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

Inspection

Department of the Treasury Internal Revenue Service

A For the 2020 calendar year, or tax year beginning

▶ Do not enter social security numbers on this form as it may be made public.

► Go to www.irs.gov/Form990 for instructions and the latest information. ax year beginning JUL 1, 2020 and ending JUN 30, and ending JUN 30, 2021 Open to Public

В	Check if applicable	C Name of organization	D Employer identific	ation number
Г	Addres	S INTERD WAY OF ADAMS COUNTRY THREAT THE		
F	change Name change		35-184662	27
F	Initial return	Number and street (or P.O. box if mail is not delivered to street address) Room/s		• •
Ē	Final return/	218 E MONROE STREET	260-728-2	2056
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	142,478.
	Amende return		H(a) Is this a group ret	rurn
	Applica tion		for subordinates?	Yes X No
	pending	3005 N ANTHONY BLVD, FORT WAYNE, IN 40805	H(b) Are all subordinates inc	luded? Yes No
				st. See instructions
		WWW.UNITEDWAYOFADAMSCOUNTY.COM	H(c) Group exemption	
			rear of formation: 1991 M	State of legal domicile: IN
Р		Summary	O TMDDOVE UEXT	MU UIIMAN
Governance	1 2	Briefly describe the organization's mission or most significant activities: \overline{GRANTS} \overline{T}	O IMPROVE HEAD	IIH, HUMAN
ern	2 (Check this box $lacktriangle$ if the organization discontinued its operations or disposed of r	nore than 25% of its net ass	
Š	3 1		3	19
		Number of independent voting members of the governing body (Part VI, line 1b)		19
Activities &	5 7	Total number of individuals employed in calendar year 2020 (Part V, line 2a)		3
⋛	6 7	Total number of volunteers (estimate if necessary)		0.
Ac	/a	Total unrelated business revenue from Part VIII, column (C), line 12		0.
_	י מ	Net unrelated business taxable income from Form 990-T, Part I, line 11	Prior Year	Current Year
•	8 (Contributions and grants (Part VIII, line 1h)	210,977.	110,603.
Revenue	9 F	Program service revenue (Part VIII, line 2g)	0.	0.
	10	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	21,167.	21,225.
	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	8,859.	8,436.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	241,003.	140,264.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	144,738.	38,200.
	14 E	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
es	15 8	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	50,874.	37,630.
Expenses	16 a F	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
X	· b⊺	Total fundraising expenses (Part IX, column (D), line 25)	71 000	20 (5)
	17 (Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	71,222.	30,656.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	-25,831.	106,486. 33,778.
	0	Revenue less expenses. Subtract line 18 from line 12	Beginning of Current Year	
Net Assets of	g 20 1	Fotal assets (Part X, line 16)	1,082,038.	End of Year 887,994.
Assi	20 T	Total liabilities (Part X, line 26)	377,045.	146,644.
Net	22 1	Net assets or fund balances. Subtract line 21 from line 20	704,993.	741,350.
P	art II	Signature Block		•
Un	der penal	ties of perjury, I declare that I have examined this return, including accompanying schedules and sta	atements, and to the best of my	knowledge and belief, it is
tru	e, correct	, and complete. Declaration of preparer (other than officer) is based on all information of which prep	arer has any knowledge.	
Sig	gn	Signature of officer	Date	
He	re	JESSICA THIEME, EXECUTIVE DIRECTOR Type or print name and title		
			Date Check	II PTIN
Pa		Print/Type preparer's name REBECCA S COCHRAN REBECCA S COCHRAN	09/28/21 Check Lift self-employed	
	-	Firm's name REBECCA S COCHRAN CPA, PC	Firm's EIN > 3	35-2138949
	-	Firm's address 165 N SECOND ST	FIIIII S EIN ~	75 AIJUJEJ
50	- 5,	DECATUR, IN 46733	Phone no 260	728-9233
Ma	y the IR	S discuss this return with the preparer shown above? See instructions	1. 1.0.10 110. = 0 0	X Yes No

Check if Schedule O contains a response or note to any fine in this Part III Briefly describe the originations mission: GRANTS TO IMPROVE HEALTH, HUMAN AND SOCIAL CONDITIONS IN ADAMS COUNTY PROMOTING ORGANIZATIONAL COOPERATION, STIMULATING VOLUNTEER PARTICIPATION, MOBILIZING AND DEPLOYING COMMUNITY RESOURCES AND SEEKING SOLUTIONS TO URCENT COMMUNITY PROBLEMS. 2 Dol the organization undertake any significant program services during the year which were not listed on the prior Form 800 or 090622? If 'Yes,' describe these new services on Schedule O. BY of the organization case conducting, or make significant changes in how it conducts, any program services, as measured by expenses. Section \$016(38) and \$016(46) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service accomplishments for each of its three largest program services, as measured by expenses. Section \$016(38) and \$016(46) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service accomplishments for each of its three largest program services on the required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service accomplishments for each of its three largest program services, as measured by expenses. Section \$016(38) and \$016(46) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program services and \$016(46) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program services and \$016(46) organizations are required to report the amount of grants and allocations to others, the total expenses. 4c (code	Pa	rt III Statement of Program Service Accomplishments	
GRANTS TO IMPROVE HEALTH, HUMAN AND SOCIAL CONDITIONS IN ADAMS COUNTY PROMOTING ORGANIZATIONAL COOPERATION, STIMULATING VOLUNTEER PARTICIPATION, MOBILIZING AND DEPLOYING COMMUNITY RESOURCES AND SEEKING SOLUTIONS TO URGENT COMMUNITY PROBLEMS. 2 Did the organization undertake any significant program services during the year which were not listed on the prior form 980 or 980 627		·	<u></u>
PROMOTING ORGANIZATIONAL COOPERATION, STIMULATING VOLUNTEER PARTICIPATION, MOBILIZING AND DEPLOYING COMMUNITY RESOURCES AND SEEKING SOLUTIONS TO URGENT COMMUNITY PROBLEMS. Vesting the propriet of the pr	1		~~
PARTICIPATION, MOBILIZING AND DEPLOYING COMMUNITY RESOURCES AND SERKING SOLUTIONS TO URGENT COMMUNITY PROBLEMS. 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form \$90 or \$90 E2?			COUNTY
SERTING SOLUTIONS TO URGENT COMMUNITY PROBLEMS. 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990 EZ?			
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 X No If Yes, 'describe these chance we services on Schedule O. 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No If Yes, 'describe these changes on Schedule O. 4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(6)(3) and 501(6)(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 (cote (cote (starces 1 106, 486 · reclaims gents or 3 38, 200 · ((corner) 1 115, 806 ·) GRANTS TO IMPROVE HEALTH, HUMAN AND SOCIAL CONDITIONS IN ADAMS COUNTY PROMOTING ORGANIZATIONAL COOPERATION, STRUILATING COUNTYEE PROMOTING COUNTYEE PROMOTING COUNTYEE PROMOTING COUNTY PROBLEMS. 4b (code) (Expenses) (Expenses) (Revenue) (Reve)
prior Form 990 or 990 E27 Yes X No If 1/95 Gascrible these new services on Schedule O.			
If "Yes," describe these new services on Schedule 0.	2		
3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?		prior Form 990 or 990-EZ?	Yes ∑ No
## Yes,* describe these changes on Schedule O. ## Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501c(s) and 501c(s) 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. ### (Costs:		,	
4c (code:) (Expenses 5	3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
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:		If "Yes," describe these changes on Schedule O.	
toducing grants of \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by	expenses.
4d (Code:) (Expenses \$ 106,486. including grants of \$ 38,200.) (Passenus \$ 115,806.) GRANTS TO IMPROVE HEALTH, HUMAN AND SOCIAL CONDITIONS IN ADAMS COUNTY PROMOTING ORGANIZATIONAL COOPERATION, STIMULATING VOLUNTEER PARTICIPATION, MOBILIZING AND DEPLOYING COMMUNITY RESOURCES AND SEEKING SOLUTIONS TO URGENT COMMUNITY PROBLEMS. 4b (Code:) (Expenses \$ including grants of \$) (Revenus \$) 4c (Code:) (Expenses \$		Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total ex	cpenses, and
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### PARTICIPATION, MOBILIZING AND DEPLOYING COMMUNITY RESOURCES AND SEEKING SOLUTIONS TO URGENT COMMUNITY PROBLEMS.		GRANTS TO IMPROVE HEALTH, HUMAN AND SOCIAL CONDITIONS IN ADAMS	COUNTY
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4e Total program service expenses ► 106,486.	Ŧu)
	4e	100 400	1
	<u></u>		Form 990 (2020)

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

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Form 990 (2020) UNITED WAY OF ADAM
Part IV | Checklist of Required Schedules (continued)

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22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
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</i> "Yes," <i>complete Schedule J</i>	23		х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			٠,,
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		_
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			17
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	27		х
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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			x
h	"Yes," complete Schedule L, Part IV A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28a 28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?	200		
_	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34		Х
35a	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
38	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	37		X
30	Note: All Form 990 filers are required to complete Schedule O	38	х	
Pai	rt V Statements Regarding Other IRS Filings and Tax Compliance	, 55		
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
_	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a C			
b		4		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
	(garroining) withinings to prize without:	10		

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Form **990** (2020)

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

				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a 3			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		За		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule 0	O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?	4a		X
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac				
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction of the control		5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
ьа	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		C -		х
h	any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions.		6a		
D			6b		
7	Organizations that may receive deductible contributions under section 170(c).		OD		
' а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and serv	ices provided to the payor?	7a		х
	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa				
	to file Form 8282?	·	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	ict?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file For	rm 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the			
			8		
9	Sponsoring organizations maintaining donor advised funds.				
a			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12	10a			
a b		10b			
11	Section 501(c)(12) organizations. Enter:	100			
		11a			
	Gross income from other sources (Do not net amounts due or paid to other sources against				
		11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the	1			
		13b			
		13c			v
	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner		45		х
	excess parachute payment(s) during the year?		15		$\stackrel{\Lambda}{=}$
16	If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		Х
10	If "Yes," complete Form 4720, Schedule O.	income?	10		
	11 100, Complete Form 4720, Contendie C.		F	990	(0000

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				X
Sec	tion A. Governing Body and Management				
				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 1	9		
	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 0.				
b	Enter the number of voting members included on line 1a, above, who are independent	1b 1	9		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	p with any other			
	officer, director, trustee, or key employee?		2		X
3	Did the organization delegate control over management duties customarily performed by or under the	ne direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person? \dots		3		X
4	$\label{eq:decomposition} \mbox{ Did the organization make any significant changes to its governing documents since the prior Form}$	990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?	5		Х
6	Did the organization have members or stockholders?		6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	ppoint one or			
	more members of the governing body?		7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockholders, or			
	persons other than the governing body?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by the following:			
а	The governing body?		8a	X	
b	Each committee with authority to act on behalf of the governing body?		8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be real	ached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F	evenue Code.)			
				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such of	hapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	ly before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	e to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	'es," describe			
	in Schedule O how this was done		12c	Х	
13	Did the organization have a written whistleblower policy?		13	X	
14	Did the organization have a written document retention and destruction policy?		14	X	
15	Did the process for determining compensation of the following persons include a review and approve	al by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	•			
а	The organization's CEO, Executive Director, or top management official		15a		Х
b	Other officers or key employees of the organization		15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment with a			
	taxable entity during the year?		16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	te its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic	nization's			
	exempt status with respect to such arrangements?		16b		
Sec	tion 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, a	and 990-T (Section 501(c)	3)s only	/) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.				
	Own website Another's website X Upon request Other (explain	on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, c	onflict of interest policy, a	nd fina	ncial	
	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 be	ooks and records 🕨			
	THE ORGANIZATION - 260-728-2056				
	218 E MONROE STREET. DECATUR. IN 46733				

1224___1

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.

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

See instructions for the order in which to list the persons above.

(A) Name and title	(B) Average hours per	box	not c , unle	ss pe	ition more rson	than is bot	h an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	tee or director	Institutional trustee	Officer of g		Highest compensated smt/va	Ĺ	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) JESSICA THIEME	40.00	ļ.,		,,				2 000	_	0
EXECUTIVE DIRECTOR	2 00	Х		Х				3,000.	0.	0.
(2) STEVEN AMSTUTZ	3.00	,,		,,						0
TREASURER	2 00	Х		Х				0.	0.	0.
(3) BARB ENGLE	2.00	,,		,,						•
SECRETARY	2 00	Х		Х				0.	0.	0.
(4) NATASHA NEVIL	2.00	,,		,,						0
CVOE	2 00	Х		Х				0.	0.	0.
(5) JAMIE MCDONALD	2.00	٠,,		,,					0	0
CVOE	1 00	Х		Х				0.	0.	0.
(6) TORI FOX	1.00	٠,,							0	0
DIRECTOR	1 00	Х						0.	0.	0.
(7) AMBER HANN	1.00	٠,,							0	0
DIRECTOR	1 00	Х						0.	0.	0.
(8) TONYA HAMILTON	1.00	٠,,							0	0
DIRECTOR	1 00	Х						0.	0.	0.
(9) KENNY KETZLER	1.00	٠,,							0	0
DIRECTOR	1 00	Х						0.	0.	0.
(10) MARY MCCULLOUGH	1.00	٠,,							0	0
DIRECTOR	1 00	Х						0.	0.	0.
(11) JOEL MAHAFFEY	1.00	٠,,							0	0
DIRECTOR	1 00	Х						0.	0.	0.
(12) JESSICA ZUERCHER	1.00	. ,						0.	0.	0
DIRECTOR	1 00	Х						0.	0.	0.
(13) KEITH MUHLENKAMP	1.00	. ,						0.	0.	0
DIRECTOR	1 00	Х						0.	0.	0.
(14) TIFFANY HEINE	1.00	X						0.	0.	0.
DIRECTOR	1 00	^						0.	0.	0.
(15) RANDY ROSSMAN DIRECTOR	1.00	X						0.	0.	0.
(16) JEFF SHEETS	1.00	^						0.	0.	<u> </u>
DIRECTOR	1.00	X						0.	0.	0.
(17) SCOTT SMITH	1.00	^				-		0.	0.	<u> </u>
DIRECTOR	1.00	x						0.	0.	0.
020007 10 02 00	<u> </u>	-22	<u> </u>	<u> </u>	L			<u> </u>	<u> </u>	Earm 990 (2020)

Form **990** (2020)

	t VII Section A. Officers, Directors, 7								INDIANA, INC		6627	Pa	age 8
	(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(do box,	not cl unles	(C Posi heck i	tion more rson i		one h an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	cor ore	(F) stimate mount other npensa from the ganizat nd relat janizati	of ation e ion ed
(18)	RON STOREY	1.00				_				_			
	CTOR		Х						0.	0	•		0.
	ANGELA VOGEL	1.00								0			0
	CCTOR	1 00	Х						0.	0	•		0.
	LARRY ZURCHER CTOR	1.00	х						0.	0			0.
1b c d	Subtotal Total from continuation sheets to Par Total (add lines 1b and 1c) Total number of individuals (including b compensation from the organization	t VII, Section Aut not limited to th					 	> no re	3,000. 0. 3,000. eceived more than \$100	0 0 0 0,000 of reportable	•		0.0.0.0
												Yes	No
3	Did the organization list any former offiline 1a? <i>If</i> "Yes," <i>complete Schedule J t</i>										3		Х
4	For any individual listed on line 1a, is th								ner compensation from t		3		21
	and related organizations greater than 9										4		Х
5	Did any person listed on line 1a receive												
	rendered to the organization? If "Yes," of	complete Schedule	J f	or su	ıch į	oers	on .				5		Х
Sec	tion B. Independent Contractors												
1	Complete this table for your five highes										nsation	from	
	the organization. Report compensation	for the calendar y	ear e	endii	ng w	/ith	or w	ithin T		rear.			
	(A) Name and busin	ess address	NC	NE	C				(B) Description of s	ervices	Compe	C) ensatio	n

5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services			
	rendered to the organization? If "Yes," complete Schedule J for such person	5		X
Sec	ction B. Independent Contractors			
1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compe	ensation	from	
	the organization. Report compensation for the calendar year ending with or within the organization's tax year.			
	(A) Name and business address NONE (B) Description of services		(C) ensatio	on
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			
		Forn	n 990 ((2020)
	0.40.00			

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Check if Schedule O contains a response or note to any line in the Part VIII (A) Total revenue Related or exempt Cumerate of the content of the conte			Check if Schedule O contains a response or n	ote to any lin	a in this Dart VIII			
Per			Officer if Schedule O contains a response of the	ote to any in t	(A)	(B)	(C)	(D)
1 a Federated campagns 1a 1b 1c 1c 1c 1c 1c 1c 1c						Related or exempt	Unrelated	Revenue excluded
1 a Federated campaigns 1a						function revenue	business revenue	
2 a Business Code Business Code C C C C C C C C C	(0 (0)			\longrightarrow				Sections 512 - 514
2 a Business Code Business Code C C C C C C C C C	nt:	1 a	Federated campaigns 1a					
2 a Business Code Business Code C C C C C C C C C	اع ق		'					
2 a Business Code Business Code C C C C C C C C C	Łŝ,	•	Fundraising events 1c					
2 a Business Code Business Code C C C C C C C C C	直	(Related organizations1d					
2 a Business Code Business Code C C C C C C C C C	in's,	•	Government grants (contributions)					
2 a Business Code Business Code C C C C C C C C C	i Si	f	All other contributions, gifts, grants, and					
2 a Business Code Business Code C C C C C C C C C	the		similar amounts not included above 1f 11	0,603.				
2 a Business Code Business Code C C C C C C C C C		ç	Noncash contributions included in lines 1a-1f	1,115.				
2 a Business Code Business Code C C C C C C C C C	a Co				110,603.			
2 a b b c c d d d d d d d d d d d d d d d d								
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Total, Add lines 2a21 Total, Add lines 2a21 Total, Add lines 2a21 Total, Add lines 2a21 Total, Add lines 2a21 Total, Add lines 11a-11d Total, Add lines 11a-11d Total, Add lines 12a-12 Total, Add lines 11a-11d	Ser							
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3 Investment income (including dividends, interest, and other similar amounts)	_							
other similar amounts) Income from investment of tax-exempt bond proceeds Royalties R	$\overline{}$							
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The state of the s								
d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses 7b 7c d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses 8b 2,214 b c Net income or (loss) from fundraising events > 8 ,436 c		ŀ	Less: rental expenses 6b					
To a Gross amount from sales of assets other than inventory b Less; cost or other basis and sales expenses		•	Rental income or (loss) 6c					
assets other than inventory b Less: cost or other basis and sales expenses C Gain or (loss) B a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 B a 10,650. b Less: direct expenses B b 2,214. c Net income or (loss) from fundraising events Part IV, line 19 B b Less: direct expenses C Net income or (loss) from gaming activities. See Part IV, line 19 B b Less: direct expenses C Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold C Net income or (loss) from sales of inventory 8 Business Code 8 J 436.			` ' - 	<u></u>				
b Less: cost or other basis and sales expenses 7b 7c 7c 7c 7c 8a of cost income from fundraising events (not including \$		7 a	Gross amount from sales of (i) Securities	(ii) Other				
and sales expenses 7b 7c			assets other than inventory 7a					
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Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Business Code Business Code Business Code All other revenue Total. Add lines 11a-11d			contributions reported on line 1c). See					
b Less: direct expenses			Part IV. line 18	0,650.				
C Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 9 b Less: direct expenses C Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold C Net income or (loss) from sales of inventory 11 a Business Code 11 a C C		ŀ		2,214.				
9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory 11 a b c d All other revenue e Total. Add lines 11a-11d					8,436.			8,436.
Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Business Code All other revenue e Total. Add lines 11a-11d			` '					
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b Less: cost of goods sold c Net income or (loss) from sales of inventory State			· · · · · · · · · · · · · · · · · · ·					
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e Total. Add lines 11a-11d	Ais.	(All other revenue					
)				
					140,264.	21,225.	0.	8,436.

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 X Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. 1 Graths and other assistance to domestic organizations and domestic powernants. See Part IV, line 21 3 Grants and other assistance to domestic individuals. See Part IV, line 12 3 Grants and other assistance to domestic individuals. See Part IV, line 12 3 Grants and other assistance to foreign individuals. See Part IV, line 15 and 16 4 Benefits, paid to or for members. 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation of current officers, directors, trustees, and key employees 7 Other salaries and wages 8 Pension pin acrusts and contributions (include section 401(k) and 400(k) employe contributions) 9 Other employees 10 Payroll taxes 10 Payroll taxes 11 Fees for services (nonemployees): 1 Management 1 Legal 1 Clarify and 400(k) employer contributions) 9 Checker pervices (nonemployees): 1 Management 1 Legal 1 Clarify and 400(k) employer contributions) 9 Checker pervices (nonemployees): 1 Management 1 Legal 1 Clarify and 400(k) employer contributions) 9 Checker pervices (nonemployees): 1 Management 1 Legal 1 Clarify and 400(k) employer contributions) 1 (Lobbying employees): 2 Management 3 Legal 1 Clarify and 400(k) employer contributions) 1 (Lobbying employees): 3 Management 3 Clarify employees 3 Contributions (include section 400 k) employees): 4 Management 5 Compensation of the development of the contributions (include section 400 k) employee benefits 5 Contributions (include section 400 k) employees; 1 Management 1 Person for services (nonemployees): 2 Management 3 Management 4 Legal 5 Clarify employees 1		Check if Schedule O contains a respon	se or note to any line in	this Part IX	, , ,	
7, b, 8b, 9b, and 10b of Part VIII. 1 Grants and other assistance to domestic organizations and domestic operations between the separate sequence of the sequ	Do	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
1 Grants and other assistance to domestic organizations and domestic powerments, Sep Part IV, line 21 38 , 200 . 38 , 200 .			ı otal expenses	Program service	Management and I	Fundraising expenses
2 Grants and other assistance to domestic individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 12 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation not included above to disqualified persons (as defined under section 4980(r)13) and persons described in 4980(r)13) and persons des	1	Grants and other assistance to domestic organizations		,	j '	,
individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation not included above to disqualified persons (as defined under section 4958(I/I)) and persons decribed in section 4958(I/I)) and persons decribed in section 4958(I/I) and 4950. 9 Other employee benefits 10 Payroll taxes 11 Fees for services (nonemployees): a Management b Legal c Accounting d Lobbying e Professional fundrising services. See Part IV, line 17 f Investment management fees g Other, (If line 11g amount exceeds 10% of line 25, column (I/I) amount, list line 11g expenses on Sch O, 11, 429. 11, 429. 11, 429. 11, 429. 11, 429. 11, 429. 10, 874. 10, 874. 10, 874. 10, 874. 10, 874. 10, 874. 10, 874. 10, 874. 10, 874. 10, 874. 10, 874. 10, 874. 10, 874. 10, 874. 10, 874. 10, 874. 10, 874. 10, 874. 10, 874. 10, 874. 10, 874. 10, 874. 10, 874. 10, 874. 10, 874. 10, 874. 10, 874. 10, 874. 10, 874. 10, 874. 10, 874. 10, 874. 10, 874. 10, 874. 10, 874. 10, 874. 10, 874. 10, 874. 10, 874. 10, 874. 10, 874. 10, 874. 10, 874. 10, 874. 10, 874. 10, 874. 10, 874. 10, 874. 10, 874. 10, 874. 10, 874. 10, 874. 10, 874. 10, 874. 10, 874. 10, 874. 10, 874. 10, 874. 10, 874. 10, 874. 10, 874. 10, 874. 10, 874. 10, 874. 10, 874. 10, 874. 10, 874. 10, 874. 10, 874. 10, 874. 10, 874. 10, 874. 10, 874. 10, 874. 10, 874. 10, 874. 10, 874. 10, 874. 10, 874. 10, 874. 10, 874. 10, 874. 10, 874. 10, 874. 10, 874. 10, 874. 10, 874. 10, 874. 10, 874. 10, 87		and domestic governments. See Part IV, line 21	38,200.	38,200.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	2	Grants and other assistance to domestic				
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individuals. See Part IV, lines 15 and 16	3	Grants and other assistance to foreign				
## Benefits paid to or for members		organizations, foreign governments, and foreign				
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25 Total functional expenses. Add lines 1 through 24e 106, 486. 106, 486. 0.	d	MISCELLANEOUS				
	е	All other expenses				
26 Joint costs. Complete this line only if the organization	25	Total functional expenses. Add lines 1 through 24e	106,486.	106,486.	0.	0
	26	Joint costs. Complete this line only if the organization				
reported in column (B) joint costs from a combined		reported in column (B) joint costs from a combined				
educational campaign and fundraising solicitation.		educational campaign and fundraising solicitation.				
Check here if following SOP 98-2 (ASC 958-720)		Check here if following SOP 98-2 (ASC 958-720)				Form 990 (2020

Part X Balance Sheet

<u>Par</u>	τX	Balance Sheet					
		Check if Schedule O contains a response or	note to ar	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			245,177.	1	92,872
	2	Savings and temporary cash investments			54,182.	2	28,566
	3	Pledges and grants receivable, net			62,433.	3	22,561
	4	Accounts receivable, net			4		
	5	Loans and other receivables from any curren	t or forme	officer, director,			
		trustee, key employee, creator or founder, su	bstantial	ontributor, or 35%			
		controlled entity or family member of any of t	hese pers	ons		5	
	6	Loans and other receivables from other disqu	ualified pe	sons (as defined			
		under section 4958(f)(1)), and persons descri	bed in se	tion 4958(c)(3)(B)		6	
ts	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			8		
⋖	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other	I	4 - 44			
		basis. Complete Part VI of Schedule D		15,390.			
	b	Less: accumulated depreciation		15,390.	0.	10c	0.
	11	Investments - publicly traded securities		500 046	11	<u> </u>	
	12	Investments - other securities. See Part IV, lin	720,246.	12	743,995.		
	13	Investments - program-related. See Part IV, lin		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	1 000 000	15	007 004		
	16	Total assets. Add lines 1 through 15 (must e			1,082,038.	16	887,994.
	17	Accounts payable and accrued expenses	3,260.	17	3,234.		
	18	Grants payable	152,575.	18	42,200.		
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple				21	
ies	22	Loans and other payables to any current or fo					
ij		trustee, key employee, creator or founder, su					
Liabilities		controlled entity or family member of any of t				22	
	23	Secured mortgages and notes payable to un				23	
	24	Unsecured notes and loans payable to unrela				24	
	25	Other liabilities (including federal income tax, parties, and other liabilities not included on line					
		of Schedule D	165 17-24	. Complete Part X	221,210.	25	101,210.
	26	Total liabilities. Add lines 17 through 25			377,045.	26	146,644.
	20	Organizations that follow FASB ASC 958, or			37770130	20	110,011
sex		and complete lines 27, 28, 32, and 33.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
auc	27	Net assets without donor restrictions			688,493.	27	724,850.
Bal	28	Net assets with donor restrictions	16,500.	28	16,500.		
pu		Organizations that do not follow FASB ASC					
년		and complete lines 29 through 33.	•	, i			
SOF	29	Capital stock or trust principal, or current fun			29		
set	30	Paid-in or capital surplus, or land, building, or				30	
As	31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32	Total net assets or fund balances		• • • • • • • • • • • • • • • • • • • •	704,993.	32	741,350.
_	33	Total liabilities and net assets/fund balances			1,082,038.	33	887,994.

Form	990 (2020) UNITED WAY OF ADAMS COUNTY INDIANA, INC.	<u>35-1</u>	846627	Pag	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			64.
2	Total expenses (must equal Part IX, column (A), line 25)	2			86.
3	Revenue less expenses. Subtract line 2 from line 1	3			78.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			93.
5	Net unrealized gains (losses) on investments	5	-	2,5	79.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	74:	1,3	50.
Pa	rt XIII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				<u> </u>
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	a no b			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sci	nedule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

UNITED WAY OF ADAMS COUNTY INDIANA INC. 35-1846627 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). 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: 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X 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.) 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: 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. ☐ Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving
 ☐ Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving
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 ☐ Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving
 ☐ Type I. A supporting organization operated organization operated organization of the supervised organization or the supervised organization organization or the supervised organization organ 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. 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. 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. 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. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III

f	Enter the number of supported of	organizations					
g	Provide the following information						
	(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed	(v) Amount of monetary	(vi) Amount of other
	organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions)	support (see instructions)
Гotа	I						
			•				•

functionally integrated, or Type III non-functionally integrated supporting organization.

Schedule A (Form 990 or 990-EZ) 2020 UNITED WAY OF ADAMS COUNTY INDIANA, INC. 35-1846627 Page 2

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.)

Sec	Section A. Public Support						
Cale	ndar 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.")	201,054.	354,190.	158,806.	210,977.	110,603.	1035630.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						_
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	201,054.	354,190.	158,806.	210,977.	110,603.	1035630.
	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						1035630.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	201,054.	354,190.	158,806.	210,977.	110,603.	1035630.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	24,325.	18,715.	21,731.	21,167.	21,225.	107,163.
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.)	10,860.	14,242.	20,129.	8,859.	8,436.	62,526.
11	Total support. Add lines 7 through 10						1205319.
	Gross receipts from related activities,	etc. (see instruction	ons)			12	
	First 5 years. If the Form 990 is for th			fourth, or fifth tax	year as a section 5	501(c)(3)	
	organization, check this box and stop	here					
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2020 (line 6, column (f), d	livided by line 11,	column (f))		14	85.92 %
15	Public support percentage from 2019	Schedule A, Part	II, line 14			15	87.43 %
16a	33 1/3% support test - 2020. If the o	organization did no	t check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	
	stop here. The organization qualifies	as a publicly supp	orted organization	·			►X
b	b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box						
	and stop here. The organization qualifies as a publicly supported organization						
17a	10% -facts-and-circumstances tes	t - 2020. If the org	anization did not c	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization						
	meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization						
b	10% -facts-and-circumstances tes	t - 2019. If the org	anization did not o	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circun	nstances test, che	eck this box and st	op here. Explain ir	n Part VI how the	
	organization meets the facts-and-circ	umstances test. Th	ne organization qu	alifies as a publicly	y supported organ	ization	▶∐
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	nd see instruction	s ▶□
	Schedule A (Form 990 or 990-EZ) 2020						

Schedule A (Form 990 or 990-EZ) 2020 UNITED WAY OF ADAMS COUNTY INDIANA, INC.35-1846627 Page 3 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.)

Sec	ction A. Public Support						
Cale	ndar 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.")						
2	Gross receipts from admissions, merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 5						
7 <i>a</i>	Amounts included on lines 1, 2, and						
_	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	etion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6	(4, 20.0	(5) 25 11	(0, 20.0	(4,7 = 0 + 0	(5) 2325	(.,
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
13	assets (Explain in Part VI.)						
	First 5 years. If the Form 990 is for the	ne organization's f	irst, second, third.	fourth, or fifth tax	year as a section	501(c)(3) organizat	tion,
					•		>
Sed	ction C. Computation of Publ						
15	Public support percentage for 2020 (ine 8, column (f),	divided by line 13,	column (f))		15	%
	Public support percentage from 2019					16	%
	ction D. Computation of Inves						
17	Investment income percentage for 20	20 (line 10c, colu	mn (f), divided by I	ine 13, column (f))		17	%
18	Investment income percentage from	2019 Schedule A,	Part III, line 17			18	%
	33 1/3% support tests - 2020. If the					33 1/3%, and line	17 is not
	more than 33 1/3%, check this box a						> □
b	33 1/3% support tests - 2019. If the	organization did r	not check a box or	n line 14 or line 19	a, and line 16 is m	ore than 33 1/3%,	
20	line 18 is not more than 33 1/3%, che						
∠U	Private foundation. If the organization	n dia not check a	DOX ON TIME 14, 19	a, or 190, check t	nis dox and see ir	ISTRUCTIONS	

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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **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)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? 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).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **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? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
За		
3b		
3с		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9с		
46		
10a		
10b		

032025 01-25-21

За

trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," describe in **Part VI** the role played by the organization in this regard.

Schedule A (Form 990 or 990-EZ) 2020 UNITED WAY OF ADAMS COUNTY INDIANA, INC.35-1846627 Page 6

Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Orga	nizations	Ŭ
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on	Nov. 20, 1970 (explain in l	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	st complete	e Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
_7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
_3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 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	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion 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	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ally integrat	ed Type III supporting org	anization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020 UNITED WAY OF ADAMS COUNTY INDIANA, INC.35-1846627 Page 7

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)				
Section D - Distributions		•	Current Year	
1 Amounts paid to supported organizations to accompli	ish exempt purposes		1	
2 Amounts paid to perform activity that directly furthers	exempt purposes of supported			
organizations, in excess of income from activity			2	
3 Administrative expenses paid to accomplish exempt p	ourposes of supported organization	s :	3	
4 Amounts paid to acquire exempt-use assets	4	4		
5 Qualified set-aside amounts (prior IRS approval require		5		
6 Other distributions (describe in Part VI). See instruction	ons.		6	
7 Total annual distributions. Add lines 1 through 6.			7	
8 Distributions to attentive supported organizations to v	which the organization is responsive)		
(provide details in Part VI). See instructions.			3	
9 Distributable amount for 2020 from Section C, line 6		9		
10 Line 8 amount divided by line 9 amount		10)	
	(i)	(ii)	(iii)	

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

Schedule A (Form 990 or 990-EZ) 2020

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

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 for the latest information.

OMB No. 1545-0047

Name of the organization

Employer identification number

UNITED WAY OF ADAMS COUNTY INDIANA, INC.

35-1846627

Organization type (check one):					
Filers of:	Section:				
Form 990 or 990	X = 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				
	ganization is covered by the General Rule or a Special Rule. ction 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.				
General Rule					
	organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or sy) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.				
Special Rules					
section any on	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 as 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 e 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; orm 990-EZ, line 1. Complete Parts I and II.				
contrib literary	organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one utor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering in column (b) instead of the contributor name and address), II, and III.				
year, c is chec purpos	organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the ontributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., e. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively s, charitable, etc., contributions totaling \$5,000 or more during the year \infty \$				
but it must ansv	anization 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), ver "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 esn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).				

 $\ \, \text{LHA} \ \, \text{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization

Employer identification number

UNITED WAY OF ADAMS COUNTY INDIANA, INC.

35-1846627

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	SMITH BROTHERS OF BERNE PO BOX 270 BERNE, IN 46711	\$18,672.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	FLEMING EXCAVATING 112 E 1000 N DECATUR, IN 46733	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

UNITED WAY OF ADAMS COUNTY INDIANA, INC.

35-1846627

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
23453 11-25		\$	990 990-F7 or 990-PF) (203

Employer identification number

Name of organization

35-1846627 UNITED WAY OF ADAMS COUNTY INDIANA, INC. 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. `fŕom Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift 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 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

UNITED WAY OF ADAMS COUNTY INDIANA, INC.

Employer identification number 35-1846627

Pai	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds or	Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	ne 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 f	unds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be use	d only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose con	ferring
Pai	rt II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, Part	IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (for example, recrea		storically important land area
	Protection of natural habitat	Preservation of a ce	ertified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quality	fied conservation contribution in the form of a	
	day of the tax year.		Held at the End of the Tax Year
	Total number of conservation easements		
	Total acreage restricted by conservation easements		•
	Number of conservation easements on a certified historic str		. 2c
a	Number of conservation easements included in (c) acquired		
•	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the org	ganization during the tax
4	year	coment is leasted	
4 5	Number of states where property subject to conservation ea		
3	Does the organization have a written policy regarding the per violations, and enforcement of the conservation easements i		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
Ū	b	Transming of Violations, and emoreting conserve	ation casements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation	easements during the year
-	\$	annig on molations, and other only contact ration	caseee adming and year
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h)(4	4)(B)(i)
	and section 170(h)(4)(B)(ii)?	• • • • • • • • • • • • • • • • • • • •	
9	In Part XIII, describe how the organization reports conservati		
	balance sheet, and include, if applicable, the text of the footi	-	
	organization's accounting for conservation easements.		
Pai	rt III Organizations Maintaining Collections o	f Art, Historical Treasures, or Othe	r Similar Assets.
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue statement and I	balance sheet works
	of art, historical treasures, or other similar assets held for pul	olic exhibition, education, or research in furthe	erance of public
	service, provide in Part XIII the text of the footnote to its final	ncial statements that describes these items.	
b	If the organization elected, as permitted under FASB ASC 95	58, to report in its revenue statement and bala	nce sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furtheral	nce 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 tre	asures, or other similar assets for financial gai	in, provide
	the following amounts required to be reported under FASB A		
	Revenue included on Form 990, Part VIII, line 1		·
	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.	Schedule D (Form 990) 2020

032051 12-01-20

by:			Yes	No
(i) U	Inrelated organizations	3a(i)		X
(ii) R	Related organizations	3a(ii)		X
o If "Ye	es" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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

Part VI	Land. Build	ings, and	Equipmen
---------	-------------	-----------	----------

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
	Dasis (investment)	Dasis (Otriel)	depreciation	
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		15,390.	15,390.	0.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equa	l Form 990. Part X. colur	mn (B), line 10c.)	•	0.

Schedule D (Form 990) 2020

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (1) (2) (3) (4) (5) (6)(7)(8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)

Part IX Other Assets.

(3) Other

(C) (D) (E) (F) (G) (H)

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	•

Part X Other Liabilities.

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

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	COVID 19 ASSISTANCE	1,000.
(3)	ECONOMIC REL INITIATIVE	96,686.
(4)	ANGEL TREE	3,524.
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	101,210.

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.

Schedule D (Form 990) 2020

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

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 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization	·						ntification number
UNITED	WAY OF ADAMS COUNT	ΥI	NDI	ANA, INC.		35-1846	627
Part I Fundraising Activities required to complete this par	 Complete if the organization answet 	red "Y	'es" oı	n Form 990, Part IV,	line 1	7. Form 990-E2	Z filers are not
 1 Indicate whether the organization rais a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, P b If "Yes," list the 10 highest paid indicompensated at least \$5,000 by the 	e Solicitat f Solicitat g Special or oral agreement with any individual cart VII) or entity in connection with p viduals or entities (fundraisers) pursu	ion of ion of fundra (includerofess	non-g gover aising ding o ional f	overnment grants nment grants events fficers, directors, tru fundraising services?	stees	Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundr have c or con contrib	Did raiser ustody itrol of utions?	(iv) Gross receipts from activity	to (Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
Total		'					
List all states in which the organization or licensing.			outions	s or has been notified	d it is	exempt from re	egistration

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

Schedule G (Form 990 or 990-EZ) 2020

Schedule G (Form 990 or 990-EZ) 2020 UNITED WAY OF ADAMS COUNTY INDIANA, INC.35-1846627 Page 2

Pa	ırt							
		of fundraising event contributions and gr	oss income on Form 990 (a) Event #1	-EZ, lines 1 and 6l (b) Event #2			ots greater than \$	55,000.
			(a) Event #1	(b) Event #2	(c) Other	events	(d) Total eve	
			GOLF OUTING			2	(add col. (a) the	rough
a)			(event type)	(event type)	(total nu	ımber)	col. (c))	
Revenue								
Rev	1	Gross receipts	10,613.			37.	10,	<u>650.</u>
		Lance Contributions						
	2	Less: Contributions						
	3	Gross income (line 1 minus line 2)	10,613.			37.	10,0	650.
	4	Cash prizes						
	_	Namanah mima						
es	5	Noncash prizes						
ens	6	Rent/facility costs						
Direct Expenses								
rect	7	Food and beverages						
Ճ		Catastainssant						
	8	Entertainment Other direct expenses				664.	2.	214.
	10					>	2,3	214.
	11		ine 3, column (d)				8,	436.
Pa	ırt		answered "Yes" on Form	990, Part IV, line	19, or reported mor	re than		
		\$15,000 on Form 990-EZ, line 6a.	I	(b) Pull tabs/inst	ant		(d) Total gaming	a (add
nue			(a) Bingo	bingo/progressive		gaming	col. (a) through	
Revenue								
<u>—</u>	1	Gross revenue						
ses	2	Cash prizes					-	
pen	3	Noncash prizes						
Direct Expenses								
)irec	4	Rent/facility costs						
	5	Other direct expenses	Yes %	Yes	% Yes	%		
	6	Volunteer labor	No Yes%	No No	_ % Yes No	%		
					1			
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)			····· >		
						_		
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			<u> </u>		
9	En	ter the state(s) in which the organization condu	ucts gaming activities:					
		the organization licensed to conduct gaming a	-	states?			Yes	No
b	lf "	No," explain:						
10:	We	ere any of the organization's gaming licenses re	evoked suspended orte	erminated during t	he tay year?		Yes	No
		Yes," explain:		•	tax your :		103	10
		•						
0320	R2 1	1-25-20			Sche	dule G (For	rm 990 or 990-E	Z) 2020

Schedule G (Form 990 or 990-EZ) 2020 UNITED WAY OF ADAMS COUNTY INDIANA, INC.35	-1846627	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	O No
13 Indicate the percentage of gaming activity conducted in:		
a The organization's facility	13a	%
b An outside facility	13b	%
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
Is 16 IIV as II and a share and a formation and a share a shar		
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 ▶		
Name P		
Address >		
16 Gaming manager information:		
Name		
Gaming manager compensation \$		
Description of services provided		
Director/officer Employee Independent contractor		
Billockerrenneer Employee independent contracter		
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	O 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, 9	9b, 10b,
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
	· · · · · · · · · · · · · · · · · · ·	

Schedule G	G (Form 990 or 990-EZ)	UNITED WAY	OF	ADAMS	COUNTY	INDIANA,	INC.35-1846627	Page 4
Part IV	G (Form 990 or 990-EZ) Supplemental Info	ormation (continued)						
						· · · · · · · · · · · · · · · · · · ·		

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 for the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization							Employer identification number
		IS COUNTY IN	NDIANA, IN	C.			35-1846627
Part I General Information on Grants a	nd Assistance						
1 Does the organization maintain records t							
criteria used to award the grants or assis							Yes X No
2 Describe in Part IV the organization's pro							
Part II Grants and Other Assistance to	-				anization answered "	Yes" on Form 990, Par	t IV, line 21, for any
recipient that received more than S	i -	1 '	T '		(f) Method of	1	
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ADAMS COUNTY COUNCIL ON AGING							
313 W JEFFERSON STREET							
DECATUR, IN 46733			6,000.	0.			SERVICES
ADAMS COUNTY HEALTHY FAMILIES							
825 E MONROE STREET							
DECATUR, IN 46733			14,875.	0.			SERVICES
BIG BROTHERS BIG SISTERS OF							
NORTHEAST INDIANA - 1005 W							
RUDISILL BLVD - FORT WAYNE, IN				_			
46807			10,000.	0.			SERVICES
BOYS & GIRLS CLUB OF ADAMS COUNTY							
410 WINCHESTER STREET							
DECATUR, IN 46733			25,000.	0.			SERVICES
DECATUR OPERATION FOOD BANK							
PO BOX 23							
DECATUR, IN 46733			6,000.	0.			SERVICES
GRACE BIBLE CHURCH							
6626 S 150 W							
BERNE, IN 46711			8,000.	0.			SERVICES
2 Enter total number of section 501(c)(3) a	nd government or	rganizations listed in t	he line 1 table				•

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

(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
CANCER SERVICES OF NE INDIANA							
6316 MUTUAL DR FORT WAYNE, IN 46825			6,500.	0.			SERVICES
ADAMS COUNTY SAFETY PARK 206 S SEVENTH ST							
DECATUR, IN 46733			5,000.	0.			SERVICES
ALIVE & WELL 650 N MAIN ST, SUITE B			45.000				
BLUFFTON, IN 46714			15,000.	0.			SERVICES
ANTHONY WAYNE COUNCIL-BSA 8315 W JEFFERSON BLVD							
FORT WAYNE, IN 46804			6,500.	0.			SERVICES
JUNIOR ACHIEVEMENT OF DECATUR/MONROE - 520 N 13TH ST -							
DECATUR, IN 46733			5,000.	0.			SERVICES
THE BOWEN CENTER PO BOX 402							
DECATUR, IN 46733			20,000.	0.			SERVICES
THE SALVATION ARMY 421 N 13TH ST							
DECATUR, IN 46733			5,000.	0.			SERVICES
							Schedule I (For

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 rec	quired in Part I, lin	e 2; Part III, columr	n (b); and any other a	dditional information.	

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047 Open to Public Inspection

Name of the organization

UNITED WAY OF ADAMS COUNTY INDIANA, INC.

Employer identification number 35-1846627

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
PROMOTING ORGANIZATIONAL COOPERATION, STIMULATING VOLUNTEER
PARTICIPATION, MOBILIZING AND DEPLOYING COMMUNITY RESOURCES AND SEEKING
SOLUTIONS TO
URGENT COMMUNITY PROBLEMS.
FORM 990, PART VI, SECTION B, LINE 11B:
FORM 990 IS DISTRIBUTED TO ALL BOARD MEMBERS BEFORE FILING.
FORM 990, PART VI, SECTION B, LINE 12C:
THE BOARD DISCUSSES THIS AT LEAST ON AN ANNUAL BASIS AND MAKES SURE THE
DIRECTORS AND OFFICERS ARE AWARE OF THE POLICY.
FORM 990, PART VI, SECTION C, LINE 19:
DOCUMENTS ARE AVAILABLE UPON REQUEST TO THE PUBLIC.

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

Schedule O (Form 990 or 990-EZ) 2020