

# Milliken • Perkins • Brunelle Certified Public Accountants

# Kevin Brunelle, CPA | Sharon Perkins, CPA | Aaron Perkins, CPA | Richard Walker, CPA

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November 01, 2021

United Way Of Tri Vally Area PO Box 126 Farmington, ME 04938

United Way Of Tri Vally Area:

Enclosed is the 2020 federal return for a tax-exempt organization, prepared for United Way Of Tri Vally Area from the information provided. The return was e-filed with the IRS and was accepted on July 19, 2021.

The federal return reflects neither a refund nor a balance due.

Thank you for the opportunity to be of service. For further assistance with the organization's tax return needs, contact our office at (207)892-2234.

Sincerely,

Milliken Perkins & Brunelle

# FOR TAX YEAR 2020

UNITED WAY OF TRI VALLY AREA

Milliken Perkins & Brunelle

452 Roosevelt Trail

Windham, ME 04062

(207)892-2234

| Form 8879-EO   | IRS <i>e-file</i> Signature Authorizat<br>for an Exempt Organization   |  | OMB No. 1545-0047   |
|--|--|--|---------------------|
|  | For calendar year 2020, or fiscal year beginning, and e  |  |                     |
| Department of the Treasury   | Do not send to the IRS. Keep for your reco   | rds.   | 2020                |
| Internal Revenue Service   | Go to www.irs.gov/Form8879EO for the latest info   | rmation.   |                     |
| Name of exempt organization or pe  | rson subject to tax  | Taxpayer identit   | fication number     |
| UNITED WAY OF TRI  | VALLY AREA   | 01-03775   | 59                  |
| Name and title of officer or person s  | subject to tax   |  |                     |
| SHAUN RIGGS, PRES  |  |  |                     |
|  | eturn and Return Information (Whole Dollars Only)  |  |                     |
| check the box on line <b>1a</b> , <b>2</b> blank, then leave line <b>1b</b> , <b>2</b> | <ul> <li>n for which you are using this Form 8879-EO and enter the applicable am the start of the return the start of the return the start of the return to the start of the return to the start of the return to the start of the</li></ul> | n being filed with this form<br>-). But, if you entered -0- or | was<br>n the        |
| 2a Form 990-EZ check h   |  |  |                     |
| 3a Form 1120-POL check   |  |  |                     |
| 4a Form 990-PF check h   |  |  |                     |
| 5a Form 8868 check here  |  |  |                     |
| 6a Form 990-T check her  |  |  |                     |
| 7a Form 4720 check here  |  |  |                     |
|  | on and Signature Authorization of Officer or Person Su   |  | . 15                |
| Under penalties of perjury,  | <b>v</b>   |  | th respect to       |
| (name of organization)   |  |  |                     |
| · · · <u> </u>   |  | and that I have examined a                                     |                     |
|  | n and accompanying schedules and statements, and, to the best of my kn   |  |                     |
| •  | I further declare that the amount in Part I above is the amount shown on   |  |                     |
| •  | nediate service provider, transmitter, or electronic return originator (ERO)   |  |                     |
| .,   | an acknowledgement of receipt or reason for rejection of the transmissi  |  | •                   |
|  | fund, and (c) the date of any refund. If applicable, I authorize the U.S. T  |  |                     |
| •  | nic funds withdrawal (direct debit) entry to the financial institution account   |  |                     |
| software for payment of the  | federal taxes owed on this return, and the financial institution to debit the  | entry to this account. To rev                                  | voke                |
| a payment, I must contact th   | ne U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 busin   | ness days prior to the paym                                    | nent                |
| (settlement) date. I also aut  | thorize the financial institutions involved in the processing of the electronic  | c payment of taxes to receiv                                   | ve                  |
| confidential information neo   | essary to answer inquiries and resolve issues related to the payment. I have   | ave selected a personal  |                     |
| identification number (PIN)  | as my signature for the electronic return and, if applicable, the consent to   | electronic funds withdrawa                                     | d.                  |
| DIN: check one hav only  |  |  |                     |
| PIN: check one box only  |  |  |                     |
| <b>x</b> I authorize <u>mill</u>   |  | 59 as my signa<br>re numbers, but<br>nter all zeros            | iture               |
| on the tax year 202  | 0 electronically filed retum. If I have indicated within this retum that a cop   | v of the return is being filed                                 | I with a            |
| state agency(ies) r  | egulating charities as part of the IRS Fed/State program, I also authorize<br>disclosure consent screen.   |  |                     |
|  |  |  | 0000                |
| electronically filed   | rson subject to tax with respect to the organization, I will enter my PIN as retum. If I have indicated within this retum that a copy of the retum is bein<br>as part of the IRS Fed/State program, I will enter my PIN on the retum's   | ng filed with a state agency                                   | (ies)               |
| Signature of officer or person subje   |  | Date ► 06-16-2   | 021                 |
| Part III Certificat  | ion and Authentication   |  |                     |
| -  | ur six-digit electronic filing identification  |  |                     |
| number (EFIN) followed by  | your five-digit self-selected PIN.   | 011630 123   |                     |
|  |  | Do no  | t enter all zeros   |
| I certify that the above num   | eric entry is my PIN, which is my signature on the 2020 electronically filed   | I return indicated above. I c                                  | confirm             |
| •  | turn in accordance with the requirements of <b>Pub. 4163</b> , Modernized e-F  |  |                     |
| IRS <i>e-file</i> Providers for Bu   | •  |  |                     |
|  |  |  |                     |
| ERO's signature  |  | Date  11-01-2  | 021                 |
|  |  | · · · · · · · · · · · · · · · · · · ·                          |                     |
|  | ERO Must Retain This Form - See Instruct   | tions  |                     |
|  | Do Not Submit This Form to the IRS Unless Reque  | ested To Do So   |                     |
| For Paperwork Reduction  | Act Notice, see instructions.  |  | Form 8879-EO (2020) |

| _                              | 99           | <b>n</b>       |                | Doturn                        | of Organizat                 | lion Exampt I  | -                 |                           | Тоу            |                | OMB No. 154            | 5-0047 |
|--------------------------------|--------------|----------------|----------------|-------------------------------|------------------------------|--|-------------------|---------------------------|----------------|----------------|------------------------|--------|
| Form                           | 33           | 0              |                | Return                        | of Organizat                 | tion Exempt I  | -rom inc          | ome                       | Tax            |                | 2020                   |        |
|                                |              |                | Unde           | r section 501(c), {           | 527, or 4947(a)(1) o         | of the Internal Rever                                      | nue Code (ex      | cept priv                 | vate found     | lations)       | 2020                   |        |
| Depar                          | ment of t    | he Treasury    |                | Do not ent                    | ter social security          | numbers on this for  | m as it may       | be made                   | e public.      |                | Open to Pu             | ıblic  |
|                                |              | le Service     |                | ► Go to w                     | www.irs.gov/Form             | 990 for instructions                                       | and the late      | st inforn                 | nation.        |                | Inspectio              | n      |
| A                              | or the       | 2020 calenda   | ar year,       | or tax year begin             | ning                         |  | , 2020, a         | ind endi                  | ng             |                | , 20                   |        |
| B                              | heck if ap   | pplicable:     | CN             | ame of organization <b>UN</b> | ITED WAY OF                  | TRI VALLY AREA   | 4                 |                           |                | D Emplo        | oyer identification nu | mber   |
| A                              | ddress cl    | hange          | D              | oing business as              |                              |  |                   |                           |                |                | 01-0377559             |        |
| ۱ <u>ا</u>                     | lame cha     | nge            | N              | umber and street (or P.       | O. box if mail is not delive | red to street address)                                     |                   | Room/sui                  | te             | E Teleph       | hone number            |        |
| I                              | nitial retur | m              | PO             | BOX 126                       |                              |  |                   |                           |                |                | (207)778-5             | 048    |
| F                              | inal returi  | n/terminated   | С              | ity or town, state or prov    | vince, country, and ZIP or   | foreign postal code  |                   |                           |                | G Gross        | s receipts             |        |
| A                              | mended       | return         | FAI            | RMINGTON, ME                  | 04938                        |  |                   |                           |                | \$             | 52                     | 7,444  |
| A                              | pplication   | n pending      | FN             | ame and address of prir       | ncipal officer:              |  |                   |                           | H(a) Is this a | group return f | for subordinates?      | s X No |
|                                |              |                |                |                               |                              |  |                   |                           | H(b) Are all   | subordinate    | es included? 🗌 Ye      | s 🗌 No |
| 1                              | ax-exemp     | pt status: X   | 501(c)(3)      | 501(c) (                      | ) < (insert no.)             | 4947(a)(1) or  | 527               |                           | lf "No,"       | attach a lis   | t. See instructions    |        |
| ٦٧                             | Vebsite:     | ► www          | .UWTV2         | A.ORG                         |                              |  |                   |                           | H(c) Group     | exemption r    | number 🕨               |        |
| <b>κ</b> F                     | orm of or    | ganization: X  | Corporatio     | on 🗌 Trust 🗌 Ass              | ociation Other ►             |  | L Year of formati | ion: <b>198</b>           | 1 M            | State of leg   | al domicile: ME        |        |
| Pa                             | rt I         | Summar         | у              |                               |                              |  |                   |                           |                |                |                        |        |
|                                |              | Briefly descri | -<br>ibe the o | rganization's missi           | ion or most significa        | Int activities: THE  | MISSION           | IS TO                     | IMPROV         | E PEOI         | PLES LIVES             | ву     |
|                                |              | -              |                | -                             | -                            | OMMUNITIES. TH   |                   |                           |                |                |                        |        |
| çe                             |              |                |                |                               |                              | PLE TOGETHER ?   |                   |                           |                |                |                        |        |
| Governance                     |              |                |                |                               |                              |  |                   |                           |                |                |                        |        |
| ver                            | 2            | Check this bo  | ox ► 🗌         | if the organization           | discontinued its on          | erations or disposed                                       | of more than      | 25% of it                 | s net asse     | ts.            |                        |        |
| ĝ                              |              |                |                |                               | rning body (Part VI          |  |                   |                           |                |                |                        | 14     |
| లర                             |              |                | 0              | 0                             | 0 , (                        | ody (Part VI, line 1b)                                     |                   |                           |                |                |                        | 14     |
| Activities &                   |              |                |                | 0                             | 0 0                          | 0 (Part V, line 2a)  |                   |                           |                | 5              |                        | 4      |
| ť                              |              |                |                | nteers (estimate if r         |                              | · · · · · · · · · · · · · · · ·                            |                   |                           |                | 6              |                        |        |
| Ac                             |              |                |                | `                             |                              | ;), line 12  |                   | $\cdot \cdot \cdot$       |                | . 7a           |                        | 450    |
|                                |              |                |                |                               |                              |  |                   |                           |                |                |                        | 0      |
|                                | a            | net unrelate   | a busine       | ss taxable income             | 1011 F0111 990-1, F          | Part I, line 11  |                   | $\cdot \cdot \cdot \cdot$ | •••••          | .   7b         | <b>0</b> (¥            | 0      |
|                                |              | Contributions  |                | nto (Dort)/III line           | 16)                          |  |                   |                           | Prior Year     | 0.41           | Current Yea            |        |
|                                |              |                | -              |                               |                              |  |                   |                           | 349            | 9,041          | 41                     | 1,524  |
| nue                            |              | •              |                |                               |                              |  |                   |                           |                |                |                        | 0      |
| Revenue                        |              |                | •              |                               |                              | )  |                   |                           |                | .,800          |                        | 3,025  |
| Å                              |              |                |                |                               | ies 5, 6d, 8c, 9c, 10        |  | • • • • • •       | -                         |                | 5,501          |                        | 2,979  |
|                                |              |                |                | - · ·                         |                              | , column (A), line 12)                                     |                   |                           |                | ,342           |                        | 7,528  |
|                                |              |                |                |                               |                              | (1-3)  | • • • • • •       | •                         | 124            | 1,600          | 23                     | 2,158  |
|                                |              |                |                |                               | (, column (A), line 4        | · •  | ••••              | •                         |                |                |                        | 0      |
| s                              |              |                |                |                               |                              | olumn (A), lines 5-10                                      |                   |                           | 150            | ,887           | 15                     | 8,945  |
| Expenses                       |              |                |                | -                             |                              | )  |                   |                           |                |                |                        | 0      |
| be                             |              |                |                |                               |                              | •  |                   |                           |                |                |                        |        |
| ũ                              |              |                |                |                               |                              | e)   |                   |                           |                | 427            |                        | 3,527  |
|                                |              | •              |                |                               |                              | nn (A), line 25)   |                   |                           |                | 9,914          |                        | 4,630  |
|                                | 19           | Revenue less   | s expens       | ses. Subtract line            | 18 from line 12              |  |                   | •                         | 37             | 7,428          | 1                      | 2,898  |
| o r                            |              |                |                |                               |                              |  |                   |                           | nning of Curr  | ent Year       | End of Year            |        |
| Net Assets or<br>Fund Balances | 20           |                |                |                               |                              |  |                   |                           | 529            | ,457           | 53                     | 9,392  |
| t Ass                          | 21           |                | •              |                               |                              | ••••••   |                   |                           | 5              | 5,585          |                        | 7,780  |
|                                |              |                |                |                               | line 21 from line 20         |  |                   | •                         | 523            | 8,872          | 53                     | 1,612  |
|                                | rt II        | Signatu        |                |                               |                              |  |                   |                           |                |                |                        |        |
|                                |              |                |                |                               |                              | ng schedules and statement<br>nation of which preparer has |                   | of my know                | ledge and be   | lief, it is    |                        |        |
|                                |              |                |                |                               |                              |  | any memory.       |                           |                |                |                        |        |
| ~ .                            |              | SHAU           | N RIGO         |                               |                              |  |                   |                           |                |                |                        |        |
| Sig                            | n            | Signature      | e of officer   |                               |                              |  |                   |                           |                | Dat            | te                     |        |
| Her                            | e            | SHAU           | N RIGO         | S, PRESIDEN                   | Т                            |  |                   |                           |                |                |                        |        |
| _                              |              | Type or        | print name     | and title                     |                              |  |                   |                           |                |                |                        |        |
| _                              |              | Print/Type pre | parer's nar    | ne                            | Preparer's signature         |  | Date              |                           | Check          | if             | PTIN                   |        |
| Paie                           | k            | Richard        | M Wa           | lker CPA                      |                              |  | 11-01-20          | 21                        | self-em        | ployed         | P01263932              | 2      |
|                                | parer        |                | •              |                               | Perkins & B                  | runelle  | •                 |                           | irm's EIN 🕨    |                |                        |        |
|                                | Only         |                | s 🕨            |                               | evelt Trail                  |  |                   |                           | hone no.       |                |                        |        |
|                                | ,            |                |                | Windham                       |                              |  |                   |                           |                | 207-8          | 892-2234               |        |
| Mav                            | the IRS      | discuss this   | return w       |                               | own above? (see ir           | structions)  |                   |                           |                |                | X Yes                  | No     |
|                                |              |                |                |                               | (                            | -,   |                   |                           |                |                |                        |        |

| Form | 990 (2020) UNITED WAY OF TRI VALLY AREA 01-0377559 Page 2  |
|------|--|
| Par  | 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:   |
|      | THE MISSION IS TO IMPROVE PEOPLES LIVES BY FOCUSING THE CARING CAPACITY OF OUR COMMUNITIES. THE                                |
|      | ORGANIZATION MEETS ITS MISSION IN TWO WAYS: FUNDRAISING AND BY BRINGING PEOPLE TOGETHER TO                                     |
|      | IDENTIFY AND ADDRESS COMMUNITY NEEDS.  |
|      |  |
| 2    | Did the organization undertake any significant program services during the year which were not listed on the                   |
|      | prior Form 990 or 990-EZ?  |
|      | 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 revenue, if any, for each program service reported.  |
|      |  |
| 4a   | (Code: ) (Expenses \$ 427,540 including grants of \$ ) (Revenue \$ )   |
|      | TO PROVIDE FINANCIAL SUPPORT TO AREA NON PROFIT ORGANIZATIONS AND CREATE LASTING CHANGE IN THE                                 |
|      | COMMUNITY.SUPPORT RANGES FROM FUNDING LITERACY PROGRAMS TO WORKING WITH AREA FOOD PANTRIES.                                    |
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| 4b   | (Code:) (Expenses \$ including grants of \$ ) (Revenue \$ )  |
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| 4c   | (Code:) (Expenses \$ including grants of \$ ) (Revenue \$ )  |
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| 4d   | Other program services (Describe on Schedule O.)   |
|      | (Expenses \$ including grants of \$ ) (Revenue \$ )  |
| 4e   | Total program service expenses  427,540  |
|      | Form <b>000</b> (2020  |

|      | n 990 (2020) UNITED WAY OF TRI VALLY AREA 01-03775   | 59  | F   | Page 3 |
|------|--|-----|-----|--------|
| Pa   | Int IV Checklist of Required Schedules   |     |     | 1      |
|      |  |     | Yes | No     |
| 1    | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"          |     |     |        |
|      | complete Schedule A  | 1   | х   |        |
| 2    | Is the organization required to complete Schedule B, Schedule of Contributors See instructions?                        | 2   | х   |        |
| 3    | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to       |     |     |        |
|      | candidates for public office? If "Yes," complete Schedule C, Part I  | 3   |     | х      |
| 4    | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)          |     |     |        |
|      | election in effect during the tax year? If "Yes," complete Schedule C, Part II   | 4   |     | х      |
| 5    | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,           |     |     |        |
|      | assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III         | 5   |     |        |
| 6    | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors                |     |     |        |
|      | have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If            |     |     |        |
|      | "Yes," complete Schedule D, Part I   | 6   |     | х      |
| 7    | Did the organization receive or hold a conservation easement, including easements to preserve open space,              |     |     |        |
|      | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II                   | 7   |     | х      |
| 8    | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"    |     |     |        |
|      | complete Schedule D, Part III  | 8   |     | х      |
| 9    | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a        |     |     |        |
|      | custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or           |     |     |        |
|      | debt negotiation services? If "Yes," complete Schedule D, Part IV  | 9   |     | х      |
| 10   | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments           |     |     |        |
|      | or in quasi endowments? If "Yes," complete Schedule D, Part V  | 10  |     | х      |
| 11   | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,           |     |     |        |
|      | VII, VIII, IX, or X as applicable.   |     |     |        |
| а    | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"                 |     |     |        |
|      | complete Schedule D, Part VI   | 11a | х   |        |
| b    | Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more        |     |     |        |
|      | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII                               | 11b |     | х      |
| С    | Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more         |     |     |        |
|      | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII                              | 11c |     | 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    | 5 1  |     |     |        |
|      | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f |     | х      |
| 12a  | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete    |     |     |        |
|      | Schedule D, Parts XI and XII   | 12a |     | х      |
| b    | Was the organization included in consolidated, independent audited financial statements for the tax year? If           |     |     |        |
|      | "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional     | 12b |     | х      |
| 13   | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E                      | 13  |     | х      |
| 14a  | Did the organization maintain an office, employees, or agents outside of the United States?                            | 14a |     | х      |
| b    | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,                       |     |     |        |
|      | fundraising, business, investment, and program service activities outside the United States, or aggregate              |     |     |        |
|      | foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV                         | 14b |     | х      |
| 15   | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or      |     |     |        |
|      | for any foreign organization? If "Yes," complete Schedule F, Parts II and IV   | 15  |     | х      |
| 16   | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other             |     |     |        |
|      | assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV                              | 16  |     | х      |
| 17   | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on         |     |     |        |
|      | Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions                           | 17  |     | х      |
| 18   | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on            |     |     |        |
|      | 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," complete Schedule G, Part III  | 19  |     | х      |
| 20 a |  | 20a |     | х      |
| b    |  | 20b |     |        |
| 21   | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or            |     |     |        |
|      | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II                      | 21  | х   |        |

| Form | 1 990 (2020) UNITED WAY OF TRI VALLY AREA 01-0377  | 559 | Р   | age 4 |
|------|--|-----|-----|-------|
| Pa   | rt IV Checklist of Required Schedules (continued)  |     |     |       |
|      |  |     | Yes | No    |
| 22   | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on      |     |     |       |
|      | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III  | 22  |     | х     |
| 23   | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the                |     |     |       |
|      | organization's current and former officers, directors, trustees, key employees, and highest compensated            |     |     |       |
|      | 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 |     | 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 |     |       |
| d    | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?            | 24d |     |       |
| 25a  | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit       |     |     |       |
|      | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I                      | 25a |     | х     |
| b    | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior   |     |     |       |
|      | year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?       |     |     |       |
|      | 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 or any of these persons? If "Yes," complete Schedule L, Part II                 | 26  |     | х     |
| 27   | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key  |     |     |       |
|      | employee, creator or founder, substantial contributor or employee thereof, a grant selection committee             |     |     |       |
|      | 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 |     | х     |
| b    | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV                    | 28b |     | х     |
| С    | A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If          |     |     |       |
|      | "Yes," complete Schedule L, Part IV  | 28c |     | х     |
| 29   | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M           | 29  |     | х     |
| 30   | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified     |     |     |       |
|      | conservation contributions? If "Yes," complete Schedule M  | 30  |     | х     |
| 31   | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31  |     | х     |
| 32   | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"            |     |     |       |
|      | complete Schedule N, Part II   | 32  |     | х     |
| 33   | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations         |     |     |       |
|      | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.   | 33  |     | х     |
| 34   | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,     |     |     |       |
|      | or IV, and Part V, line 1  | 34  |     | х     |
| 35a  | Did the organization have a controlled entity within the meaning of section 512(b)(13)?                            | 35a |     | х     |
| b    | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a            |     |     |       |
|      | controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2          | 35b |     |       |
| 36   | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable               |     |     |       |
|      | 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  |     | х     |
| 38   | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and         |     |     |       |
|      | 19? Note: All Form 990 filers are required to complete Schedule O.   | 38  | x   |       |
| Par  |  |     |     |       |
|      | Check if Schedule O contains a response or note to any line in this Part V   |     |     |       |
|      |  |     | Yes | No    |
| 1a   | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable                                       | -   |     |       |
| b    | Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable                                     | -   |     |       |
| С    | Did the organization comply with backup withholding rules for reportable payments to vendors and                   |     |     |       |
|      | reportable gaming (gambling) winnings to prize winners?  | 1c  | X   |       |

| _   | 990 (2020) UNITED WAY OF TRI VALLY AREA 01-0377  | 559 | F   | Page 5   |
|-----|--|-----|-----|----------|
| Par | t 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 returm 2a 4                                 |     |     |          |
| b   | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?                     | 2b  | х   |          |
|     | Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)                          |     |     |          |
| 3a  | Did the organization have unrelated business gross income of \$1,000 or more during the year?                                      | 3a  |     | х        |
| b   | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O                        | 3b  |     |          |
| 4a  | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,            |     |     |          |
|     | a financial account in a foreign country (such as a bank account, securities account, or other financial account)?                 | 4a  |     | х        |
| b   | If "Yes," enter the name of the foreign country  |     |     |          |
|     | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).                |     |     |          |
| 5a  | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?                              | 5a  |     | х        |
| b   | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?                   | 5b  |     | х        |
| С   | If "Yes" to line 5a or 5b, did the organization file Form 8886-T?.   | 5c  |     |          |
| 6a  | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the                             |     |     |          |
|     | organization solicit any contributions that were not tax deductible as charitable contributions?                                   | 6a  |     | x        |
| b   | If "Yes," did the organization include with every solicitation an express statement that such contributions or                     |     |     |          |
|     | gifts were not tax deductible?   | 6b  |     |          |
| 7   | Organizations that may receive deductible contributions under section 170(c).  |     |     |          |
| а   | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods                        |     |     |          |
|     | and services provided to the payor?  | 7a  |     | x        |
| b   | If "Yes," did the organization notify the donor of the value of the goods or services provided?                                    | 7b  |     |          |
| С   | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was                           |     |     |          |
|     | required to file Form 8282?  | 7c  |     | x        |
| d   | If "Yes," indicate the number of Forms 8282 filed during the year  |     |     |          |
| е   | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?                    | 7e  |     | x        |
| f   | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?                       | 7f  |     | х        |
| g   | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?   | 7g  |     | х        |
| h   | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h  |     | х        |
| 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   |     | x        |
| 9   | Sponsoring organizations maintaining donor advised funds.  |     |     |          |
| а   | Did the sponsoring organization make any taxable distributions under section 4966?   | 9a  |     | x        |
| b   | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?                                  | 9b  |     |          |
| 10  | Section 501(c)(7) organizations. Enter:  |     |     |          |
| а   | Initiation fees and capital contributions included on Part VIII, line 12   |     |     |          |
| b   | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  | -   |     |          |
| 11  | Section 501(c)(12) organizations. Enter:   | -   |     |          |
| а   | Gross income from members or shareholders 11a  |     |     |          |
| b   | Gross income from other sources (Do not net amounts due or paid to other sources   | -   |     |          |
|     | against amounts due or received from them.)  |     |     |          |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?                         | 12a |     |          |
| b   | If "Yes," enter the amount of tax-exempt interest received or accrued during the year  |     |     |          |
| 13  | Section 501(c)(29) qualified nonprofit health insurance issuers.   | -   |     |          |
| а   | Is the organization licensed to issue qualified health plans in more than one state?   | 13a |     |          |
|     | <b>Note:</b> 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   |     |     |          |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year?   | 14a |     | x        |
| b   | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule Q                          | 14b |     |          |
| 15  | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or                      |     |     | <u> </u> |
| -   | excess parachute payment(s) during the year?   | 15  |     | x        |
|     | If "Yes," see instructions and file Form 4720, Schedule N.   |     |     |          |
| 16  | Is the organization an educational institution subject to the section 4968 excise tax on net investment income?                    | 16  |     | x        |
|     | If "Yes," complete Form 4720, Schedule O.  |     |     |          |
|     | • •  | 1   |     |          |

Form **990** (2020)

| Form   | 990 (2020) UNITED WAY OF TRI VALLY AREA 01-03775   | 59        | Р       | age 6 |
|--------|--|-----------|---------|-------|
| Pa     | rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a  | a "No"    |         |       |
|        | response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instruction  | IS.       |         |       |
|        | Check if Schedule O contains a response or note to any line in this Part VI  |           |         | . X   |
| Sec    | tion A. Governing Body and Management  |           |         | 1     |
|        |  |           | Yes     | No    |
| 1a     | Enter the number of voting members of the governing body at the end of the tax year  |           |         |       |
|        | If there are material differences in voting rights among members of the governing body, or   |           |         |       |
|        | if the governing body delegated broad authority to an executive committee or similar   |           |         |       |
|        | committee, explain on Schedule O.  |           |         |       |
| b      | Enter the number of voting members included in line 1a, above, who are independent   |           |         |       |
| 2      | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with   |           |         |       |
|        | any other officer, director, trustee, or key employee?   | 2         |         | х     |
| 3      | Did the organization delegate control over management duties customarily performed by or under the direct  |           |         |       |
|        | supervision of officers, directors, or trustees, or key employees to a management company or other person?   | 3         |         | x     |
| 4      | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?   | 4         |         | x     |
| 5      | Did the organization become aware during the year of a significant diversion of the organization's assets?   | 5         |         | 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        | x       |       |
| 8      | Did the organization contemporaneously document the meetings held or written actions undertaken during   |           |         |       |
| -      | the year by the following:   | 0-        |         |       |
| a<br>⊾ | The governing body?  | 8a<br>01- | X       |       |
| 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 Q | 9         |         | v     |
| Sec    | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)   | 9         |         | х     |
| 000    | tion D. I Oncies (This Section D requests information about policies not required by the internal Nevertue Code.)  |           | Yes     | No    |
| 10a    | Did the organization have local chapters, branches, or affiliates?   | 10a       | 163     | x     |
| b      | If "Yes," did the organization have written policies and procedures governing the activities of such chapters,   | Tou       |         | Λ     |
| D.     | 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.  | 110       | <u></u> |       |
| 12a    | Did the organization have a written conflict of interest policy? If "No," go to line 13  | 12a       | x       |       |
| b      | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  | 12b       | x       |       |
| C      | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"  |           |         |       |
| •      | describe in Schedule O how this was done.  | 12c       | x       |       |
| 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       |         | x     |
| Sec    | tion C. Disclosure   |           |         |       |
| 17     | List the states with which a copy of this Form 990 is required to be filed   |           |         |       |
| 18     | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)  |           |         |       |
|        | (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.   |           |         |       |
|        | X Own website Another's website Upon request Other (explain on Schedule O)   |           |         |       |
| 19     | Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,  |           |         |       |
|        | and financial statements available to the public during the tax year.  |           |         |       |
| 20     | State the name, address, and telephone number of the person who possesses the organization's books and records   |           |         |       |
|        | LISA LAFLIN (207)778-5048, PO BOX 126, FARMINGTON, ME 04938  |           |         |       |

| Form 990 (202                         | D) UNITED WAY OF TRI VALLY AREA   | 01-0377559        | Page 7  |
|---------------------------------------|---|-------------------|---------|
| Part VII                              | Compensation of Officers, Directors, Trustees, Key Employees, Highest Cor<br>Independent Contractors                  | npensated Employe | es, and |
|                                       | 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                                       |                   |         |
| <b>1a</b> Complete t organization's t | his table for all persons required to be listed. Report compensation for the calendar year ending with or<br>ax year. | r within the      |         |

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

|                               |                      |             |                      | (C)          |                                 |        |                                 |                                  |                              |
|-------------------------------|----------------------|-------------|----------------------|--------------|---------------------------------|--------|---------------------------------|----------------------------------|------------------------------|
| (A)                           | (B)                  |             |                      | osition      |                                 |        | (D)                             | (E)                              | (F)                          |
| Name and title                | Average              |             | not check            |              |                                 |        | Reportable                      | Reportable                       | Estimated amount             |
|                               | hours                | 1           | cer and a c          |              |                                 |        | compensation                    | compensation                     | of other                     |
|                               | per week             |             |                      |              |                                 |        | from the                        | from related                     | compensation                 |
|                               | (list any            | or          | Ing C                | ∩f<br>Ke     | em                              | Fo     | organization<br>(W-2/1099-MISC) | organizations<br>(W-2/1099-MISC) | from the<br>organization and |
|                               | hours for<br>related | direc       | stituti              | Key en       | ploy                            | Former | (W-2/1033-10100)                |                                  | related organizations        |
|                               | organizations        | or director | nstitutional trustee | Ney employee | ee or                           |        |                                 |                                  |                              |
|                               | below                | uste        | trus                 | lee          | nper                            |        |                                 |                                  |                              |
|                               | dotted line)         | e           | tee                  |              | Highest compensated<br>employee |        |                                 |                                  |                              |
|                               |                      |             |                      |              | ă                               |        |                                 |                                  |                              |
|                               |                      |             |                      |              |                                 |        |                                 |                                  |                              |
| (1) LISA_LAFLIN               | 40.00                |             |                      |              |                                 |        |                                 |                                  |                              |
| EXECUTIVE DIRECTOR            |                      |             |                      | x            |                                 |        | 62,925                          | 0                                | 0                            |
| (2) SUSAN TERHUNE             | 2.00                 |             |                      |              |                                 |        |                                 |                                  |                              |
| DIRECTOR                      |                      | x           |                      |              |                                 |        | 0                               | 0                                | 0                            |
| (3) PETER SMITH               | 2.00                 |             |                      |              |                                 |        |                                 |                                  |                              |
| DIRECTOR                      |                      | x           |                      |              |                                 |        | 0                               | 0                                | 0                            |
| (4) ASHLEY MONTGOMERY         | 2.00                 |             |                      |              |                                 |        |                                 |                                  |                              |
| DIRECTOR                      |                      | x           |                      |              |                                 |        | 0                               | 0                                | 0                            |
| (5) PHIL HILTON               | 2.00                 |             |                      |              |                                 |        |                                 |                                  |                              |
| DIRECTOR                      |                      | х           |                      |              |                                 |        | 0                               | 0                                | 0                            |
| (6) TERRI WINSLOW             | 2.00                 |             |                      |              |                                 |        |                                 |                                  |                              |
| DIRECTOR                      |                      | x           |                      |              |                                 |        | 0                               | 0                                | 0                            |
| (7) JAMIE MARCUS              | 2.00                 |             |                      |              |                                 |        |                                 |                                  |                              |
| DIRECTOR                      |                      | х           |                      |              |                                 |        | 0                               | 0                                | 0                            |
| (8) DYAN MACOMBER             | 2.00                 |             |                      |              |                                 |        |                                 |                                  |                              |
| DIRECTOR                      |                      | х           |                      |              |                                 |        | 0                               | 0                                | 0                            |
| (9) BRENDA CLARK              |                      |             |                      |              |                                 |        |                                 |                                  |                              |
| DIRECTOR                      |                      | х           |                      |              |                                 |        | 0                               | 0                                | 0                            |
| (10)RAE ANN PIKE              | 2.00                 |             |                      |              |                                 |        |                                 |                                  |                              |
| DIRECTOR                      |                      | х           |                      |              |                                 |        | 0                               | 0                                | 0                            |
| (11) KAREN_HENDERSON          | 2.00                 |             |                      |              |                                 |        |                                 |                                  |                              |
| DIRECTOR                      |                      | х           |                      |              |                                 |        | 0                               | 0                                | 0                            |
| (12)CHRISTOPHER HOLLINGSWORTH | 10.00                |             |                      |              |                                 |        |                                 |                                  |                              |
| TREASURER                     |                      | x           | x                    |              |                                 |        | 0                               | 0                                | 0                            |
| (13) SHAUN RIGGS              | 10.00                |             |                      |              |                                 |        |                                 |                                  |                              |
| PRESIDENT                     |                      | x           | x                    | :            |                                 |        | 0                               | 0                                | 0                            |
| (14)MATTHEW FOURNIER          | 10.00                |             |                      |              |                                 |        |                                 |                                  |                              |
| SECRETARY                     |                      | x           | x                    |              |                                 |        | 0                               | 0                                | 0                            |
| FFΔ                           |                      |             |                      |              |                                 |        |                                 |                                  | Form <b>990</b> (2020)       |

#### Form 990 (2020)

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

|        | (A)<br>Name and title   | (B)<br>Average<br>hours<br>per week<br>(list any<br>hours for | ek          |                       |       |              |                                 | n<br>) | (D)<br>Reportable<br>compensation<br>from the<br>organization<br>(W-2/1099-MISC) | (E)<br>Reportable<br>compensation<br>from related<br>organizations<br>(W-2/1099-MISC) | co             | (F)<br>nated am<br>of other<br>mpensati<br>from the<br>unization | ion     |
|--------|---|---|-------------|-----------------------|-------|--------------|---------------------------------|--------|--|---|----------------|--|---------|
|        |   | related<br>organizations<br>below<br>dotted line)             | or director | Institutional trustee | cer   | Key employee | Highest compensated<br>employee | ner    |  |   | relate         | d organiz  | zations |
| (15)BE | CKY DAVIS ALLEN   | 10.00   |             |                       |       |              |                                 |        |  |   |                |  |         |
|        | PRESIDENT   |   | x           |                       | x     |              |                                 |        | 0  | 0   |                |  | 0       |
| (16)   |   |   |             |                       |       |              |                                 |        |  |   |                |  |         |
| (17)   |   |   |             |                       |       |              |                                 |        |  |   |                |  |         |
| (18)   |   |   |             |                       |       |              |                                 |        |  |   |                |  |         |
|        |   |   |             |                       |       |              |                                 |        |  |   |                |  |         |
| (20)   |   |   |             |                       |       |              |                                 |        |  |   |                |  |         |
| (21)   |   |   |             |                       |       |              |                                 |        |  |   |                |  |         |
| (22)   |   |   |             |                       |       |              |                                 |        |  |   |                |  |         |
| (23)   |   |   |             |                       |       |              |                                 |        |  |   |                |  |         |
| (24)   |   |   |             |                       |       |              |                                 |        |  |   |                |  |         |
| (25)   |   |   |             |                       |       |              |                                 |        |  |   |                |  |         |
| 1b     | Subtotal  |   |             |                       | •••   | ••           |                                 | • •    |  |   |                |  |         |
| C      | Total from continuation sheets to Part VII, Sect  |   |             |                       |       |              |                                 | -      |  |   |                |  |         |
| d<br>2 | Total (add lines 1b and 1c)   |   |             |                       |       |              |                                 |        | 62,925   | 0   |                |  | 0       |
|        | reportable compensation from the organization   |   |             |                       |       |              |                                 |        |  |   |                | Yes  | 0<br>No |
| 3      | Did the organization list any former officer, direc   |   |             |                       |       |              | -                               |        |  |   |                | -  |         |
| ,      | employee on line 1a? If "Yes," complete Schedul   |   |             |                       |       |              |                                 |        |  |   | 3              |  | х       |
| 4      | For any individual listed on line 1a, is the sum of re<br>organization and related organizations greater th |   |             |                       |       |              |                                 |        |  |   |                |  |         |
| 5      | individual  |   |             |                       |       |              |                                 |        |  |   | 4              |  | x       |
| J      | for services rendered to the organization? If "Yes  |   |             | -                     |       |              | -                               |        |  |   | 5              |  | x       |
| Secti  | on B. Independent Contractors   |   |             |                       |       |              |                                 |        | · · ·  |   |                |  |         |
| 1      | Complete this table for your five highest compensation  |   |             |                       |       |              |                                 |        |  |   |                |  |         |
|        | compensation from the organization. Report comp   | ensation for t  | the cal     | enda                  | ir ye | ear e        | ending                          | with   |  | nization's tax year.  |                |  |         |
|        | (A)<br>Name and business addres   | s   |             |                       |       |              |                                 |        | (B)<br>Description of servic   | es  | (C)<br>Compens | sation   |         |
|        |   |   |             |                       |       |              |                                 |        | •  |   |                |  |         |
|        |   |   |             |                       |       |              |                                 |        |  |   |                |  |         |
|        |   |   |             |                       |       |              |                                 |        |  |   |                |  |         |
|        |   |   |             |                       |       |              |                                 |        |  |   |                |  |         |
| 2      | Total number of independent contractors (including  | a but not limi  | ited to     | those                 | e lis | ted a        | above                           | ) wh   | 0  |   |                |  |         |

| Form 9  | <u> </u> | 20) UNITED WAY OF TRI                                  | <u>v</u> z | LLY AREA               |                      |  | 01-03775                             | 59 Page 9   |
|---|----------|--|------------|------------------------|----------------------|--|--------------------------------------|---|
| Part  | VIII     | Statement of Revenue                                   |            |                        |                      |  |                                      |   |
|   |          | Check if Schedule O contains a response                | or n       | ote to any line in thi | is Part VIII         | <u></u> .                                    |                                      | <u> [</u>   |
|   |          |  |            |                        | (A)<br>Total revenue | (B)<br>Related or exempt<br>function revenue | (C)<br>Unrelated<br>business revenue | (D)<br>Revenue excluded<br>from tax under<br>sections 512–514 |
|   | 1a       | Federated campaigns                                    | 1a         |                        |                      |  |                                      |   |
| <i>6</i>  | b        | Membership dues  | 1b         |                        |                      |  |                                      |   |
| ants<br>unts  | c        | Fundraising events                                     | 1c         |                        |                      |  |                                      |   |
| ŋ G   | d        | Related organizations                                  | 1d         |                        |                      |  |                                      |   |
| Contributions, Gifts, Grants<br>and Other Similar Amounts | e        | Government grants (contributions)                      | 1e         |                        |                      |  |                                      |   |
| s, G  | f        | All other contributions, gifts, grants,                |            |                        |                      |  |                                      |   |
| rtion<br>Pr Si  |          | and similar amounts not included above                 | 1f         | 411,524                |                      |  |                                      |   |
| othe  | g        | Noncash contributions included in                      |            |                        |                      |  |                                      |   |
| nd 0  |          | lines 1a-1f  | 1g         | \$                     |                      |  |                                      |   |
| ъО  | h        | Total. Add lines 1a-1f                                 |            |                        | 411,524              |  |                                      |   |
|   |          |  |            | Business Code          |                      |  |                                      |   |
| e)  | 2a       |  |            |                        |                      |  |                                      |   |
| , vic   | b        |  |            |                        |                      |  |                                      |   |
| Ser   | c        |  |            |                        |                      |  |                                      |   |
| am  | d        |  |            |                        |                      |  |                                      |   |
| Program Service<br>Revenue                                | e        |  |            |                        |                      |  |                                      |   |
| Ϋ́,   |          | All other program service revenue                      |            |                        |                      |  |                                      |   |
|   | g        | Total. Add lines 2a-2f                                 | ••         | •••••                  |                      |  |                                      |   |
|   | 3        | Investment income (including dividends, inter          |            |                        |                      |  |                                      |   |
|   |          | other similar amounts)                                 |            |                        | 3,025                | 3,025  |                                      |   |
|   | 4        | Income from investment of tax-exempt bond p            |            |                        |                      |  |                                      |   |
|   | 5        | Royalties  | • •        |                        |                      |  |                                      |   |
|   | 6        | (i) Real   |            | (ii) Personal          |                      |  |                                      |   |
|   |          | Gross rents 6a<br>Less: rental expenses 6b             |            |                        |                      |  |                                      |   |
|   |          | Less: rental expenses 6b<br>Rental income or (loss) 6c | _          |                        |                      |  |                                      |   |
|   |          |  | _          |                        |                      |  |                                      |   |
|   |          | · /  |            | (ii) Other             |                      |  |                                      |   |
|   | /a       | Gross amount from (i) Securities                       |            |                        |                      |  |                                      |   |
|   |          | other than inventory <b>7a</b>                         |            |                        |                      |  |                                      |   |
|   | Ь        | Less: cost or other basis                              |            |                        |                      |  |                                      |   |
| Ð   |          | and sales expenses 7b                                  |            |                        |                      |  |                                      |   |
| nuə   | c        | Gain or (loss) 7c                                      |            |                        |                      |  |                                      |   |
| Sev   |          |  |            |                        |                      |  |                                      |   |
| Other Revenue   |          | Gross income from fundraising                          |            | [                      |                      |  |                                      |   |
| Ğ   |          | events (not including \$                               |            |                        |                      |  |                                      |   |
|   |          | of contributions reported on line                      |            |                        |                      |  |                                      |   |
|   |          | 1c). See Part IV, line 18                              | 8a         | 53,521                 |                      |  |                                      |   |
|   | b        | Less: direct expenses                                  | 8b         | 19,916                 |                      |  |                                      |   |
|   | c        | Net income or (loss) from fundraising events           |            | <u></u>                | 33,605               |  |                                      | 33,605  |
|   | 9a       | Gross income from gaming                               |            |                        |                      |  |                                      |   |
|   |          | activities, See Part IV, line 19                       | 9a         |                        |                      |  |                                      |   |
|   |          | Less: direct expenses                                  | 9b         |                        |                      |  |                                      |   |
|   | c        | Net income or (loss) from gaming activities            | <u></u>    | · · · · · · •          |                      |  |                                      |   |
|   | 10a      | Gross sales of inventory, less                         |            |                        |                      |  |                                      |   |
|   |          | returns and allowances                                 | 10a        |                        |                      |  |                                      |   |
|   |          | Less: cost of goods sold                               | 10b        |                        |                      |  |                                      |   |
|   | C        | Net income or (loss) from sales of inventory           | ••         | •••••                  |                      |  |                                      |   |
|   |          |  |            | Business Code          |                      |  |                                      |   |
| ŝ   |          | OTHER INCOME   |            | 812900                 | 20,358               | 20,358                                       |                                      |   |
| anc   |          | PPP LOAN FOREGIVENESS                                  |            | 812900                 | 29,735               | 29,735                                       |                                      |   |
| Miscellanous<br>Revenue                                   |          | REIMBURSEMENTS   |            | 812900                 | 9,281                | 9,281  |                                      |   |
| Mis   |          |  |            |                        |                      |  |                                      |   |
|   |          | Total. Add lines 11a-11d                               |            |                        | 59,374               |  |                                      |   |
|   | 12       | Total revenue. See instructions                        |            |                        | 507,528              | 62,399                                       | 0                                    | 33,605  |

### UNITED WAY OF TRI VALLY AREA

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).

|        | not include amounts reported on lines 6b, 7b,<br>9b, and 10b of Part VIII.                     | (A)<br>Total expenses | (B)<br>Program service | (C)<br>Management and | (D)<br>Fundraising |
|--------|--|-----------------------|------------------------|-----------------------|--------------------|
|        | •  |                       | expenses               | general expenses      | expenses           |
| 1      | Grants and other assistance to domestic organizations  | 000 150               | 000 150                |                       |                    |
| •      | and domestic governments. See Part IV, line 21   | 232,158               | 232,158                |                       |                    |
| 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  | 62,925                | 44,049                 | 6,292                 | 12,58              |
| 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   | 79,390                | 55,573                 | 7,939                 | 15,87              |
| 8      | Pension plan accruals and contributions (include   |                       |                        |                       |                    |
|        | section 401(k) and 403(b) employer contributions)  |                       |                        |                       |                    |
| )      | Other employee benefits  | 5,297                 | 3,707                  | 530                   | 1,06               |
| 0      | Payroll taxes  | 11,333                | 7,934                  | 1,133                 | 2,26               |
| 1      | Fees for services (nonemployees):  | ,                     |                        | _,                    |                    |
| а      | Management   |                       |                        |                       |                    |
| b      |  |                       |                        |                       |                    |
| c      |  | 1,500                 | 1,050                  | 150                   | 30                 |
| d      |  | 1,500                 | 1,050                  | 150                   | 50                 |
|        | Professional fundraising services. See Part IV, line 17  |                       |                        |                       |                    |
| e<br>r | -  |                       |                        | ·                     |                    |
| f      | Investment management fees   |                       |                        |                       |                    |
| g      | Other. (If line 11g amount exceeds 10% of line 25, column                                      |                       |                        |                       |                    |
|        | (A) amount, list line 11g expenses on Schedule O.)   | 9,576                 | 6,705                  | 957                   | 1,91               |
| 2      | Advertising and promotion  | 2,000                 | 1,400                  | 200                   | 40                 |
| 3      | Office expenses  | 7,706                 | 5,396                  | 770                   | 1,54               |
| 4      | Information technology   | 7,861                 | 5,503                  | 786                   | 1,57               |
| 5      | Royalties  |                       |                        |                       |                    |
| 6      | Occupancy  | 20,966                | 14,678                 | 2,096                 | 4,19               |
| 7      | Travel   | 914                   | 641                    | 91                    | 18                 |
| 8      | Payments of travel or entertainment expenses   |                       |                        |                       |                    |
|        | for any federal, state, or local public officials  |                       |                        |                       |                    |
| 9      | Conferences, conventions, and meetings   |                       |                        |                       |                    |
| 0      | Interest   |                       |                        |                       |                    |
| 1      | Payments to affiliates   | 4,044                 | 2,832                  | 404                   | 80                 |
| 2      | Depreciation, depletion, and amortization  | 2,071                 | 1,450                  | 207                   | 41                 |
| 3      |  | 2,252                 | 1,577                  | 225                   | 45                 |
| 4      | Other expenses. Itemize expenses not covered   |                       |                        |                       |                    |
|        | above (List miscellaneous expenses on line 24e. If   |                       |                        |                       |                    |
|        | line 24e amount exceeds 10% of line 25, column   |                       |                        |                       |                    |
|        | (A) amount, list line 24e expenses on Schedule O.)   |                       |                        |                       |                    |
| а      | DESIGNATED GRANT EXPENSES  | 42,887                | 42,887                 |                       |                    |
| b      | CAMPAIGN SUPPLIES  | 1,750                 | 127007                 |                       | 1,75               |
| c<br>c | CIMINION DUILITED  | 1,750                 |                        |                       | 1,75               |
|        |  |                       |                        |                       |                    |
| d      |  |                       |                        |                       |                    |
| e      | All other expenses   | 101 202               | 100 - 10               |                       |                    |
| 5      | Total functional expenses. Add lines 1 through 24e.  | 494,630               | 427,540                | 21,780                | 45,31              |
| 6      | Joint costs. Complete this line only if the<br>organization reported in column (B) joint costs |                       |                        |                       |                    |
|        | from a combined educational campaign and   |                       |                        |                       |                    |
|        | fundraising solicitation. Check here <b>I</b> if   |                       |                        |                       |                    |
|        | following SOP 98-2 (ASC 958-720)   |                       |                        |                       |                    |

| Form                        | 990 (20 | 20) UNITED WAY OF TRI VALLY AREA   | 01                | L-0377559 | Page 11         |
|-----------------------------|---------|--|-------------------|-----------|-----------------|
| Par                         | t X     | Balance Sheet  |                   |           |                 |
|                             |         | Check if Schedule O contains a response or note to any line in this Part X   |                   | <u>.</u>  | 🗌               |
|                             |         |  | (A)               |           | (B)             |
|                             |         |  | Beginning of year | E         | Ind of year     |
|                             | 1       | Cash - non-interest-bearing  |                   | 1         |                 |
|                             | 2       | Savings and temporary cash investments                                       | 329,453           | 2         | 391,207         |
|                             | 3       | Pledges and grants receivable, net   | 190,889           | 3         | 141,141         |
|                             | 4       | Accounts receivable, net   |                   | 4         |                 |
|                             | 5       | Loans and other receivables from any current or former officer, director,    |                   |           |                 |
|                             |         | trustee, key employee, creator or founder, substantial contributor, or 35%   |                   |           |                 |
|                             |         | controlled entity or family member of any of these persons                   |                   | 5         |                 |
|                             | 6       | Loans and other receivables from other disqualified persons (as defined      |                   |           |                 |
|                             |         | under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)    |                   | 6         |                 |
|                             | 7       | Notes and loans receivable, net  |                   | 7         |                 |
| Assets                      | 8       | Inventories for sale or use  |                   | 8         |                 |
| Ass                         | 9       | Prepaid expenses and deferred charges  | 1,500             | 9         | 1,500           |
|                             | 10a     | Land, buildings, and equipment: cost or other                                |                   |           |                 |
|                             |         | basis. Complete Part VI of Schedule D 10a 26,172                             |                   |           |                 |
|                             | b       | Less: accumulated depreciation   | 7,615             | 10c       | 5,544           |
|                             | 11      | Investments - publicly traded securities                                     |                   | 11        |                 |
|                             | 12      | Investments - other securities. See Part IV, line 11                         |                   | 12        |                 |
|                             | 13      | Investments - program-related. See Part IV, line 11                          |                   | 13        |                 |
|                             | 14      | Intangible assets  |                   | 14        |                 |
|                             | 15      | Other assets. See Part IV, line 11   |                   | 15        |                 |
|                             | 16      | Total assets. Add lines 1 through 15 (must equal line 33)                    | 529,457           | 16        | 539,392         |
|                             | 17      | Accounts payable and accrued expenses  | 5,585             | 17        | 7,780           |
|                             | 18      | Grants payable   |                   | 18        |                 |
|                             | 19      | Deferred revenue   |                   | 19        |                 |
|                             | 20      | Tax-exempt bond liabilities  |                   | 20        |                 |
|                             | 21      | Escrow or custodial account liability. Complete Part IV of Schedule D        |                   | 21        |                 |
| ŝ                           | 22      | Loans and other payables to any current or former officer, director,         |                   |           |                 |
| ilitie                      |         | trustee, key employee, creator or founder, substantial contributor, or 35%   |                   |           |                 |
| Liabilities                 |         | controlled entity or family member of any of these persons                   |                   | 22        |                 |
|                             | 23      | Secured mortgages and notes payable to unrelated third parties               |                   | 23        |                 |
|                             | 24      | Unsecured notes and loans payable to unrelated third parties                 |                   | 24        |                 |
|                             | 25      | Other liabilities (including federal income tax, payables to related third   |                   |           |                 |
|                             |         | parties, and other liabilities not included on lines 17-24). Complete Part X |                   |           |                 |
|                             |         | of Schedule D  |                   | 25        |                 |
|                             | 26      | Total liabilities. Add lines 17 through 25                                   | 5,585             | 26        | 7,780           |
|                             |         | Organizations that follow FASB ASC 958, check here                           |                   |           |                 |
| ŝ                           |         | and complete lines 27, 28, 32, and 33.                                       |                   |           |                 |
| nce                         | 27      | Net assets without donor restrictions  | 425,818           | 27        | 438,716         |
| ala                         | 28      | Net assets with donor restrictions   | 98,054            | 28        | 92,896          |
| Б                           |         | Organizations that do not follow FASB ASC 958, check here                    |                   |           |                 |
| Fur                         |         | and complete lines 29 through 33.  |                   |           |                 |
| õ                           | 29      | Capital stock or trust principal, or current funds                           |                   | 29        |                 |
| iets                        | 30      | Paid-in or capital surplus, or land, building, or equipment fund             |                   | 30        |                 |
| Ass                         | 31      | Retained earnings, endowment, accumulated income, or other funds             |                   | 31        |                 |
| Net Assets or Fund Balances | 32      | Total net assets or fund balances  | 523,872           | 32        | 531,612         |
|                             | 33      | Total liabilities and net assets/fund balances                               | 529,457           | 33        | 539,392         |
| EEA                         |         |  |                   |           | Form 990 (2020) |

|     |   | 01-0377 | 559        | Pa            | age <b>12</b>                                |
|-----|---|---------|------------|---------------|--|
| 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)   |         |            | 507,          | ,528   |
| 2   | Total expenses (must equal Part IX, column (A), line 25)  | . 2     |            | 494,          | ,630   |
| 3   | Revenue less expenses. Subtract line 2 from line 1  | . 3     |            | 12,           | ,898   |
| 4   | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                       | 4       |            | 523,          | 872  |
| 5   | Net unrealized gains (losses) on investments  |         |            |               |  |
| 6   | Donated services and use of facilities  |         |            |               |  |
| 7   | Investment expenses   |         |            |               |  |
| 8   | Prior period adjustments  |         |            |               |  |
| 9   | Other changes in net assets or fund balances (explain on Schedule O)  | . 9     |            | (5,           | ,158)  |
| 10  | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line                  |         |            |               |  |
| _   | 32, column (B))   | . 10    |            | 531,          | 612  |
| Pa  | rt XII Financial Statements and Reporting   |         |            |               |  |
|     | Check if Schedule O contains a response or note to any line in this Part XII                                    |         |            | • • •         | <u>.                                    </u> |
|     |   |         |            | Yes           | No   |
| 1   | Accounting method used to prepare the Form 990: Cash X Accrual Other  |         |            |               |  |
|     | If the organization changed its method of accounting from a prior year or checked "Other," explain in           |         |            |               |  |
|     | Schedule O.   |         |            |               |  |
| 2a  | Were the organization's financial statements compiled or reviewed by an independent accountant?                 | • • • • | <u>2</u> a | x             |  |
|     | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or          |         |            |               |  |
|     | reviewed on a separate basis, consolidated basis, or both:  |         |            |               |  |
|     | X         Separate basis         Consolidated basis         Both consolidated and separate basis                |         |            |               |  |
| b   | Were the organization's financial statements audited by an independent accountant?                              |         | 2b         |               | x  |
|     | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a         |         |            |               |  |
|     | separate 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 audit, review, or compilation of its financial statements and selection of an independent accountant?       | • • • • | <u>2</u> c | x             |  |
|     | If the organization changed either its oversight process or selection process during the tax year, explain on   |         |            |               |  |
| -   | Schedule O.   |         |            |               |  |
| 3a  | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the |         |            |               |  |
|     | Single Audit Act and OMB Circular A-133?  | ••••    | 3a         |               | x  |
| b   | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the    |         | 01         |               |  |
|     | required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits         | • • • • | 3b         |               | 2020)  |
| EEA |   |         | Form       | 9 <b>90</b> ( | 2020)  |
|     |   |         |            |               |  |
|     |   |         |            |               |  |
|     |   |         |            |               |  |
|     |   |         |            |               |  |
|     |   |         |            |               |  |
|     |   |         |            |               |  |
|     |   |         |            |               |  |
|     |   |         |            |               |  |

| SCH   | EDL | JL | Е  | Α      |
|-------|-----|----|----|--------|
| (Form | 990 | or | 99 | 90-EZ) |

# **Public Charity Status and Public Support**

OMB No. 1545-0047

| Z) | i abile charty claus and i abile cappent   | 2020   |
|----|--|--------|
| -, | Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. | _ ZUZU |

▶ Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service

(D)

(E) Total ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

| Name of the organization Employer identification number |                                       |   |                           |                                  | on number     |              |                          |                    |
|---|---------------------------------------|---|---------------------------|----------------------------------|---------------|--------------|--------------------------|--------------------|
| UNI   | ITED WAY OF TRI VALLY AREA 01-0377559 |   |                           |                                  |               |              |                          |                    |
| Pa  | rt I                                  | Reason for Public Charity   | <b>/ Status.</b> (All o   | rganizations must c              | complete      | this par     | t.) See instructions     | 3.                 |
| The   | orga                                  | nization is not a private foundation bec                                    | ause it is: (For line     | s 1 through 12, check onl        | y one box.    | )            |                          |                    |
| 1   |                                       | A church, convention of churches, or  | association of chu        | urches described in <b>sect</b>  | ion 170(b)    | (1)(A)(i).   |                          |                    |
| 2   |                                       | A school described in section 170(b   | )(1)(A)(ii). (Attach      | Schedule E (Form 990 c           | or 990-EZ)    | .)           |                          |                    |
| 3   |                                       | A hospital or a cooperative hospital s                                      | ervice organizatio        | n described in section 1         | 70(b)(1)(A    | .)(iii).     |                          |                    |
| 4   |                                       | A medical research organization ope   | rated in conjunctio       | on with a hospital describ       | ed in sect    | ion 170(b)   | (1)(A)(iii). Enter the   |                    |
|   |                                       | hospital's name, city, and state:   |                           |                                  |               |              |                          |                    |
| 5   |                                       | An organization operated for the bene                                       | afit of a college or ι    | university owned or opera        | ated by a g   | overnmen     | tal unit described in    |                    |
|   |                                       | section 170(b)(1)(A)(iv). (Complete   | Part II.)                 |                                  |               |              |                          |                    |
| 6   |                                       | A federal, state, or local government                                       | or governmental u         | init described in <b>section</b> | 170(b)(1)     | (A)(v).      |                          |                    |
| 7   | Х                                     | An organization that normally receive                                       | s a substantial part      | t of its support from a gov      | /ernmental    | unit or fror | m the general public     |                    |
|   |                                       | described in section 170(b)(1)(A)(vi  | . (Complete Part I        | II.)                             |               |              |                          |                    |
| 8   |                                       | A community trust described in secti  | on 170(b)(1)(A)(v         | i). (Complete Part II.)          |               |              |                          |                    |
| 9   |                                       | An agricultural research organization                                       | described in sect         | ion 170(b)(1)(A)(ix) ope         | rated in co   | onjunction   | with a land-grant colleg | je                 |
|   |                                       | or university or a non-land-grant colle                                     | ge of agriculture (s      | see instructions). Enter th      | e name, cit   | ty, and stat | e of the college or      |                    |
|   |                                       | university:   |                           |                                  |               |              |                          |                    |
| 10  |                                       | An organization that normally receive                                       | s: (1) more than 33       | 3 1/3% of its support from       | n contributi  | ons, memb    | ership fees, and gross   |                    |
|   |                                       | receipts from activities related to its e                                   | xempt functions - s       | subject to certain excepti       | ons; and (2   | 2) no more   | than 33 1/3% of its      |                    |
|   |                                       | support from gross investment income  | e and unrelated bu        | siness taxable income (le        | ess sectior   | n 511 tax) f | rom businesses           |                    |
|   |                                       | acquired by the organization after Ju                                       | ne 30, 1975. See <b>:</b> | section 509(a)(2). (Com          | plete Part    | III.)        |                          |                    |
| 11  | Ц                                     | An organization organized and operation                                     | •                         |                                  |               |              |                          |                    |
| 12  |                                       | An organization organized and operat  | ed exclusively for t      | the benefit of, to perform       | the functio   | ns of, or to | carry out the purposes   | 6                  |
|   |                                       | of one or more publicly supported or  | ganizations descrit       | bed in section 509(a)(1)         | or section    | າ 509(a)(2)  | ). See section 509(a)(   | 3).                |
|   |                                       | Check the box in lines 12a through 12                                       |                           |                                  |               |              |                          | •                  |
|   | а                                     | <b>Type I.</b> A supporting organization                                    |                           |                                  |               |              |                          | ng                 |
|   |                                       | the supported organization(s) the   |                           |                                  | rity of the c | lirectors or | trustees of the          |                    |
|   |                                       | supporting organization. You mu   |                           |                                  |               |              |                          |                    |
|   | b                                     | <b>Type II.</b> A supporting organizatio                                    |                           |                                  |               | -            |                          |                    |
|   |                                       | control or management of the sup  |                           |                                  | rsons that o  | control or n | nanage the supported     |                    |
|   |                                       | organization(s). You must comp  |                           |                                  |               |              |                          |                    |
|   | С                                     | Type III functionally integrated  |                           |                                  |               |              |                          | th,                |
|   |                                       | its supported organization(s) (see  |                           |                                  |               |              |                          | ( )                |
|   | d                                     | Type III non-functionally integr  |                           |                                  |               |              | ••••                     | n(s)               |
|   |                                       | that is not functionally integrated.  |                           |                                  |               |              | it and an attentiveness  |                    |
|   |                                       | requirement (see instructions). Y Check this box if the organization        |                           |                                  |               |              |                          |                    |
|   | е                                     |   |                           |                                  |               | sa rypei,    | туре п, туре п           |                    |
|   | f                                     | functionally integrated, or Type III<br>Enter the number of supported organ | · · · ·                   | • • • •                          |               |              |                          |                    |
|   | '<br>g                                | Provide the following information abo                                       |                           | $\cdots$                         |               |              |                          | ••••               |
|   | -                                     | ) Name of supported organization  | (ii) EIN                  | (iii) Type of organization       | (iv) Is the o | rappization  | (v) Amount of monetary   | (vi) Amount of     |
|   | ,                                     | riane of supported organization   |                           | (described on lines 1-10         | listed in you | -            | support (see             | other support (see |
|   |                                       |   |                           | above (see instructions))        | docum         | ent?         | instructions)            | instructions)      |
|   |                                       |   |                           |                                  | Yes           | No           |                          |                    |
|   |                                       |   |                           |                                  |               |              |                          |                    |
| (A)   |                                       |   |                           |                                  |               |              |                          |                    |
|   |                                       |   |                           |                                  |               |              |                          |                    |
| (B)   |                                       |   |                           |                                  |               |              |                          |                    |
|   |                                       |   |                           |                                  |               |              |                          |                    |
| (C)   |                                       |   |                           |                                  |               |              |                          |                    |

| Sche |   | Y OF TRI VA    |                  |                   |              | 01-037755        | <u> </u>    |
|------|---|----------------|------------------|-------------------|--------------|------------------|-------------|
| Pa   | IT II Support Schedule for Organization             | ations Descri  | ibed in Secti    | ons 170(b)(1      | )(A)(iv) and | 170(b)(1)(A)(v   | i)          |
|      | (Complete only if you checked th                    | ne box on line | 5, 7, or 8 of F  | Part I or if the  | organization | failed to qualif | y under     |
|      | Part III. If the organization fails to              | o qualify unde | r the tests list | ted below, ple    | ease complet | e Part III.)     | -           |
| Se   | ction A. Public Support                             | •              |                  |                   | •            | •                |             |
| _    | 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.")                      | 288,928        | 299,380          | 336,435           | 349,041      | 411,524          | 1,685,308   |
| 2    | Tax revenues levied for the                         |                |                  | -                 |              | _                |             |
|      | organization's benefit and either paid to           |                |                  |                   |              |                  |             |
|      | or expended on its behalf                           |                |                  |                   |              |                  |             |
| 3    | The value of services or facilities                 |                |                  |                   |              |                  |             |
|      | furnished by a governmental unit to the             |                |                  |                   |              |                  |             |
|      | organization without charge                         |                |                  |                   |              |                  |             |
| 4    | Total. Add lines 1 through 3                        | 288,928        | 299,380          | 336,435           | 349,041      | 411,524          | 1,685,308   |
| 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)                        |                |                  |                   |              |                  | 17,226      |
| 6    | Public support. Subtract line 5 from line 4         |                |                  |                   |              |                  | 1,668,082   |
| Se   | ction B. Total Support                              |                |                  |                   |              |                  |             |
| Cal  | endar year (or fiscal year beginning in)►           | (a) 2016       | <b>(b)</b> 2017  | (c) 2018          | (d) 2019     | (e) 2020         | (f) Total   |
| 7    | Amounts from line 4                                 | 288,928        | 299,380          | 336,435           | 349,041      | 411,524          | 1,685,308   |
| 8    | Gross income from interest, dividends,              |                |                  |                   |              |                  |             |
|      | payments received on securities loans,              |                |                  |                   |              |                  |             |
|      | rents, royalties, and income from                   |                |                  |                   |              |                  |             |
|      | similar sources                                     | 1,388          | 1,368            | 1,445             | 1,800        | 3,025            | 9,026       |
| 9    | Net income from unrelated business                  |                |                  |                   |              |                  |             |
|      | activities, whether or not the business             |                |                  |                   |              |                  |             |
|      | is regularly carried on                             |                |                  |                   |              |                  |             |
| 10   | Other income. Do not include gain or                |                |                  |                   |              |                  |             |
|      | loss from the sale of capital assets                |                |                  |                   |              |                  |             |
|      | (Explain in Part VI.)                               |                |                  |                   |              |                  |             |
|      | Total support. Add lines 7 through 10               |                |                  |                   |              |                  | 1,694,334   |
|      | Gross receipts from related activities, etc. (s     |                |                  |                   |              |                  |             |
| 13   | First five years. If the Form 990 is for the or     |                |                  |                   |              |                  |             |
| _    | organization, check this box and stop here          |                | ••••••           | • • • • • • • • • |              |                  | · · · · ► 🗋 |
|      | ction C. Computation of Public Support              |                |                  |                   |              |                  |             |
| 14   |   |                | -                |                   |              | 14               | 98.45 %     |
| 15   | Public support percentage from 2019 Sched           |                |                  |                   |              | 15               | <u>%</u>    |
| 168  | 33 1/3% support test - 2020. If the organization    |                |                  |                   |              |                  |             |
|      | box and <b>stop here.</b> The organization qualifie |                | ••••             |                   |              |                  |             |
| k    | 33 1/3% support test - 2019. If the organiza        |                |                  |                   |              |                  |             |
| 47   | this box and <b>stop here.</b> The organization qu  |                | • • • •          | •                 |              |                  |             |
| 17a  | 10%-facts-and-circumstances test - 2020.            | -              |                  |                   |              |                  | IS          |
|      | 10% or more, and if the organization meets          |                |                  |                   | -            | -                |             |
|      | Part VI how the organization meets the facts        |                |                  | -                 |              |                  |             |
|      | organization  |                |                  |                   |              |                  |             |
| k    | 0 10%-facts-and-circumstances test - 2019.          | -              |                  |                   |              |                  |             |
|      | 15 is 10% or more, and if the organization m        |                |                  |                   |              |                  |             |
|      | in Part VI how the organization meets the factor    |                |                  | -                 | -            |                  |             |
| 40   | organization  |                |                  |                   |              |                  | · · · · ► 📋 |
| 18   | Private foundation. If the organization did r       |                |                  |                   |              |                  |             |
|      | instructions  | ••••           |                  | ••••              |              |                  | · · · · ► 📋 |

| Sche | dule A (Form 990 or 990-EZ) 2020 UNITED WAX   | Y OF TRI VA       | LLY AREA        |                    |                 | 01-0377559       | Page 3      |
|------|---|-------------------|-----------------|--------------------|-----------------|------------------|-------------|
| Pa   | rt III Support Schedule for Organiz   |                   |                 |                    |                 |                  |             |
|      | (Complete only if you checked the   |                   |                 | •                  |                 |                  | er Part II. |
|      | If the organization fails to qualify  | / under the te    | sts listed belo | ow, please co      | mplete Part I   | l.)              |             |
|      | ction A. Public Support   |                   |                 |                    |                 | 1                |             |
| Cal  | endar year (or fiscal year beginning in)►   | <b>(a)</b> 2016   | <b>(b)</b> 2017 | <b>(c)</b> 2018    | <b>(d)</b> 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 performed, or facilities<br>fumished in any activity that is related to the<br>organization's tax-exempt purpose |                   |                 |                    |                 |                  |             |
| 3    | Gross receipts from activities that are not an  |                   |                 |                    |                 |                  |             |
|      | unrelated trade or business under section 513.  |                   |                 |                    |                 |                  |             |
| 4    | Tax revenues levied for the   |                   |                 |                    |                 |                  |             |
|      | organization'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   |                   |                 |                    |                 |                  |             |
| с    | Add lines 7a and 7b   |                   |                 |                    |                 |                  |             |
| 8    | Public support. (Subtract line 7c from  |                   |                 |                    |                 |                  |             |
|      | line 6.)  |                   |                 |                    |                 |                  |             |
| Se   | ction B. Total Support  |                   |                 |                    |                 |                  |             |
| Cal  | endar year (or fiscal year beginning in)►   | (a) 2016          | <b>(b)</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  |                   |                 |                    |                 |                  |             |
| С    | 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.)   |                   |                 |                    |                 |                  |             |
| 13   | Total support. (Add lines 9, 10c, 11,   |                   |                 |                    |                 |                  |             |
|      | and 12.)  |                   |                 |                    |                 |                  |             |
| 14   | First 5 years. If the Form 990 is for the orga  | nization's first, | second, third,  | fourth, or fifth t | ax year as a se | ection 501(c)(3) |             |
|      | organization, check this box and stop here  |                   |                 |                    |                 |                  | ► 🗌         |
| Se   | ction C. Computation of Public Suppor   | rt Percentage     | 9               |                    |                 |                  |             |
| 15   | Public support percentage for 2020 (line 8, c   | olumn (f), divid  | led by line 13, | column (f)) .      |                 | 15               | %           |
|      | Public support percentage from 2019 Sched   |                   | •               |                    |                 | 16               | %           |
| _    | ction D. Computation of Investment Inc  |                   |                 |                    |                 |                  |             |
| 17   |   |                   |                 | ne 13, column      | (f))            | 17               | %           |
| 18   | Investment income percentage from 2019 So   |                   |                 |                    |                 | 18               | %           |
|      | <b>33 1/3% support tests - 2020.</b> If the organiz   |                   |                 |                    |                 |                  |             |
|      | 17 is not more than 33 1/3%, check this box   |                   |                 |                    |                 |                  |             |
| b    | <b>33 1/3% support tests - 2019.</b> If the organiz   | -                 | -               | -                  |                 |                  |             |
|      | line 18 is not more than 33 1/3%, check this  |                   |                 |                    |                 |                  |             |
| 20   | Private foundation. If the organization did n   | -                 | -               |                    |                 | • • •            |             |

#### UNITED WAY OF TRI VALLY AREA

Page 4

Part IV **Supporting Organizations** (Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.) Section A. All Supporting Organizations Yes No 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. 1 Did the organization have any supported organization that does not have an IRS determination of status 2 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). 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. 3a **b** Did the organization confirm that each supported organization gualified 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. 3b 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. 3c 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer lines 4b and 4c below. 4a **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. 4b 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. 4c 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). 5a 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? 5b c Substitutions only. Was the substitution the result of an event beyond the organization's control? 5c 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. 6 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor 7 (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). 7 Did the organization make a loan to a disgualified person (as defined in section 4958) not described in line 7? 8 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ). 8 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disgualified 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. 9a **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. 9b 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. 9c **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 10b below. 10a 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.) 10b

Schedule A (Form 990 or 990-EZ) 2020

|          | ule A (Form 990 or 990-EZ) 2020 UNITED WAY OF TRI VALLY AREA 01-0377559  | ,   | P   | age |
|----------|--|-----|-----|-----|
| Pai      | rt IV Supporting Organizations (continued)   |     |     |     |
|          |  |     | Yes | No  |
| 1        | 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 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide                  |     |     |     |
|          | detail in <b>Part VI.</b>  | 11c |     |     |
| ec       | tion B. Type I Supporting Organizations  |     |     |     |
|          |  |     | Yes | Ν   |
| 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 <b>Part VI</b> how the supported organization(s) |     |     |     |
|          | effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported |     |     |     |
|          | organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the       |     |     |     |
|          | supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.               | 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                |     |     |     |
|          | <b>VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated,                  |     |     |     |
|          | supervised, or controlled the supporting organization.   | 2   |     |     |
| <u>.</u> | tion C. Type II Supporting Organizations   |     |     |     |
|          |  |     | Yes | Ν   |
| 1        | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors               |     | 100 |     |
| •        | or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control           |     |     |     |
|          | or management of the supporting organization was vested in the same persons that controlled or managed                         |     |     |     |
|          | the supported organization(s).   | 1   |     |     |
| 20       | tion D. All Type III Supporting Organizations  | _ · |     |     |
|          |  |     | Yes | Ν   |
| 1        | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the                 |     | 163 | 14  |
| •        | 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         |     |     |     |
|          |  | 4   |     |     |
|          | organization's governing documents in effect on the date of notification, to the extent not previously provided?               | 1   |     |     |

- 2 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).
- **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.*

# Section 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 year (see instructions).
- a [] 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.
- c 🗌 The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).
- 2 Activities Test. Answer lines 2a and 2b below.
- a 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.
- 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.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- **a** 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.*
- **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.*

2

3

| Schea | ule A (Form 990 or 990-EZ) 2020 UNITED WAY OF TRI VALLY AREA                       |       | 01-037                          | 7559 Page                      |
|-------|--|-------|---------------------------------|--------------------------------|
| Pa    | rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Org                 |       |                                 |                                |
| 1     | Check here if the organization satisfied the Integral Part Test as a qualifying t  | rust  | on Nov. 20, 1970 <i>(explai</i> | n in <b>Part VI</b> ). See     |
|       | instructions. All other Type III non-functionally integrated supporting organiz    | atior | is must complete Section        | ns A through E.                |
| Sor   | tion A - Adjusted Net Income   |       | (A) Prior Year                  | (B) Current Year               |
| 000   |  |       |                                 | (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     |                                 |                                |
| Sec   | ction B - Minimum Asset Amount   |       | (A) Prior Year                  | (B) Current Year<br>(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):                  |       |                                 |                                |
|       | Average monthly value of securities  | 1a    |                                 |                                |
|       | Average monthly cash balances  | 1b    |                                 |                                |
|       | Fair market value of other non-exempt-use assets                                   | 1c    |                                 |                                |
|       | Total (add lines 1a, 1b, and 1c)   | 1d    |                                 |                                |
| е     | Discount claimed for blockage or other factors                                     |       |                                 |                                |
|       | (explain in detail in <b>Part VI</b> ):  |       |                                 |                                |
| 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     |                                 |                                |
| Sec   | tion 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-functionally i | nteg  | rated Type III supporting       | organization                   |
|       | (see instructions).  |       |                                 |                                |

EEA

Schedule A (Form 990 or 990-EZ) 2020

| Schedu | le A (Form 990 or 990-EZ) 2020 UNITED WAY OF TRI VALLY A        |                                    |                                      |      | 7559 Page 7                               |
|--------|---|------------------------------------|--------------------------------------|------|---|
| Par    | t V Type III Non-Functionally Integrated 509(a)(3               | ) Supporting Organia               | zations (continue                    | d)   |   |
| Sec    | tion D - Distributions  |                                    |                                      |      | Current Year                              |
| 1      | Amounts paid to supported organizations to accomplish exem      | npt purposes                       |                                      | 1    |   |
| 2      | Amounts paid to perform activity that directly furthers exempt  | purposes of supported              |                                      |      |   |
|        | organizations, in excess of income from activity                |                                    |                                      | 2    |   |
| 3      | Administrative expenses paid to accomplish exempt purposes      | s of supported organizat           | ions                                 | 3    |   |
| 4      | Amounts paid to acquire exempt-use assets                       |                                    |                                      | 4    |   |
| 5      | Qualified set-aside amounts (prior IRS approval required) - pr  | rovide details in <b>Part VI</b> ) |                                      | 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 the | e organization is respons          | live                                 |      |   |
|        | (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   |   |
| Sec    | tion E - Distribution Allocations (see instructions)            | (i)<br>Excess Distributions        | (ii)<br>Underdistributio<br>Pre-2020 | ns   | (iii)<br>Distributable<br>Amount for 2020 |
| 1      | Distributable amount for 2020 from Section C, line 6            |                                    |                                      |      |   |
| 2      | Underdistributions, if any, for years prior to 2020             |                                    |                                      |      |   |
|        | (reasonable cause required - explain in Part VI). See           |                                    |                                      |      |   |
|        | instructions.   |                                    |                                      |      |   |
| 3      | Excess distributions carryover, if any, to 2020                 |                                    |                                      |      |   |
| а      | From 2015   |                                    |                                      |      |   |
| b      | From 2016   |                                    |                                      |      |   |
| C      | From 2017   |                                    |                                      |      |   |
| d      | From 2018   |                                    |                                      |      |   |
| е      | From 2019   |                                    |                                      |      |   |
| f      | Total of lines 3a through 3e                                    |                                    |                                      |      |   |
| g      | Applied to underdistributions of prior years                    |                                    |                                      |      |   |
|        | 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: \$   |                                    |                                      |      |   |
|        | Applied to underdistributions of prior years                    | >                                  |                                      |      |   |
| -      | Applied to 2020 distributable amount                            |                                    |                                      |      |   |
| -      | 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.   |                                    |                                      |      |   |
|        | Breakdown of line 7:  |                                    |                                      |      |   |
|        | Excess from 2016  |                                    |                                      |      |   |
|        | Excess from 2017  |                                    |                                      |      |   |
|        | Excess from 2018  |                                    |                                      |      |   |
|        | Excess from 2019  |                                    |                                      |      |   |
| e      | Excess from 2020  |                                    |                                      |      |   |
| EEA    |   |                                    |                                      | Sche | dule A (Form 990 or 990-EZ) 2020          |

| Schedule A (For | m 990 or 990-EZ) 2020 Page 8   |
|-----------------|--|
| Part VI         | <b>Supplemental Information.</b> Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.) |
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# Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

# Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

2020

|       | Go to www.irs.gov/Form990 for the latest information. |
|-------|---|
| atior | 1   |

Employer identification number 01-0377559

### UNITED WAY OF TRI VALLY AREA

| Filers of:         | Section:   |
|--------------------|--|
| Form 990 or 990-EZ | ∑ 501(c)( 3 ) (enter number) organization  |
|                    | 4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation |
|                    | 527 political organization   |
| Form 990-PF        | 501(c)(3) exempt private foundation  |
|                    | 4947(a)(1) nonexempt charitable trust treated as a private foundation            |
|                    | 501(c)(3) taxable private foundation   |

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

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

#### **General Rule**

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

#### Special Rules

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

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

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

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

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

Name of organization

Part I

UNITED WAY OF TRI VALLY AREA

Employer identification number 01-0377559

| (a)<br>No.        | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions   | (d)<br>Type of contribution  |
|-------------------|--|--|--|
| _1_               | BURTON AND NANCY KNAPP<br>186 OWEN MANN ROAD   | \$10,000   | Person x<br>Payroll<br>Noncash   |
|                   | FARMINGTON ME 04938  |  | (Complete Part II for noncash contributions.)  |
| (a)<br>No.        | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions   | (d)<br>Type of contribution  |
| _2_               | FRANKLIN COMMUNITY NETWORK 111 FRANKLIN HEALTH COMMONS   | \$23,320   | Person x<br>Payroll<br>Noncash<br>(Complete Part II for  |
| (a)<br>No.        | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions   | noncash contributions.)<br>(d)<br>Type of contribution   |
| 3                 | FRANKLIN SAVINGS BANK PO BOX 825   | \$10,000   | Person x<br>Payroll<br>Noncash   |
|                   | FARMINGTON ME 04938  |  | (Complete Part II for noncash contributions.)  |
|                   |  |  |  |
| (a)<br>No.        | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions   | (d)<br>Type of contribution  |
| (a)<br>No.<br>4   |  | (c)<br>Total contributions   | (d)<br>Type of contribution<br>Person x<br>Payroll □<br>Noncash □<br>(Complete Part II for<br>noncash contributions.)  |
| No.               | Name, address, and ZIP + 4       FRITZ AND SUSAN ONION       414 HARDSRABBLE ROAD  | Total contributions  | Type of contribution         Person       x         Payroll  |
| <u> </u>          | Name, address, and ZIP + 4       FRITZ AND SUSAN ONION       414 HARDSRABBLE ROAD       WAYNE ME 04284       (b)   | Total contributions           \$35,000           (c)                         | Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (d)  |
| 4(a)<br>(a)<br>No | Name, address, and ZIP + 4         FRITZ AND SUSAN ONION         414 HARDSRABBLE ROAD         WAYNE ME 04284         (b)         Name, address, and ZIP + 4         HARVARD PILGRIM HEALTH         PO BOX 81269  | Total contributions         \$35,000         (c)         Total contributions | Type of contribution         Person       X         Payroll       Image: Complete Part II for noncash contributions.)         (Complete Part II for noncash contributions.)         (d)         Type of contribution         Person       X         Payroll       Image: Complete Part II for noncash         (d)       Type of contribution         Person       X         Payroll       Image: Complete Part II for                                  |
| 4(a)<br>5(a)      | Name, address, and ZIP + 4         FRITZ AND SUSAN ONION         414 HARDSRABBLE ROAD         WAYNE ME 04284         (b)         Name, address, and ZIP + 4         HARVARD PILGRIM HEALTH         PO BOX 81269         WELLESLEY HILLS MA 02481         (b) | Total contributions           \$   | Type of contribution         Person       X         Payroll       Image: Complete Part II for noncash contributions.)         (Complete Part II for noncash contributions.)         Person       X         Payroll       Image: Complete Part II for noncash         Noncash       Image: Complete Part II for noncash contributions.)         (Complete Part II for noncash contributions.)       Image: Complete Part II for noncash contributions.) |

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

Name of organization

UNITED WAY OF TRI VALLY AREA

Employer identification number 01-0377559

|                                | 1   |  |   |
|--------------------------------|---|--|---|
| (a)<br>No.                     | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions   | (d)<br>Type of contribution   |
| 7                              | BROOKS FAMILY FOUNDATION 364 SPRING ST  | \$ 20,000  | Person <u>x</u><br>Payroll □<br>Noncash □   |
|                                | PORTLAND ME 04102   |  | (Complete Part II for<br>noncash contributions.)  |
| (a)<br>No.                     | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions   | (d)<br>Type of contribution   |
| 8                              | MAINE CHARITABLE FOUNDATION   | \$10,000   | Person ⊻<br>Payroll □<br>Noncash □  |
|                                | ELLSWORTH ME 04605  |  | (Complete Part II for noncash contributions.)   |
| (a)<br>No.                     | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions   | (d)<br>Type of contribution   |
| _9_                            | SUGARLOAF REGION CHARITABLE TRUST   | \$10,000   | Person ⊻<br>Payroll □<br>Noncash □  |
|                                | KINGFIELD ME 04947  |  | (Complete Part II for noncash contributions.)   |
| (a)<br>No.                     | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions   | (d)<br>Type of contribution   |
| 10                             | THE BETTER TOMORROW FUND  | ¢  | Person <u>x</u><br>Payroll □<br>Noncash □   |
|                                | PO BOX 9509<br>WARWICK RI 02889   | \$30,000   | (Complete Part II for<br>noncash contributions.)  |
| (a)<br>No.                     |   | (c)     Total contributions  | (Complete Part II for   |
|                                | WARWICK RI 02889  | (c)  | (Complete Part II for<br>noncash contributions.)  |
| No.                            | (b)<br>Name, address, and ZIP + 4<br>THE BETTERMENT FUND<br>PO BOX 7910   | (c)<br>Total contributions   | (Complete Part II for<br>noncash contributions.)<br>(d)<br>Type of contribution<br>Person x<br>Payroll Noncash (Complete Part II for  |
| <u>No.</u><br><u>11</u><br>(a) | (b)         Name, address, and ZIP + 4         THE BETTERMENT FUND         PO BOX 7910         PORTLAND ME 04112         (b)         Name, address, and ZIP + 4         UMF GEAR UP | (c)<br>Total contributions<br>\$10,000<br>(c)<br>Total contributions | (Complete Part II for<br>noncash contributions.)<br>(d)<br>Type of contribution<br>Person x<br>Payroll □<br>Noncash □<br>(Complete Part II for<br>noncash contributions.)<br>(d)<br>Type of contribution<br>Person x<br>Payroll □ |
| No.<br>_11_<br>(a)<br>         | WARWICK RI 02889<br>(b)<br>Name, address, and ZIP + 4<br>THE BETTERMENT FUND<br>PO BOX 7910<br>PORTLAND ME 04112<br>(b)<br>Name, address, and ZIP + 4                               | (c)<br>Total contributions<br>\$10,000<br>(c)                        | (Complete Part II for<br>noncash contributions.)<br>(d)<br>Type of contribution<br>Person x<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)<br>(d)<br>Type of contribution<br>Person x                  |

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

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

Name of organization

Page 2
Employer identification number

UNITED WAY OF TRI VALLY AREA

01-0377559

|            | VAY OF TRI VALLY AREA                                      |                                 | 01-0377559  |
|------------|--|---------------------------------|---|
| Part I     | Contributors (see instructions). Use duplicate copies of I | Part I if additional space is n | eeded.  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                          | (c)<br>Total contributions      | (d)<br>Type of contribution   |
| <u>13</u>  | VITA CASH MAINE<br>550 FOREST AVE<br>PORTLAND ME 04101     | \$9,216                         | PersonxPayrollNoncash(Complete Part II for<br>noncash contributions.)                                   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                          | (c)<br>Total contributions      | (d)<br>Type of contribution   |
|            |  | \$                              | Person<br>Payroll<br>Noncash<br>(Complete Part II for noncash contributions.)                           |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                          | (c)<br>Total contributions      | (d)<br>Type of contribution<br>Person<br>Payroll  |
| (a)        | (b)  | \$<br>(c)                       | Noncash (Complete Part II for noncash contributions.)   |
| <u>No.</u> | Name, address, and ZIP + 4                                 | Total contributions             | Person       Payroll         Noncash       Output         (Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                          | (c)<br>Total contributions      | (d)<br>Type of contribution   |
|            |  | \$                              | Person<br>Payroll<br>Noncash<br>(Complete Part II for noncash contributions.)                           |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                          | (c)<br>Total contributions      | (d)<br>Type of contribution   |
|            |  | \$                              | Person<br>Payroll<br>Noncash<br>(Complete Part II for noncash contributions.)                           |

| SCHEDULE D |  |
|------------|--|
| (Form 990) |  |

# **Supplemental Financial Statements**

► Complete if the organization answered "Yes" on Form 990,

OMB No. 1545-0047

\_\_\_\_

| Part IV, line 6, 7, 8, 9, |                                       | •   | ganization answered "Yes" on Form 990,<br>10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b |                           | 2020                    |
|---------------------------|---------------------------------------|---|---|---------------------------|-------------------------|
|                           |                                       |   | Attach to Form 990.   |                           | Open to Public          |
|                           |                                       |   | 990 for instructions and the latest inform  | ation.                    | Inspection              |
|                           |                                       | ·   |   | Employer identification   | number                  |
| UNI                       | TED WAY OF TH                         | RI VALLY AREA                                   |   | 01-0377559                | 9                       |
| Pa                        | art I Organiza                        | tions Maintaining Donor Advised F               | unds or Other Similar Funds or Acco   | ounts.                    |                         |
|                           | Complete                              | if the organization answered "Yes" or           | n Form 990, Part IV, line 6.  |                           |                         |
|                           |                                       |   | (a) Donor advised funds   | (b) Funds a               | nd other accounts       |
| 1                         | Total number at er                    | nd of year                                      |   |                           |                         |
| 2                         | Aggregate value o                     | of contributions to (during year)               |   |                           |                         |
| 3                         |                                       | of grants from (during year)                    |   |                           |                         |
| 4                         |                                       | tt end of year                                  |   |                           |                         |
| 5                         | -                                     |   | vriting that the assets held in donor advised   |                           |                         |
| •                         | -                                     | inization's property, subject to the organizat  | -   | • • • • • • • • • • • •   | . 📋 Yes 📋 No            |
| 6                         |                                       |   | tvisors in writing that grant funds can be used   |                           |                         |
|                           |                                       |   | or or donor advisor, or for any other purpose   |                           | . 🏾 Yes 🗌 No            |
| Pa                        |                                       | vation Easements.                               | <u></u>   |                           |                         |
| 10                        |                                       | e if the organization answered "Yes" of         | on Form 990 Part IV line 7  |                           |                         |
| 1                         |                                       | servation easements held by the organization    |   |                           |                         |
| •                         | ,                                     | of land for public use (e.g., recreation or edu |   | of a historically importa | ant land area           |
|                           | Protection of r                       |   |   | of a certified historic s |                         |
|                           | Preservation of                       |   |   |                           |                         |
| 2                         | Complete lines 2a t                   | hrough 2d if the organization held a qualifie   | d conservation contribution in the form of a c  | onservation               |                         |
|                           | easement on the la                    | ast day of the tax year.                        |   | Held at                   | the End of the Tax Year |
| а                         |                                       |   |   |                           |                         |
| b                         | Total acreage rest                    | ricted by conservation easements                |   | 2b                        |                         |
| C                         | Number of conser                      | vation easements on a certified historic stru   | icture included in (a)  | 2c                        |                         |
| d                         | Number of conser                      | vation easements included in (c) acquired a     |   |                           |                         |
|                           |                                       |   |   |                           |                         |
| 3                         |                                       | vation easements modified, transferred, rele    | eased, extinguished, or terminated by the org   | ganization during the     |                         |
|                           | tax year ►                            |   |   |                           |                         |
| 4                         |                                       | where property subject to conservation eas      |   |                           |                         |
| 5                         | -                                     | tion have a written policy regarding the peri   |   |                           | . 🏾 Yes 🗌 No            |
| 6                         |                                       | orcement of the conservation easements it       | holds?  |                           |                         |
| U                         |                                       | nous devoted to monitoring, inspecting, na      | and ing of violations, and enforcing conserval  |                           | y the year              |
| 7                         | Amount of expens                      | es incurred in monitoring inspecting handli     | ing of violations, and enforcing conservation   | easements during the      | vear                    |
| •                         | ► \$                                  | eo mounou in monitoring, inspecting, nandi      | ing of violations, and enroiding conservations  |                           | your                    |
| 8                         | · · · · · · · · · · · · · · · · · · · | vation easement reported on line 2(d) abov      | ve satisfy the requirements of section 170(h)(  | 4)(B)(i)                  |                         |
|                           | and section 170(h                     |   |   | , , , , , ,               | . 🗌 Yes 🗌 No            |
| 9                         |                                       |   | on easements in its revenue and expense sta   |                           |                         |
|                           | balance sheet, and                    | include, if applicable, the text of the footno  | te to the organization's financial statements t   | hat describes the         |                         |
|                           | organization's acc                    | ounting for conservation easements.             |   |                           |                         |
| Pa                        | art III Organi                        | izations Maintaining Collections                | of Art, Historical Treasures, or 0  | Other Similar As          | sets.                   |
|                           |                                       | te if the organization answered "Yes"           |   |                           |                         |
| 1a                        | •                                     | •   | 8, not to report in its revenue statement and I   |                           |                         |
|                           |                                       |   | lic exhibition, education, or research in furthe  | rance of public           |                         |
|                           |                                       |   | ncial statements that describes these items.  |                           |                         |
| b                         | -                                     |   | 8, to report in its revenue statement and bala  |                           |                         |
|                           | art, historical treas                 | ures, 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 treasures, or other similar assets for financial gain, provide the |    |
|   | following amounts required to be reported under FASB ASC 958 relating to these items:  |    |
| а | Revenue included on Form 990, Part VIII, line 1  | \$ |
| b | Assets included in Form 990, Part X  | \$ |

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

| Schedu | lle D (Form 990) 2020 UNITED WAY OF TRI  | VALLY AREA                    |                           | 01-03                      | 77559        | Page <b>2</b> |
|--------|--|-------------------------------|---------------------------|----------------------------|--------------|---------------|
| Par    | t III Organizations Maintaining Col  | lections of Art, Hist         | torical Treasures         | , or Other Similar /       | Assets (co   | ontinued)     |
| 3      | Using the organization's acquisition, accession, and   | l other records, check any    | of the following that ma  | ake significant use of its |              |               |
|        | collection items (check all that apply):   |                               |                           |                            |              |               |
| а      | Public exhibition  | d                             | Loan or exchange          | programs                   |              |               |
| b      | Scholarly research   | е                             | Other                     |                            |              |               |
| с      | Preservation for future generations  |                               |                           |                            |              |               |
| 4      | Provide a description of the organization's collection   | ns and explain how they f     | urther the organization's | s exempt purpose in Part   |              |               |
|        | XIII.  |                               |                           |                            |              |               |
| 5      | During the year, did the organization solicit or receiv  | ve donations of art, historio | cal treasures, or other s | similar                    |              |               |
|        | assets to be sold to raise funds rather than to be m   | aintained as part of the or   | ganization's collection?  |                            | 🗌 Yes        | No            |
| Par    | t IV Escrow and Custodial Arranger   | nents.                        |                           |                            |              |               |
|        | Complete if the organization answ  | vered "Yes" on Form           | 990, Part IV, line        | 9, or reported an ar       | nount on F   | orm           |
|        | 990, Part X, line 21.  |                               |                           |                            |              |               |
| 1a     | Is the organization an agent, trustee, custodian or of   |                               |                           |                            |              | _             |
|        |  |                               |                           |                            | 🗌 Yes        | No            |
| b      | If "Yes," explain the arrangement in Part XIII and co  | omplete the following table   | :                         |                            |              |               |
|        |  |                               |                           | A                          | Mount        |               |
| С      | Beginning balance  |                               |                           | . 1c                       |              |               |
| d      | <b>o ,</b>   |                               |                           |                            |              |               |
| е      | Distributions during the year  |                               |                           |                            |              |               |
| f      | Ending balance   |                               |                           | . <u>If</u>                |              |               |
| 2a     | Did the organization include an amount on Form 99  |                               |                           |                            |              |               |
|        | If "Yes," explain the arrangement in Part XIII. Check  | k here if the explanation h   | as been provided on Pa    | art XIII                   |              |               |
| Par    |  |                               |                           |                            |              |               |
|        | Complete if the organization answ  | vered "Yes" on Form           | 990, Part IV, line        | 10.                        |              |               |
|        |  | ) Current year (b) Prie       | or year (c) Two year      | s back (d) Three years bac | ck (e) Four  | years back    |
| 1a     | Beginning of year balance  |                               |                           |                            |              |               |
| b      | Contributions  |                               |                           |                            |              |               |
| С      | Net investment earnings, gains, and  |                               |                           | ·                          |              |               |
|        |  |                               |                           |                            |              |               |
| d      | Grants or scholarships   |                               |                           |                            |              |               |
| е      | Other expenditures for facilities and  |                               |                           |                            |              |               |
|        | programs   |                               |                           |                            |              |               |
| t      | Administrative expenses  |                               |                           |                            |              |               |
| g      | End of year balance  |                               |                           |                            |              |               |
| 2      | Provide the estimated percentage of the current year   |                               | iumn (a)) neid as:        |                            |              |               |
| a<br>⊾ | Board designated or quasi-endowment  | <u> </u>                      |                           |                            |              |               |
| b      | Permanent endowment  % Term endowment  %   |                               |                           |                            |              |               |
| С      |  | ial 100%                      |                           |                            |              |               |
| 20     | The percentages on lines 2a, 2b, and 2c should equ<br>Are there endowment funds not in the possession of |                               | hold and administered     | l for the                  |              |               |
| 3a     |  | or the organization that are  |                           |                            | Γ            | Yes No        |
|        | organization by:   |                               |                           |                            |              | Tes NO        |
|        | (i) Unrelated organizations  |                               |                           |                            | 3a(i)        |               |
| b      | If "Yes" on line 3a(ii), are the related organizations   |                               |                           |                            | 3a(ii)<br>3b |               |
| 4      | Describe in Part XIII the intended uses of the organ   |                               |                           |                            | 30           |               |
| Par    |  |                               | 13.                       |                            |              |               |
| 1 01   | Complete if the organization answ  |                               | 990, Part IV line         | 11a. See Form 990          | . Part X lir | ne 10.        |
|        | Description of property  | (a) Cost or other basis       | (b) Cost or other basis   | (c) Accumulated            | (d) Book     |               |
|        | , Property   | (investment)                  | (other)                   | depreciation               |              |               |
| 1a     | Land   |                               |                           |                            |              |               |
| b      | Buildings  |                               |                           |                            |              |               |
| c      | Leasehold improvements   |                               |                           |                            |              |               |
| d      |  |                               | 26,172                    | 20,628                     |              | 5,544         |
| e      | Other  |                               |                           | _0,020                     |              | -,            |
|        | Add lines 1a through 1e. (Column (d) must equal  | Form 990. Part X. colum       | n (B), line 10.c.)        |                            |              | 5,544         |
|        | 5 ( ()   | . ,                           |                           |                            | i            |               |

| Schedule | р | (Form    | 990) | 2020 |  |
|----------|---|----------|------|------|--|
| ochequie | - | (1 01111 | 330) | 2020 |  |

EEA

#### Schedule D (Form 990) 2020 UNITED WAY OF TRI VALLY AREA 01-0377559 Part VII **Investments - Other Securities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (b) Book value (c) Method of valuation: (a) Description of security or category Cost or end-of-year market value (including name of security) (2) Closely-held equity interests . . . . . . (3) Other (A) (B) (C) (D) (E) (F) (G) (H) Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.). . . . . . ► Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.). Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.). ► Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3)

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

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

| Sched |  | 01-0377559    | Page 4 |
|-------|--|---------------|--------|
| Pa    | rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue p  | er Return.    |        |
|       | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.      | 1 1           |        |
| 1     | Total revenue, gains, and other support per audited financial statements         | 1             |        |
| 2     | Amounts included on line 1 but not on Form 990, Part VIII, line 12:              |               |        |
| а     | Net unrealized gains (losses) on investments                                     |               |        |
| b     | Donated services and use of facilities   |               |        |
| С     | Recoveries of prior year grants  |               |        |
| d     | Other (Describe in Part XIII.)   |               |        |
| е     | Add lines 2a through 2d  | 2e            |        |
| 3     | Subtract line <b>2e</b> from line <b>1</b>                                       | 3             |        |
| 4     | Amounts included on Form 990, Part VIII, line 12, but not on line 1:             |               |        |
| а     | Investment expenses not included on Form 990, Part VIII, line 7b 4a              |               |        |
| b     | Other (Describe in Part XIII.)   |               |        |
| С     | Add lines <b>4a</b> and <b>4b</b>  | 4c            |        |
| 5     | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.). | 5             |        |
| Pa    | rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses | s per Return. |        |
|       | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.      |               |        |
| 1     | Total expenses and losses per audited financial statements                       | 1             |        |
| 2     | Amounts included on line 1 but not on Form 990, Part IX, line 25:                |               |        |
| а     | Donated services and use of facilities   | _             |        |
| b     | Prior year adjustments   | _             |        |
| С     | Other losses   | _             |        |
| d     | Other (Describe in Part XIII.)   |               |        |
| е     | Add lines 2a through 2d  | 2e            |        |
| 3     | Subtract line <b>2e</b> from line <b>1</b>                                       | 3             |        |
| 4     | Amounts included on Form 990, Part IX, line 25, but not on line 1:               |               |        |
| а     | Investment expenses not included on Form 990, Part VIII, line 7b 4a              |               |        |
| b     | Other (Describe in Part XIII.)   |               |        |
| C     | Add lines <b>4a</b> and <b>4b</b>  | 4c            |        |
| 5     | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | 5             |        |
| Pa    | rt XIII Supplemental Information.  |               |        |

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

|  | Acknowledgement and General Information for<br>Entities That File Returns Electronically                                   | 2020  |
|--|--|---|
| Name(s) as shown on return   | RT VALLY AREA  | Employer Identification Number  |
| UNITED WAY OF T<br>Entity address<br>PO BOX 126<br>FARMINGTON, ME<br>Thank you for par<br>1. X 2020 990<br>The electronic fili<br>2. X 990<br>an electronic sign<br>The submission I<br>PLEASE<br>IRS. IF YO | Entities That File Returns Electronically          RI VALLY AREA         g         04938         ticipating in IRS e-file. | Employer Identification Number<br>**_**7559  electronically.  hal Identification Number (PIN) as inter or generate a PIN signature.  TO THE |
|  |  |   |

|   | Acknowledgement and General Information for<br>Entities That File Returns Electronically | 2020                           |
|---|--|--------------------------------|
| Name(s) as shown on return UNITED WAY OF            |  | Employer Identification Number |
| Entity address                                      |  |                                |
| PO BOX 126  |  |                                |
| FARMINGTON, M                                       | E 04938  |                                |
| Thank you for pa                                    | rticipating in IRS e-file.   |                                |
| 2. x 8868-01<br>an electronic sig<br>The submission | ing services were provided by Milliken Perkins & Brunelle                                | TO THE                         |

| SCHEDULE G  | Supplemer          | ntal Informatio        | on Regard     | ling Fund               | raising or Ga                     | ming Act         | ivities                                       | OMB No. 1545-0047                |
|---|--------------------|------------------------|---------------|-------------------------|-----------------------------------|------------------|---|----------------------------------|
| (Form 990 or 990-EZ) Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if organization entered more than \$15,000 on Form 990-EZ, line 6a. |                    |                        |               |                         |                                   |                  |   | 2020                             |
| Department of the Treasury<br>Internal Revenue Service  | Þ                  |                        | tach to Form  | 990 or Form             | 990-EZ.                           |                  |   | Open to Public<br>Inspection     |
| Name of the organization  |                    | 50 to WWW13.gow        |               |                         |                                   |                  | Employer id                                   | entification number              |
| UNITED WAY OF TRI   | VALLY AREA         | A                      |               |                         |                                   |                  | 01-03   | 377559                           |
|   | -                  | . Complete if the      | -             |                         | wered "Yes" or                    | n Form 99        | 0, Part IV                                    | , line 17.                       |
|   |                    | t required to com      | •             |                         |                                   |                  |   |                                  |
| <ul> <li>Indicate whether the</li> <li>a Mail solicitations</li> </ul>  | organization rais  | ed funds through a     | •             | -                       | ies. Check all that               |                  |   |                                  |
| a Mail solicitations  | solicitations      |                        |               |                         | f government grant                |                  |   |                                  |
| <b>c</b> Phone solicitation   |                    |                        | =             |                         | aising events                     | 5                |   |                                  |
| d 🗌 In-person solicitati  |                    |                        | J             |                         | g                                 |                  |   |                                  |
| 2a Did the organization   | have a written o   | r oral agreement wi    | th any indivi | dual (includin          | ng officers, directors            | s, trustees,     |   |                                  |
| or key employees list<br><b>b</b> If "Yes," list the 10 hig<br>compensated at leas  | ghest paid individ | duals or entities (fu  |               | •                       | 0                                 |                  |   | <b>Yes No</b><br>De              |
|   |                    |                        | (iii) Did fun | draiser have            |                                   | (v) Am           | ount paid to                                  | (vi) Amount paid to              |
| (i) Name and address<br>or entity (fundra   |                    | (ii) Activity          | custody o     | r control of<br>utions? | (iv) Gross receipts from activity | fundrais         | tained by)<br>ser listed in<br>ol. <b>(i)</b> | (or retained by)<br>organization |
|   |                    |                        | Yes           | No                      |                                   |                  |   |                                  |
| 1   |                    |                        |               |                         |                                   |                  |   |                                  |
| 2   |                    |                        |               |                         |                                   |                  |   |                                  |
| 3   |                    |                        |               |                         |                                   |                  |   |                                  |
| 4   |                    |                        |               |                         |                                   |                  |   |                                  |
| 5   |                    |                        |               |                         |                                   |                  |   |                                  |
| 6   |                    |                        |               |                         |                                   |                  |   |                                  |
| 7   |                    |                        |               |                         |                                   |                  |   |                                  |
| 8   |                    |                        |               |                         |                                   |                  |   |                                  |
| 9   |                    |                        |               |                         |                                   |                  |   |                                  |
| 10  |                    |                        |               |                         |                                   |                  |   |                                  |
| Total   |                    |                        |               | ►                       |                                   |                  |   |                                  |
| 3 List all states in which registration or licensin   |                    | n is registered or lic | ensed to sol  | icit contributi         | ons or has been no                | btified it is ex | kempt from                                    |                                  |
|   |                    |                        |               |                         |                                   |                  |   |                                  |
|   |                    |                        |               |                         |                                   |                  |   |                                  |
|   |                    |                        |               |                         |                                   |                  |   |                                  |
|   |                    |                        |               |                         |                                   |                  |   |                                  |
|   |                    |                        |               |                         |                                   |                  |   |                                  |

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

|                 |       | gross receipts greater than                                      | \$5,000.                              |  |  |  |
|-----------------|-------|--|---------------------------------------|--|--|--|
|                 |       |  | (a) Event #1 FUNDRAISING (event type) | (b) Event #2                                     | (c) Other events NONE (total number)   | (d) Total events<br>(add col. (a) through<br>col. (c)) |
| Revenue         | 1     | Gross receipts   | 53,521                                |  |  | 53,521   |
| _               | 2     | Less: Contributions  |                                       |  |  |  |
|                 | 3     | Gross income (line 1 minus                                       |                                       |  |  |  |
|                 |       | line 2)  | 53,521                                |  |  | 53,521   |
|                 | 4     | Cash prizes  |                                       |  |  |  |
|                 | 5     | Noncash prizes   |                                       |  |  |  |
| Direct Expenses | 6     | Rent/facility costs  |                                       |  |  |  |
|                 | 7     | Food and beverages   |                                       |  |  |  |
| Dire            | 8     | Entertainment  |                                       |  |  |  |
|                 | 9     | Other direct expenses  | 19,916                                |  |  | 19,916   |
|                 | 10    | Direct expense summary. Add lines                                |                                       |  |  | 19,916   |
|                 | 11    | Net income summary. Subtract line                                | e 10 from line 3, column (d)          |  |  | 33,605   |
| Pa              | rt II |  | -                                     | Yes" on Form 990, Part                           | IV, line 19, or reported i             | more than  |
|                 |       | \$15,000 on Form 990-EZ,   | inte oa.                              | (h) Dull take fürstant                           |  | (a) Tatal agains (add                                  |
| Revenue         |       |  | (a) Bingo                             | (b) Pull tabs/instant<br>bingo/progressive bingo | (c) Other gaming                       | (d) Total gaming (add<br>col. (a) through col. (c))    |
| Re              | 1     | Gross revenue  |                                       |  |  |  |
| ses             | 2     | Cash prizes  |                                       |  |  |  |
| Direct Expenses | 3     | Noncash prizes   |                                       |  |  |  |
| Direct          | 4     | Rent/facility costs  |                                       |  |  |  |
|                 | 5     | Other direct expenses  |                                       |  |  |  |
|                 | 6     | Volunteer labor  | Yes        %           No             | Yes         %           No                       | ☐ Yes        %           ☐ No        % |  |
|                 | 7     | Direct expense summary. Add lines                                | 2 through 5 in column (d)             |  |  |  |
|                 | 8     | Net gaming income summary. Sub                                   | tract line 7 from line 1, colur       | nn (d)   |  |  |
| 9<br>a          | ls    | ter the state(s) in which the organization licensed to conduct g | gaming activities in each of          | these states?                                    |  | Yes 🗌 No   |
| D               | II "  | No," explain:  |                                       |  |  |  |
|                 |       | ere any of the organization's gaming<br>Yes," explain:           | licenses revoked, suspende            | -  | -                                      | 🗌 Yes 🗌 No   |
|                 |       |  |                                       |  |  |  |

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service Name of the organization

# Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

Open to Public

Inspection

Employer identification number

UNITED WAY OF TRI VALLY AREA

01-0377559

#### 01. Members or stockholder classes and rights (Part VI, line 6)

THE ORGANIZATION IS A MEMBERSHIP ORGANIZATION WITH ONE CLAS OF MEMBER.

#### 02. Member election for additional members (Part VI, line 7a)

THE ORGANIZATION IS A MEMBERSHIP ORGANIZATION WITH ONE CLASS AND THE MEMBERS ELECT THE

BOARD OF DIRECTORS AND CAN ELECT ADDITIONAL DIRECTORS.

#### 03. Governing body decisions (Part VI, line 7b)

THE BYLAWS CAN BE AMENDED AT ANY REGULAR OR SPECIAL MEETING OF THE UWTVA BOARD OF

DIRECTORS BY 2/3 MAJORITY VOTE OF THE CURRENT BOARD OF DIRECTORS, PROVIDED THAT PREVIOUS

NOTICE HAS BEEN GIVEN IN WRITING TO THE BOARD OF DIRECTORS PRIOR TO THE MEETING.

#### 04. Form 990 governing body review (Part VI, line 11)

THE FORM 990 AND FINANCIAL STATEMENTS WERE REVIEWED BY THE ORGANIZATION'S TREASURER AND

FINANCE COMMITTEE MEMBERS, RECOMENDATION FOR CHAGES WERE PROVIDED TO THE OUTSIDE

ACCOUNTANT, AND THE BOARD OF DIRECTORS WAS INFORMED VIA A FINANCE COMMITTEE REPORT THAT THE

FORM 990 AND FINANCIAL STATEMENTS WERE APPROVED.

#### 05. Conflict of interest policy compliance (Part VI, line 12c)

CONFLICT OF INTEREST POLICIES ARE MONITORED AND ENFORCED VIA ANNUAL BOARD ORIENTATION, A

STANDING REVIEW OF BOARD MEMBERS' PAPERWORK AT A FEBRUARY BOARD MEETING AND PAPERWORK

FILED IN UNITED WAY OFFICE WITH PERIODIC REVIEW BY THE EXECUTIVE DIRECTOR.

#### 06. CEO, executive director, top management comp (Part VI, line 15a)

THE EXECUTIVE DIRECTOR'S SALARY WAS DETERMINED BY THE PERSONNEL COMMITTEE AND THEN BROUGHT

| Schedule O (Form 990 or 990-EZ) (2020)                                     | Page 2                         |
|--|--------------------------------|
|  | Employer identification number |
| UNITED WAY OF TRI VALLY AREA   | 01-0377559                     |
| TO THE FULL BOARD FOR A FINAL VOTE.SALARY COMPARISONS WERE MADE USING REPO | RTS FROM THE                   |
| MAINE DEPARTMENT OF LABOR AND THE UNITED WAY WORLDWIDE.                    |                                |
|  |                                |
|  |                                |
| 07. Other officer or key employee compensation (Part VI, line 15b          |                                |
| THE EXECUTIVE DIRECTOR'S SALARY WAS DETERMINED BY THE PERSONNEL COMMITTEE  | AND THEN BROUGHT               |
| TO THE FULL BOARD FOR A FINAL VOTE. SALARY COMPARISONS WERE MADE.          |                                |
| 08. Governing documents, etc, available to public (Part VI, line 19)       |                                |
| THE BYLAWS STATE THAT THE ORGANIZATION IS A MAMBERSHIP ORGANIZATION AND TH | IE MEMBERS ELECT               |
| THE BOARD OF DIRECTORS AT THE ANNUAL MEETING.                              |                                |
|  |                                |
|  |                                |
| 09. Explanation of other changes in net assets or fund balances (Part XI,  | line 9)                        |
| PART XI,LINE 9,OTHER CHANGES IN ASSETS:                                    |                                |
| DECREASE IN TEMP RESTRICTED NET ASSETS \$ 5,158                            |                                |
|  |                                |
|  |                                |
|  |                                |
|  |                                |
|  |                                |
|  |                                |
|  |                                |
|  |                                |
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|  |                                |
|  |                                |

|                    | Gra  | ants and Other   | Assistance to  | Organization  | S,   | 1  | OMB No. 1545-0047                                 |
|--------------------|--|--|--|---|--|--|---|
|                    | Gove   | rnments, and I   | ndividuals in t  | he United Sta   | tes  |  | 2020  |
|                    | Complete   | e if the organization an   | swered "Yes" on Fori   | m 990, Part IV, line 21   | or 22.   | C  | pen to Public                                     |
|                    |  |  |  | atost information   |  |  | Inspection  |
|                    |  |  |  | atest mormation.  |  | Employer identification  |   |
|                    |  |  |  |   |  |  |   |
|                    | Grante and Assis   | tanco  |  |   |  | 01-0377559   |   |
|                    |  |  | tanga the grantage' alig   | ribility for the grante or  | and and  |  |   |
| ed to award the gr | ants or assistance?  |  |  |   |  |  | . 🗴 Yes 🗌 No                                      |
|                    |  |  |  | ts Complete if the c  | vrganization answered  | "Ves" on Form 00   | า   |
|                    |  |  |  |   |  |  | σ,  |
|                    |  |  |  |   |  |  |   |
| organization       | (b) EIN  |  |  | .,  | (book, FMV, appraisal,   |  | (h) Purpose of grant<br>or assistance             |
| TV AND PES         |  | (ii applicable)  | gian   |   | other)   |  |   |
|                    |  |  |  |   |  |  |   |
|                    | 22-2642697   |  | 4 000  |   |  |  |   |
|                    | 22-2043087   |  | 4,000  |   |  |  |   |
|                    |  |  |  |   |  |  |   |
|                    | 01-0217102   |  | 9,000  |   |  |  |   |
|                    | 01-031/103   |  | 9,000  |   |  |  |   |
| MUNITI ACI         |  |  |  |   |  |  |   |
|                    | 01 0075156   |  | 8 000  |   |  |  |   |
|                    | 01-02/5156   |  | 8,000  |   |  |  |   |
| NICAL MIN          |  |  |  |   |  |  |   |
|                    |  |  | 11 000   |   |  |  |   |
|                    | 36-2167731   |  | 11,000   |   |  |  |   |
|                    |  |  |  |   |  |  |   |
|                    |  |  |  |   |  |  |   |
|                    | 01-0352658   |  | 7,945  |   |  |  |   |
| COALITION          |  |  |  |   |  |  |   |
|                    |  |  |  |   |  |  |   |
|                    | 33-3305743   |  | 5,000  |   |  |  |   |
|                    |  |  |  |   |  |  |   |
|                    |  |  |  |   |  |  |   |
|                    | 23-7129502   |  | 6,500  |   |  |  |   |
| DRENS TASK         |  |  |  |   |  |  |   |
|                    |  |  |  |   |  |  |   |
|                    | 01-0370385   |  | 15,000   |   |  |  |   |
| OD CLOSET          |  |  |  |   |  |  |   |
|                    |  |  |  |   |  |  |   |
|                    | 81-4195568   |  | 5,200  |   |  |  |   |
| AL CENTER          |  |  |  |   |  |  |   |
|                    |  |  |  |   |  |  |   |
|                    | 01-0265559   |  | 5,000  |   |  |  |   |
|                    | aintain records to<br>ad to award the gr<br>organization's pro<br><b>Other Assistan</b><br>1, for any recipi<br>organization | ALLY AREA<br>Drmation on Grants and Assis<br>anintain records to substantiate the amou-<br>ad to award the grants or assistance?<br>Drganization's procedures for monitoring<br>Dther Assistance to Domestic Org<br>1, for any recipient that received mo-<br>organization (b) EIN<br>22-2643687<br>01-0317103<br>MUNITY ACT<br>4 01-0275156<br>NICAL MIN<br>36-2167731<br>01-0352658<br>COALITION<br>33-3305743<br>23-7129502<br>DRENS TASK<br>01-0370385<br>DOD CLOSET<br>81-4195568 | Governments, and I<br>Complete if the organization an<br>Solution of Go to www.irs.go         ALLY AREA<br>Demation on Grants and Assistance         Demation on Grants and Assistance?         Complete if the grants or assisted to award the grants or assistance?         Organization's procedures for monitoring the use of grant funds in<br>Dether Assistance to Domestic Organizations and Dou<br>1, for any recipient that received more than \$5,000, Part<br>organization         Open Assistance to Domestic Organizations and Dou<br>1, for any recipient that received more than \$5,000, Part<br>organization         Open Assistance to Domestic Organizations and Dou<br>1, for any recipient that received more than \$5,000, Part<br>organization         Out-0317103         MUNITY ACT         4       01-0275156         ENICAL MIN         36-2167731         23-7129502         DRENS TASK         01-0370385         OOD CLOSET         81-4195568 | Governments, and Individuals in the Complete if the organization answered "Yes" on Forn > Attach to Form 990.         Content of the organization answered "Yes" on Forn > Contents and Assistance         Content on Grants and Assistance         Content on Manual Content on State Content on Content on State Content on Con | Governments, and Individuals in the United State<br>Complete if the organization answered "Yes" on Form 990, Part IV, line 21<br>Attach to Form 990.         Attach to Be duplicated if additional space         Operation of the grant or assistance.         Attach to Form 990.         Attach to Form 990.         Attach to Form 990.         Attach to Form 990.         Attach to Form 990. | Go to www.irs.gov/Form990 for the latest information.      LULY AREA      Drmation on Grants and Assistance     intercords to substantiate the amount of the grants or assistance, the grantees eligibility for the grants or assistance, and     do to award the grants or assistance?     reganization's procedures for monitoring the use of grant/unds in the United States.      Ther Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered     1, for any recipient that received more than \$5,000, Part II can be duplicated if additional space is needed.      granization         (b) EIN         (c) (RC section         (d) Amount of cash         grant         (e) Amount of non-         (g) Method of valuation         (hock, FMV, applicable)         (grant         (gran | Governments, and Individuals in the United States |

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

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

| SCHEDULE I                 | I   |                       | ints and Other              |  |   |   | 1                      | OMB No. 1545-0047    |
|----------------------------|---|-----------------------|-----------------------------|--|---|---|------------------------|----------------------|
| (Form 990)                 |   | Gove                  | rnments, and I              | ndividuals in                              | the United Sta                            | tes   |                        | 2020                 |
| Department of the Treasury |   | Complete              | if the organization an      | swered "Yes" on For<br>Attach to Form 990. | rm 990, Part IV, line 21                  | l or 22.  | (                      | Open to Public       |
| Internal Revenue Service   |   |                       |                             | ov/Form990 for the                         | latest information.                       |   |                        | Inspection           |
| Name of the organization   |   |                       |                             |  |   |   | Employer identificatio |                      |
| UNITED WAY OF TR           |   |                       |                             |  |   |   | 01-0377559             | 1                    |
|                            |   | Grants and Assis      |                             |  |   |   |                        |                      |
|                            |   |                       | nt of the grants or assis   |  |   |   |                        |                      |
|                            |   |                       |                             |  |   |   |                        | 🗌 Yes 🗌 No           |
|                            |   |                       | the use of grant funds i    |  |   |   |                        |                      |
|                            |   |                       |                             |  |   | organization answered                             | "Yes" on Form 99       | 0,                   |
| Part IV, li                | ine 21, for any recip                           | ient that received mo | ore than \$5,000. Part      | Il can be duplicate                        | d if additional space                     |   | 1                      |                      |
| 1 (a) Name and addre       |   | <b>(b)</b> EIN        | (c) IRC section             | (d) Amount of cash                         | (e) Amount of non-                        | (f) Method of valuation<br>(book, FMV, appraisal, | (g) Description of     | (h) Purpose of grant |
| or gover                   |   |                       | (if applicable)             | grant                                      | cash assistance                           | other)  | noncash assistance     | or assistance        |
| (1)LITERACY VOLU           | NTEERS  |                       |                             |  |   |   |                        |                      |
| 129 SEAMON ROAD            |   |                       |                             |  |   |   |                        |                      |
| FARMINGTON ME 04           |   | 51-0207933            |                             | 10,000                                     |   |   |                        |                      |
| (2) CHILDRENS ADVO         |   |                       |                             |  |   |   |                        |                      |
| 56 LAFAYETTE STR           |   |                       |                             |  |   |   |                        |                      |
| LEWISTON ME 0424           | 0   | 22-2592990            |                             | 7,500                                      |   |   |                        |                      |
| (3)                        |   |                       |                             |  |   |   |                        |                      |
| (4)                        |   |                       |                             |  |   |   |                        |                      |
| (5)                        |   |                       |                             |  |   |   |                        |                      |
| (6)                        |   |                       |                             |  |   |   |                        |                      |
| (7)                        |   |                       |                             |  |   |   |                        |                      |
| (8)                        |   |                       |                             |  |   |   |                        |                      |
| (9)                        |   |                       |                             |  |   |   |                        |                      |
| (10)                       |   |                       |                             |  |   |   |                        |                      |
|                            | of section 501(c)(3) and of other organizations | •                     | ations listed in the line 1 |  | <br>• • • • • • • • • • • • • • • • • • • | <br>  | <u> </u>               |                      |

| hedule I (Form 990) | (2020) UNITED WAY OF T                                     | RI VALLY AREA             |                     |                        |                                | 01-0377559                       | Page   |
|---------------------|--|---------------------------|---------------------|------------------------|--------------------------------|----------------------------------|--------|
|                     | nts and Other Assistance                                   |                           | is. Complete if the | he organization answ   | wered "Yes" on Form 990        | 0, Part IV, line 22.             |        |
|                     | III can be duplicated if add<br>ype of grant or assistance | (b) Number of             | (c) Amount of       | (d) Amount of          | (e) Method of valuation (book, | (f) Description of noncash assis | stance |
|                     | ·  | recipients                | cash grant          | noncash assistance     | FMV, appraisal, other)         |                                  |        |
|                     |  |                           |                     |                        |                                |                                  |        |
| 1                   |  |                           |                     |                        |                                |                                  |        |
| 2                   |  |                           |                     |                        |                                |                                  |        |
|                     |  |                           |                     |                        |                                |                                  |        |
|                     |  |                           |                     |                        |                                |                                  |        |
|                     |  |                           |                     |                        |                                |                                  |        |
|                     |  |                           |                     |                        |                                |                                  |        |
|                     |  |                           |                     |                        |                                |                                  |        |
|                     |  |                           |                     |                        |                                |                                  |        |
|                     |  |                           |                     |                        |                                |                                  |        |
| rt IV Sup           | plemental Information. Pr                                  | rovide the information re | quired in Part I, I | ine 2; Part III, colum | in (b); and any other add      | itional information.             |        |
| <u>.</u>            |  |                           |                     |                        |                                |                                  |        |
| . Monito            | oring procedures   | (Part I, line 2           | 2)                  |                        |                                |                                  |        |
| CORGANIZAT          | ION HAS A COMMITTEE TH                                     | HAT REVIEWS EACH REQ      | UEST AND VERI       | FIES ITS CREDENT       | IALS AND NEED. IT MO           | ONITORS THE GRANTS MA            | DE     |
|                     |  |                           |                     |                        |                                |                                  |        |
| H YEAR AND          | FOLLOWS RESULTS FROM                                       | THE PREVIOUS YEARS.       |                     |                        |                                |                                  |        |
|                     |  |                           |                     |                        |                                |                                  |        |
|                     |  |                           |                     |                        |                                |                                  |        |
|                     |  |                           |                     |                        |                                |                                  |        |
|                     |  |                           |                     |                        |                                |                                  |        |
|                     |  |                           |                     |                        |                                |                                  |        |
|                     |  |                           |                     |                        |                                |                                  |        |
|                     |  |                           |                     |                        |                                |                                  |        |
|                     |  |                           |                     |                        |                                |                                  |        |
|                     |  |                           |                     |                        |                                |                                  |        |

| Form 990<br>Worksheet      |                                 | Schedule A              | A, Line 5 - Exce | ss 2% Limit | ation Contrib | utors       |               |  |  |
|----------------------------|---------------------------------|-------------------------|------------------|-------------|---------------|-------------|---------------|--|--|
|                            |                                 | (Keep for your records) |                  |             |               |             |               |  |  |
| Name(s) as shown on return |                                 |                         | · · ·            |             |               |             | Tax ID Number |  |  |
| UNITED WAY OF T            | RI VALLY AREA                   |                         |                  |             |               |             | 01-0377559    | 9  |  |
| 2% of the amount on Scheo  | dule A, Part II, line 11, colum | n (f)                   |                  |             |               |             |               | 33,887   |  |
| Name                       |                                 | (a)<br>2016             | (b)<br>2017      | (c)<br>2018 | (d)<br>2019   | (e)<br>2020 | (f)<br>Total  | (g)<br>Excess contributions<br>(col. (f) minus<br>the 2% limitation) |  |
| CENTRAL MAINE POW          | ER                              |                         |                  |             | ų.            | 6,500       | 6,500         |  |  |
| COMMUNITY HEALTH (         | OPTIONS                         |                         |                  |             |               | 5,000       | 5,000         |  |  |
| BURTON AND NANCY I         | KNAPP                           |                         |                  |             |               | 10,000      | 10,000        |  |  |
| TIFFANY ERNST              |                                 |                         |                  |             |               | 5,000       | 5,000         |  |  |
| FRANKLIN COMMUNITY         | Y NETWORK                       |                         |                  |             |               | 23,320      | 23,320        |  |  |
| FRANKLIN SAVINGS           | BANK                            |                         |                  |             |               | 10,000      | 10,000        |  |  |
| FRITZ AND SUSAN ON         | NION                            |                         |                  |             |               | 35,000      | 35,000        | 1,113  |  |
| HARVARD PILGRIM HI         | EALTH                           |                         |                  |             |               | 10,000      | 10,000        |  |  |
| HQ ENERGY SERVICES         | S INC                           |                         |                  |             |               | 10,000      | 10,000        |  |  |
| BROOKS FAMILY FOUL         | NDATION                         |                         |                  |             | 10,000        | 20,000      | 30,000        |  |  |
| LL BEAN                    |                                 |                         |                  |             |               | 5,000       | 5,000         |  |  |
| MAINE CHARITABLE           | FOUNDATION                      |                         |                  |             |               | 10,000      | 10,000        |  |  |
| POLAND SPRING              |                                 |                         |                  |             |               | 5,000       | 5,000         |  |  |
| SUGARLOAF REGION (         | CHARITABLE TRUST                |                         |                  |             | 10,000        | 10,000      | 20,000        |  |  |
| THE BETTER TOMORRO         | OW FUND                         |                         |                  |             | 20,000        | 30,000      | 50,000        | 16,113   |  |
| THE BETTERMENT FUR         | ND                              |                         |                  |             |               | 10,000      | 10,000        |  |  |
| UMF GEAR UP                |                                 |                         |                  |             |               | 8,389       | 8,389         |  |  |
| VITA CASH MAINE            |                                 |                         |                  |             |               | 9,216       | 9,216         |  |  |

TOTAL

\_\_\_\_\_17,226