....                        | <b>8b</b>      | 7,652.                             |                            |  |        |
|   |   | <b>c</b> Net income or (loss) from fundraising events ..... |                |                                    | 5,235.                     |  | 5,235. |
| <b>9 a</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>10 a</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>11 a</b> CHANGE IN BENEFICIAL INTEREST AT .....  | <b>Business Code</b>  | 900099         | 165,284.                           |                            | 165,284.   |        |
|   | <b>b</b> EMPLOYEE RETENTION CREDITS .....   |   | 900099         | 132,311.                           |                            | 132,311.   |        |
|   | <b>c</b> PAYCHECK PROTECTION PROGRAM LOAN .....   |   | 900099         | 74,100.                            |                            | 74,100.  |        |
|   | <b>d</b> All other revenue .....  |   | 900099         | 3,151.                             |                            | 3,151.   |        |
|   | <b>e Total.</b> Add lines 11a-11d .....   |   |                | 374,846.                           |                            |  |        |
| <b>12 Total revenue.</b> See instructions .....   |   |   | 1,708,515.     | 6,618.                             | 0.                         | 455,470.   |        |

**UNITED WAY OF DELAWARE COUNTY, INC  
INDIANA, INC.**

Form 990 (2020)

35-0996148 Page **10**

**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

| <i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>   | <b>(A)</b><br>Total expenses | <b>(B)</b><br>Program service expenses | <b>(C)</b><br>Management and general expenses | <b>(D)</b><br>Fundraising expenses |
|---|------------------------------|--|---|------------------------------------|
| <b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21   | 1,973,413.                   | 1,973,413.                             |   |                                    |
| <b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22  |                              |  |   |                                    |
| <b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16   |                              |  |   |                                    |
| <b>4</b> Benefits paid to or for members  |                              |  |   |                                    |
| <b>5</b> Compensation of current officers, directors, trustees, and key employees   | 115,269.                     | 64,112.                                | 15,654.                                       | 35,503.                            |
| <b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)   |                              |  |   |                                    |
| <b>7</b> Other salaries and wages   | 275,240.                     | 153,094.                               | 37,372.                                       | 84,774.                            |
| <b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)   | 16,065.                      | 8,444.                                 | 2,352.  | 5,269.                             |
| <b>9</b> Other employee benefits  | 39,672.                      | 23,734.                                | 4,912.  | 11,026.                            |
| <b>10</b> Payroll taxes   | 28,826.                      | 15,947.                                | 3,964.  | 8,915.                             |
| <b>11</b> Fees for services (nonemployees):   |                              |  |   |                                    |
| <b>a</b> Management   |                              |  |   |                                    |
| <b>b</b> Legal  |                              |  |   |                                    |
| <b>c</b> Accounting   | 47,565.                      |  | 47,565.                                       |                                    |
| <b>d</b> Lobbying   |                              |  |   |                                    |
| <b>e</b> Professional fundraising services. See Part IV, line 17  |                              |  |   |                                    |
| <b>f</b> Investment management fees   | 13,746.                      |  | 13,746.                                       |                                    |
| <b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)  | 44,891.                      | 13,259.                                | 23,677.                                       | 7,955.                             |
| <b>12</b> Advertising and promotion   | 29,622.                      | 14,299.                                | 4,174.  | 11,149.                            |
| <b>13</b> Office expenses   | 45,071.                      | 24,450.                                | 6,444.  | 14,177.                            |
| <b>14</b> Information technology  | 1,704.                       | 913.                                   | 243.  | 548.                               |
| <b>15</b> Royalties   |                              |  |   |                                    |
| <b>16</b> Occupancy   | 34,856.                      | 18,672.                                | 4,981.  | 11,203.                            |
| <b>17</b> Travel  | 965.                         | 517.                                   | 138.  | 310.                               |
| <b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials  |                              |  |   |                                    |
| <b>19</b> Conferences, conventions, and meetings  | 13,235.                      | 10,659.                                | 793.  | 1,783.                             |
| <b>20</b> Interest  |                              |  |   |                                    |
| <b>21</b> Payments to affiliates  | 25,417.                      |  | 25,417.                                       |                                    |
| <b>22</b> Depreciation, depletion, and amortization   | 3,064.                       | 1,641.                                 | 438.  | 985.                               |
| <b>23</b> Insurance   | 6,873.                       | 3,682.                                 | 982.  | 2,209.                             |
| <b>24</b> 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.) |                              |  |   |                                    |
| <b>a GRANT EXPENSE</b>  | 57,800.                      | 57,800.                                |   |                                    |
| <b>b CAMPAIGN EVENTS &amp; PROG</b>   | 40,662.                      | 30,551.                                |   | 10,111.                            |
| <b>c DUES AND SUBSCRIPTIONS</b>   | 12,627.                      | 6,765.                                 | 1,804.  | 4,058.                             |
| <b>d MISCELLANEOUS</b>  | 5,583.                       | 4,161.                                 | 436.  | 986.                               |
| <b>e</b> All other expenses   |                              |  |   |                                    |
| <b>25 Total functional expenses.</b> Add lines 1 through 24e  | 2,832,166.                   | 2,426,113.                             | 195,092.                                      | 210,961.                           |
| <b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.                                    |                              |  |   |                                    |

Check here  if following SOP 98-2 (ASC 958-720)

**UNITED WAY OF DELAWARE COUNTY, INC  
INDIANA, INC.**

Form 990 (2020)

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**Part X Balance Sheet**

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

|  |  | (A)<br>Beginning of year |            |            | (B)<br>End of year |  |
|--|--|--------------------------|------------|------------|--------------------|--|
| <b>Assets</b>  | <b>1</b> Cash - non-interest-bearing .....   | 2,538,637.               | <b>1</b>   |            | 1,197,913.         |  |
|  | <b>2</b> Savings and temporary cash investments .....  | 272,395.                 | <b>2</b>   |            | 274,490.           |  |
|  | <b>3</b> Pledges and grants receivable, net .....  | 540,170.                 | <b>3</b>   |            | 513,181.           |  |
|  | <b>4</b> Accounts receivable, net .....  | 8,186.                   | <b>4</b>   |            | 176,087.           |  |
|  | <b>5</b> Loans and other receivables from any current or former officer, director,<br>trustee, key employee, creator or founder, substantial contributor, or 35%<br>controlled entity or family member of any of these persons ..... |                          |            | <b>5</b>   |                    |  |
|  | <b>6</b> Loans and other receivables from other disqualified persons (as defined<br>under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....  |                          |            | <b>6</b>   |                    |  |
|  | <b>7</b> Notes and loans receivable, net .....   |                          |            | <b>7</b>   |                    |  |
|  | <b>8</b> Inventories for sale or use .....   |                          |            | <b>8</b>   |                    |  |
|  | <b>9</b> Prepaid expenses and deferred charges .....   | 18,466.                  | <b>9</b>   |            | 20,581.            |  |
|  | <b>10a</b> Land, buildings, and equipment: cost or other<br>basis. Complete Part VI of Schedule D .....  | 59,315.                  | <b>10a</b> |            |                    |  |
|  | <b>b</b> Less: accumulated depreciation .....  | 47,724.                  | <b>10b</b> |            |                    |  |
|  | <b>11</b> Investments - publicly traded securities .....   | 12,990.                  | <b>10c</b> |            | 11,591.            |  |
|  | <b>12</b> Investments - other securities. See Part IV, line 11 .....   | 489,404.                 | <b>11</b>  |            | 607,410.           |  |
|  | <b>13</b> Investments - program-related. See Part IV, line 11 .....  | 577,800.                 | <b>12</b>  |            | 752,694.           |  |
|  | <b>14</b> Intangible assets .....  |                          | <b>13</b>  |            |                    |  |
|  | <b>15</b> Other assets. See Part IV, line 11 .....   | 507,807.                 | <b>14</b>  |            |                    |  |
| <b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) ..... | 4,965,855.   | <b>15</b>                |            | 649,155.   |                    |  |
|  |  | <b>16</b>                |            | 4,203,102. |                    |  |
| <b>Liabilities</b>   | <b>17</b> Accounts payable and accrued expenses .....  | 110,289.                 | <b>17</b>  |            | 367,235.           |  |
|  | <b>18</b> Grants payable .....   | 921,599.                 | <b>18</b>  |            | 851,748.           |  |
|  | <b>19</b> Deferred revenue .....   |                          | <b>19</b>  |            |                    |  |
|  | <b>20</b> Tax-exempt bond liabilities .....  |                          | <b>20</b>  |            |                    |  |
|  | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....  |                          | <b>21</b>  |            |                    |  |
|  | <b>22</b> Loans and other payables to any current or former officer, director,<br>trustee, key employee, creator or founder, substantial contributor, or 35%<br>controlled entity or family member of any of these persons .....     |                          | <b>22</b>  |            |                    |  |
|  | <b>23</b> Secured mortgages and notes payable to unrelated third parties .....   |                          | <b>23</b>  |            |                    |  |
|  | <b>24</b> Unsecured notes and loans payable to unrelated third parties .....   | 74,100.                  | <b>24</b>  |            |                    |  |
|  | <b>25</b> Other liabilities (including federal income tax, payables to related third<br>parties, and other liabilities not included on lines 17-24). Complete Part X<br>of Schedule D .....  |                          | <b>25</b>  |            |                    |  |
|  | <b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....  | 1,105,988.               | <b>26</b>  |            | 1,218,983.         |  |
| <b>Net Assets or Fund Balances</b>   | <b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>  |                          |            |            |                    |  |
|  | <b>27</b> Net assets without donor restrictions .....  | 1,923,915.               | <b>27</b>  |            | 2,092,947.         |  |
|  | <b>28</b> Net assets with donor restrictions .....   | 1,935,952.               | <b>28</b>  |            | 891,172.           |  |
|  | <b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>   |                          |            |            |                    |  |
|  | <b>29</b> Capital stock or trust principal, or current funds .....   |                          | <b>29</b>  |            |                    |  |
|  | <b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....   |                          | <b>30</b>  |            |                    |  |
|  | <b>31</b> Retained earnings, endowment, accumulated income, or other funds .....   |                          | <b>31</b>  |            |                    |  |
|  | <b>32</b> <b>Total net assets or fund balances</b> .....   | 3,859,867.               | <b>32</b>  |            | 2,984,119.         |  |
| <b>33</b> <b>Total liabilities and net assets/fund balances</b> .....            | 4,965,855.   | <b>33</b>                |            | 4,203,102. |                    |  |

Form 990 (2020)

**UNITED WAY OF DELAWARE COUNTY, INC  
INDIANA, INC.**

**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>  | 1,708,515.  |
| <b>2</b> Total expenses (must equal Part IX, column (A), line 25) .....  | <b>2</b>  | 2,832,166.  |
| <b>3</b> Revenue less expenses. Subtract line 2 from line 1 .....  | <b>3</b>  | -1,123,651. |
| <b>4</b> Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) .....                       | <b>4</b>  | 3,859,867.  |
| <b>5</b> Net unrealized gains (losses) on investments .....  | <b>5</b>  | 247,902.    |
| <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>  | 1.          |
| <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> | 2,984,119.  |

**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 _____<br>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.                           |           |     |    |
| <b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? .....  | <b>2a</b> |     | X  |
| 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:<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis |           |     |    |
| <b>b</b> Were the organization's financial statements audited by an independent accountant? .....  | <b>2b</b> | X   |    |
| 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:<br><input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis   |           |     |    |
| <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? .....  | <b>2c</b> | X   |    |
| If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.  |           |     |    |
| <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 Single Audit Act and OMB Circular A-133? .....   | <b>3a</b> |     | 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 .....  | <b>3b</b> |     |    |

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2020**

Open to Public Inspection

Name of the organization **UNITED WAY OF DELAWARE COUNTY, INC INDIANA, INC.** Employer identification number **35-0996148**

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

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

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

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



**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ▶  | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....  | 1497563. | 1484826. | 1478068. | 2972427. | 1246428. | 8679312.  |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....   |          |          |          |          |          |           |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....   |          |          |          |          |          |           |
| <b>4 Total.</b> Add lines 1 through 3 .....  | 1497563. | 1484826. | 1478068. | 2972427. | 1246428. | 8679312.  |
| <b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) ..... |          |          |          |          |          | 1058575.  |
| <b>6 Public support.</b> Subtract line 5 from line 4.  |          |          |          |          |          | 7620737.  |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶   | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total                |
|---|----------|----------|----------|----------|----------|--------------------------|
| <b>7</b> Amounts from line 4 .....  | 1497563. | 1484826. | 1478068. | 2972427. | 1246428. | 8679312.                 |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....  | 53,000.  | 28,514.  | 33,265.  | 34,852.  | 38,080.  | 187,711.                 |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....   |          |          |          |          |          |                          |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....   | 43,296.  | 50,422.  | 14,478.  | 8,286.   | 374,846. | 491,328.                 |
| <b>11 Total support.</b> Add lines 7 through 10   |          |          |          |          |          | 9358351.                 |
| <b>12</b> Gross receipts from related activities, etc. (see instructions) .....   |          |          |          |          | 12       | 107,957.                 |
| <b>13 First 5 years.</b> 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 <b>stop here</b> ..... |          |          |          |          |          | <input type="checkbox"/> |

**Section C. Computation of Public Support Percentage**

|   |                                     |         |
|---|-------------------------------------|---------|
| <b>14</b> Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)).....  | <b>14</b>                           | 81.43 % |
| <b>15</b> Public support percentage from 2019 Schedule A, Part II, line 14 .....  | <b>15</b>                           | 85.45 % |
| <b>16a 33 1/3% support test - 2020.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....  | <input checked="" type="checkbox"/> |         |
| <b>b 33 1/3% support test - 2019.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....   | <input type="checkbox"/>            |         |
| <b>17a 10% -facts-and-circumstances test - 2020.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....    | <input type="checkbox"/>            |         |
| <b>b 10% -facts-and-circumstances test - 2019.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ..... | <input type="checkbox"/>            |         |
| <b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....  | <input type="checkbox"/>            |         |

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

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

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ►   | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....   |          |          |          |          |          |           |
| <b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose ..... |          |          |          |          |          |           |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....   |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....  |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....  |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 through 5 .....   |          |          |          |          |          |           |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....  |          |          |          |          |          |           |
| <b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....           |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b .....  |          |          |          |          |          |           |
| <b>8 Public support.</b> (Subtract line 7c from line 6.)  |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ►  | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6 .....   |          |          |          |          |          |           |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ..... |          |          |          |          |          |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....                           |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b .....   |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....      |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....                                  |          |          |          |          |          |           |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)   |          |          |          |          |          |           |

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

**Section C. Computation of Public Support Percentage**

|   |           |   |
|---|-----------|---|
| <b>15</b> Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) ..... | <b>15</b> | % |
| <b>16</b> Public support percentage from 2019 Schedule A, Part III, line 15 .....                       | <b>16</b> | % |

**Section D. Computation of Investment Income Percentage**

|  |           |   |
|--|-----------|---|
| <b>17</b> Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) ..... | <b>17</b> | % |
| <b>18</b> Investment income percentage from 2019 Schedule A, Part III, line 17 .....                         | <b>18</b> | % |

**19a 33 1/3% support tests - 2020.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2019.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

|  | Yes | No |
|--|-----|----|
| <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</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</b> <b>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 or 990-EZ).</i>  |     |    |
| <b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>  |     |    |
| <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 in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>  |     |    |
| <b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>   |     |    |
| <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)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

|   | Yes | No |
|---|-----|----|
| <b>1</b> 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? |     |    |
| <b>1</b>  |     |    |
| <b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).   |     |    |
| <b>2</b>  |     |    |
| <b>3</b> By reason of the relationship described in 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? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.  |     |    |
| <b>3</b>  |     |    |

**Section E. Type III Functionally Integrated Supporting Organizations**

|   |  |     |    |
|---|--|-----|----|
| <b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).  |  |     |    |
| <b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.  |  |     |    |
| <b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.   |  |     |    |
| <b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see instructions).  |  |     |    |
| <b>2</b> Activities Test. Answer lines 2a and 2b below.   |  |     |    |
| <b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI</b> identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. |  | Yes | No |
| <b>2a</b>   |  |     |    |
| <b>b</b> Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.  |  |     |    |
| <b>2b</b>   |  |     |    |
| <b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.   |  |     |    |
| <b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in <b>Part VI</b> .  |  |     |    |
| <b>3a</b>   |  |     |    |
| <b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.   |  |     |    |
| <b>3b</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 Part VI):   |                |                             |
| 2                                | Acquisition indebtedness applicable to non-exempt-use assets  | 2              |                             |
| 3                                | Subtract line 2 from line 1d.   | 3              |                             |
| 4                                | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).                                  | 4              |                             |
| 5                                | Net value of non-exempt-use assets (subtract line 4 from line 3)  | 5              |                             |
| 6                                | Multiply line 5 by 0.035.   | 6              |                             |
| 7                                | Recoveries of prior-year distributions  | 7              |                             |
| 8                                | <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                                | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). |   |              |

**UNITED WAY OF DELAWARE COUNTY, INC**

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

| <b>Section D - Distributions</b> |   | <b>Current Year</b> |
|----------------------------------|---|---------------------|
| <b>1</b>                         | Amounts paid to supported organizations to accomplish exempt purposes   | <b>1</b>            |
| <b>2</b>                         | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity               | <b>2</b>            |
| <b>3</b>                         | Administrative expenses paid to accomplish exempt purposes of supported organizations   | <b>3</b>            |
| <b>4</b>                         | Amounts paid to acquire exempt-use assets   | <b>4</b>            |
| <b>5</b>                         | Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )  | <b>5</b>            |
| <b>6</b>                         | Other distributions ( <i>describe in Part VI</i> ). See instructions.   | <b>6</b>            |
| <b>7</b>                         | <b>Total annual distributions.</b> Add lines 1 through 6.   | <b>7</b>            |
| <b>8</b>                         | Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions. | <b>8</b>            |
| <b>9</b>                         | Distributable amount for 2020 from Section C, line 6  | <b>9</b>            |
| <b>10</b>                        | Line 8 amount divided by line 9 amount  | <b>10</b>           |

| <b>Section E - Distribution Allocations</b> (see instructions)   | <b>(i)<br/>Excess Distributions</b> | <b>(ii)<br/>Underdistributions<br/>Pre-2020</b> | <b>(iii)<br/>Distributable<br/>Amount for 2020</b> |
|--|-------------------------------------|---|--|
| <b>1</b> Distributable amount for 2020 from Section C, line 6  |                                     |   |  |
| <b>2</b> Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.   |                                     |   |  |
| <b>3</b> Excess distributions carryover, if any, to 2020   |                                     |   |  |
| <b>a</b> From 2015   |                                     |   |  |
| <b>b</b> From 2016   |                                     |   |  |
| <b>c</b> From 2017   |                                     |   |  |
| <b>d</b> From 2018   |                                     |   |  |
| <b>e</b> From 2019   |                                     |   |  |
| <b>f</b> <b>Total</b> of lines 3a through 3e   |                                     |   |  |
| <b>g</b> Applied to underdistributions of prior years  |                                     |   |  |
| <b>h</b> Applied to 2020 distributable amount  |                                     |   |  |
| <b>i</b> Carryover from 2015 not applied (see instructions)  |                                     |   |  |
| <b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.  |                                     |   |  |
| <b>4</b> Distributions for 2020 from Section D, line 7: \$   |                                     |   |  |
| <b>a</b> Applied to underdistributions of prior years  |                                     |   |  |
| <b>b</b> Applied to 2020 distributable amount  |                                     |   |  |
| <b>c</b> Remainder. Subtract lines 4a and 4b from line 4.  |                                     |   |  |
| <b>5</b> Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions. |                                     |   |  |
| <b>6</b> Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.                        |                                     |   |  |
| <b>7</b> <b>Excess distributions carryover to 2021.</b> Add lines 3j and 4c.   |                                     |   |  |
| <b>8</b> Breakdown of line 7:  |                                     |   |  |
| <b>a</b> Excess from 2016  |                                     |   |  |
| <b>b</b> Excess from 2017  |                                     |   |  |
| <b>c</b> Excess from 2018  |                                     |   |  |
| <b>d</b> Excess from 2019  |                                     |   |  |
| <b>e</b> Excess from 2020  |                                     |   |  |



**Schedule B**

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

Name of the organization  
**UNITED WAY OF DELAWARE COUNTY, INC  
INDIANA, INC.**

Employer identification number  
**35-0996148**

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).



|   |   |
|---|---|
| Name of organization<br><b>UNITED WAY OF DELAWARE COUNTY, INC<br/>INDIANA, INC.</b> | Employer identification number<br><b>35-0996148</b> |
|---|---|

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|---|----------------------------|---|
| 1          | GEORGE AND FRANCES BALL FOUNDATION<br><br>PO BOX 1408<br><br>MUNCIE, IN 47308                                 | \$ 187,500.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 2          | FIRST MERCHANTS BANK<br><br>200 EAST JACKSON STREET<br><br>MUNCIE, IN 47305                                   | \$ 72,151.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 3          | INDIANA ASSOCIATION OF UNITED WAYS<br><br>2955 NORTH MERIDIAN STREET, SUITE 200<br><br>INDIANAPOLIS, IN 46208 | \$ 50,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 4          | BALL BROTHERS FOUNDATION<br><br>222 SOUTH MULBERRY STREET<br><br>MUNCIE, IN 47305                             | \$ 75,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
|            | _____<br><br>_____<br><br>_____   | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
|            | _____<br><br>_____<br><br>_____   | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |

|   |   |
|---|---|
| Name of organization<br><b>UNITED WAY OF DELAWARE COUNTY, INC<br/>INDIANA, INC.</b> | Employer identification number<br><b>35-0996148</b> |
|---|---|

**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
|------------------------------|--|---|----------------------|
|                              |  | \$ _____  |                      |
|                              |  | \$ _____  |                      |
|                              |  | \$ _____  |                      |
|                              |  | \$ _____  |                      |
|                              |  | \$ _____  |                      |
|                              |  | \$ _____  |                      |
|                              |  | \$ _____  |                      |

|  |   |
|--|---|
| Name of organization<br><b>UNITED WAY OF DELAWARE COUNTY, INC<br/>                 INDIANA, INC.</b> | Employer identification number<br><b>35-0996148</b> |
|--|---|

**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
 Use duplicate copies of Part III if additional space is needed.

| (a) No. from Part I                     | (b) Purpose of gift | (c) Use of gift                          | (d) Description of how gift is held |
|---|---------------------|--|-------------------------------------|
|   |                     |  |                                     |
| <b>(e) Transfer of gift</b>             |                     |  |                                     |
| Transferee's name, address, and ZIP + 4 |                     | Relationship of transferor to transferee |                                     |
|   |                     |  |                                     |
| (a) No. from Part I                     | (b) Purpose of gift | (c) Use of gift                          | (d) Description of how gift is held |
|   |                     |  |                                     |
| <b>(e) Transfer of gift</b>             |                     |  |                                     |
| Transferee's name, address, and ZIP + 4 |                     | Relationship of transferor to transferee |                                     |
|   |                     |  |                                     |
| (a) No. from Part I                     | (b) Purpose of gift | (c) Use of gift                          | (d) Description of how gift is held |
|   |                     |  |                                     |
| <b>(e) Transfer of gift</b>             |                     |  |                                     |
| Transferee's name, address, and ZIP + 4 |                     | Relationship of transferor to transferee |                                     |
|   |                     |  |                                     |
| (a) No. from Part I                     | (b) Purpose of gift | (c) Use of gift                          | (d) Description of how gift is held |
|   |                     |  |                                     |
| <b>(e) Transfer of gift</b>             |                     |  |                                     |
| Transferee's name, address, and ZIP + 4 |                     | Relationship of transferor to transferee |                                     |
|   |                     |  |                                     |

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

OMB No. 1545-0047

**2020**

**Open to Public Inspection**

**Name of the organization** **UNITED WAY OF DELAWARE COUNTY, INC INDIANA, INC.** **Employer identification number** **35-0996148**

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

|   | (a) Donor advised funds | (b) Funds and other accounts                             |
|---|-------------------------|--|
| 1 Total number at end of year .....   |                         |  |
| 2 Aggregate value of contributions to (during year) .....   |                         |  |
| 3 Aggregate value of grants from (during year) .....  |                         |  |
| 4 Aggregate value at end of year .....  |                         |  |
| 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....  |                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ..... |                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |

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

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

Preservation of land for public use (for example, recreation or education)  Preservation of a historically important land area

Protection of natural habitat  Preservation of a certified historic structure

Preservation of open space

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

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

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

Yes  No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

Yes  No

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

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

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

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

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

(i) Revenue included on Form 990, Part VIII, line 1 .....

▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X .....

▶ \$ \_\_\_\_\_

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

a Revenue included on Form 990, Part VIII, line 1 .....

▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X .....

▶ \$ \_\_\_\_\_

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

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

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | 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                     | 571,801.         | 584,516.       | 596,911.           | 576,560.             | 533,893.            |
| b Contributions                                  |                  |                | 100.               | 200.                 | 100.                |
| c Net investment earnings, gains, and losses     | 166,546.         | 8,286.         | 14,226.            | 50,126.              | 62,431.             |
| d Grants or scholarships                         |                  |                |                    |                      |                     |
| e Other expenditures for facilities and programs | 30,215.          | 21,001.        | 26,721.            | 29,975.              | 19,864.             |
| f Administrative expenses                        |                  |                |                    |                      |                     |
| g End of year balance                            | 708,132.         | 571,801.       | 584,516.           | 596,911.             | 576,560.            |

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  \_\_\_\_\_ %
  - b Permanent endowment  92.0615 %
  - c Term endowment  7.9390 %
- 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"/> |                                     |
| (ii) Related organizations   |                                     | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? |                                     | <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   |                                      |                                 |                              |                |
| d Equipment  |                                      | 59,315.                         | 47,724.                      | 11,591.        |
| e Other  |                                      |                                 |                              |                |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) |                                      |                                 |                              | 11,591.        |

**UNITED WAY OF DELAWARE COUNTY, INC  
INDIANA, INC.**

**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) COMMUNITY FOUNDATION  |                |   |
| (B) STABILIZATION FUND  | 752,694.       | END-OF-YEAR MARKET VALUE                                  |
| (C)   |                |   |
| (D)   |                |   |
| (E)   |                |   |
| (F)   |                |   |
| (G)   |                |   |
| (H)   |                |   |
| <b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ | 752,694.       |   |

**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> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ |                |   |

**Part IX Other Assets.**

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

| (a) Description   | (b) Book value |
|---|----------------|
| (1) BENEFICIAL INTEREST IN ASSETS HELD                                      | 649,155.       |
| (2)   |                |
| (3)   |                |
| (4)   |                |
| (5)   |                |
| (6)   |                |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶ | 649,155.       |

**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)   |                |
| (3)   |                |
| (4)   |                |
| (5)   |                |
| (6)   |                |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ |                |

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.

|          |  |           |           |            |
|----------|--|-----------|-----------|------------|
| <b>1</b> | Total revenue, gains, and other support per audited financial statements                       |           | <b>1</b>  | 1,848,604. |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part VIII, line 12:                            |           |           |            |
| <b>a</b> | Net unrealized gains (losses) on investments   | <b>2a</b> | 247,902.  |            |
| <b>b</b> | Donated services and use of facilities   | <b>2b</b> | 16,350.   |            |
| <b>c</b> | Recoveries of prior year grants  | <b>2c</b> |           |            |
| <b>d</b> | Other (Describe in Part XIII.)   | <b>2d</b> | 7,753.    |            |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b>  |           | <b>2e</b> | 272,005.   |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b>   |           | <b>3</b>  | 1,576,599. |
| <b>4</b> | Amounts included on Form 990, Part VIII, line 12, but not on line 1:                           |           |           |            |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b                               | <b>4a</b> | 13,746.   |            |
| <b>b</b> | Other (Describe in Part XIII.)   | <b>4b</b> | 118,170.  |            |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b>  |           | <b>4c</b> | 131,916.   |
| <b>5</b> | Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) |           | <b>5</b>  | 1,708,515. |

**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.

|          |   |           |           |            |
|----------|---|-----------|-----------|------------|
| <b>1</b> | Total expenses and losses per audited financial statements                                      |           | <b>1</b>  | 2,724,353. |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part IX, line 25:                               |           |           |            |
| <b>a</b> | Donated services and use of facilities  | <b>2a</b> | 16,350.   |            |
| <b>b</b> | Prior year adjustments  | <b>2b</b> |           |            |
| <b>c</b> | Other losses  | <b>2c</b> |           |            |
| <b>d</b> | Other (Describe in Part XIII.)  | <b>2d</b> | 7,753.    |            |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b>   |           | <b>2e</b> | 24,103.    |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b>  |           | <b>3</b>  | 2,700,250. |
| <b>4</b> | Amounts included on Form 990, Part IX, line 25, but not on line 1:                              |           |           |            |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b                                | <b>4a</b> | 13,746.   |            |
| <b>b</b> | Other (Describe in Part XIII.)  | <b>4b</b> | 118,170.  |            |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b>   |           | <b>4c</b> | 131,916.   |
| <b>5</b> | Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) |           | <b>5</b>  | 2,832,166. |

**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:**

UNITED WAY OF DELAWARE COUNTY COMPLIES WITH FINANCIAL STATEMENT REPORTING REQUIREMENTS AND RECOGNIZES ITS RIGHT TO ASSETS HELD BY A RECIPIENT ORGANIZATION AS A BENEFICIAL INTEREST. ASSETS ARE MAINTAINED, ON BEHALF OF THE UNITED WAY OF DELAWARE COUNTY, BY A COMMUNITY FOUNDATION. FUNDS WITH THE FOUNDATION ARE GOVERNED BY A DESIGNATED ENDOWMENT AGREEMENT. UNDER THE TERMS OF THE AGREEMENT, THE UNITED WAY OF DELAWARE COUNTY IS SPECIFIED AS THE BENEFICIARY OF EARNINGS AS DETERMINED BY THE FOUNDATION'S DISTRIBUTION POLICY. THE FOUNDATION HAS RETAINED VARIANCE AUTHORITY OVER THE FUNDS. DISTRIBUTIONS FROM THE FUNDS ARE UNRESTRICTED.

**PART XI, LINE 2D - OTHER ADJUSTMENTS:**

**Part XIII** Supplemental Information (continued)

FUNDRAISING EXPENSE RECLASSIFICATON 7,753.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATED CONTRIBUTIONS 118,170.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSE RECLASSIFICATION 7,753.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATED DISTRIBUTIONS 118,170.

DONOR DESIGNATED DISTRIBUTIONS

THE RETURN INCLUDES DESIGNATED FUNDS AS CONTRIBUTIONS TO THE ORGANIZATION  
IN ORDER TO BE IN COMPLIANCE WITH THE UNITED WAY OF AMERICA

"IMPLEMENTATION REQUIREMENTS FOR MEMBERSHIP STANDARD A, TAX EXEMPT STATUS  
& IRS FORM 990 REPORTING REQUIREMENTS". THE REPORTING OF DONOR DESIGNATED  
OR AGENCY TRANSACTIONS AS REVENUE AND EXPENSES ARE PROHIBITED BY GAAP FOR  
AUDITED FINANCIAL STATEMENTS. THE UNITED WAY OF AMERICA "IMPLEMENTATION  
REQUIREMENTS FOR MEMBERSHIP STANDARD A, TAX EXEMPT STATUS AND IRS FORM  
REPORTING REQUIREMENTS" REQUIRES DESIGNATED OR AGENCY TRANSACTIONS TO BE  
INCLUDED AS FORM 990 REVENUE AND EXPENSE TO REFLECT THE TRANSPARENCY OF  
THE TRANSACTIONS WITHIN THE ORGANIZATION.



**SCHEDULE G**  
**(Form 990 or 990-EZ)**

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

**2020**

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 DELAWARE COUNTY, INC INDIANA, INC.** Employer identification number **35-0996148**

**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- |  |   |
|--|---|
| <b>a</b> <input type="checkbox"/> Mail solicitations               | <b>e</b> <input type="checkbox"/> Solicitation of non-government grants |
| <b>b</b> <input type="checkbox"/> Internet and email solicitations | <b>f</b> <input type="checkbox"/> Solicitation of government grants     |
| <b>c</b> <input type="checkbox"/> Phone solicitations              | <b>g</b> <input type="checkbox"/> Special fundraising events            |
| <b>d</b> <input type="checkbox"/> In-person solicitations          |   |

**2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  **Yes**  **No**

**b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? |    | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col. (i) | (vi) Amount paid to (or retained by) organization |
|---|---------------|--|----|-----------------------------------|---|---|
|   |               | Yes  | No |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
| <b>Total</b> .....  |               |  |    |                                   |   |   |

**3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**UNITED WAY OF DELAWARE COUNTY, INC**

**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

|  |   | (a) Event #1       | (b) Event #2      | (c) Other events | (d) Total events<br>(add col. (a) through<br>col. (c)) |
|--|---|--------------------|-------------------|------------------|--|
|  |   | CAMPAIGN<br>EVENTS | MISCELLANEOU<br>S | NONE             |  |
|  |   | (event type)       | (event type)      | (total number)   |  |
| Revenue  | <b>1</b> Gross receipts .....   | 12,382.            | 505.              | 0                | 12,887.  |
|  | <b>2</b> Less: Contributions .....  |                    |                   |                  |  |
|  | <b>3</b> Gross income (line 1 minus line 2) .....                           | 12,382.            | 505.              |                  | 12,887.  |
| Direct Expenses  | <b>4</b> Cash prizes .....  |                    |                   |                  |  |
|  | <b>5</b> Noncash prizes .....   |                    |                   |                  |  |
|  | <b>6</b> Rent/facility costs .....  |                    |                   |                  |  |
|  | <b>7</b> Food and beverages .....   | 5,940.             |                   |                  | 5,940.   |
|  | <b>8</b> Entertainment .....  |                    |                   |                  |  |
|  | <b>9</b> Other direct expenses .....  | 1,469.             | 243.              |                  | 1,712.   |
|  | <b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) ..... |                    |                   |                  | 7,652.   |
| <b>11</b> Net income summary. Subtract line 10 from line 3, column (d) ..... |   |                    |                   | 5,235.           |  |

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

|                 |   | (a) Bingo   | (b) Pull tabs/instant<br>bingo/progressive bingo                    | (c) Other gaming  | (d) Total gaming (add<br>col. (a) through col. (c)) |
|-----------------|---|---|---|---|---|
|                 |   |   |   |   |   |
| Revenue         | <b>1</b> Gross revenue .....  |   |   |   |   |
| Direct Expenses | <b>2</b> Cash prizes .....  |   |   |   |   |
|                 | <b>3</b> Noncash prizes .....   |   |   |   |   |
|                 | <b>4</b> Rent/facility costs .....  |   |   |   |   |
|                 | <b>5</b> Other direct expenses .....  |   |   |   |   |
|                 | <b>6</b> Volunteer labor .....  | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No |   |
|                 | <b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) .....        |   |   |   |   |
|                 | <b>8</b> Net gaming income summary. Subtract line 7 from line 1, column (d) ..... |   |   |   |   |

**9** Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

**a** Is the organization licensed to conduct gaming activities in each of these states?  Yes  No

**b** If "No," explain: \_\_\_\_\_

**10a** Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No

**b** If "Yes," explain: \_\_\_\_\_

UNITED WAY OF DELAWARE COUNTY, INC

Schedule G (Form 990 or 990-EZ) 2020 INDIANA, INC.

- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity conducted in:
 

|                               |            |   |
|-------------------------------|------------|---|
| a The organization's facility | <b>13a</b> | % |
| b An outside facility         | <b>13b</b> | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_
- c If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Director/officer       Employee       Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

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**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**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

**2020**

**Open to Public  
Inspection**

Name of the organization **UNITED WAY OF DELAWARE COUNTY, INC  
INDIANA, INC.**

**Employer identification number  
35-0996148**

**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.

| <b>1 (a)</b> Name and address of organization or government                       | <b>(b)</b> EIN | <b>(c)</b> IRC section (if applicable) | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of noncash assistance | <b>(h)</b> Purpose of grant or assistance                        |
|---|----------------|--|---------------------------------|--|--|--|--|
| A BETTER WAY<br>806 W JACKSON STREET<br>MUNCIE, IN 47308                          | 35-0868081     | 501(C)(3)                              | 65,493.                         | 0.                                       |  |  | FUNDING ALLOCATION, DESIGNATED FUNDING, COVID 19 EMERGENCY GRANT |
| ALPHA CENTER<br>315 S MONROE STREET<br>MUNCIE, IN 47305                           | 35-1417901     | 501(C)(3)                              | 17,543.                         | 0.                                       |  |  | FUNDING ALLOCATION AND DESIGNATED FUNDING                        |
| BALL STATE UNIVERSITY FOUNDATION<br>2800 W BETHEL AVENUE<br>MUNCIE, IN 47304      | 35-6024566     | 501(C)(3)                              | 32,054.                         | 0.                                       |  |  | FUNDING ALLOCATION AND DESIGNATED FUNDING                        |
| BRIDGES COMMUNITY SERVICES<br>318 W EIGHT STREET<br>MUNCIE, IN 47308              | 35-1956251     | 501(C)(3)                              | 78,964.                         | 0.                                       |  |  | FUNDING ALLOCATION, DESIGNATED FUNDING, COVID 19 EMERGENCY GRANT |
| CANCER SERVICES FOR RANDOLPH COUNTY - 133 N MERIDIAN ST - WINCHESTER, IN 47394    | 26-1580141     | 501(C)(3)                              | 5,000.                          | 0.                                       |  |  | COVID 19 EMERGENCY GRANT   |
| CANCER SERVICES OF EAST CENTRAL INDIANA - 401 W JACKSON STREET - MUNCIE, IN 47308 | 35-0988703     | 501(C)(3)                              | 24,360.                         | 0.                                       |  |  | FUNDING ALLOCATION, DESIGNATED FUNDING, COVID 19 EMERGENCY GRANT |

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 45.

**3** Enter total number of other organizations listed in the line 1 table ▶ 3.

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

Schedule I (Form 990) 2020

**UNITED WAY OF DELAWARE COUNTY, INC  
INDIANA, INC.**

Schedule I (Form 990)

35-0996148

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**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government  | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance        |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| CENTRAL INDIANA COMMUNITY FOUNDATION - 615 N ALABAMA ST., SUITE 300 - INDIANAPOLIS, IN 46204                    | 35-1793680 | 501(C)(3)                     | 10,000.                  | 0.                                |   |  | COVID 19 EMERGENCY GRANT                  |
| CHILDRENS BUREAU<br>1575 DR. MARTIN LUTHER KING JR. ST<br>INDIANAPOLIS, IN 46202                                | 35-1061264 | 501(C)(3)                     | 23,500.                  | 0.                                |   |  | COVID 19 EMERGENCY GRANT                  |
| CHRISTIAN MINISTRIES OF DELAWARE COUNTY, INC - PO BOX 1088 - MUNCIE, IN 47305                                   | 31-1179990 | 501(C)(3)                     | 5,000.                   | 0.                                |   |  | FUNDING ALLOCATION AND DESIGNATED FUNDING |
| COMMUNITY FOUNDATION OF MUNCIE AND DELAWARE COUNTY - 201 E JACKSON ST STE 100 - MUNCIE, IN 47305                | 35-1640051 | 501(C)(3)                     | 180,000.                 | 0.                                |   |  | COVID 19 EMERGENCY GRANT                  |
| COMMUNITY HELP CENTER OF UNION CITY - PO BOX 328 - UNION CITY, IN 47390   | 35-1690978 | 501(C)(3)                     | 10,000.                  | 0.                                |   |  | FUNDING ALLOCATION AND DESIGNATED FUNDING |
| CORNERSTONE CENTER FOR THE ARTS<br>520 E MAIN STR<br>MUNCIE, IN 47305   | 35-1804398 | 501(C)(3)                     | 5,000.                   | 0.                                |   |  | COVID 19 EMERGENCY GRANT                  |
| DELAWARE COUNTY CASA PROGRAM<br>3412 W KILGORE AVENUE<br>MUNCIE, IN 47304                                       | 35-1886373 | 501(C)(3)                     | 22,440.                  | 0.                                |   |  | FUNDING ALLOCATION AND DESIGNATED FUNDING |
| GOODWILL INDUSTRIES OF CENTRAL INDIANA, INC - 1635 W MICHIGAN ST - INDIANAPOLIS, IN 46222                       | 35-0893506 | 501(C)(3)                     | 13,200.                  | 0.                                |   |  | FUNDING ALLOCATION AND DESIGNATED FUNDING |
| HEALTH AND HOSPITAL CORPORATION OF MARION COUNTY - 3838 N RURAL STREET, 8TH FLOOR - INDIANAPOLIS, IN 46205-2930 |            |                               | 10,350.                  | 0.                                |   |  | FUNDING ALLOCATION AND DESIGNATED FUNDING |

Schedule I (Form 990)

**UNITED WAY OF DELAWARE COUNTY, INC  
INDIANA, INC.**

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**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government                                 | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance                               |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| HENRY COUNTY HEALTH DEPARTMENT<br>1201 RACE ST., SUITE 208<br>NEW CASTLE, IN 47362 |            |                               | 27,526.                  | 0.                                |   |  | COVID 19 EMERGENCY GRANT   |
| HOME SAVERS OF DELAWARE COUNTY<br>PO BOX 89<br>MUNCIE, IN 47308                    | 35-1923351 | 501(C)(3)                     | 22,776.                  | 0.                                |   |  | FUNDING ALLOCATION, DESIGNATED FUNDING, COVID 19 EMERGENCY GRANT |
| HOPE INITIATIVE<br>1426 BROAD ST<br>NEW CASTLE, IN 47362                           | 27-0663407 | 501(C)(3)                     | 105,000.                 | 0.                                |   |  | COVID 19 EMERGENCY GRANT   |
| HUFFER MEMORIAL CHILDREN'S CENTER<br>2000 N ELGIN STREET<br>MUNCIE, IN 47308       | 35-1275252 | 501(C)(3)                     | 156,121.                 | 0.                                |   |  | FUNDING ALLOCATION, DESIGNATED FUNDING, COVID 19 EMERGENCY GRANT |
| HUMANE SOCIETY FOR HENRY COUNTY<br>11 MIDWAY DRIVE<br>NEW CASTLE, IN 47362         | 23-7070762 | 501(C)(3)                     | 5,000.                   | 0.                                |   |  | COVID 19 EMERGENCY GRANT   |
| INSIDE OUT COMMUNITY DEVELOPMENT<br>300 N MADISON ST<br>MUNCIE, IN 47305           | 45-0713446 | 501(C)(3)                     | 32,980.                  | 0.                                |   |  | FUNDING ALLOCATION, DESIGNATED FUNDING, COVID 19 EMERGENCY GRANT |
| IVY TECH FOUNDATION<br>50 W FALL CREEK PARKWAY NORTH DR.<br>INDIANAPOLIS, IN 46208 | 23-7073977 | 501(C)(3)                     | 20,000.                  | 0.                                |   |  | COVID 19 EMERGENCY GRANT   |
| JACKSON LIFE SERVICES<br>1103 N MACEDONIA AVE.<br>MUNCIE, IN 47303                 | 82-4915815 | 501(C)(3)                     | 5,000.                   | 0.                                |   |  | COVID 19 EMERGENCY GRANT   |
| JAY-RANDOLPH DEVELOPMENTAL SERVICES - 901 E WATER ST -<br>PORTLAND, IN 47371       | 35-1391724 | 501(C)(3)                     | 7,500.                   | 0.                                |   |  | COVID 19 EMERGENCY GRANT   |

Schedule I (Form 990)

UNITED WAY OF DELAWARE COUNTY, INC  
INDIANA, INC.

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**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government   | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance                               |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| LIFESTREAM SERVICES<br>PO BOX 308<br>YORKTOWN, IN 47396                                      | 35-1356741 | 501(C)(3)                     | 29,613.                  | 0.                                |   |  | FUNDING ALLOCATION AND DESIGNATED FUNDING                        |
| MEALS ON WHEELS<br>2401 W UNIVERSITY AVENUE<br>MUNCIE, IN 47308                              | 23-7160756 | 501(C)(3)                     | 16,950.                  | 0.                                |   |  | FUNDING ALLOCATION AND DESIGNATED FUNDING                        |
| MOTIVATE OUR MINDS, INC<br>PO BOX 384<br>MUNCIE, IN 47308                                    | 35-1734264 | 501(C)(3)                     | 13,615.                  | 0.                                |   |  | FUNDING ALLOCATION AND DESIGNATED FUNDING                        |
| MUNCIE & DELAWARE COUNTY BY5 EARLY CHILDHOOD INITIATIVE, INC - PO BOX 807 - MUNCIE, IN 47305 | 35-2149845 | 501(C)(3)                     | 15,000.                  | 0.                                |   |  | FUNDING ALLOCATION AND DESIGNATED FUNDING                        |
| MUNCIE BOYS & GIRLS CLUB<br>1710 S MADISON STREET<br>MUNCIE, IN 47308                        | 35-0869060 | 501(C)(3)                     | 120,967.                 | 0.                                |   |  | FUNDING ALLOCATION, DESIGNATED FUNDING, COVID 19 EMERGENCY GRANT |
| MUNCIE MISSION MINISTRIES<br>PO BOX 2349<br>MUNCIE, IN 47307-0349                            | 35-0869061 | 501(C)(3)                     | 28,500.                  | 0.                                |   |  | COVID 19 EMERGENCY GRANT   |
| MUNCIE SPORTS COMMISSION<br>3700 S MADISON ST.<br>MUNCIE, IN 47302                           | 35-1885741 | 501(C)(3)                     | 5,000.                   | 0.                                |   |  | COVID 19 EMERGENCY GRANT   |
| OPEN DOOR HEALTH SERVICES<br>3715 S MADISON STREET<br>MUNCIE, IN 47308                       | 35-2018494 | 501(C)(3)                     | 36,478.                  | 0.                                |   |  | FUNDING ALLOCATION AND DESIGNATED FUNDING                        |
| PATHSTONE HOUSING CORP<br>420 S HIGH ST STE 101<br>MUNCIE, IN 47305                          | 16-0984913 | 501(C)(3)                     | 62,250.                  | 0.                                |   |  | COVID 19 EMERGENCY GRANT   |

Schedule I (Form 990)



UNITED WAY OF DELAWARE COUNTY, INC  
INDIANA, INC.

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**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government   | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance                               |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| PATHSTONE HOUSING CORP-DELAWARE COUNTY THRIVE - 1917 W ROYAL DRIVE - MUNCIE, IN 47304                          | 16-0984913 | 501(C)(3)                     | 45,350.                  | 0.                                |   |  | FUNDING ALLOCATION AND DESIGNATED FUNDING                        |
| PREVENT CHILD ABUSE OF DELAWARE COUNTY - 5126 N MUNCIE PIKE - NEW CASTLE, IN 47362                             | 35-1934897 | 501(C)(3)                     | 5,000.                   | 0.                                |   |  | COVID 19 EMERGENCY GRANT   |
| PROJECT LEADERSHIP DELAWARE COUNTY 2500 N ELGIN STREET MUNCIE, IN 47303  | 31-1117791 | 501(C)(3)                     | 22,666.                  | 0.                                |   |  | FUNDING ALLOCATION AND DESIGNATED FUNDING                        |
| RAINTREE HABITAT FOR HUMANITY PO BOX 6024 NEW CASTLE, IN 47362   | 35-1825323 | 501(C)(3)                     | 20,000.                  | 0.                                |   |  | COVID 19 EMERGENCY GRANT   |
| RANDOLPH COUNTY HEALTH DEPARTMENT 325 SOUTH OAK STREET, SUITE 202 WINCHESTER, IN 47394                         | 35-6000191 |                               | 5,000.                   | 0.                                |   |  | COVID 19 EMERGENCY GRANT   |
| RANDOLPH COUNTY VETERANS SHELTER INC. D/B/A THE JOURNEY HOME - 325 S OAK ST., SUITE 101 - WINCHESTER, IN 47394 | 46-2943028 | 501(C)(3)                     | 5,000.                   | 0.                                |   |  | FUNDING ALLOCATION AND DESIGNATED FUNDING                        |
| SALVATION ARMY HENRY COUNTY 2500 WASHINGTON ST NEW CASTLE, IN 47362  | 36-2167910 | 501(C)(3)                     | 10,000.                  | 0.                                |   |  | COVID 19 EMERGENCY GRANT   |
| SECOND HARVEST FOOD BANK OF EAST CENTRAL INDIANA - 6621 OLD STATE ROAD 3 - MUNCIE, IN 47308                    | 31-1111795 | 501(C)(3)                     | 77,480.                  | 0.                                |   |  | FUNDING ALLOCATION, DESIGNATED FUNDING, COVID 19 EMERGENCY GRANT |
| UNITED DAYCARE CENTER 312 S VINE STREET MUNCIE, IN 47308   | 35-0868143 | 501(C)(3)                     | 80,000.                  | 0.                                |   |  | FUNDING ALLOCATION AND DESIGNATED FUNDING                        |

Schedule I (Form 990)

**UNITED WAY OF DELAWARE COUNTY, INC  
INDIANA, INC.**

Schedule I (Form 990)

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**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government                            | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance                                     |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| UNITED WAY OF MADISON COUNTY<br>205 W 11TH ST.<br>ANDERSON, IN 46016          | 35-1052350 | 501(C)(3)                     | 12,516.                  | 0.                                |   |  | FUNDING ALLOCATION   |
| VICTORY LANE CAMP INC<br>1912 BUNDY AVE<br>NEW CASTLE, IN 47362               | 45-5088581 | 501(C)(3)                     | 12,000.                  | 0.                                |   |  | COVID 19 EMERGENCY GRANT   |
| WHITELY COMMUNITY COUNCIL<br>PO BOX 665<br>MUNCIE, IN 47308                   | 35-1911000 | 501(C)(3)                     | 7,540.                   | 0.                                |   |  | FUNDING ALLOCATION,<br>DESIGNATED FUNDING, COVID<br>19 EMERGENCY GRANT |
| YMCA OF RANDOLPH COUNTY<br>1521 E WASHINGTON ST<br>WINCHESTER, IN 47394       | 31-1120460 | 501(C)(3)                     | 50,000.                  | 0.                                |   |  | COVID 19 EMERGENCY GRANT   |
| YOUNG MENS CHRISTIAN ASSOCIATION<br>500 S MULBERRY STREET<br>MUNCIE, IN 47308 | 35-0868215 | 501(C)(3)                     | 153,772.                 | 0.                                |   |  | FUNDING ALLOCATION,<br>DESIGNATED FUNDING, COVID<br>19 EMERGENCY GRANT |
| YWCA<br>310 W CHARLES STREET<br>MUNCIE, IN 47305                              | 35-0868225 | 501(C)(3)                     | 6,000.                   | 0.                                |   |  | FUNDING ALLOCATION,<br>DESIGNATED FUNDING, COVID<br>19 EMERGENCY GRANT |
|   |            |                               |                          |                                   |   |  |  |
|   |            |                               |                          |                                   |   |  |  |
|   |            |                               |                          |                                   |   |  |  |

**UNITED WAY OF DELAWARE COUNTY, INC  
INDIANA, INC.**

**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 non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|---------------------------------------|
|                                 |                          |                          |                                   |   |                                       |
|                                 |                          |                          |                                   |   |                                       |
|                                 |                          |                          |                                   |   |                                       |
|                                 |                          |                          |                                   |   |                                       |
|                                 |                          |                          |                                   |   |                                       |
|                                 |                          |                          |                                   |   |                                       |

**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:**

ANNUALLY, UNITED WAY OF DELAWARE, HENRY AND RANDOLPH COUNTIES' (UW) GRANTEES ARE REQUIRED TO SUBMIT A FULL REPORT INCLUDING MEASURABLE OUTCOMES AS WELL AS A FULL ACCOUNTING OF EXPENDITURES. FUNDED PARTNERS ARE ALSO REQUIRED TO PROVIDE QUARTERLY SUCCESS STORIES THAT ILLUSTRATE CLIENTS' SUCCESSES BECAUSE OF UW FUNDED PROGRAMS.

COVID-19 GRANT RECIPIENTS ARE REQUIRED TO SUBMIT A SIMPLE REPORT DETAILING THE WORK ACCOMPLISHED BECAUSE OF THE GRANT AND HOW MANY PEOPLE WERE SERVED.

**Part IV Supplemental Information**

RECIPIENTS ARE ALSO REQUIRED TO SHARE A SUCCESS STORY MADE POSSIBLE BECAUSE  
OF THE GRANT.

Lined area for supplemental information.

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

Open to Public  
Inspection

|                          |   |                                |            |
|--------------------------|---|--------------------------------|------------|
| Name of the organization | UNITED WAY OF DELAWARE COUNTY, INC<br>INDIANA, INC. | Employer identification number | 35-0996148 |
|--------------------------|---|--------------------------------|------------|

FORM 990, PART I, LINE 1, ORGANIZATION'S MISSION:

WE ENGAGE THE COMMUNITY TO IMPROVE LIVES BY FOCUSING RESOURCES ON  
EDUCATION, INCOME, AND HEALTH.

FORM 990, PART VI, SECTION A, LINE 6:

UNITED WAY OF DELAWARE COUNTY, INC. BY-LAWS STATE THAT MEMBERSHIP SHALL  
CONSIST OF ONLY THE MEMBERSHIP OF THE BOARD.

FORM 990, PART VI, SECTION B, LINE 11B:

A DRAFT COPY OF THE FORM 990 WAS PROVIDED TO THE GOVERNING BODY PRIOR TO  
FILING THE FINAL FORM 990. BOARD MEMBERS REVIEWED THE FORM 990 FOR ACCURACY  
PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

CONFLICT OF INTEREST STATEMENTS ARE SIGNED ANNUALLY BY ALL BOARD MEMBERS  
AND EMPLOYEES. BOARD MEMBERS ARE NOT ALLOWED TO VOTE ON ANY ISSUES IN WHICH  
THEY HAVE OR MAY APPEAR TO HAVE A CONFLICT OF INTEREST. EACH BOARD MEMBER  
DISCLOSES ANY OTHER BOARD POSITIONS HELD PRIOR TO VOTING.

FORM 990, PART VI, SECTION B, LINE 15:

OFFICERS AND KEY EMPLOYEES' PERFORMANCE APPRAISALS ARE DETERMINED BY A  
SPECIAL COMMITTEE MADE UP OF BOARD MEMBERS. COMPENSATION IS BASED ON  
OVERALL JOB PERFORMANCE AND BENCHMARKS DETERMINED BY THE BOARD. PAY SCALES  
ARE BASED ON SIMILAR POSITIONS AND PERFORMANCE STANDARDS IN THE  
NOT-FOR-PROFIT SECTOR. THE EXECUTIVE DIRECTOR PERFORMS EMPLOYEE PERFORMANCE

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| Name of the organization <b>UNITED WAY OF DELAWARE COUNTY, INC<br/>INDIANA, INC.</b> | Employer identification number<br><b>35-0996148</b> |
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APPRAISALS FOR ALL OTHER EMPLOYEES OF THE ORGANIZATION. ALL PAY RAISES AND BENEFIT PACKAGES ARE APPROVED BY THE BOARD PRIOR TO IMPLEMENTATION.

FORM 990, PART VI, SECTION C, LINE 18:

THE ORGANIZATION'S FORM 990 IS AVAIAABLE UPON REQUEST AND ALSO AT IRS.GOV AND GUIDESTAR.ORG.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

ROUNDING ADJUSTMENT 1.

FORM 990, PART XII, LINE 2C:

THE ORGANIZATION HAS NOT CHANGED ITS OVERSIGHT PROCESS.

FORM 990, PART V, LINES 7G AND 7H:

THE ORGANIZATION HAD NO CONTRIBUTIONS OF INTELLECTUAL PROPERTY, CARS, BOATS, AIRPLANES, OR OTHER VEHICLES.