#### 990 Form

Department of the Treasury

Internal Revenue Service

### **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

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

OMB No. 1545-0047 2020

Open to Public Inspection

<u>A</u>	For th	e 2020 calendar y	ear, or tax year begini	ning	, 2020,	and endi	ing		, 20				
В	Check if	f applicable:	C Name of organizationJI	FFERSON COUNTY UNITE	D WAY INC			D Emplo	oyer identification number				
	Address	change	Doing business as					35-6006467					
$\Box$	Name cl	hange	Number and street (or P.	O. box if mail is not delivered to street add	dress)	Room/sui	ite	E Teleph	none number				
Ī	Initial re	•	PO BOX 193		,			(812)265-2036					
Ħ		turn/terminated		vince, country, and ZIP or foreign postal c	nde	1		<b>G</b> Gross					
Ħ		ed return	MADISON, IN 4		ouc		\$ 596,346						
Ħ		ion pending		incipal officer: SHEILA COFFIN			H(a) to this a se		or subordinates? Yes X No				
ш	Арріїсаі	ion pending	SAME AS C ABOY	·			H(b) Are all s	-					
_	Toy ove	mpt status: X 501		) <b>(</b> insert no.) 4947(a)(1) c	or 527				t. See instructions				
<u>'</u>	Website		CINUNITEDWAY.O	<del>-</del>	321		H(c) Group e						
<u>у</u>					I Voor of format	ion: 195							
	art I	Summary	poration riust Ass	sociation Other	L Year of format	ion: 195	)   W S	tate of lega	al domicile: IN				
	1		the organization's missi	on or most significant activities:	GOT TOTAL	GOVERN T	DIIMTONG	<b></b>					
	'	•	•	on or most significant activities:	SOLICITING	CONTRI	BUTIONS	TO A	LLOCATE AMONG				
Se		VARIOUS UN.	ITED WAY AGENCI	ES.									
nar		-											
Governance	_	Oh a ale this have l		- di ti d ta ti d	:	)F0/ -f:t-							
Ô	2			n discontinued its operations or d	·			ا ما	••				
∘ర	3	`						3	28				
Activities	4			s of the governing body (Part VI,				4	28				
ΞΞ	5			calendar year 2020 (Part V, line				5	4				
Aci	6		volunteers (estimate if r	• /				6					
	- 1							7a	0				
_	, r	Net unrelated bu	siness taxable income	from Form 990-T, Part I, line 11		<del></del>		7b	0				
							Prior Year		Current Year				
ď	8	Contributions an	294	,608	584,621								
Ž	9	•	revenue (Part VIII, line			•			0				
Revenue	10		me (Part VIII, column (A	•		•	2	,503	2,825				
ď				es 5, 6d, 8c, 9c, 10c, and 11e)		-			8,900				
_	12	Total revenue - a	ıdd lines 8 through 11 (r	must equal Part VIII, column (A),	line 12)	-		,111	596,346				
	13		ar amounts paid (Part I	248	,100	371,312							
	14	Benefits paid to			0								
ý	15	Salaries, other c	ompensation, employee	66	,190	54,262							
Expenses	16	a Professional fund	draising fees (Part IX, c	column (A), line 11e)		•			0				
Del	.   '	b Total fundraising	expenses (Part IX, colo	umn (D), line 25)	1,825								
й	17	Other expenses	(Part IX, column (A), lir	nes 11a-11d, 11f-24e)		•	28	,548	26,311				
	18	Total expenses.	Add lines 13-17 (must	equal Part IX, column (A), line 25	5)		342	,838	451,885				
	19	Revenue less ex	penses. Subtract line	18 from line 12		-	(45	,727)	144,461				
ò	Ses					Begi	nning of Curre	nt Year	End of Year				
ştə	[ 20	Total assets (Par	rt X, line 16)			·	303	,374	449,693				
Ā	20 21 22	Total liabilities (P	art X, line 26)						1,858				
Ž	분 22		nd balances. Subtract I	ine 21 from line 20		-	303	,374	447,835				
Pa	art II	Signature	Block										
				rn, including accompanying schedules and icer) is based on all information of which p		of my knowle	edge and belief	, it is					
	, correct	, and complete. Deciarat	ion of preparer (other than on	iser) is based on an information of which p	reparer has any knowledge.								
0:		SHEILA	COFFIN										
Sig	gn	Signature of	officer					Dat	e				
He	re	SHEILA	COFFIN, EXECUT	IVE DIRECTOR									
_		Type or print	name and title					•					
		Print/Type prepare	r's name	Preparer's signature	Date		Check	if	PTIN				
Pa	id	John Call	icotte	John Callicott	ē 11-09-20	021	self-emp	oloyed	P00367637				
Pr	epare	Firm's name	Scott ar	nd Callicotte LLC		F	irm's EIN						
Us	e On	ly Firm's address		e Street			hone no.	D.					
				IN 47250				812-2	273-5747				
May	the IR	S discuss this retu		own above? (see instructions)					X Yes No				

O) JEFFERSON COUNTY UNITED WAY INC Checklist of Required Schedules Part IV

			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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors See instructions?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	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		
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		Х
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? If "Yes,"			
•	complete 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			
40		9		Х
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		
11	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
"	VII, VIII, IX, or X as applicable.			
9	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
u	complete Schedule D, Part VI	11a	х	
b				
~	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			Λ
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
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		х
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		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	х	
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		х
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		Х
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		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
46	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	4.0		
40	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	4.		
20 =	If "Yes," complete Schedule G, Part III	19		X
20 a		20a		Х
21		20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	24		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	l

Form 990 (2020)

JEFFERSON COUNTY UNITED WAY INC

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? 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			l
	employees? If "Yes," complete Schedule J	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			l
	through 24d and complete Schedule K. If "No," go to line 25a	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		l
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
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?			l
	If "Yes," complete Schedule L, Part I	25b		х
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%			l
	controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part II	26		х
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			l
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			l
	persons? If "Yes," complete Schedule L, Part III	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):			ĺ
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		х
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	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		х
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		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			l
	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 Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			l
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			l
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			l
	19? Note: All Form 990 filers are required to complete Schedule O.	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			Ш
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		

20) JEFFERSON COUNTY UNITED WAY INC
Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

			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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	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?	3a		х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7с		х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? • • • • • • • • • • • • • • • • • • •	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
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 organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand	44-		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b 15	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	4-		
	excess parachute payment(s) during the year?	15		X
16	If "Yes," see instructions and file Form 4720, Schedule N.	46		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			

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 in Schedule O. See instructions. 

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			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct	_		
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
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 appoint			
	one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? • • • • •	11a	Х	
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 to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13		Х
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
40	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 arrangement			
	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 its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
<u> </u>	organization's exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17 10	List the states with which a copy of this Form 990 is required to be filed  Indiana  Section 6104 requires on properior tion to make its Forms 4032 (4004 or 4034 A it applicable) 0000 and 000 T (Section F04/a)			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
40	Own website			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,			
00	and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	GUETLA COERTN (010)0CE 2026 DO DOV 102 NADIGON IN 472E0			

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-011	1 330	IZUZU

<u>....</u>......

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

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

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

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

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

Check this box if neither the organization nor any relat	ed organizatio	n com	pens	sate	d any	y curre	nt of	fficer, director, or tr	ustee.	
				(	(C)					
(A)	(B)				sition			(D)	(E)	(F)
Name and title	Average	,	(do not check mo box, unless pers					Reportable	Reportable	Estimated amount
	hours			compensation	compensation	of other				
	per week		Forms Higher emplo Key er Officer Indivic		from the	from related organizations	compensation from the			
	(list any hours for	약 la			organization (W-2/1099-MISC)	(W-2/1099-MISC)	organization and			
	related	direc	tituti	icer	y em	hest	Former			related organizations
	organizations	Individual trustee or director	Institutional trustee		Key employee	con				
	below	ustee	trust		ee	npen				
	dotted line)		ee			Highest compensated employee				
(1) SHEILA COFFIN	40.00									
EXECUTIVE DIRECTOR				Х	X			48,288	0	0
(2) LANDON DEATLEY	1.00									
DIRECTOR		х						0	0	0
(3) ELIAS HANSON	1.00									
DIRECTOR		Х						0	0	0
(4) DEANNA BICKERS	1.00									
DIRECTOR		Х						0	0	0
(5) SCOTT CASTOR	1.00									
DIRECTOR		Х						0	0	0
(6) ANTHONY BRANDON	1.00									
DIRECTOR		х						0	0	0
(7) LARISSA PERRY	1.00									
DIRECTOR		х						0	0	0
(8) ERIN LAWRENCE	1.00									
DIRECTOR		х						0	0	0
(9) HANNAH TAYLOR	1.00									
DIRECTOR		х						0	0	0
(10)RACHEL RILEY	1.00									
DIRECTOR		х						0	0	0
(11)EMILY STUDEBAKER	1.00									
DIRECTOR		х						0	0	0
(12)LUKA CHABUKASHVI	1.00									
DIRECTOR		х						0	0	0
(13)ABBY FULTON	1.00									
DIRECTOR		х						0	0	0
(14)DAVID_HORVATH	1.00									
DIRECTOR		х						0	0	0

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_	_		_			
3	5_	60	n	54	67	

Page 7

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

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

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

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

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

Check this box if neither the organization nor any rel	ated organizatio	n com	pens	sate	d any	y curre	nt of	fficer, director, or tr	ustee.	
					(C)					
(A)	(B)	(do r	not ch		sition	nan ono		(D)	(E)	(F)
Name and title	Average	(do not check more than one box, unless person is both an					n	Reportable	Reportable	Estimated amount
	hours	offic	er and	d a di	rector	/trustee)	)	compensation from the	compensation from related	of other
	per week (list any							organization	organizations	compensation from the
	hours for	or d	Inst	Office	Key	High	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and
	related	vidua	tutio	cer	emp	nest oloye	ner			related organizations
	organizations	Individual trustee or director	nal t		Key employee	com				
	below dotted line)	stee	Institutional trustee		Ď	pens				
	dotted line)		ě			Highest compensated employee				
(1) ANNE GRADY	1.00									
DIRECTOR	= • • • •	x						0	0	0
(2) MICKIE CREECH	1.00							-		
DIRECTOR	· -   <del>-</del> <del>-</del>	x						0	0	0
(3) JASMINE MARDELLO	1.00									
DIRECTOR	= = = = = =	x						0	0	0
(4) JEANNIE STOTTS	1.00									
DIRECTOR		х						0	0	0
(5) DAN SLYGH	1.00									
DIRECTOR		х						0	0	0
(6) STEPHANIE WITHERED	1.00									
DIRECTOR		х						0	0	0
(7) JIM HICKERSON	1.00									
DRIVE CHAIR		х						0	0	0
(8) DEVIN BRIERLY	1.00									
DIRECTOR		х						0	0	0
(9) DR DEWAIN LEE	1.00									
DIRECTOR		х						0	0	0
(10)suzanne hamner	1.00									
DIRECTOR		х						0	0	0
(11)NANCY TOTTEN	1.00									
DIRECTOR		Х						0	0	0
(12)LISA_DUNN	1.00									
DIRECTOR		х						0	0	0
(13)ANGELA LOWE	1.00									
TREASURER		х		х				0	0	0
(14)PHILLIP BRITTAIN	1.00									
VICE PRESIDENT		х		х				0	0	0

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Part	VII Section A. Officers, Directors, Trustees,	Key Employ	ees, a	nd F	ligh	est (	Comp	ensa	ted Employees (c	ontinued)				
						(C)								
	(A)	(B)	(do r	not ch		sition	han one		(D)	(E)			(F)	
	Name and title	Average	box, unless person is both an officer and a director/trustee)						Reportable	Reportable compensation		Estim	ated am	
		hours per week	offic	er and	d a di	rector	/trustee)	)	compensation from the	from rela		cor	of other npensat	
		(list any	의 교	=	Q	Š	역 표	FC	organization (W-2/1099-MISC)	organizat (W-2/1099-N		ı	rom the nization	and
		hours for related	dividu	stituti	Officer	ey em	nploy	Former	(11 2/1000 111100)	(11 2) 1000 11			d organiz	
		organizations	Individual trustee or director	onal t		Key employee	t com							
		below dotted line)	stee	Institutional trustee		8	Highest compensated employee							
		dollod iiiloy		е			ated							
(15) A P	RIL FRIESKE	1.00												
PRESI			x		x				0		0			0
(16)														
(4=)														
<u>(17)</u>														
(18)														
<u>(19)</u> _														
(20)														
<u>(21)</u>														
(22)														
<u>'</u> '														
(23)														
(24)														
<u>\</u> '														
(25)														
	Subtotal							L						
1b c	Total from continuation sheets to Part VII, Secti			• •		• •								
d	Total (add lines 1b and 1c)								48,288		0			0
2	Total number of individuals (including but not limited	d to those list	ted abo	ove)	who	rece	eived r	nore						
	reportable compensation from the organization	<u> </u>												0
3	Did the organization list any <b>former</b> officer, director.	truotoo kov	omplo	100	or bi	ahor	at oom	nono	ented				Yes	No
3	employee on line 1a? If "Yes," complete Schedule J			уее,		•		•				3		х
4	For any individual listed on line 1a, is the sum of re			tion										
	organization and related organizations greater than	\$150,000? If	"Yes,"	con'	nplet	e Sc	hedule	J fo	or such					
_	individual											4		х
5	Did any person listed on line 1a receive or accrue of for services rendered to the organization? <i>If</i> "Yes," or	•		•			•					5		
Secti	on B. Independent Contractors	complete scri	ieuuie .	3 101	Suci	i pei	3011				· · · ·			Х
1	Complete this table for your five highest compensa	ited independ	lent co	ntrac	ctors	tha	t receiv	ved r	more than \$100,000	O of				
	compensation from the organization. Report compe	ensation for t	he cale	enda	r yea	ar er	nding v	vith c	or within the organiz	zation's tax	year.			
	(A)								(B)			(C)		
	Name and business addres	S							Description of servic	es		Compens	ation	
	Total number of independent contractors (including	hut not limit	nd to th	2000	licto	d 05	,ove)							
2	Total number of independent contractors (including received more than \$100,000 of compensation from				iiste •	u an	ove) v	OLIA						

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	Check if Schedule O contains a response or note to any line in this Part VIII										
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514				
	1a	Federated campaigns 1a					Sections 312-314				
"	b	Membership dues 1b									
ants ınts	С	Fundraising events	813								
Contributions, Gifts, Grants and Other Similar Amounts	d	Related organizations 1d									
ifts ar A	е	Government grants (contributions) 1e									
s, G mils	f	All other contributions, gifts, grants,									
tion r Si		and similar amounts not included above 1f	583,808								
ibu	g	Noncash contributions included in	_								
ontr od C		lines 1a-1f 1g	\$								
تة ت	h	Total. Add lines 1a-1f	▶	584,621							
			Business Code								
φ	2a										
e <u>Š</u>	b										
Se	С										
eve.	d										
Program Service Revenue	е										
<u>~</u>		All other program service revenue									
		Total. Add lines 2a-2f	-								
	3	Investment income (including dividends, interest, a									
	,	other similar amounts)		2,825	2,825						
	5	Royalties	ľ								
	"	(i) Real	(ii) Personal								
	62	Gross rents 6a	(II) Personal								
		Less: rental expenses 6b									
		Rental income or (loss) 6c									
		Net rental income or (loss)									
		Gross amount from (i) Securities	(ii) Other								
	١	sales of assets	,								
		other than inventory 7a									
	b	Less: cost or other basis									
evenue		and sales expenses 7b									
Vel		Gain or (loss)									
		Net gain or (loss)	▶								
Other R	8a	Gross income from fundraising									
ō		events (not including \$813									
		of contributions reported on line									
	<u> </u>	1c). See Part IV, line 18 8a Less: direct expenses 8b									
		Gross income from gaming									
	""	activities, See Part IV, line 19 9a									
	b	Less: direct expenses 9b									
		Gross sales of inventory, less									
		returns and allowances	<u> </u>								
	b	Less: cost of goods sold									
	С	Net income or (loss) from sales of inventory									
			Business Code								
e e		PAYROLL PROTECTION PROG	900099	8,900	8,900						
Miscellanous Revenue	b										
eve eve	С.	An at									
Σ Σ		All other revenue	<u> </u>	9 99							
		Total revenue See instructions		8,900	11 505						
	14	<b>Total revenue.</b> See instructions		596,346	11,725	0	0				

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

#### JEFFERSON COUNTY UNITED WAY INC

Part IX Statement of Functional Expenses

Check if Schedule O contains a response or note to any line in this Part IX Do not include amounts reported on lines 6b, 7b, (B) (C) (D) Total expenses Program service Management and Fundraising 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 371,312 371,312 2 Grants and other assistance to domestic individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 5 Compensation of current officers, directors, 49,788 49,788 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages . . . . . . . . . . . . . . 3,957 3,957 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 10 517 517 11 Fees for services (nonemployees): а Legal С d Lobbying 1,500 1,500 Professional fundraising services. See Part IV, line 17 Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 839 839 12 751 294 193 264 13 3,976 1,469 2,286 221 14 1,141 1,141 15 16 5,100 5,100 17 91 91 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 21 22 Depreciation, depletion, and amortization 658 658 23 Insurance 1,925 1,925 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) а DUES AND SUBSCRIPTIONS 6,624 6,624 b 1,137 KICK-OFF EXPENSES 1,137 С 2,143 377 SUPPLIES 1,563 203 d е All other expenses 426 426 25 **Total functional expenses.** Add lines 1 through 24e 451,885 428,900 21,160 1,825 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here following SOP 98-2 (ASC 958-720)

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Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X			<u> </u>
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	8,357	1	151,395
	2	Savings and temporary cash investments	292,359	2	296,298
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
s	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 10,163			
	b	Less: accumulated depreciation	2,658	10c	2,000
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	303,374	16	449,693
	17	Accounts payable and accrued expenses		17	1,858
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
-jak		controlled entity or family member of any of these persons		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	<b>Total liabilities.</b> Add lines 17 through 25	0	26	1,858
S		Organizations that follow FASB ASC 958, check here			
Š		and complete lines 27, 28, 32, and 33.			
alar	27	Net assets without donor restrictions	274,766		251,437
ĕ	28	Net assets with donor restrictions	28,608	28	196,398
un		Organizations that do not follow FASB ASC 958, check here			
Net Assets or Fund Balances	00	and complete lines 29 through 33.		00	
ts o	29	Capital stock or trust principal, or current funds		29	
se	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
t As	31	Retained earnings, endowment, accumulated income, or other funds		31	
Ne	32	Total net assets or fund balances	303,374	32	447,835
	33	Total liabilities and net assets/fund balances	303,374	33	449,693

EEA Form **990** (2020)

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c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain on

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

**b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

Schedule O.

Single Audit Act and OMB Circular A-133?

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

### **Public Charity Status and Public Support**

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

OMB No. 1545-0047

Open to Public Inspection

35-6006467

Department of the Treasury Internal Revenue Service

JEFFERSON COUNTY UNITED WAY INC

Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information. Name of the organization Employer identification number

Pa	rt I	Reason for Public Charity	<b>/ Status.</b> (All o	rganizations must c	omplete	this par	t.) See instructions	<b>)</b> .	
The	orgai	nization is not a private foundation beca	use it is: (For lines	1 through 12, check only	one box.)				
1		A church, convention of churches, or a	ssociation of church	nes described in section 1	70(b)(1)(A	)(i).			
2		A school described in section 170(b)(	<b>1)(A)(ii).</b> (Attach Scl	hedule E (Form 990 or 99	0-EZ).)				
3		A hospital or a cooperative hospital ser	vice organization de	escribed in section 170(b	)(1)(A)(iii).				
4		A medical research organization opera	ted in conjunction w	vith a hospital described in	section 1	70(b)(1)(A)	(iii). Enter the		
		hospital's name, city, and state:							
5		An organization operated for the benef	fit of a college or un	iversity owned or operate	d by a gov	ernmental	unit described in		
		section 170(b)(1)(A)(iv). (Complete Pa	art II.)						
6		A federal, state, or local government or	governmental unit	described in <b>section 170(</b>	b)(1)(A)(v)				
7	X	An organization that normally receives	a substantial part of	of its support from a gover	rnmental u	nit or from	the general public		
	_	described in section $170(b)(1)(A)(vi)$ .	(Complete Part II.)						
8	Ц	A community trust described in <b>section</b>	n 170(b)(1)(A)(vi). (	Complete Part II.)					
9	Ш	An agricultural research organization d	escribed in <b>section</b>	170(b)(1)(A)(ix) operated	d in conjund	ction with a	land-grant college		
		or university or a non-land-grant colleg	e of agriculture (se	e instructions). Enter the	name, city,	and state	of the college or		
	_	university:							
10	Ш	An organization that normally receives							
		receipts from activities related to its ex	•	•	` '				
		support from gross investment income	_			11 tax) from	m businesses		
4.4	П	acquired by the organization after June			,	\/A\			
11 12	H	An organization organized and operate			•		arm, aut tha numacaa		
12	Ш	An organization organized and operate of one or more publicly supported orga	•	•					
		Check the box in lines 12a through 12a							
	а	Type I. A supporting organization of		,, ,,					
	_	the supported organization(s) the				. ,			
		supporting organization. You mus							
	b	Type II. A supporting organization	•		supported	organizatio	on(s), by having		
		control or management of the sup	•		• •	-	. , .		
		organization(s). You must comple	ete Part IV, Section	ns A and C.					
	С	Type III functionally integrated.	A supporting organiz	zation operated in connect	tion with, a	nd function	ally integrated with,		
		its supported organization(s) (see i	nstructions). You m	nust complete Part IV, Se	ections A,	D, and E.			
	d	Type III non-functionally integra	ted. A supporting or	rganization operated in co	nnection w	ith its suppo	orted organization(s)		
		that is not functionally integrated.	The organization ge	enerally must satisfy a dist	ribution re	quirement a	and an attentiveness		
		requirement (see instructions). You	u must complete P	Part IV, Sections A and D	, and Part	V.			
	е	Check this box if the organization	received a written d	letermination from the IRS	S that it is a	Type I, Ty	pe II, Type III		
		functionally integrated, or Type III	•	egrated supporting organi	zation.				
	f	Enter the number of supported organiz							
	g	Provide the following information about	11	. ,					
	(i	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the o listed in you	-	(v) Amount of monetary support (see		Amount of r support (see
				above (see instructions))	docum	-	instructions)		nstructions)
					Yes	No			
					163	140			
(A)									
(D)									
(B)									
(C)									
(D)									
(E)									
Tota	ı								

990 or 990-EZ) 2020 JEFFERSON COUNTY UNITED WAY INC 35-6006467 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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.)

	ction A. Public Support					<u> </u>	
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2016	<b>(b)</b> 2017	(c) 2018	<b>(d)</b> 2019	<b>(e)</b> 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	381,097	411,702	338,424	294,608	584,621	2,010,452
2	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
4	<b>Total.</b> Add lines 1 through 3	381,097	411,702	338,424	294,608	584,621	2,010,452
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						727,590
	Public support. Subtract line 5 from line 4						1,282,862
	ction B. Total Support						
Cal	endar year (or fiscal year beginning in) ▶	(a) 2016	<b>(b)</b> 2017	(c) 2018	<b>(d)</b> 2019	(e) 2020	(f) Total
7	Amounts from line 4	381,097	411,702	338,424	294,608	584,621	2,010,452
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from						
	similar sources	1,650	1,706	1,930	2,503	2,825	10,614
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.)	1,004				8,900	9,904
	<b>Total support.</b> Add lines 7 through 10						2,030,970
	Gross receipts from related activities, etc. (se					12	
13	First five years. If the Form 990 is for the org						
<u> </u>	organization, check this box and stop here						<u></u>
	ction C. Computation of Public Suppor						
	Public support percentage for 2020 (line 6, c		-			14	63.16 %
	Public support percentage from 2019 Sched					15	68.89 %
16a	33 1/3% support test - 2020. If the organizat						
L	box and <b>stop here.</b> The organization qualifies						_
I,	33 1/3% support test - 2019. If the organizat						
170	this box and <b>stop here.</b> The organization qua	•		-			_
1 / a	10%-facts-and-circumstances test - 2020.	•					5
	10% or more, and if the organization meets the				-	-	ا. ما
	Part VI how the organization meets the facts			-	·		_
1.	organization						
C	0 10%-facts-and-circumstances test - 2019.						
	15 is 10% or more, and if the organization me					•	
	in Part VI how the organization meets the fac			-	•		
10	organization						· · · · · • ⊔
10	<b>G</b>						<b>⊾</b> □
	instructions	<u> </u>	· · · · · · · ·	· · · · · · · ·	<u> </u>	<u> </u>	· · · · · • U

#### Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

#### 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

2020

**Employer identification number** 

JEFFERSON COUNTY UNITED WAY INC 35-6006467 Organization type (check one): Filers of: Section: X 501(c)(3 Form 990 or 990-EZ ) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its

Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

JEFFERSON COUNTY UNITED WAY INC

35-6006467

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

(a)	(b)	(c)	_ (d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_1_	SCHROEDER FOUNDATION  214 EAST MAIN  MADISON IN 47250	\$5,000	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
			,
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_2_	ARVIN SANGO INC 2905 WILSON AVE	\$15,000	Person k Payroll □ Noncash □
	MADISON IN 47250		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_3_	ARVIN SANGO INC - EMPLOYEES  2905 WILSON AVE  MADISON IN 47250	\$11,695	Person Payroll Noncash Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. _4	Name, address, and ZIP + 4  GROTE INDUSTRIES  2600 LANIER DR  MADISON IN 47250	* 12,132	Person Rayroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	GROTE INDUSTRIES - EMPLOYEES  2600 LANIER DR  MADISON IN 47250	\$6,716	Person Payroll Noncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	IKE HWY 56 MADISON IN 47250	\$	Person

Employer identification number Name of organization

JEFFERSON COUNTY UNITED WAY INC

35-6006467

raiti	Contributors (see instructions). Ose duplicate copies of F	art i ii additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	IKE - EMPLOYEES  HWY 56  MADISON IN 47250	\$10,992	Person Payroll Noncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	MADISON CHEMICAL  3141 CLIFTY DRIVE  MADISON IN 47250	\$17,500	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_9_	MADISON PRECISION  94 EAST 400N  MADISON IN 47250	\$10,000	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	MADISON PRECISION - EMPLOYEES  94 EAST 400N  MADISON IN 47250	\$15,562	Person Payroll Noncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11_	VEHICLE SERVICE GROUP  2700 LANIER DR  MADISON IN 47250	\$13,000	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12	VEHICLE SERVICE GROUP - EMPLOYEES  2700 LANIER DR  MADISON IN 47250	\$14,926	Person Payroll Noncash Complete Part II for noncash contributions.)

Name of organization **Employer identification number** 

JEFFERSON COUNTY UNITED WAY INC

35-	60	06	46	7

raiti	Contributors (see instructions). Ose duplicate copies	on i ait i ii additional space is ne	seded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>13</u>	KING'S DAUGHTERS HOSPITAL  1373 N STATE RD 62  MADISON IN 47250	\$9,443	Person Payroll Noncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14	INDIANA ASSOCIATION OF UNITED WAY  3901 MERIDIAN ST  INDIANAPOLIS IN 46208	\$\$	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>15</u>	DOW CORNING - EMPLOYEES  4770 US HIGHWAY 42  CARROLLTON KY 41008	\$	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
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person

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

Department of the Treasury

#### **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.

Internal Revenue Service Name of the organization

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

OMB No. 1545-0047

2020

**Open to Public** Inspection

Employer identification number

JEF	FERSON COUNTY UNITED WAY INC		35-6006467
Pa	rt I Organizations Maintaining Donor Advised Fu	nds or Other Similar Funds or Accou	ints.
	Complete if the organization answered "Yes" on	Form 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in wri	ting that the assets held in donor advised	
	funds are the organization's property, subject to the organization		
6	Did the organization inform all grantees, donors, and donor advi	9	
٠	only for charitable purposes and not for the benefit of the donor	• •	
	•	· · · · · · · · · · · · · · · · · · ·	
Pa	rt II Conservation Easements.		
· u	Complete if the organization answered "Yes" or	Form 990 Part IV line 7	
1			
•	Purpose(s) of conservation easements held by the organization		a historically important land area
	Preservation of land for public use (e.g., recreation or education of land for public use)		a historically important land area
	Protection of natural habitat	☐ Preservation of	a certified historic structure
•	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified	conservation contribution in the form of a cons	
	easement on the last day of the tax year.		Held at the End of the Tax Year
a	Total number of conservation easements		<u>2a</u>
b	,		2b
С	Number of conservation easements on a certified historic struct	` '	2c
d	Number of conservation easements included in (c) acquired after	er 7/25/06, and not on a	
	3		
3	Number of conservation easements modified, transferred, release	sed, extinguished, or terminated by the organ	ization during the
	tax year •		
4	Number of states where property subject to conservation easen	nent is located •	
5	Does the organization have a written policy regarding the period	lic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it ho	olds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, har	ndling of violations, and enforcing conservation	n easements during the year
	<u> </u>		
7	Amount of expenses incurred in monitoring, inspecting, handling	g of violations, and enforcing conservation eas	sements during the year
	<b>▶</b> \$		
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section 170(h)(4)(l	B)(i)
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation	easements in its revenue and expense staten	ment and
	balance sheet, and include, if applicable, the text of the footnote	to the organization's financial statements tha	t describes the
	organization's accounting for conservation easements.		
Pa	rt III Organizations Maintaining Collections	of Art, Historical Treasures, or O	Other Similar Assets.
	Complete if the organization answered "Yes" of	on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958,	not to report in its revenue statement and bala	ance sheet works
	of art, historical treasures, or other similar assets held for public	exhibition, education, or research in furtherar	nce of public
	service, provide, in Part XIII the text of the footnote to its financial	al statements that describes these items.	
b	If the organization elected, as permitted under FASB ASC 958,	to report in its revenue statement and balance	e sheet works of
	art, historical treasures, or other similar assets held for public ex	khibition, education, or research in furtherance	e of public service,
	provide the following amounts relating to these items:		
			▶ \$
2	If the organization received or held works of art, historical treasu		<del></del>
	following amounts required to be reported under FASB ASC 958		•
а	·		<b>&gt;</b> \$
u h	Accete included in Form 000 Part V		<u> </u>

Schodi	ule D (Form 990) 2020 <b>JEFFERSON COUNTY</b>	INITTED	WAY INC				35-600	06467	Page 2
	t III Organizations Maintaining C			orical Trea	sures.	or Ot			
3	Using the organization's acquisition, accession, a							•	
	collection items (check all that apply):		,	· ·		Ü			
а	Public exhibition		d	Loan or ex	change p	orogram	S		
b	Scholarly research		е	Other	5 1	Ü			
С	Preservation for future generations								
4	Provide a description of the organization's collect	ions and ex	olain how thev fur	ther the organiz	zation's ex	xempt p	urpose in Part		
	XIII.			3					
5	During the year, did the organization solicit or rec	eive donatio	ns of art. historica	al treasures, or	other sim	nilar			
	assets to be sold to raise funds rather than to be							Tyes	□No
Pai	t IV   Escrow and Custodial Arrang								
	Complete if the organization are 990, Part X, line 21.			990, Part I'	V, line 9	9, or r	eported an am	nount on Fo	orm
1a	Is the organization an agent, trustee, custodian o	r other interr	nediary for contri	outions or other	r assets n	not			
	included on Form 990, Part X?							🗌 Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII and	complete the	e following table:					_	_
							А	mount	
С	Beginning balance					. 1	;		
d	Additions during the year					. 10	t		
е	Distributions during the year					. 10	•		
f	Ending balance					. 1			
2a	Did the organization include an amount on Form	990, Part X,	line 21, for escro	w or custodial a	account li	iability?		Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII. Che	eck here if th	e explanation has	been provided	on Part	XIII		<del></del>	
Pai				000 D( I)	V 11 4	4.0			
	Complete if the organization ar	iswerea "	Yes" on Form	990, Part I	v, line	10.			
		(a) Current y	ear (b) Pri	or year (c)	Two years	back	(d) Three years bac	k (e) Four y	ears back
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and								
الم	losses								
d	Grants or scholarships								
е	Other expenditures for facilities and								
	Administrative expenses								
1	_ , , , , '								
g 2	Provide the estimated percentage of the current y	ear and hal	ance (line 1g. coli	ımp (a)) held a	c·				
a	Board designated or quasi-endowment	real ellu bal	%	amm (a)) meiu a	J.				
b	Permanent endowment  %		- '0						
c	Term endowment ▶ %								
	The percentages on lines 2a, 2b, and 2c should e	egual 100%.							
3a	Are there endowment funds not in the possession			neld and admin	istered fo	r the			
	organization by:	3						[·	Yes No
	(i) Unrelated organizations							3a(i)	
	(ii) Related organizations							3a(ii)	
b	If "Yes" on line 3a(ii), are the related organization:	s listed as re	equired on Sched	ule R?				3b	
4	Describe in Part XIII the intended uses of the orga	anization's e	ndowment funds.						
Pai	t VI Land, Buildings, and Equipm	ent.							
	Complete if the organization ar	swered "	Yes" on Form	990, Part I	V, line 1	11a. S	ee Form 990,	Part X, lin	e 10.
	Description of property	(a) Co	st or other basis	(b) Cost or othe	r basis	(c)	Accumulated	(d) Book	value
		(	investment)	(other)		(	lepreciation		
1a	land	. 1		I					

	Complete if the organization answ	eled tes oli Follii	990, Part IV, line	ira. See Foilli 990,	rait A, illie 10.
	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land				
b	Buildings				
С	Leasehold improvements				
d	Equipment		10,163	8,163	2,000
_ е	Other				
Tota	II. Add lines 1a through 1e. (Column (d) must equal For	m 990, Part X, column (B)	, line 10c.)		2,000

EEA Schedule D (Form 990) 2020

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

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

Pa	Reconciliation of Revenue per Audited Financial Statements With Revenue pe	r Retu	rn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	596,346
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments 2a		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	596,346
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b •••••• 4a		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	596,346
Pa	Reconciliation of Expenses per Audited Financial Statements With Expenses	per R	eturn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	451,885
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	451,885
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	04 (5 4 5 4)(11)		
	Other (Describe in Part XIII.)		
C	Other (Describe in Part XIII.)	4c	
с 5	Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	4c 5	451,885
с 5	Add lines 4a and 4b	-	451,885
c 5 Pa	Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	5	451,885
5 Pa	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  Int XIII Supplemental Information.	5	451,885
5 Pa	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  Int XIII Supplemental Information.  Vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part IV, lines 1b and	5	451,885
5 Pa	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  Int XIII Supplemental Information.  Vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part IV, lines 1b and	5	451,885
5 Pa	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  Int XIII Supplemental Information.  Vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part IV, lines 1b and	5	451,885
5 Pa	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  Int XIII Supplemental Information.  Vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part IV, lines 1b and	5	451,885
5 Pa	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  Int XIII Supplemental Information.  Vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part IV, lines 1b and	5	451,885
5 Pa	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  Int XIII Supplemental Information.  Vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part IV, lines 1b and	5	451,885
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EEA Schedule D (Form 990) 2020

#### **SCHEDULE I** (Form 990)

# Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

2020 **Open to Public** 

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection

Employer identification number

						1 ' '	
JEFFERSON COUNTY UNITED WAY INC						35-6006467	
Part I General Information on G	rants and Assis	stance					_
1 Does the organization maintain records to s	substantiate the amour	nt of the grants or assist	ance, the grantees' eligi	bility for the grants or a	ssistance, and		
the selection criteria used to award the gran	its or assistance?						. X Yes No
2 Describe in Part IV the organization's proce							
Part II Grants and Other Assistance						Yes" on Form 990,	
Part IV, line 21, for any recipie	nt that received mo	ore than \$5,000. Par	t II can be duplicated	d if additional space	is needed.		
1 (a) Name and address of organization	(b) EIN	(c) IRC section	(d) Amount of cash	(e) Amount of non-	(f) Method of valuation (book, FMV, appraisal,	(g) Description of	(h) Purpose of grant
or government		(if applicable)	grant	cash assistance	other)	noncash assistance	or assistance
(1) AMERICAN RED CROSS							
404 E MAIN ST							
MADISON IN 47250			25,000		FMV		FOOD, CLOTH
(2) BIG BROTHERS BIG SISTERS							
411 WEST MAIN ST							YOUTH
MADISON IN 47250			6,100		FMV		MENTORING
(3) BOYS & GIRLS CLUB							
PO BOX 1128							YOUTH
MADISON IN 47250			77,100		FMV		PROGRAMS
(4) SAFE PASSAGE							
MADISON							DOMESTIC
MADISON IN 47250			23,100		FMV		VIOLENCE
(5) GIRLS INC							
109 W THIRD ST							
MADISON IN 47250			70,440		FMV		INSPIRE GIRL
(6) LA CASA AMIGA							
2045 RIDGEWOOD DR							
MADISON IN 47250			9,000		FMV		HELP SPANISH
(7) LIFETIME RESOURCES							
13091 BENEDICT DR							
DILLSBORO IN 47018			15,000		FMV		HEALTH
(8) RETIRED SENIOR VOLUNTEER PR							
512 WEST MAIN ST							
MADISON IN 47250			5,700		FMV		VOLUNTEERISM
(9) SALVATION ARMY							1
PO BOX 222							
MADISON IN 47250			65,200		FMV		MANKIND
(10BOY SCOUTS OF AMERICA							1
5625 EAST STATE ROAD 46							YOUTH
BLOOMINGTON IN 47401			8,000		FMV		PROGRAMS
2 Enter total number of section 501(c)(3) and	government organizat	tions listed in the line 1	table		· · · · · · · · · · · · · · ·	· · · · · · · · · ·	
3 Enter total number of other organizations lis	· ·						

#### **SCHEDULE I** (Form 990)

# Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

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

2020 Inspection Employer identification number

OMB No. 1545-0047

JEFFERSON COUNTY UNITED WAY INC					35-6006467		
Part I General Information on	<b>Grants and Assis</b>	tance				•	
1 Does the organization maintain records to	o substantiate the amoun	t of the grants or assist	ance, the grantees' eligi	bility for the grants or a	assistance, and		
the selection criteria used to award the gi	rants or assistance?						. Yes No
2 Describe in Part IV the organization's pro	cedures for monitoring th	e use of grant funds in	the United States.				
Part II Grants and Other Assistan	nce to Domestic Orga	anizations and Don	nestic Government	s. Complete if the o	rganization answered "\	es" on Form 990,	
Part IV, line 21, for any recip	pient that received mo	re than \$5,000. Par	t II can be duplicated	d if additional space	is needed.		
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) COMMUNITY FOUNDATION OF SWI	:						
303 FERRY ST							
VEVAY IN 47043			49,970		FMV		COVID-19
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
<ul> <li>2 Enter total number of section 501(c)(3) and</li> <li>3 Enter total number of other organizations</li> </ul>	-						

	Form 990) (2020) JEFFERSON COUNTY U  Grants and Other Assistance to E	NITED WAY INC				35-6006467	Page 2
Part III	□ Grants and Other Assistance to Delta      □	Domestic Individua	als. Complete if the	e organization ansv	vered "Yes" on Form 990	0, Part IV, line 22.	
	Part III can be duplicated if addition	al space is needed	l.				
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance	3
_1							
2							
3							
4							
5							
6							
7							
Part IV	Supplemental Information. Provide	le the information re	equired in Part I, lir	ne 2; Part III, colum	n (b); and any other add	itional information.	

#### SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

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

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

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

JEFFERSON COUNTY UNITED WAY INC

35-6006467

01. Form 990 governing body review (Part VI, line 11)
FORM 990 IS REVIEWED BY OFFICER PRIOR TO SIGNING.
02. Conflict of interest policy compliance (Part VI, line 12c)
CONFLICTS OF INTEREST ARE REVIEWED AND RESOLVED BY BOARD OF DIRECTORS.
03. CEO, executive director, top management comp (Part VI, line 15a)
COMPENSATION OF EXECUTIVE DIRECTOR AND EMPLOYEES ARE APPROVED BY BOARD OF DIRECTORS.
04. Other officer or key employee compensation (Part VI, line 15b
COMPENSATION OF KEY EMPLOYEES ARE APPROVED BY BOARD OF DIRECTORS.
05. Governing documents, etc, available to public (Part VI, line 19)
FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC ON THE ORGANIZATION'S WEBSITE AND UPON
REQUEST.