Form **991**

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

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

Department of the Treasury Internal Revenue Service

Department of the Ireasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.

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

Open to Public Inspection

В	Check if applicabl	C Name of organization	D Employer identifi	cation number									
г	Addre	UNITED WAY OF ADAMS COUNTY, INC.											
H	lchang Name			76									
F	chang Initial return	9	suite E Telephone numbe										
F	Final	936 BDOADWAY	217-222-										
_	—lreturn, termin		G Gross receipts \$	2183958.									
Г	ated Amen		H(a) Is this a group re										
F	return Applic	12	for subordinates										
	pendi	936 BROADWAY STE F, QUINCY, IL 62301	H(b) Are all subordinates in	····· — —									
$\frac{1}{1}$	Ταν.αν	empt status: X 501(c)(3)		list. See instructions									
		re: WWW.UNITEDWAYADAMSCO.ORG	H(c) Group exemptio										
			Year of formation: 1948										
_	art I	Summary	rear or formation. 23 23 N	Totale of logal dofficie.									
	Ta	Briefly describe the organization's mission or most significant activities: INSPIRE,	UNITE, AND E	MPOWER THE									
Governance	'	PEOPLE OF ADAMS COUNTY TO REACH THEIR FULL,	HUMAN POTENTI	AL.									
'n	2												
Š	3		3	24									
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)		24									
S S		Total number of individuals employed in calendar year 2020 (Part V, line 2a)		9									
įį		Total number of volunteers (estimate if necessary)		0									
Activities &		Total unrelated business revenue from Part VIII, column (C), line 12		0.									
٩		Net unrelated business taxable income from Form 990-T, Part I, line 11	T T T T T T T T T T T T T T T T T T T	0.									
			Prior Year	Current Year									
Φ	8	Contributions and grants (Part VIII, line 1h)	1485127.	1867504.									
nue	9	Program service revenue (Part VIII, line 2g)	0.	0.									
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	31089.	131744.									
ш	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2854.	5459.									
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1519070.	2004707.									
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	664524.	691220.									
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.									
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	367348.	359487.									
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25)	0.	0.									
ă	b												
ш	1/	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	310095.	421074.									
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1341967.	1471781.									
	19	Revenue less expenses. Subtract line 18 from line 12	177103.	532926.									
SOR			Beginning of Current Year	End of Year									
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	1572468.	2104812.									
et A	21	Total liabilities (Part X, line 26)	173050.	112269.									
	22	Net assets or fund balances. Subtract line 21 from line 20	1399418.	1992543.									
	art II	Signature Block	-t										
	•	Ities of perjury, I declare that I have examined this return, including accompanying schedules and st t, and complete. Declaration of preparer (other than officer) is based on all information of which prep	•	y knowledge and belief, it is									
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which preparer	Parer has any knowledge.										
.		Signature of officer	I Date										
Sig		MARK REUSCHEL, PRESIDENT	Duto										
He	re	Type or print name and title											
			Date Check	PTIN									
Pai	d	Print/Type preparer's name Preparer's signature ANITA FAILOR	10/20/21 of self-employ										
	u parer	Firm's name WADE STABLES P.C.	Firm's EIN	**-***8457									
	Only	Firm's address P.O. BOX 3672	I IIIII 2 LIIV	0 = 3 1									
200	· · · · · · ·	QUINCY, IL 62305-3672	Phone no. (2	17) 222-8215									
May the IR		RS discuss this return with the preparer shown above? See instructions	1 110110 110. (2	X Yes No									

Form	1990 (2020) UNITED WAY OF ADAMS COUNTY, INC.	2
Pa	rt III Statement of Program Service Accomplishments	Τ
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	_
	TO BE AN EFFECTIVE CATALYST FOR BRINGING TOGETHER THE CITIZENS OF	
	ADAMS COUNTY, ILLINOIS IN A PRODUCTIVE, COMMUNITY-WIDE EFFORT TO PLAN,	_
	SUPPORT, DELIVER AND MONITOR HUMAN SERVICE PROGRAMS THAT ARE SENSITIVE	_
	TO THE CHANGING SOCIAL NEEDS OF ALL PEOPLE IN THE COMMUNITY.	_
		_
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes X No.	_
		0
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No	0
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 822280 • including grants of \$ 691220 •) (Revenue \$)
	COMMUNITY IMPACT - UNITED WAY OF ADAMS COUNTY INC. PARTNERS WITH AND	• ′
	PROVIDES GRANTS TO LOCAL PARTNER AGENCY PROGRAMS THAT IMPROVE THE	_
	QUALITY OF LIFE OF ADAMS COUNTY RESIDENTS IN THE AREAS OF HEALTH,	_
	EDUCATION AND FINANCIAL STABILITY. THESE PROGRAMS PREPARE YOUTH FOR	_
	SUCCESS IN SCHOOL, WORK, AND LIFE, PROVIDE CHILD CARE, EARLY LEARNING	_
	AND AFTER SCHOOL MENTORING OPPORTUNITIES FOR AT RISK YOUTH AND PARTNER	_
		_
	WITH SCHOOLS AND PARENTS TO IMPROVE AND PROMOTE EDUCATIONAL SUCCESS.	
	UWAC ALSO COLLABORATES WITH COMMUNITY PARTNERS TO IMPROVE HEALTH BY	_
	INCREASING ACCESS TO MENTAL HEALTH AND OTHER HEALTHCARE SERVICES AND	_
	FINANCIAL STABILITY BY PROVIDING DISASTER AND EMERGENCY SERVICES,	_
	SUPPORT, AND PREVENTION.	
4b	(Code:) (Expenses \$257971 • including grants of \$) (Revenue \$	_)
	DIRECT PROGRAMS AND SERVICES - UNITED WAY OF ADAMS COUNTY INC. DELIVERS	;
	DIRECT CLIENT SUPPORT AND REFERRAL SERVICES AND ONGOING LEADERSHIP OF	
	COMMUNITY/COUNTY BASED COLLABORATIVE TEAMS. THE UWAC HELPLINE OFFERS	
	INFORMATION AND REFERRAL SERVICES TO MATCH THE NEEDS OF COMMUNITY	
	MEMBERS IN CRISIS TO THE RESOURCES AVAILABLE WITH ONE PHONE CALL. THIS	
	IS DONE WITH UWAC'S CLOSE CONNECTION TO COMMUNITY AGENCIES AND	_
	CASEWORKERS. UWAC'S VOLUNTEER INCOME TAX ASSISTANCE (VITA) PROGRAM	_
	PROVIDES TAX PREPARATION ASSISTANCE FOR MORE THAN 700 CLIENTS ANNUALLY	_
	AT NO COST TO PARTICIPANTS. UWAC COORDINATES INTERAGENCY COUNCIL,	_
	VOLUNTARY ORGANIZATIONS ACTIVE IN DISASTER (VOAD), EMERGENCY FOOD &	_
	SHELTER, AND QUINCY HERALD WHIG GOOD NEWS OF CHRISTMAS PROGRAMS. UWAC	_
	ALSO ADMINISTERS THE ADAMS COUNTY TOGETHER PROGRAM WHICH PROVIDES	_
		_
4c	(Code:) (Expenses \$ 126238 • including grants of \$) (Revenue \$	_)
	COMMUNITY AFFINITY GROUPS - UNITED WAY OF ADAMS COUNTY INC. HAS	_
	PARTNERSHIPS THAT FOCUS ON THEIR MISSION TO INSPIRE, UNITE AND EMPOWER	_
	THE PEOPLE OF ADAMS COUNTY TO REACH THEIR FULL, HUMAN POTENTIAL. IT	_
	LEVERAGES FINANCIAL, STAFF, ADMINISTRATIVE, IN-KIND AND VOLUNTEER	
	RESOURCES FOR THE FOLLOWING PROGRAMS: QUINCY AREA PARTNERSHIP FOR UNMET	
	NEEDS, TRI-STATE WARRIOR OUTREACH, GIVE KIDS A SMILE, KIDZPACKS WEEKEND)
	FOOD PROGRAM, MENTAL HEALTH EDUCATION COALITION, TRI-STATE VETERANS	
	SUPPORT, AND THE VIRGENE PROJECT. THE QUINCY AREA PARTNERSHIP FOR UNMET	_
	NEEDS IS A COLLABORATION WITH THE FAITH COMMUNITY AND SOCIAL SERVICES	_
	AGENCIES FOR WHICH UWAC PROVIDES CASEWORK AND COORDINATES CLIENT	_
	ASSISTANCE. TRI-STATE WARRIOR OUTREACH PROVIDES ASSISTANCE TO VETERANS	_
	IN NEED, WITH UWAC'S CASEWORK ADMINISTRATION AND CLIENT SUPPORT.	_
	·	_
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ▶ 1206489 •	_
	Total program service expenses \(\) 1206489.	

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	Х	<u> </u>
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? <i>If</i> "Yes," <i>complete Schedule C, Part II</i>	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		Х	
L	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	11a	Λ	
D	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		
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			٠,,
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140		
.0	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			177
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		Х	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	22	

Part IV | Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			1
	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		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		<u> </u>
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			v
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			1
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	26		x
27	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		
21	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			1
	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		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			x
22	Schedule N, Part II	32		
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		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		
5 7	Part V, line 1	34		x
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		₹.	
Pa	Note: All Form 990 filers are required to complete Schedule 0 rt V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
Га	Check if Schedule O contains a response or note to any line in this Part V			
	Greek if Schedule O Contains a response of hote to any line in this Part v		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 7		162	140
b				
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		

Form 990 (2020) UNITED WAY OF ADAMS COUNTY, INC. Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2 a 9			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ns?	2 b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)			
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	0	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial	account)?	4a		X
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	·			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa		5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		0-		x
	any contributions that were not tax deductible as charitable contributions?		6a		
D	If "Yes," did the organization include with every solicitation an express statement that such contribut	-	6h		
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).		6b		
7	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a		x
a b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		7.5		
Ŭ	to file Form 8282?		7с		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 c	ontract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the			
	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:	 			
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:	ا مدا			
	Gross income from members or shareholders	11a			
D	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
192	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	124		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120			
	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans	13b			
С	Enter the amount of reserves on hand	13c			
14a			14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu	le O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune	ration or			_
	excess parachute payment(s) during the year?		15		X
	If "Yes," see instructions and file Form 4720, Schedule N.				37
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t income?	16		X
	If "Yes," complete Form 4720, Schedule O.		Farm	990	(0000)

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	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 24			
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	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► IL			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3	s only	/) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website X 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, and	d fina	ncial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	THE ORGANIZATION - 217-222-5020			
	936 BROADWAY, NO. F, QUINCY, IL 62301			

032006 12-23-20

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.

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)	(B)		(C)		(D)	(E)	(F)			
Name and title	Average	(do	Position (do not check more than one box, unless person is both an		Reportable	Reportable	Estimated			
	hours per	box			compensation	compensation	amount of			
	week	-	officer and a director/trustee)		from	from related	other			
	(list any	Individual trustee or director						the	organizations	compensation
	hours for related	or di	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	ruste	l trus		99/	mpen		(***2/1033*****100)		and related
	below	dualt	Institutional trustee	_	Key employee	Highest compensated employee	la e			organizations
	line)	Indivi	Institu	Officer	Key e	Highe	Former			
(1) NANCY BLUHM	2.00									
PRESIDENT-ELECT		X		Х				0.	0.	0.
(2) MIKE RIDDER	2.00									
BOARD MEMBER		Х						0.	0.	0.
(3) TIM MOORE	2.00									
IMMEDIATE PAST PRESIDENT		Х		Х				0.	0.	0.
(4) KENT STEGEMAN	2.00									
BOARD MEMBER		Х						0.	0.	0.
(5) NATHAN FRESE	2.00									
BOARD MEMBER		Х						0.	0.	0.
(6) BRIAN DURANTE	2.00									
BOARD MEMBER		Х						0.	0.	0.
(7) NATHAN WALL	2.00									_
BOARD MEMBER		Х						0.	0.	0.
(8) SAMANTHA DAWSON	2.00									
BOARD MEMBER		Х						0.	0.	0.
(9) COURTNEY SAXTON	2.00									
BOARD MEMBER		Х						0.	0.	0.
(10) PAM SHAFFER	2.00									
BOARD MEMBER		Х						0.	0.	0.
(11) JEFF MAYS	2.00									
BOARD MEMBER		Х						0.	0.	0.
(12) RYAN WHICKER	2.00									
TREASURER		Х		Х				0.	0.	0.
(13) MIKE ELBE	2.00									
BOARD MEMBER		Х						0.	0.	0.
(14) RON WALLACE	2.00							_	_	_
BOARD MEMBER		Х						0.	0.	0.
(15) BENJAMIN DREBES	2.00	1_						_	_	_
BOARD MEMBER		Х						0.	0.	0.
(16) RANDY MCFARLAND	2.00	ļ						_	_	_
BOARD MEMBER		Х						0.	0.	0.
(17) MARK REUSCHEL	2.00			l						_
PRESIDENT		X		X				0.	0.	0.

Form 990 (2020) UNITED W	AY OF A	DAI	MS	CC	וטכ	TV	Υ,	INC.	**_**	34	76	Page 8
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
(A) Name and title	(B) Average hours per	box	not c , unle	Pos check ess pe	ition more rson	than is bot	h an	(D) Reportable compensation	(E) Reportable compensation		Estir	(F) mated ount of
	week (list any hours for related organizations below line)	tee or director	lnstitutional trustee	Officer		Highest compensated /shotship	Ĺ	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	1	compe fror orgar and	ther ensation m the nization related izations
(18) KENT VORAN BOARD MEMBER	2.00	x						0.	0			0.
(19) LUKE BEALOR BOARD MEMBER	2.00	х						0.	0			0.
(20) MATT BERGMAN BOARD MEMBER	2.00	х						0.	0			0.
(21) JOYCE WATERKOTTE BOARD MEMBER	2.00	Х						0.	0			0.
(22) MELISSA DOUGLAS SECRETARY	2.00	x		x				0.	0			0.
(23) CHAKA BATLEY BOARD MEMBER	2.00	x						0.	0			0.
(24) BEN VAN NESS	2.00	X						0.	0			0.
BOARD MEMBER		_						0.	U	•		0.
1b Subtotal c Total from continuation sheets to Part V d Total (add lines 1b and 1c)	II, Section A						>	0.	0 0	•		0. 0.
2 Total number of individuals (including but compensation from the organization							no r	received more than \$100	0,000 of reportable			0
3 Did the organization list any former officer	, director, trust	ee,	key (emp	loye	e, o	r hiç	ghest compensated emp	oloyee on		Y	res No
line 1a? If "Yes," complete Schedule J for 4 For any individual listed on line 1a, is the s											3	X
and related organizations greater than \$15Did any person listed on line 1a receive or											4	X
rendered to the organization? If "Yes," cor Section B. Independent Contractors	nplete Schedul	le J i	for s	uch	pers	son .					5	X
Complete this table for your five highest or the organization. Report compensation for										nsat	ion fro	om
(A) Name and business	-		ONI		· · · · · ·	<u> </u>		(B) Description of s		Cor	(C)	
2 Total number of independent contractors \$100,000 of companyation from the organ	`	not li	mite	d to		se li:	stec	d above) who received n	nore than			
\$100,000 of compensation from the organ	nzation 📂									F	orm 9 9	90 (2020)

Ра	rt \	<u>/III</u>						
			Check if Schedule O contains a response	or note to any lin				
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1	b d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contributions) All other contributions, gifts, grants, and similar amounts not included above Noncash contributions included in lines 1a-1f Total. Add lines 1a-1f	2720. 103607. 1761177. 11698.	1867504.			
				Business Code				
Program Service Revenue	2	b c d e f	All other program service revenue					
	3		Investment income (including dividends, inter					
	4 5		other similar amounts) Income from investment of tax-exempt bond Royalties	proceeds	34275.			34275.
	6	b	Gross rents 6a Less: rental expenses 6b Rental income or (loss)	(ii) Personal				
		d	Net rental income or (loss)					
ne	7		Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses 7b 179251.					
Revenue		С	Gain or (loss) 7c 97469.					
Re			Net gain or (loss)	•	97469.			97469.
Other	8		Gross income from fundraising events (not including \$ 2720 • of contributions reported on line 1c). See					
		L	Part IV, line 18 8a Less: direct expenses 8b					
			Net income or (loss) from fundraising events	1	0.			
	9		Gross income from gaming activities. See	P				
	J		Part IV, line 19 9a Less: direct expenses 9b					
								
	10	а	Gross sales of inventory, less returns and allowances 10a Less: cost of goods sold 10a	+				
			Net income or (loss) from sales of inventory	'				
Miscellaneous Revenue	11		OTHER INCOME	Business Code 900099	5459.	5459.		
ane		b						
eve		С						
Misc		d	All other revenue					
			Total. Add lines 11a-11d	>	5459.			
	12		Total revenue. See instructions	>	2004707.	5459.	0.	131744.

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

De	Check if Schedule O contains a respons	Se or note to any line in (A)	this Part IX(B)	(C)	(D)
	t include amounts reported on lines 6b, , 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
	rants and other assistance to domestic organizations	601000	601000		
	nd domestic governments. See Part IV, line 21	691220.	691220.		
	arants and other assistance to domestic				
	ndividuals. See Part IV, line 22				
	arants and other assistance to foreign				
	rganizations, foreign governments, and foreign				
	ndividuals. See Part IV, lines 15 and 16				
	enefits paid to or for members				
	compensation of current officers, directors,				
	rustees, and key employees				
	ompensation not included above to disqualified				
	ersons (as defined under section 4958(f)(1)) and				
	ersons described in section 4958(c)(3)(B)	285410.	135313.	87678.	62419
	other salaries and wages	203410.	133313.	07070.	02413
	ension plan accruals and contributions (include	15777.	7480.	4847.	3450
	ection 401(k) and 403(b) employer contributions)	34254.	16240.	10522.	7492
	other employee benefits	24046.	11400.	7387.	5259
	ayroll taxes	24040.	11400.	7307.	3233
	ees for services (nonemployees):				
	Management				
	egal				
	counting				
	obbying				
	nvestment management fees	5413.		5413.	
	other. (If line 11g amount exceeds 10% of line 25,	0 = 2 0			
-	plumn (A) amount, list line 11g expenses on Sch O.)	5874.	2784.	1805.	1285
	dvertising and promotion	8110.	2918.	1068.	4124
	Office expenses				
 14 In	nformation technology	14022.	6716.	4268.	3038
	loyalties				
	Occupancy	30000.	14223.	9216.	6561
	ravel	309.	245.	32.	32
	ayments of travel or entertainment expenses				
	or any federal, state, or local public officials				
19 C	conferences, conventions, and meetings	4087.	1054.	825.	2208
	nterest				
21 P	ayments to affiliates				
	epreciation, depletion, and amortization	6703.	3502.	1870.	1331
23 In	nsurance	4946.	2346.	1519.	1081
at Iir	ther expenses. Itemize expenses not covered bove (List miscellaneous expenses on line 24e. If ne 24e amount exceeds 10% of line 25, column (A) mount, list line 24e expenses on Schedule 0.)				
	DIRECT CLIENT ASSISTANC	142073.	142073.		
	ROGRAM AND INITIATIVE	75374.	73214.	1262.	898
	FISCAL SPONSOR EXPENSES	73215.	73215.		
dŪ	NITED WAY DUES	18538.	8790.	5694.	4054
e A	Il other expenses	32410.	13756.	7446.	11208
25 T	otal functional expenses. Add lines 1 through 24e	1471781.	1206489.	150852.	114440
26 J	oint costs. Complete this line only if the organization				
re	eported in column (B) joint costs from a combined				
ec	ducational campaign and fundraising solicitation.				
CI	heck here if following SOP 98-2 (ASC 958-720)				

Ра	rt X	Balance Sneet					
		Check if Schedule O contains a response or	note to a	ny line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			445859.	1	368560.
	2	Savings and temporary cash investments			312132.	2	345545
	3	Pledges and grants receivable, net	212658.	3	192129		
	4	Accounts receivable, net			17945.	4	18412.
	5	Loans and other receivables from any currer					
		trustee, key employee, creator or founder, su	ubstantial	contributor, or 35%			
		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	ibed in se	ction 4958(c)(3)(B)		6	
ts	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ä	9	Prepaid expenses and deferred charges			7093.	9	6982.
	10a	Land, buildings, and equipment: cost or other		ı			
		basis. Complete Part VI of Schedule D	10a	70948.			
	b			37811.	17850.	10c	33137.
	11	Investments - publicly traded securities			537321.	11	1113204.
	12	Investments - other securities. See Part IV, li		12			
	13	Investments - program-related. See Part IV, I		13			
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11	21610.	15	26843.		
	16	Total assets. Add lines 1 through 15 (must e		ı	1572468.	16	2104812.
	17	Accounts payable and accrued expenses			20613.	17	20931.
	18	Grants payable		18			
	19	Deferred revenue			50000.	19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple	ete Part IV	of Schedule D		21	
es	22	Loans and other payables to any current or	ormer offi	cer, director,			
Liabilities		trustee, key employee, creator or founder, su	ubstantial	contributor, or 35%			
iab		controlled entity or family member of any of	these pers	sons		22	
_	23	Secured mortgages and notes payable to ur	related th	ird parties		23	
	24	Unsecured notes and loans payable to unrel	ated third	parties	73715.	24	75539.
	25	Other liabilities (including federal income tax	payables	to related third			
		parties, and other liabilities not included on l	nes 17-24). Complete Part X			
		of Schedule D	28722.	25	15799.		
	26	Total liabilities. Add lines 17 through 25			173050.	26	112269.
S		Organizations that follow FASB ASC 958,	check he	re ▶ X			
ဥ		and complete lines 27, 28, 32, and 33.			44-400		404-040
alar	27	Net assets without donor restrictions	1151293.	27	1847019.		
Ä	28	Net assets with donor restrictions	248125.	28	145524.		
Ĕ		Organizations that do not follow FASB AS	C 958, ch	eck here 🕨 📖			
Ĕ		and complete lines 29 through 33.					
ts c	29	Capital stock or trust principal, or current fur				29	
sse	30	Paid-in or capital surplus, or land, building, o				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulate		_	1200440	31	1000510
Ne	32	Total net assets or fund balances			1399418.	32	1992543.
	33	Total liabilities and net assets/fund balances			1572468.	33	2104812.

Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
1	Total revenue (must equal Part VIII, column (A), line 12)	1		047				
2	Total expenses (must equal Part IX, column (A), line 25)	2		717 329	_			
3								
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		994				
5	Net unrealized gains (losses) on investments	5		601	<u>99.</u>			
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
	column (B))	10	19	925	<u>43.</u>			
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII				<u>Ш</u>			
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	0		Yes	No			
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?							
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a							
	separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		2b	X				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,						
	consolidated basis, or both: X 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,			1			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X				
	If the organization changed either its oversight process or selection process during the tax year, explain on Scl	nedule O.						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			1			
	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							
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>	3b					
			Form	990	(2020)			

SCHEDULE A

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

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

Name of the organization UNITED WAY OF ADAMS COUNTY, INC. Employer identification number **-***3476

Pa	rt I	rt I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.							
Γhe	organ	ization is not a private found	lation because it is: (For lines 1 through 12, o	heck only	one box.)			
1		A church, convention of ch					I)(A)(i).		
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)							
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii) .							
4		A medical research organiz						the hospital's name.	
		city, and state:	a operatea ee.	ngan onon man a moopha		000		ino noophan o name,	
5		An organization operated for	or the benefit of a co	llege or university owner	d or operat	ted by a d	overnmental unit describ	ned in	
J		section 170(b)(1)(A)(iv). (C		nego or armversity owner	a or opera	iou by u g	overnmental and accord	700 III	
6				aantal unit daaarihad in	costion 17	70/6\/4\/A\	(v)		
6	X	A federal, state, or local gov						nublic described in	
′	21	An organization that norma	•	riliai part of its support i	rom a gov	emmentai	unit or from the general	public described in	
		section 170(b)(1)(A)(vi). (C	. ,	(4)(A)(vi) (Commisto Dom	L II \				
8		A community trust describe						a alla ma	
9		An agricultural research org				-	-	-	
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of the colleg	e or	
40		university:	. (4)						
10		An organization that norma							
		activities related to its exen							
		income and unrelated busin		(less section 511 tax) fr	om busine	sses acqu	ired by the organization	after June 30, 1975.	
		See section 509(a)(2). (Cor	•				201 1141		
11		An organization organized	•	•	-				
12		An organization organized a		•	=		•		
		more publicly supported or	~					neck the box in	
_		lines 12a through 12d that	* *			-	_	. at ta	
а		☐ Type I. A supporting orga	· · · · · · · · · · · · · · · · · · ·		•	•			
		the supported organization			a majority (of the aire	ctors or trustees of the s	supporting	
		organization. You must o							
b			•					•	
		control or management o			ame perso	ons that co	ontrol or manage the sup	portea	
		organization(s). You mus	-					1 20	
С		☐ Type III functionally inte					• •	ed with,	
		its supported organization		•					
d		☐ Type III non-functionally						` '	
		that is not functionally int	•	•	•		•	iveness	
		requirement (see instruct	· ·	-					
е	L	☐ Check this box if the orga					ı Type I, Type II, Type III		
		functionally integrated, or	* *	nally integrated support	ing organiz	zation.			
Т		er the number of supported o	•						
<u>g</u>		vide the following information i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount of monetary	(vi) Amount of other	
	`	organization	(-,	(described on lines 1-10	in your governi Yes	ng document? No	support (see instructions)	support (see instructions)	
				above (see instructions))					
Γ∩t:	al								

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	71	•	,			
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Gifts, grants, contributions, and	, ,	, ,	, ,	, ,	` '	.,
	membership fees received. (Do not						
	include any "unusual grants.")	1203874.	1191171.	1340245.	1485127.	1867504.	7087921.
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	400000	4404454	1010015	4.4054.05	1065501	
4	Total. Add lines 1 through 3	1203874.	1191171.	1340245.	1485127.	1867504.	7087921.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4.						7087921.
	ction B. Total Support				T	r - 1	
	ndar year (or fiscal year beginning in)	(a) 2016 1203874.	(b) 2017 1191171.	(c) 2018 1340245.	(d) 2019 1485127.	(e) 2020 1867504.	(f) Total 7087921.
	Amounts from line 4	12038/4.	11911/1.	1340245.	1485127.	100/304.	7087921.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	13531.	35742.	35235.	31007.	131744.	247259.
_	and income from similar sources	13331.	33742.	33233.	31007.	131/44.	24/233.
9	Net income from unrelated business						
	activities, whether or not the						
40	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital	5410.	13827.	2014.	2854.	5459.	29564.
	assets (Explain in Part VI.)	2410.	13027.	2014.	2034.	3433.	7364744.
11	• • • • • • • • • • • • • • • • • • • •	ete (eee inetwesti	ana)			12	7304744.
12	Gross receipts from related activities, First 5 years. If the Form 990 is for the	•	,	fourth or fifth tax		L .	
10	organization, check this box and stop				-		
Sec	etion C. Computation of Publ		rcentage				
	Public support percentage for 2020 (I			column (f))		14	96.24 %
	Public support percentage from 2019					15	97.68 %
	33 1/3% support test - 2020. If the c					nore, check this bo	
	stop here. The organization qualifies						
b	33 1/3% support test - 2019. If the c						
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fact	s-and-circumstand	es test, check this	box and stop he	re. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances to	est. The organization	on qualifies as a pu	ublicly supported o	organization		▶□
b	10% -facts-and-circumstances test	t - 2019. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circun	nstances test, che	ck this box and st	op here. Explain in	n Part VI how the	
	organization meets the facts-and-circu	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 ▶Ш

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.)

Se	ction A. Public Support	, 1	,				
Cale	endar 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						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
ŀ	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
(Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						
Cale	endar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6	. ,				, ,	
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources						
ŀ	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital						
13	assets (Explain in Part VI.)						
	First 5 years. If the Form 990 is for the	ne organization's f	irst, second, third.	fourth, or fifth tax	vear as a section	501(c)(3) organizat	ion.
		· ·		•			
Se	ction C. Computation of Publ						
	Public support percentage for 2020 (column (f))		15	%
	Public support percentage from 2019					16	%
	ction D. Computation of Inve					1	,,
	Investment income percentage for 20					17	%
	Investment income percentage from					18	//
	a 33 1/3% support tests - 2020. If the						
.50	more than 33 1/3%, check this box a						
ŀ	33 1/3% support tests - 2019. If the						
•	line 18 is not more than 33 1/3%, che						
20	Private foundation If the organization						

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		
4-		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
00		
9c		
10a		
10b		

Par	t 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		
Sect	tion B. Type I Supporting Organizations			
			Yes	No
	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		
	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. tion C. Type II Supporting Organizations	2		
Seci	ion C. Type it Supporting Organizations		\	
			Yes	No
	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			
	the supported organization(s).	1		
	tion D. All Type III Supporting Organizations	<u> </u>		<u> </u>
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		100	110
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
	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		
Sect	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 instruction)	ns).		
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 (se	e instructio	ns).	
	Activities Test. Answer lines 2a and 2b below.		Yes	No
	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	0-		
	that these activities constituted substantially all of its activities.	2a		
	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	2h		
	these activities but for the organization's involvement. Parent of Supported Organizations. Answer lines 3a and 3b below.	2b		
	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.	За		
	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	34		
-	j, j,,,			

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

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orga	anizations	ĭ			
1	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):						
a	Average monthly value of securities	1a					
b	Average monthly cash balances	1b					
c	Fair market value of other non-exempt-use assets	1c					
d	Total (add lines 1a, 1b, and 1c)	1d					
е	Discount claimed for blockage or other factors						
	(explain in detail in Part VI):						
_2	Acquisition indebtedness applicable to non-exempt-use assets	2					
3	Subtract line 2 from line 1d.	3					
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,						
	see instructions).	4					
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5					
_6	Multiply line 5 by 0.035.	6					
7	Recoveries of prior-year distributions	7					
8	Minimum Asset Amount (add line 7 to line 6)	8					
Sect	ion C - Distributable Amount			Current Year			
1	Adjusted net income for prior year (from Section A, line 8, column A)	1					
2	Enter 0.85 of line 1.	2					
_3	Minimum asset amount for prior year (from Section B, line 8, column A)	3					
_4	Enter greater of line 2 or line 3.	4					
_5	Income tax imposed in prior year	5					
6	Distributable Amount. Subtract line 5 from line 4, unless subject to						
	emergency temporary reduction (see instructions).	6					
7	Check here if the current year is the organization's first as a non-functional	ly integra	ated Type III supporting org	anization (see			
	instructions).						

Schedule A (Form 990 or 990-EZ) 2020

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)								
Sect	ection 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 exempt	ot purposes of supported						
	organizations, in excess of income from activity			2				
3	Administrative expenses paid to accomplish exempt purpos	es of supported organizatior	ns	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	e					
	(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				
Sect	ion E - Distribution Allocations (see instructions)	(ii) Underdistribution Pre-2020	ıs	(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: \$							
a	Applied to underdistributions of prior years							
b	Applied to 2020 distributable amount							
c	c Remainder. Subtract lines 4a and 4b from line 4.							
5								
	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	l						

Schedule A (Form 990 or 990-EZ) 2020

8 Breakdown of line 7:
a Excess from 2016
b Excess from 2017
c Excess from 2018
d Excess from 2019
e Excess from 2020

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

UNITED WAY OF ADAMS COUNTY, INC.

Employer identification number **-***3476

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

032051 12-01-20

	t III Organizations Maintaining C	ollections of Ar			her S	Simil	ar Asse	ts/conti		age Z
	Using the organization's acquisition, accession		-					•	iueu)	
3	collection items (check all that apply):	on, and other record	s, check any or the	tionowing that mak	e sigili	ilicarit	use or its			
_	a Public exhibition d Loan or exchange program									
b	Scholarly research	е								
C	Preservation for future generations	lla akia na anal avralair	- l dl f:dl	*b			in Dav	. VIII		
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets									
5								7		٦.,
Dai	to be sold to raise funds rather than to be ma							Yes		No
Fai	TIV Escrow and Custodial Arrang reported an amount on Form 990, Par		ete if the organizati	on answered "Yes"	on For	rm 990), Part IV,	line 9, o		
			 		:	اد ما م ما				
па	Is the organization an agent, trustee, custodia							7	v	No
	on Form 990, Part X?							Yes	Δ	」No
р	If "Yes," explain the arrangement in Part XIII a	and complete the fo	llowing table:		Г					
					ŀ			Amoun	t	
	Beginning balance					1c				
	Additions during the year					1d				
	Distributions during the year					1e				
f	Ending balance					1f		1,,	v	T
	Did the organization include an amount on Fo				-		∟	Yes		No
	If "Yes," explain the arrangement in Part XIII. t V Endowment Funds. Complete if									
Pai	T V Endowment Funds. Complete if					Th		4.3.5		la a a la
		(a) Current year	(b) Prior year	(c) Two years back	+ ` -	rnree y	ears back	(e) Fou		
	Beginning of year balance	21610.	21156	. 20441	-		19356.		17	333.
b	Contributions	5000	454				1005			
С	Net investment earnings, gains, and losses	5233.	454	. 715	<u>'- </u>		1085.			023.
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance	26843.	21610	. 21156	· <u> </u>		20441.		19	356.
2	Provide the estimated percentage of the curr	ent year end balanc	e (line 1g, column	(a)) held as:						
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
С	Term endowment 9	6								
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.								
3a	Are there endowment funds not in the posses	ssion of the organiza	ation that are held	and administered fo	r the c	organiz	zation			
	by:								Yes	No
	(i) Unrelated organizations							3a(i)	X	
	(ii) Related organizations									X
b	If "Yes" on line 3a(ii), are the related organization	tions listed as requir	ed on Schedule R	?				3b		
4	Describe in Part XIII the intended uses of the	organization's endo	wment funds.							
Pai	t VI Land, Buildings, and Equipm	ent.								
	Complete if the organization answered	d "Yes" on Form 990), Part IV, line 11a.	See Form 990, Part	X, line	e 10.				
	Description of property	(a) Cost or of	ther (b) Cos	t or other (c)	Accui	mulate	ed	(d) Boo	k valu	e
		basis (investn			depred	ciation		-		
1a	Land									
	Buildings									
	Leasehold improvements									
	Equipment			70948.		378	11.		331	37.
	Other									
	Add lines 1a through 1a (Column (d) must ex		V column (P) line	100)					3 3 1	37.

Schedule D (Form 990) 2020

Schedule D (Form 990) 2020 UNITED WAY	OF ADAMS COUN	NTY, INC.	**-***3476 Page 3
Part VII Investments - Other Securities.		· · · · · · · · · · · · · · · · · · ·	i ago c
Complete if the organization answered "Yes'	on Form 990. Part IV. line	e 11b. See Form 990. Part)	X. line 12.
(a) Description of security or category (including name of security)	(b) Book value		on: Cost or end-of-year market value
(1) Financial derivatives			·
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.	<u>, L</u>		
	Law Farms 000 Dart IV line	11a Caa Farra 000 Dart \	/ line 10
Complete if the organization answered "Yes" (a) Description of investment	(b) Book value		on: Cost or end-of-year market value
	(b) Book value	(c) Welliod of Valuation	on. Gost of end of year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)	_		
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"		e 11d. See Form 990, Part 2	
	Description		(b) Book value
<u>(1)</u>			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	ne 15.)		>
Part X Other Liabilities.			
Complete if the organization answered "Yes'	on Form 990, Part IV, line	e 11e or 11f. See Form 990	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) DESIGNATIONS PAYABLE			15799.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(0)		<u> </u>	

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII... Schedule D (Form 990) 2020

15799.

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

Pai	t XI	Reconciliation of Revenue per Audited Financial St		th Revenue per R	eturn.	
		Complete if the organization answered "Yes" on Form 990, Part IV,				04.6500=
1		revenue, gains, and other support per audited financial statements			1	2167227
2		nts included on line 1 but not on Form 990, Part VIII, line 12:	1 1	60100		
а		nrealized gains (losses) on investments		60199. 107734.	-	
b		ed services and use of facilities		10//34.		
C		reries of prior year grants			-	
d		(Describe in Part XIII.)			0.	167933
е 3		nes 2a through 2d			2e 3	1999294
3 4		act line 2e from line 1 nts included on Form 990, Part VIII, line 12, but not on line 1:			3	10001
a		ment expenses not included on Form 990, Part VIII, line 7b	4a	5413.		
b		(Describe in Part XIII.)				
		nes 4a and 4b			4c	5413
5	Total r	revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1			5	2004707
Pai		Reconciliation of Expenses per Audited Financial S			Returr	١.
		Complete if the organization answered "Yes" on Form 990, Part IV,	line 12a.			
1	Total e	expenses and losses per audited financial statements			1	1574102
2	Amou	nts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donat	ed services and use of facilities	2a	107734.		
b	Prior y	rear adjustments	2b			
С		losses				
d		(Describe in Part XIII.)	•			107734
		nes 2a through 2d			2e	1466368
3		act line 2e from line 1			3	1400300
4		nts included on Form 990, Part IX, line 25, but not on line 1:	ا ـه ا	5413.		
a b		ment expenses not included on Form 990, Part VIII, line 7b		2412.	-	
		(Describe in Part XIII.) nes 4a and 4b			4c	5413
		nes 4a and 4b expenses. Add lines 3 and 4c. (<i>This must equal Form</i> 990, <i>Part I, line</i>			5	1471781
		Supplemental Information.	70.)			
ines	2d and	4b; and Part XII, lines 2d and 4b. Also complete this part to provide	any additional infe	ormation.		

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

Employer identification number **-***3476 UNITED WAY OF ADAMS COUNTY, INC.

Part I General Information on Grants a	nd Assistance						
1 Does the organization maintain records							
criteria used to award the grants or assis							X Yes No
2 Describe in Part IV the organization's pro	ocedures for mon	itoring the use of grant	funds in the United	d States.			
Part II Grants and Other Assistance to	Domestic Organ	izations and Domesti	ic Governments. C	omplete if the orga	anization answered "\	Yes" on Form 990, Part	t IV, line 21, for any
recipient that received more than	\$5,000. Part II car	be duplicated if addit	tional space is need	ded.	(4)		
(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
ADVOCACY NETWORK FOR CHILDREN 531 HAMPSHIRE, 2ND FLOOR QUINCY, IL 62301	**-***8936	501 C 3	24800.	0.			CHILD COURT APPOINTED ADVOCATE & SEXUAL ABUSE PREVENTION
CHEERFUL HOME CHILD CARE & EARLY LEARNING CENTER - 315 S 5TH ST - QUINCY, IL 62301	**-***4660	501 C 3	69512.	0.			CHILD CARE AND OUTREACH FAMILY SUPPORT
CORNERSTONE FOUNDATION FOR FAMILIES - 915 VERMONT ST - QUINCY, IL 62301	**-***1203	501 C 3	53000.	0.			YOUTH SERVICES AND SLIDING SCALE COUNSELING SERVICES
GIRL SCOUTS OF CENTRAL ILLINOIS 3837 EAST LAKE CENTRE DR QUINCY, IL 62305	**_***3589	501 C 3	15000.	0.			LEADERSHIP DEVELOPMENT
MISSISSIPPI VALLEY COUNCIL BOY SCOUTS - 2336 OAK ST - QUINCY, IL 62301	**-***8774	501 C 3	36838.	0.			CAREER EXPLORATION
LEADERS FOR LIFE 507 VERMONT							
QUINCY, IL 62301	**-***1981	<u> </u>	20000.	0.			ACADEMIC SUCCESS
2 Enter total number of section 501(c)(3) a			ne line 1 table				<u> 18.</u>

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

Schedule I (Form 990) 2020

Part II Continuation of Grants and Other		mestic Organization		overnments (Sch	edule I (Form 990), Pa	art II.)	5 1 7 0 Page
(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
QUINCY FAMILY YMCA							
3101 MAINE ST							
QUINCY, IL 62301	**-***1262	501 C 3	31650.	0.			SCHOOL AGE CHILDCARE
							BIRTH TO THREE SUPPORT,
TRANSITIONS OF WESTERN ILLINOIS							CLIENT AND FAMILY
4409 MAINE ST							SUPPORT, MENTAL HEALTH
QUINCY, IL 62305	**-***1282	501 C 3	71600.	0.			CRISIS STABILIZATION
ADAMS COUNTY RSVP							
1301 SOUTH 48TH ST	** ***	E01 G 3	4000				
QUINCY, IL 62305	**-***7794	501 C 3	4000.	0.			SENIOR HEALTH & SECURITY
ADAMS COUNTY CHAPTER AMERICAN RED							BLOOD SERVICES DISASTED
CROSS - 3000 N 23RD ST - QUINCY,							BLOOD SERVICES, DISASTER SERVICES, SERVICE TO
IL 62305	**-***6605	501 C 3	50600.	0.			ARMED FORCES
11 02303	- 6603	501 C 3	30000.	0.			ARMED FORCES
QUINCY CATHOLIC CHARITIES							
620 MAINE ST							PROFESSIONAL COUNSELING
QUINCY, IL 62301	**-***1499	501 C 3	34000.	0.			AND MEDASSIST PROGRAM
voinci, il 02301	1177	501 6 3	34000.				IND MEDISOIST TROCKING
ADDICTS VICTORIOUS							
639 YORK ST							
QUINCY, IL 62301	**-***9345	501 C 3	5200.	0.			COUNSELING PROGRAM
COMMUNITY FOR CHRIST ASSISTANCE							
CENTER - 113 E JEFFERSON - CAMP							
POINT, IL 62320	**-***3065	501 C 3	17500.	0.			FAMILIES IN NEED
QUANADA							DOMESTIC VIOLENCE SHELTE
2707 MAINE ST							AND SEXUAL ASSAULT
QUINCY, IL 62301	**-***7200	501 C 3	37800.	0.			SERVICES
CALVATION ADMV							
SALVATION ARMY 732 HAMPSHIRE ST							
	-*3584	E01 C 3	55000.	0.			EMEDGENCY GOCTAL GERVICE
QUINCY, IL 62301]3584	POT C 2	1 33000.	<u> </u>			EMERGENCY SOCIAL SERVICES

(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
WCA 400 N 30TH ST, SUITE 6 UINCY, IL 62301	**-***3569	501 C 3	36500.	0.			SUPPORTIVE HOUSING
ELLA EASE - TEEN REACH O BOX 708 UINCY, IL 62306	**-***5077	501 C 3	62000.	0.			MENTORING YOUTH & ADUI
ORIZONS SOCIAL SERVICES OF ADAMS OUNTY INC - 224 S 8TH ST - UINCY, IL 62301	**-***4445	501 C 3	25000.	0.			SOUP KITCHEN

Part III Grants and Other Assistance to Domestic Individuals Part III can be duplicated if additional space is needed.	. Complete if the	organization answe	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 req	uired in Part I, lin	e 2; Part III, column	(b); and any other a	dditional information.	
PART I, LINE 2:					
THE UNITED WAY OF ADAMS COUNTY PRO	VIDES GR	ANTS TO OT	HER ORGANI	ZATIONS IN	
THE COMMUNITY BASED ON AN EXPENDAB	LE BASIS	. THIS BAS	SIS MEANS T	HAT THE	
ORGANIZATION RELEASES THE GRANT MO	NIES TO	THE ORGANI	ZATIONS AF	TER THEY HAVE	
INCURRED THE EXPENSES.					

SCHEDULE O

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

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 ADAMS COUNTY, INC.

Employer identification number **-***3476

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: ASSISTANCE TO INDIVIDUALS AND ORGANIZATIONS AFFECTED BY THE COVID 19 PANDEMIC.

FORM 990, PART VI, SECTION A, LINE 7A:

THE ORGANIZATION BY-LAWS STATE THAT ANYONE WHO CONTRIBUTES 50 OR MORE IS CONSIDERED TO BE A MEMBER AND HAS THE RIGHT AND PRIVELEGE OF VOTING FOR BOARD MEMBERS.

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

THE BOARD OFFICERS ALONG WITH THE EXECUTIVE DIRECTOR REVIEW A DRAFT COPY OF THE 990, MAKE ANY NECESSARY REVISIONS, THEN PRESENT THE FINAL RETURN TO THE BOARD BEFORE IT IS FILED.

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

THE WRITTEN CONFLICT OF INTEREST POLICY IS REVIEWED ANNUALLY. EACH INDIVIDUAL SUBJECT TO THE POLICY IS ASKED TO SIGN AN ACKNOWLEDGEMENT OF THEIR PERSONAL REVIEW AND AGREEMENT TO THE POLICY.

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

THE EXECUTIVE COMMITTEE DOES A PERFORMANCE REVIEW FOR THE EXECUTIVE DIRECTOR USING DATA FROM SIMILAR POSITIONS AND CONSIDERS ANY BUDGET LIMITATIONS THAT MAY EXIST. THE REVIEW ALONG WITH OTHER DESCRIBED FACTORS GO INTO ANY TYPE OF PAYROLL RAISE EQUATION. OVERALL EMPLOYEE COMPENSATION IS APPROVED AT THE BOARD LEVEL.

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

Schedule O (Form 990 or 990-EZ) 2020

Name of the organization UNITED WAY OF ADAMS COUNTY, INC.	Employer identification number **-***3476
FORM 990, PART VI, SECTION C, LINE 19:	
GOVERNING DOCUMENTS ARE MADE AVAILABLE PER REQUEST IN THE	BUSINESS OFFICE.
FORMS 990 ARE MADE AVAILABLE ON THE WEBSITE.	