WEGNER CPAS, LLP 2921 LANDMARK PL STE 300 MADISON, WI 53713-4236

UNITED WAY OF WASHINGTON COUNTY, INC. PO BOX 304 WEST BEND, WI 53095-0304

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** PUBLIC DISCLOSURE COPY **

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

▶ 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

Open to Public

Α	For the	2020 calendar year, or tax year beginning $$	<u>. J</u> UN 30, 2021			
В	Check if applicable	C Name of organization	D Employer identifi	cation number		
	Addres	UNITED WAY OF WASHINGTON COUNTY, INC.				
Ē	Name change		23-72816	96		
	Initial return Final return/	Number and street (or P.0. box if mail is not delivered to street address) PO BOX 304		r 8-3821		
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	1,820,237.		
	Ameno	WEST BEND, WI 53095-0304	H(a) Is this a group re	eturn		
	Application	F Name and address of principal officer: KRISTIN BRANDNER	for subordinates			
	pendin	g SAME AS C ABOVE	H(b) Are all subordinates in	ncluded? Yes No		
$\overline{\Gamma}$	Tax-exe	empt status: X 501(c)(3) 501(c) () ((insert no.) 4947(a)(1) or		list. See instructions		
		e: WWW.UNITEDWAYOFWASHINGTONCOUNTY.ORG	H(c) Group exemptio			
K	Form of	organization: X Corporation	Year of formation: 1936			
	art I	Summary		Ŭ		
_	1	Briefly describe the organization's mission or most significant activities: ${ t TO}$ ${ t IMPRC}$	VE LIVES AND	COMMUNITY		
Governance		CONDITIONS IN MEASURABLE AND LASTING WAYS.				
rna	2	Check this box 🕨 🔲 if the organization discontinued its operations or disposed of r	nore than 25% of its net as	ssets.		
Š		Number of voting members of the governing body (Part VI, line 1a)		19		
Ğ		Number of independent voting members of the governing body (Part VI, line 1b)		19		
စ္တ		Total number of individuals employed in calendar year 2020 (Part V, line 2a)		8		
ij		Total number of volunteers (estimate if necessary)		216		
Activities &		Total unrelated business revenue from Part VIII, column (C), line 12		0.		
⋖		Net unrelated business taxable income from Form 990-T, Part I, line 11		0.		
			Prior Year	Current Year		
ø)	8	Contributions and grants (Part VIII, line 1h)	1,615,698.	1,714,614.		
Revenue		Program service revenue (Part VIII, line 2g)	0.	0.		
eve	1	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,646.	2,918.		
ď		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	16,673.	83,111.		
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,634,017.	1,800,643.		
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	994,166.	1,053,750.		
		Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.		
S	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	421,863.	311,432.		
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.		
þe	b .	Total fundraising expenses (Part IX, column (D), line 25) 236,891.				
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	286,279.	203,234.		
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,702,308.	1,568,416.		
		Revenue less expenses. Subtract line 18 from line 12	-68,291.	232,227.		
or Sec		1	Beginning of Current Year	End of Year		
ets	20	Total assets (Part X, line 16)	1,308,106.	1,605,685.		
ASS	21	Total liabilities (Part X, line 26)	486,249.	503,276.		
Net Assets or Fund Balances	22	Net assets or fund balances. Subtract line 21 from line 20	821,857.	1,102,409.		
	art II	Signature Block				
Unc	ler pena	lties of perjury, I declare that I have examined this return, including accompanying schedules and st	atements, and to the best of m	y knowledge and belief, it is		
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which prep	oarer has any knowledge.			
		<u> </u>				
Sig	ın	Signature of officer	Date			
He		▲ CARRIE KASUBASKI, TREASURER				
		Type or print name and title				
		Print/Type preparer's name Preparer's signature	Date Check	PTIN		
Pai	d	JENNY TARKOWSKI, CPA	4/27/22 if self-employ	P00634290		
Pre	parer	Firm's name WEGNER CPAS, LLP	con employ	39-0974031		
	Only	Firm's address 2921 LANDMARK PL STE 300	2			
	•	MADISON, WI 53713-4236	Phone no. 60	8-274-4020		
Ma	y the IF	RS discuss this return with the preparer shown above? See instructions	1	X Yes No		

Pai	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	MOBILIZE THE CARING POWER OF WASHINGTON COUNTY TO IMPROVE LIVES AND
	COMMUNITY CONDITIONS IN MEASURABLE AND LASTING WAYS.
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 new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
4-	revenue, if any, for each program service reported. (Code:) (Expenses \$ 892,500 • including grants of \$ 892,500 •) (Revenue \$ 0 •)
4a	(Code:) (Expenses \$ 892,500 ·) (Revenue \$ 0 ·) (Revenue \$ 0 ·) (Revenue \$ 0 ·)
	FUNDS TO PRIORITIZED HUMAN SERVICE PROGRAMS AT 20 SOCIAL SERVICE
	AGENCIES BASED ON IDENTIFIED IMPACT AREAS AND PROGRAM OUTCOMES. THE
	ORGANIZATION COLLABORATES WITH OTHER AGENCIES AND COMMUNITY PARTNERS TO
	HELP ADDRESS WASHINGTON COUNTY NEEDS.
	HELL ADDREED WASHINGTON COONIT NEEDS:
4b	(Code:) (Expenses \$ 343,993 • including grants of \$ 89,650 •) (Revenue \$ 0 •)
	COMMUNITY IMPACT - THE ORGANIZATION IS COMMITTED TO SUPPORTING PROGRAMS
	AND INITIATIVES THAT PROVIDE COMMUNITY SOLUTIONS AND DELIVER MEASURABLE
	RESULTS. GOALS AND OBJECTIVES ARE BASED ON CURRENT COMMUNITY NEEDS AND
	ALIGNED WITH KEY COUNTY-WIDE PRIORITIES.
_	(Code:) (Expenses \$ including grants of \$ 71,600.) (Revenue \$)
4C	(Code:) (Expenses \$ including grants of \$ /1,600.) (Revenue \$) MENTAL HEALTH INITIATIVE - AS A COMMUNITY IMPACT LEADER, UNITED WAY
	IDENTIFIED MENTAL HEALTH AS AN EMERGING NEED AND IS INVESTING INTO
	NONPROFIT AGENCIES TO PROVIDE COUNSELING SERVICES TARGETING YOUTH.
	MONINOTIT MODINOTIDE TO TROVIDE COORDINATION DERVICED TAXOUTING TOUTH.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
<u>4e</u>	Total program service expenses ► 1,236,493.
	Form 990 (2020)

Part IV | Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			3,7
_	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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			x
_	Schedule D, Part III	8		
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?			$ _{\mathbf{x}}$
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	40	Х	
44	or in quasi endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	10	21	
11	as applicable.			
_	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а	0.414	11a	Х	
h	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	1 Ia		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		
Ū	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	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				
	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		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			\ _{3,7}
	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,			_V
40	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	4.	Х	
10	1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	18	Λ	
19		40		x
20a	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		 ^
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
- 1	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
	got of the original or			

Form 990 (2020	Ū	NITED	WAY	OF	WASH
Part IV	Ch	ecklist of Rec	uired Sc	hedule	es (co	ntinued)

			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 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 through 24d and complete			
	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		<u> </u>
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		
	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	25a		$ _{\mathbf{x}}$
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	25a		
b	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		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%			
	controlled entity or family member of 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 member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	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			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?	00-		x
29	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c 29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		
00	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	<u> </u>		
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	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		X
	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	٥		
200	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	30		
0,	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 19?	<u> </u>		
		38	Х	
Pa	Note: All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			\Box
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 18			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	4		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		v	
	(gambling) winnings to prize winners?	1c	X	

UNITED WAY OF WASHINGTON COUNTY, 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	2a 8						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	5?	2b	Х				
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)							
За	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 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 ac	count)?	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 Acc	` '			37			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact		5b					
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c					
оа	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	-	60		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 contribution		6a					
D	were not tax deductible?	•	6b					
7	Organizations that may receive deductible contributions under section 170(c).		OD					
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and service	ces 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	X				
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was							
	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 cor	tract?	7e		Х			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract	t?	7f		Х			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form	n 8899 as required?	7g					
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h					
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained b							
_	sponsoring organization have excess business holdings at any time during the year?		8					
9	Sponsoring organizations maintaining donor advised funds.		0-					
a			9a					
10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b					
а	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12	0a						
		0b						
11	Section 501(c)(12) organizations. Enter:							
а		1a						
b	Gross income from other sources (Do not net amounts due or paid to other sources against							
	amounts due or received from them.)	1b						
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 10	041?	12a					
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	2b						
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						
	· · · · · · · · · · · · · · · · · · ·	3b						
		3c	44-		Х			
14a			14a					
	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 remuneral excess parachute payment(s) during the year?		15		Х			
	excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.		ıə					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment in	ncome?	16		х			
	If "Yes," complete Form 4720, Schedule O.							
			Eorm	990	(2020)			

Form **990** (2020)

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			
	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 on line 1a, above, who are independent 1b 19			
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, trustees, or key employees to a management company or other person?	3		х
4	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 assets?	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 appoint 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		х
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	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	00		
3	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.)			
	tion Divided (This cooling Dioqueste information about periode not required by the internal riorente code.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	103	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100		
	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	
	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	
	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			
10	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	х	
	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).	100		
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
iou	taxable entity during the year?	16a		х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	Tou		
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
		16b		
Sec	exempt status with respect to such arrangements?	100		
17	List the states with which a copy of this Form 990 is required to be filed ►WI			
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	le only	ı) avail	ahla
10	for public inspection. Indicate how you made these available. Check all that apply.	is Offis) avaii	abic
	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, conflict of interest policy, ar	d fina	acial	
19	statements available to the public during the tax year.	u iii idi	iciai	
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
20	KRISTIN BRANDNER - (262) 338-3821			
	PO BOX 304, WEST BEND, WI 53095-0304			

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	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)	stee or director	Institutional trustee	Officer		Highest compensated employee	Ĺ	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) KRISTIN BRANDNER	40.00	_						110 044	0	012
EXECUTIVE DIRECTOR				Х				110,244.	0.	213.
(2) TOM HOPP	2.00	١								•
PRESIDENT		Х		Х				0.	0.	0.
(3) SHELLY WAALA	2.00	l								•
VICE PRESIDENT		Х		Х				0.	0.	0.
(4) NICOLE PRETRE	2.00	l								•
SECRETARY		Х		Х				0.	0.	0.
(5) CARRIE KASUBASKI	2.00	١							•	•
TREASURER	1 00	Х		Х				0.	0.	0.
(6) TIFFANY ELSAYED	1.00	١							•	•
DIRECTOR	1 00	Х						0.	0.	0.
(7) JULIE GEYER	1.00									0
DIRECTOR	1 00	Х						0.	0.	0.
(8) SANDRA GIERNOTH	1.00	,,							•	0
DIRECTOR	1 00	Х						0.	0.	0.
(9) PRUDENCE PICK HWAY	1.00	,,							0	0
DIRECTOR (THRU MAY)	1 00	Х						0.	0.	0.
(10) ROB HUETHER	1.00	. ,							0	0
DIRECTOR	1 00	Х						0.	0.	0.
(11) RYAN KELLY	1.00	x						0.	0.	0.
DIRECTOR	1.00	^						0.	0.	0.
(12) DOMINIC LADD	1.00	x						0.	0.	0.
DIRECTOR (13) HAILEY NENONEN	1.00	^						0.	0.	<u> </u>
DIRECTOR	1.00	X						0.	0.	0.
(14) DEB PIETSCH	1.00	^						0.	0.	<u> </u>
DIRECTOR	1.00	X						0.	0.	0.
(15) JIM SCHWALEN	1.00	^						0.	0.	<u> </u>
DIRECTOR	1.00	X						0.	0.	0.
(16) DAREN SIEVERS	1.00				\vdash		\vdash	0.	0.	•
DIRECTOR	1.00	Х						0.	0.	0.
(17) JIM STOMMEL	1.00	 ^``		\vdash		\vdash		0.	0.	
DIRECTOR	1.00	X						0.	0.	0.
020007 10 02 00	1			_					0.	Earm 990 (2020)

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Part VII Section A. Officers, Directors, Trus		ploy	ees			ighe	st C	Compensated Employe	es (continued)				
(A)	(B)	(C) Position						(D)	(E)			(F)	
Name and title	Average	(do	not c	POS heck	more	1 than	one	Reportable	Reportable		l	timated	
	hours per week					n is both an tor/trustee)		compensation	compensatio			nount of	
	(list any			Ī			T	from	from related			other	_
	hours for	Individual trustee or director				_		the organization	organizations (W-2/1099-MIS			pensatio om the	n
	related	e or c	stee			satec		(W-2/1099-MISC)	(***2/1099-10113	,0)		anization	1
	organizations	ruste	Institutional trustee		99/	mper		(** 2, 1000 111100)				d related	
	below	dual	ution	<u>.</u>	oldm	est co	ъ					nizations	
	line)	Indivi	Institu	Officer	Key employee	Highest compensated employee	Бm						
(18) PAT STRACHOTA	1.00												
DIRECTOR		Х						0.		0.		().
(19) DAVE UELMEN	1.00												
DIRECTOR		Х						0.		0.		().
(20) SCOTT HENKE	1.00												
DIRECTOR		Х						0.		0.		().
(21) PHILLIP DAHLBERG	1.00												
DIRECTOR		х						0.		0.		().
						t							_
						\vdash							
						H							_
						\vdash							
						\vdash							_
4h. Outstatel							L	110,244.		0.		213	<u> </u>
1b Subtotal								0.		0.			<u>) </u>
c Total from continuation sheets to Part VI								110,244.		0.		213	
d Total (add lines 1b and 1c)							<u> </u>					Z 1 3	•
2 Total number of individuals (including but n	ot limited to th	iose	liste	ed al	bove	e) wl	no r	eceived more than \$100	0,000 of reportabl	е			1
compensation from the organization												V N	1
										ı		Yes N	lo
3 Did the organization list any former officer,	,	,	,		,	,	_	, , ,	,		_	١,	7
line 1a? If "Yes," complete Schedule J for s											3		X
4 For any individual listed on line 1a, is the su	-		-					•	the organization			١,	7
and related organizations greater than \$15											4		X_
5 Did any person listed on line 1a receive or a	•				•			· ·	idual for services			Ι,	7
rendered to the organization? If "Yes," com	plete Schedul	e J t	or s	uch	pers	son					5	2	X_
Section B. Independent Contractors													
1 Complete this table for your five highest co										ipens	ation f	rom	
the organization. Report compensation for	the calendar y	ear	endi	ing v	vith	or w	<u>ithir</u>		year.				
(A)		37/	~***	_				(B)		_	(C		
Name and business	address	N	INC	<u> </u>			_	Description of s	services		ompei	nsation	
							_						
							_						
							\dashv						
2 Total number of independent contractors (i		ot li	mite	d to	tho	se li:	stec	d above) who received n	nore than				
\$100,000 of compensation from the organi	zation >											200	

Form **990** (2020)

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) Revenuè éxcluded Related or exempt Unrelated Total revenue from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 79,191. 1 a Federated campaigns 1a **b** Membership dues 1b 5,740. c Fundraising events 1c d Related organizations 1d 143,396. e Government grants (contributions) 1e f All other contributions, gifts, grants, and 1,486,287 similar amounts not included above 1f 5,036. 1g \$ g Noncash contributions included in lines 1a-1f 1,714,614. h Total. Add lines 1a-1f **Business Code** Program Service Revenue 2 a f All other program service revenue g Total. Add lines 2a-2f. Investment income (including dividends, interest, and 2,918. 2,918. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 23,625 6 a Gross rents 16,813. **b** Less: rental expenses ... 6,812. c Rental income or (loss) 6,812. 6,812. d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory 7a **b** Less: cost or other basis Other Revenue 7b and sales expenses c Gain or (loss) ______7c d Net gain or (loss) 8 a Gross income from fundraising events (not including \$5,740. ofcontributions reported on line 1c). See 16,895 Part IV, line 18 2,781. **b** Less: direct expenses _____ 14,114. 14,114. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses 9b 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** 61,080. 11 a RECOVERY OF BAD DEBT 900099 61,080. 900099 1,105. 1,105. d All other revenue 62,185. e Total. Add lines 11a-11d 1,800,643. 0. 86,029. Total revenue. See instructions 12

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 respon		er organizations must co	• • • • • • • • • • • • • • • • • • • •	
Do	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
7b,	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	1,053,750.	1,053,750.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	112,986.	39,545.	16,948.	56,493
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	164,223.	86,259.	22,765.	55,199
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	13,422.	6,091.	1,923.	5,408 8,381
10	Payroll taxes	20,801.	9,440.	2,980.	8,381
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting	20,889.		20,889.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)	22,380.	6,092.	6,092.	10,196
12	Advertising and promotion	6,352.	324.		6,028
13	Office expenses	31,390.	5,145.	6,399.	19,846
14	Information technology	12,867.	5,786.	1,840.	5,241
15	Royalties				
16	Occupancy	35,033.	7,505.	7,413.	20,115
17	Travel	3,238.	1,456.	463.	1,319
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	2,028.	204.	65.	1,759
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization		4		
23	Insurance	6,140.	1,635.	3,025.	1,480
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.)	22 221			22 22
а	CAMPAIGN SUPPLIES	33,231.	10 100		33,231
b	DUES AND SUBSCRIPTIONS	29,194.	13,129.	4,174.	11,891
С					
d					
е	All other expenses	492.	132.	56.	304
25	Total functional expenses . Add lines 1 through 24e	1,568,416.	1,236,493.	95,032.	236,891
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form **990** (2020)

Part X | Balance Sheet

Part	A	Balance Sneet					
		Check if Schedule O contains a response or	note to ar	ny line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	50.	1	50		
	2	Savings and temporary cash investments	851,834.	2	1,109,145		
	3	Pledges and grants receivable, net		302,510.	3	265,809	
	4	Accounts receivable, net		4			
	5	Loans and other receivables from any currer					
		trustee, key employee, creator or founder, su					
		controlled entity or family member of any of		5			
	6	Loans and other receivables from other disq					
		under section 4958(f)(1)), and persons descr	bed in se	ction 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			5,410.	9	13,550
-	10a	Land, buildings, and equipment: cost or other	er				
		basis. Complete Part VI of Schedule D	10a	9,087.			
	b	Less: accumulated depreciation		9,087.	0.	10c	0
-	11	Investments - publicly traded securities				11	
-	12	Investments - other securities. See Part IV, lin			12		
-	13	Investments - program-related. See Part IV, li	ne 11			13	
-	14	Intangible assets			14		
-	15	Other assets. See Part IV, line 11	148,302.	15	217,131		
	16	Total assets. Add lines 1 through 15 (must e	1,308,106.	16	1,605,685		
	17	Accounts payable and accrued expenses	25,958.	17	34,690		
-	18	Grants payable			441,436.	18	461,786
-	19	Deferred revenue			1,000.	19	6,800
2	20	Tax-exempt bond liabilities				20	
2	21	Escrow or custodial account liability. Comple	te Part IV	of Schedule D		21	
ဖ္က 2	22	Loans and other payables to any current or f	ormer offi	cer, director,			
Liabilities		trustee, key employee, creator or founder, su	ıbstantial	contributor, or 35%			
<u>a</u>		controlled entity or family member of any of		22			
- 2	23	Secured mortgages and notes payable to un	related th	ird parties		23	
2	24	Unsecured notes and loans payable to unrel	ated third	parties		24	
2	25	Other liabilities (including federal income tax,	payables	to related third			
		parties, and other liabilities not included on li	nes 17-24). Complete Part X			
		of Schedule D			17,855.	25	0
2	26	Total liabilities. Add lines 17 through 25			486,249.	26	503,276
_s		Organizations that follow FASB ASC 958,	check her	e ▶ X			
ğ		and complete lines 27, 28, 32, and 33.					
<u>ਬੂ</u> 2	27	Net assets without donor restrictions			821,857.	27	1,102,409
<u> </u>	28	Net assets with donor restrictions		<u></u>		28	
<u> </u>		Organizations that do not follow FASB AS	C 958, ch	eck here 🕨 📖			
<u>ہ</u>		and complete lines 29 through 33.					
2 ئۆ	29	Capital stock or trust principal, or current fur				29	
SSe 3	30	Paid-in or capital surplus, or land, building, o	r equipme	nt fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated				31	
§ 3	32	Total net assets or fund balances			821,857.	32	1,102,409
3	33	Total liabilities and net assets/fund balances			1,308,106.	33	1,605,685

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,80		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1	,56		
3	Revenue less expenses. Subtract line 2 from line 1	3		23	2,2	27.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		82	1,8	57.
5	Net unrealized gains (losses) on investments	5				
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		4	8,3	25.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	1	,10	2,4	09.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule					
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	d on a				
	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	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	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	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	nedule (Ο.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Au	dit			
	Act and OMB Circular A-133?			За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired au	dit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		

Form **990** (2020)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization UNITED WAY OF WASHINGTON COUNTY, 23-7281696 TNC 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: 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. 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. 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 functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

Total

Schedule A (Form 990 or 990-EZ) 2020 UNITED WAY OF WASHINGTON COUNTY, INC. 23-7281696 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	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.")	1516818.	1548376.	1820431.	1615698.	1714614.	8215937.
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	1516818.	1548376.	1820431.	1615698.	1714614.	8215937.
	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)						428,680.
6	Public support. Subtract line 5 from line 4.						7787257.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 4	1516818.	1548376.	1820431.	1615698.	1714614.	8215937.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	26,564.	24,597.	27,032.	25,271.	26,543.	130,007.
9	Net income from unrelated business	,	,	,		,	<u> </u>
•	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.)	1,333.	4,438.	10,631.			16,402.
11	Total support. Add lines 7 through 10	,	,	,			8362346.
12	Gross receipts from related activities,	etc. (see instructi	ons)			12	91,780.
13	First 5 years. If the Form 990 is for the	•	,			<u> </u>	·
	organization, check this box and stop						▶ □
Sec	ction C. Computation of Publ						
14	Public support percentage for 2020 (I	line 6, column (f), c	livided by line 11,	column (f))		14	93.12 %
15	Public support percentage from 2019	Schedule A, Part	II, line 14			15	93.67 %
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	33 1/3% support test - 2019. If the o						
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			▶□
17a	10% -facts-and-circumstances tes	t - 2020. If the org	anization did not o	check a box on line	e 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the fact	s-and-circumstand	es test, check this	box and stop he	r e. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	est. The organization	on qualifies as a pu	ublicly supported o	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-circur	nstances test, che	ck this box and st	op here. Explain i	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	and see instruction	s ▶∟

Schedule A (Form 990 or 990-EZ) 2020

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

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

Section A. Public Support	ow, picase com	ipiete i art ii.)				
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and			, ,	, ,	, ,	,,
membership fees received. (Do not						
include any "unusual grants.")						
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 bus-						
iness 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						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that						
exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support				•		•
Calendar year (or fiscal year beginning in) ▶ _	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6						
10a Gross income from interest,						
dividends, payments received on securities loans, rents, royalties,						
and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business						
activities not included in line 10b,						
whether or not the business is regularly carried on						
12 Other income. Do not include gain						
or loss from the sale of capital						
assets (Explain in Part VI.)						
14 First 5 years. If the Form 990 is for the	organization's f	first second third	fourth or fifth tax	vear as a section		ion
	_			•		
Section C. Computation of Public		ercentage				
15 Public support percentage for 2020 (lin			column (f))		15	%
16 Public support percentage for 2020 (iii)					16	
Section D. Computation of Invest					1 10 1	70
17 Investment income percentage for 202					17	%
18 Investment income percentage for 202					18	%
19a 33 1/3% support tests - 2020. If the o						
more than 33 1/3%, check this box and						
b 33 1/3% support tests - 2019. If the o	•			•	•	
line 18 is not more than 33 1/3%, chec						
20 Private foundation. If the organization	did not check a	box on line 14, 19	a, or 19b, check t	his box and see in	structions	1

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		
3a		
3b		
3с		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
0-		
9с		
10a		
10b		

Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
800	the supported organization(s). tion D. All Type III Supporting Organizations	1		<u> </u>
Sec	tion b. All Type III Supporting Organizations			
	Did the constitution would be each of the constitution by the last develop of the COL country of the		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	1		
2	organization's governing documents in effect on the date of notification, to the extent not previously provided? Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	-		
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a			
•	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	structio	ns).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
_	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
_	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Schedule A (Form 990 or 990-EZ) 2020 UNITED WAY OF WASHINGTON COUNTY, INC. 23-7281696 Page 6

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Orga	anizations				
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.						
	All other Type III non-functionally integrated supporting organizations mus	t comple	te 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							

Schedule A (Form 990 or 990-EZ) 2020

instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)							
Sec	tion D - Distributions	•	Current Year				
1	Amounts paid to supported organizations to accomplish exe	empt purposes		1			
2	Amounts paid to perform activity that directly furthers exemple	ot purposes of supported					
	organizations, in excess of income from activity			2			
3	3 Administrative expenses paid to accomplish exempt purposes of supported organizations			3			
4	Amounts paid to acquire exempt-use assets			4			
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5			
6	Other distributions (describe in Part VI). See instructions.			6			
7	Total annual distributions. Add lines 1 through 6.			7			
8	Distributions to attentive supported organizations to which t	he organization is responsive	•				
	(provide details in Part VI). See instructions.			8			
9	Distributable amount for 2020 from Section C, line 6			9			
10	Line 8 amount divided by line 9 amount			10			
	·	/i\	/ii)		/:::\		

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			
а	From 2015			
b	From 2016			
С	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)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2020 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2020 distributable amount			
С	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:			
а	Excess from 2016			
b	Excess from 2017			
С	Excess from 2018			
d	Excess from 2019			
е	Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

Schedule A	(Form 990 or 990-EZ) 2						11696 Page 8
Part VI	Part IV, Section A, line 1; Part IV, Section Section D, lines 5, 6, a	es 1, 2, 3b, 3c, 4b, 4 n D, lines 2 and 3; Pa	c, 5a, 6, 9a, 9b, 9d art IV, Section E, li	c, 11a, 11b, and 1 nes 1c, 2a, 2b, 3a	1c; Part IV, Sectior , and 3b; Part V, lin	ine 17a or 17b; Part III, ı B, lines 1 and 2; Part l e 1; Part V, Section B, l ny additional informatio	V, Section C, ine 1e; Part V,
	(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

2020

Name of the organization

Employer identification number

UNITED WAY OF WASHINGTON COUNTY, INC. 23-7281696

Organization type (check one):

-						
Filers of:	Section:					
Form 990 or 990-l	Ξ 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					
	anization is covered by the General Rule or a Special Rule. for 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.					
General Rule						
	ganization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special Rules						
sections any one	ganization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under 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 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; m 990-EZ, line 1. Complete Parts I and II.					
contribut literary, c	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.					
year, cor is checke purpose.	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).						

LHA 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

23-7281696 UNITED WAY OF WASHINGTON COUNTY, INC. Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 X Person **Payroll** 62,067. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 2 Person **Payroll** 79,257. Noncash (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 3 Person **Payroll** X 45,980. Noncash (Complete Part II for noncash contributions.) (c) (d) (a) (b) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 4 Person **Payroll** 50,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 5 X Person Payroll 88,500. Noncash (Complete Part II for noncash contributions.) (d) (b) (c) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 6 Person **Pavroll**

Noncash
(Complete Part II for noncash contributions.)

89,990.

Name of organization Employer identification number

UNITED WAY OF WASHINGTON COUNTY, INC.

23-7281696

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-FZ or 990-PE) (20

Employer identification number

Name of organization

23-7281696 UNITED WAY OF WASHINGTON COUNTY, 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 WASHINGTON COUNTY, INC.

Employer identification number 23-7281696

Schedule D (Form 990) 2020

Pai	t 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 advise	ed funds	(b) Funds ar	nd 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	-			
	are the organization's property, subject to the organization's $% \left(1\right) =\left(1\right) \left(1$				L Yes No
6	Did the organization inform all grantees, donors, and donor a				
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for a	ny other purpose o	conferring	
Day	impermissible private benefit?				Yes No
Pai		-		art IV, line 7.	
1	Purpose(s) of conservation easements held by the organization	` ' <u></u>	7		
	Preservation of land for public use (for example, recrea	ation or education)	☐ Preservation of a	• •	
	Protection of natural habitat		☐ Preservation of a	a certified historic	structure
_	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a quality	fied conservation contri	oution in the form o		
	day of the tax year.				at the End of the Tax Year
a	Total number of conservation easements				
b	Total acreage restricted by conservation easements				
	Number of conservation easements on a certified historic str				
d	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	organization dur	ng the tax
	year •				
4	Number of states where property subject to conservation ea	_			
5	Does the organization have a written policy regarding the per				□ Vaa □ Na
	violations, and enforcement of the conservation easements i				Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	nandling of violations, a	and enforcing cons	ervation easemei	its during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and o	nforcing concentrat	ion occomente d	ring the year
7	S	uling of violations, and e	inorcing conservat	ion easements u	uring trie year
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requireme	nts of section 170(h)(//)(R)(i)	
Ü	and section 170(h)(4)(B)(ii)?				Yes No
9	In Part XIII, describe how the organization reports conservati				165 140
5	balance sheet, and include, if applicable, the text of the footi		· ·		es the
	organization's accounting for conservation easements.	note to the organization	3 ililariolai staterrie	ins that describe	3 110
Pai	t III Organizations Maintaining Collections o	f Art. Historical Tr	easures, or Ot	her Similar A	ssets.
	Complete if the organization answered "Yes" on Form	-	,		
	If the organization elected, as permitted under FASB ASC 95		venue statement a	nd balance sheet	works
	of art, historical treasures, or other similar assets held for pul	•			
	service, provide in Part XIII the text of the footnote to its final	•	•	•	
b	If the organization elected, as permitted under FASB ASC 95				rks of
	art, historical treasures, or other similar assets held for public				
	provide the following amounts relating to these items:	, ,		•	,
	(i) Revenue included on Form 990, Part VIII, line 1			> \$	
					_
2	If the organization received or held works of art, historical tre				
	the following amounts required to be reported under FASB A			J /1	
а	Revenue included on Form 990, Part VIII, line 1	~		▶ \$	
	Assets included in Form 990, Part X				

032051 12-01-20

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		WAY OF WAS					<u> </u>			<u>. 2</u>
Pai	t III Organizations Maintaining C								ued)	
3	Using the organization's acquisition, accession	on, and other record	s, check any of the	following tha	t make si	gnificant	use of its			
	collection items (check all that apply):									
а	Public exhibition	d		hange progra	am					
b	Scholarly research	е	U Other							
С	Preservation for future generations									
4	Provide a description of the organization's co	·	•	ū			ose in Par	t XIII.		
5	During the year, did the organization solicit o						_	7		
	to be sold to raise funds rather than to be ma							Yes		lo
Par	t IV Escrow and Custodial Arran		ete if the organizatio	n answered '	'Yes" on I	Form 990), Part IV,	line 9, or		
	reported an amount on Form 990, Par									
1a	Is the organization an agent, trustee, custodi						_	7		
	on Form 990, Part X?						L	Yes	∟ N	lo
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table:							
								Amount	:	
С	Beginning balance					. 1c				
d	Additions during the year					. 1d				
е	Distributions during the year					. 1e				
f	Ending balance					1f		_		
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for escrow or cu	ustodial acco	unt liabilit	ty?	L	Yes	ЩМ	lo
	If "Yes," explain the arrangement in Part XIII.									
Par	t V Endowment Funds. Complete it			i						
		(a) Current year	(b) Prior year	(c) Two year		_	ears back	(e) Four		
	Beginning of year balance	112,211.	111,707.	110	771.	1	10,338.		109,31	
b	Contributions				475.		175.		43	
	Net investment earnings, gains, and losses	12,316.	504.		461.		258.		59	5.
	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance	124,527.	112,211.	111	1,707.	1	10,771.		110,33	8.
2	Provide the estimated percentage of the curr		e (line 1g, column (a	a)) held as:						
а	Board designated or quasi-endowment	100	_%							
b	Permanent endowment ► .0000	%								
С	Term endowment ▶ .0000 g	%								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.								
3а	Are there endowment funds not in the posse	ssion of the organiza	ation that are held a	nd administe	red for th	e organiz	zation	г		
	by:								Yes N	
	(i) Unrelated organizations							3a(i)	X	
	(ii) Related organizations							3a(ii)	X	ζ
b	If "Yes" on line 3a(ii), are the related organiza							3b		
4	Describe in Part XIII the intended uses of the		wment funds.							_
Par	<u>t VI</u> Land, Buildings, and Equipm									
	Complete if the organization answered									
	Description of property	(a) Cost or of			` '	cumulate	ed	(d) Book	k value	
		basis (investn	nent) basis	(other)	dep	reciation				
	Land									
	Buildings									
	Leasehold improvements			0 00-		0 0				_
d	Equipment			9,087.		9,0	87.		C) .
е	Other	[- 1			

Schedule D (Form 990) 2020

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

	(Form 990) 2020			' WASHINGTON	COUNTY,	INC.	23-	7281696	Page 3
Part VII	Investments -	Other Securit	ies.						
	Complete if the org	anization answere	d "Yes" on	Form 990, Part IV, line	11b. See Form 9	990, Part X, line	12.		
(a) Descrip	tion of security or cate	Ory (including name of	security)	(b) Book value	(c) Method	of valuation: C	ost or end-	of-year market v	alue
(1) Financia	al derivatives								
(2) Closely	held equity interests								
(3) Other									
(A)									
(B)									
(C)									
(D)									
(E)									
(F)									
(G)									
(H)									
	o) must equal Form 990								
Part VIII	Investments -	Program Rela	ted.						
	Complete if the org	anization answere	d "Yes" on	Form 990, Part IV, line	11c. See Form 9	90, Part X, line	13.		
	(a) Description of	investment		(b) Book value	(c) Method	of valuation: C	ost or end-	of-year market v	alue
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
Total. (Col. (b	o) must equal Form 990), Part X, col. (B) line	13.)						
Part IX	Other Assets.								
	Complete if the org	anization answere	d "Yes" on	Form 990, Part IV, line	11d. See Form 9	990, Part X, line	15.		
				cription				(b) Book va	
				INDER TRUST				189,	344.
		ST CORONA	VIRUS	RESPONSE AC	T REFUND	ABLE CR	EDIT		
(3) RE	CEIVABLE							27,	787.
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
Total. (Colu	mn (b) must equal Fo		l. (B) line 15	5.)				217,	131.
Part X	Other Liabilitie	es.							
	Complete if the org	anization answere	d "Yes" on	Form 990, Part IV, line	11e or 11f. See	Form 990, Part	X, line 25.		
1.	(a) De	escription of liabilit	у					(b) Book va	lue
(1) Fed	eral income taxes								
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
Total. (Colu	mn (b) must equal Fo	orm 990, Part X, co	ol. (B) line 25	5.)					
2. Liability	for uncertain tax pos	sitions. In Part XIII,	provide the	text of the footnote to	the organizatio	n's financial sta	atements th	at reports the	

Schedule D (Form 990) 2020

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.

D)	2020	ONTLED	WAY	OF.	WASHINGTON	COUNTY, INC.	

Part XI Reconciliation of Revenue per Audited Finance Complete if the organization answered "Yes" on Form 990, P		teturr	1.
Total revenue, gains, and other support per audited financial statem	•	1	1,690,307.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		-	
a Net unrealized gains (losses) on investments	2a		
b Donated services and use of facilities			
c Recoveries of prior year grants		-	
d Other (Describe in Part XIII.)		-	
		2e	-129,930.
3 Subtract line 2e from line 1		3	1,820,237.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b Other (Describe in Part XIII.)	10 504	-	
c Add lines 4a and 4b	' <u>-</u>	4c	-19,594.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I,		5	1,800,643.
Part XII Reconciliation of Expenses per Audited Finance		Retu	
Complete if the organization answered "Yes" on Form 990, P			4 400 555
Total expenses and losses per audited financial statements		1	1,409,755.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a Donated services and use of facilities			
b Prior year adjustments	2b		
c Other losses			
d Other (Describe in Part XIII.)	2d -160,684.		150 661
		2e	-158,661.
3 Subtract line 2e from line 1		3	1,568,416.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1		
a Investment expenses not included on Form 990, Part VIII, line 7b		_	
b Other (Describe in Part XIII.)	4b		•
c Add lines 4a and 4b		4c	0.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part Part XIII Supplemental Information.	t I, line 18.)	5	1,568,416.
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to p		4; Part	X, line 2; Part XI,
PART V, LINE 4: THE PURPOSE OF THE FUND WILL BE TO PR	OVIDE INCOME TO SUPPORT	' AN	D
CONTRIBUTE TO THE OPERATION OF THE UN	HITED WAY AND TO PROVIDE	AD	DITIONAL
FUNDS TO ENHANCE THE ABILITY OF THE U	NITED WAY TO MEET ITS M	IISS:	ION.
PART XI, LINE 2D - OTHER ADJUSTMENTS:			
CHANGE IN VALUE OF BENEFICIAL INTERES	T IN REMAINDER TRUST		48,325.
DONOR DESIGNATIONS			-180,278.
TOTAL TO SCHEDULE D, PART XI, LINE 2D			
PART XI, LINE 4B - OTHER ADJUSTMENTS:			
DIDECH EVDENCEC BEDODHED ON BODM 000	סאסת זודד דואים סיי		2 701
DIRECT EXPENSES REPORTED ON FORM 990,	FART VIII, DINE OB	Scher	- 4 , / 0 1 •

Schedule D (Form 990) 2020

SCHEDULE G

Department of the Treasury

(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

Schedule G (Form 990 or 990-EZ) 2020

Internal Revenue Service Employer identification number Name of the organization UNITED WAY OF WASHINGTON COUNTY, INC. 23-7281696 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants Internet and email solicitations b Solicitation of government grants ☐ Phone solicitations In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or No Yes key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) have custody or control of contributions? (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

Schedule G (Form 990 or 990-EZ) 2020 UNITED WAY OF WASHINGTON COUNTY, INC. 23-7281696 Page 2

Pa	ırt I	Fundraising Events. Complete if the of fundraising event contributions and gr	-			
		or randration growth contribution or and gr	(a) Event #1 GOLF OUTING	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	22,635.	71 /		22,635.
Œ	2	Less: Contributions	5,740.			5,740.
	3	Gross income (line 1 minus line 2)	16,895.			16,895.
	4	Cash prizes				
Se	5	Noncash prizes				
xpense	6	Rent/facility costs	2,050.			2,050.
Direct Expenses	7	Food and beverages	525.			525.
	8	Entertainment Char direct avanges				206.
	10	Other direct expenses Direct expense summary. Add lines 4 throug			<u> </u>	2,781.
	11	, ,	. ,			14,114.
Pa						,
		\$15,000 on Form 990-EZ, line 6a.				
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Reve	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direc	4	Rent/facility costs				
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No No	No No	
	7	Direct expense summary. Add lines 2 throug	h 5 in column (d)		>	
	8	Net gaming income summary. Subtract line 7	7 from line 1, column (d)		>	
		ter the state(s) in which the organization cond	-			
а	ls t	he organization licensed to conduct gaming a	ctivities in each of these	states?		L Yes No
b	If "	No," explain:				
		ere any of the organization's gaming licenses r	· · · · · · · · · · · · · · · · · · ·	~	year?	Yes No
	If "	res, explain.				
	If "	Yes," explain:				

Schedule G (Form 990 or 990-EZ) 2020

Sch	nedule G (Form 990 or 990-EZ) 2020 UNITED WAY OF WASHINGTON COUNTY, INC. 23-7	⁷ 281696	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	☐ No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:		
	The organization's facility	13a	%
	An outside facility	13b	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		<u>-</u>
	Name		
	Address >		
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
b	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party ▶\$		
c	If "Yes," enter name and address of the third party:		
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation > \$		
	Description of any isos muscipled		
	Description of services provided		
	☐ Director/officer ☐ Employee ☐ Independent contractor		
	bliector/officer Employee maependent contractor		
17	Mandatory distributions:		
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	vetain the state gaming license?	Yes	No
r	• Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	. — 100	
	organization's own exempt activities during the tax year > \$		
Pa	Int IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	rt III lines 9	9b 10b
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	11 111, 111100 0,	05, 105,
	105, 106, 10, and 175, as applicable. 7 100 provide any additional information. Coo motivations.		

Schedule G	G (Form 990 or 990-EZ) Supplemental Infor	UNITED	WAY	OF	WASHINGTON	COUNTY,	INC.	23-7281696	Page 4
Part IV	Supplemental Infor	mation (cont	inued)						
-									

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury Internal Revenue Service

UNITED WAY OF WASHINGTON COUNTY, INC.

Employer identification number 23-7281696

		IINGTON COUN	TY, INC.				23-7281696
Part I General Information on Grants a							
1 Does the organization maintain records t	to substantiate th	e amount of the grants	or assistance, the	grantees' eligibilit	y for the grants or ass	sistance, and the selec	
criteria used to award the grants or assis							X Yes No
2 Describe in Part IV the organization's pro							
Part II Grants and Other Assistance to	Domestic Organ	izations and Domesti	c Governments. C	omplete if the org	anization answered "\	es" on Form 990, Parl	: IV, line 21, for any
recipient that received more than S	· '	be duplicated if addit	'	ded.	(6) Madla ad a f		
(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
4C FOR CHILDREN, INC.							
2376 W WASHINGTON ST							
WEST BEND, WI 53095	39-1151791	501(C)(3)	20,000.	0.			GENERAL USE
AMERICAN NATIONAL RED CROSS							
819 SCHOENHAAR DRIVE							
WEST BEND, WI 53090	53-0196605	501(C)(3)	10,000.	0.			GENERAL USE
BIG BROTHERS BIG SISTERS OF							
WASHINGTON COUNTY - 103 N MAIN S -				_			
WEST BEND, WI 53095	39-1214215	501(C)(3)	75,000.	0.			GENERAL USE
DOWG AND GEDLG GLUDG OF WAGNESON							
BOYS AND GIRLS CLUBS OF WASHINGTON							
COUNTY - 925 N SILVERBROOK DR -	39-1773689	501(C)(3)	120 000	0.			GENERAL USE
WEST BEND, WI 53090	39-17/3009	501(C)(3)	130,000.	0.			GENERAL USE
CASA GUADALUPE EDUCATION CENTER							
479 N MAIN ST							
WEST BEND, WI 53090	20-4483105	501 (C) (3)	47,500.	0.			GENERAL USE
, HI 33030	20 4400100	501(6)(3)	¥7,300.	•			
FAMILY SERVICE ASSOCIATION OF							
SHEBOYGAN INC - 1930 NORTH 8TH							
STREET - SHEBOYGAN, WI 53081	39-0808501	501(C)(3)	10,000.	0.			GENERAL USE
2 Enter total number of section 501(c)(3) a			, ,			1	
3 Enter total number of other organizations							··········· —

(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
OR. JAMES E. ALBRECHT FREE CLINIC							
PO BOX 632							
WEST BEND, WI 53095	39-1839654	501(C)(3)	15,000.	0.			GENERAL USE
ELEVATE, INC.							
PO BOX 632							
WEST BEND, WI 53095	39-1256286	501(C)(3)	91,500.	0.			GENERAL USE
FAMILY PROMISE OF WASHINGTON							
COUNTY - 724 ELM ST - WEST BEND,							GENERAL USE AND COVID
WI 53095	27-0740203	501(C)(3)	115,000.	0.			RELIEF FUNDS
	27 0710203	301(0)(3)	113,000.				THE TOWNS
FRIENDS, INC.							
PO BOX 117							
WEST BEND, WI 53095	39-1308555	501(C)(3)	89,000.	0.			GENERAL USE
FULL SHELF FOOD PANTRY							
231 MUNICIPAL DRIVE							
WEST BEND, WI 53095	39-1716270	501(C)(3)	20,000.	0.			GENERAL USE
INTERFAITH CAREGIVERS OF							
WASHINGTON COUNTY - PO BOX 1143 -	02 0657722	E01/Q\/3\	67. 260	0			GENERAL USE
WEST BEND, WI 53095	02-0657722	501(C)(3)	67,260.	0.			GENERAL USE
KETTLE MORAINE YMCA							
1111 Y DR							GENERAL USE AND COVID
WEST BEND, WI 53095	39-1175559	501(C)(3)	53,500.	0.			RELIEF
•			,				
NAMI WASHINGTON COUNTY, INC.							
2030 STONEBRIDGE RD							
WEST BEND, WI 53095	39-1950573	501(C)(3)	15,900.	0.			GENERAL USE
SENIOR CITIZENS ACTIVITIES, INC.							
2378 W WASHINGTON ST, STE A		504 (5) (3)		_			
WEST BEND, WI 53095	39-1091440	pu1(C)(3)	10,000.	0.			GENERAL USE

(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
THE THRESHOLD, INC.							
500 ROLFS AVE							
WEST BEND, WI 53095	39-1102430	501(C)(3)	108,840.	0.			GENERAL USE
THE YOUTH + FAMILY PROJECT, INC.			·				GENERAL USE AND MENTAL
WEST BEND, WI 53095	51-0149160	501(C)(3)	50,000.	0.			HEALTH
FORWARD CAREERS (FKA AS W-O-W WORKFORCE DEVELOPMENT) - 2200 GREENTREE RD - WEST BEND, WI 53090	39-1657328	501(C)(3)	23,500.	0.			GENERAL USE AND COVID
CATHOLIC CHARITIES 3501 S LAKE DRIVE				_			
MILWAUKEE, WI 53207	39-0806321	501(C)(3)	41,600.	0.			MENTAL HEALTH
IMPACT, INC. 6737 W WASHINGTON ST MILWAUKEE, WI 53214	39-0988784	501(C)(3)	20,000.	0.			MENTAL HEALTH & 2-1-1 SERVICE

Part III Grants and Other Assistance to Domestic Individual Part III can be duplicated if additional space is needed	ils. Complete if the I.	e organization answ	ered "Yes" on Form 9	990, Part IV, line 22.	
(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 re	equired in Part I, lin	ne 2; Part III, columr	n (b); and any other a	dditional information.	
PART I, LINE 2:					
GRANT FUNDS ARE PROVIDED TO LOCAL	AGENCIES	TO SUPPOR	RT THE ACTI	VITIES WITHIN	
WASHINGTON COUNTY, WISCONSIN. THE	SE PARTNE	R AGENCIES	REPORT TH	EIR	
ACTIVITIES TO US ON AN ANNUAL BAS	IS AND TH	ERE HAS NE	EVER BEEN A	NY INDICATION	
THAT THESE FUNDS ARE USED FOR ANY	ACTIVITI	ES OUTSIDE	OF THE US	•	

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. Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

UNITED WAY OF WASHINGTON COUNTY, INC. **Employer identification number** 23-7281696

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

ALL MEMBERS OF THE BOARD OF DIRECTORS ARE PROVIDED WITH A COPY OF THE FORM 990 FOR REVIEW AND APPROVAL BEFORE IT IS FILED.

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

ANNUALLY ALL DIRECTORS AND OFFICERS REVIEW A STATEMENT THAT PROVIDES INFORMATION REGARDING THEIR INTERESTS AND THOSE OF THEIR FAMILY MEMBERS THAT COULD GIVE RISE TO CONFLICTS. THE MEMBERS OF THE EXECUTIVE COMMITTEE MAKE DETERMINATIONS OF WHETHER A CONFLICT EXISTS AND REVIEW ACTUAL ANY PERSON WITH A CONFLICT IS PROHIBITED FROM PARTICIPATING IN CONFLICTS. THE GOVERNING BODY'S DELIBERATIONS AND DECISIONS IN THE TRANSACTION.

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

THE EXECUTIVE COMMITTEE OF THE BOARD REVIEWS THE PERFORMANCE OF THE CHIEF EXECUTIVE OFFICER EACH YEAR. HER PERFORMANCE IS ASSESSED AGAINST GOALS PREVIOUSLY SET AND HER COMPENSATION IS COMPARED TO DATA RECEIVED FROM THE UNITED WAY WORLDWIDE AND TO COMPARABLE LOCAL AGENCIES.

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

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

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

CHANGE IN VALUE OF BENEFICIAL INTEREST IN REMAINDER TRUST

48,325.

Schedule O (Form 990 or 990-EZ) 2020