

PUBLIC

Form **990**
(Rev. January 2020)
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2019
Open to Public Inspection

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2019 calendar year, or tax year beginning 04/01/19, and ending 03/31/20

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization UNITED WAY OF NORTHWEST VERMONT, INC.		D Employer identification number ** - *** 7229
	Doing business as		E Telephone number 802-864-7541
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 412 FARRELL STREET, SUITE 200		
	City or town, state or province, country, and ZIP or foreign postal code SOUTH BURLINGTON VT 05403-4466		G Gross receipts\$ 4,761,029
F Name and address of principal officer: JESSE BRIDGES 412 FARRELL STREET, SUITE 200 SOUTH BURLINGTON VT 05403-4466			H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: ▶ WWW.UNITEDWAYNWVT.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: 1971
			M State of legal domicile: VT

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: OUR MISSION IS TO BUILD A STRONGER NORTHWEST VERMONT BY MOBILIZING OUR COMMUNITY TO IMPROVE PEOPLE'S LIVES.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	20
	4	Number of independent voting members of the governing body (Part VI, line 1b)	20
	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	36
	6	Total number of volunteers (estimate if necessary)	497
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0
7b	Net unrelated business taxable income from Form 990-T, line 39	0	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year: 3,890,297 Current Year: 3,542,207
	9	Program service revenue (Part VIII, line 2g)	111,550 114,556
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	71,532 108,500
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	52,173 50,637
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,125,552 3,815,900
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,028,009 1,840,647
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,923,076 1,908,327
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 600,052	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	674,054 618,329
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	4,625,139 4,367,303	
19	Revenue less expenses. Subtract line 18 from line 12	-499,587 -551,403	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year: 6,163,425 End of Year: 5,238,593
	21	Total liabilities (Part X, line 26)	581,663 485,684
	22	Net assets or fund balances. Subtract line 21 from line 20	5,581,762 4,752,909

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer JESSE BRIDGES Type or print name and title		Date CEO	
	Print/Type preparer's name RANDALL L. SARGENT, CPA	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN *****
Paid Preparer Use Only	Firm's name ▶ JMM & ASSOCIATES, PC		Firm's EIN ▶ ** - *** 0081	
	Firm's address ▶ 336 WATER TOWER CIR STE 801 COLCHESTER, VT 05446		Phone no. 802-655-5665	

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission:

SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(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 \$ 1,898,654 including grants of \$ 1,840,647) (Revenue \$)

COMMUNITY INVESTMENTS: THROUGH A MULTI-STEP PROCESS, A DIVERSE GROUP, WHICH INCLUDES VOLUNTEERS AND BOARD MEMBERS, EVALUATES APPLICATIONS FROM LOCAL NONPROFIT AGENCIES AND MAKES FUNDING DECISIONS THAT HELP ACHIEVE COMMUNITY-DETERMINED PRIORITIES. UWNWVT AWARDED NEARLY \$1,900,000 IN AGENCY ALLOCATIONS FOR 2017 AND 2018 - FUNDED THROUGH THE UNDESIGNATED PORTION OF THE ORGANIZATION'S ANNUAL COMMUNITY CAMPAIGN. UWNWVT ALSO DISTRIBUTES DONOR-DESIGNATED FUNDS TO BOTH MEMBERS AND QUALIFIED NON-MEMBER AGENCIES BASED ON AMOUNTS ACTUALLY COLLECTED.

4b (Code:) (Expenses \$ 1,434,827 including grants of \$) (Revenue \$ 114,556)

SEE SCHEDULE O

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

N/A

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 3,333,481

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule C, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule D, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule D, Part IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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? <i>If "Yes," complete Schedule D, Part VII</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c 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? <i>If "Yes," complete Schedule D, Part VIII</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule D, Part IX</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the United States?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule F, Parts I and IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule F, Parts III and IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule G, Part I (see instructions)</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<input type="checkbox"/>	<input type="checkbox"/>
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Part IV Checklist of Required Schedules (continued)

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
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		X
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		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
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):		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		X
c	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		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
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		X
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		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
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		
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		X
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		X
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.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		

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

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a 36		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
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)?		X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
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?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	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?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
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?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	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.)	11b	
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	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
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	
c	Enter the amount of reserves on hand	13c	
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 O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	20		
b	Enter the number of voting members included on line 1a, above, who are independent		
	20		
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?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
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?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	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	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
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?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	X	
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?		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?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ► NONE
- 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.
 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 ►
 JESSE BRIDGES 412 FARRELL STREET, SUITE 200
 SOUTH BURLINGTON VT 05403-4466 802-864-7541

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JESSE BRIDGES CEO	40.00 0.00			X				115,436	0	21,316
(2) REBECCA TOWNE PRESIDENT	4.00 0.00	X		X				0	0	0
(3) CHRIS LYON VICE PRESIDENT	4.00 0.00	X		X				0	0	0
(4) MARIE HOUGHTON SECRETARY	4.00 0.00	X		X				0	0	0
(5) BROOKE GILLMAN TREASURER	4.00 0.00	X		X				0	0	0
(6) DONNA AUSTIN-HAWLEY DIRECTOR	2.00 0.00	X						0	0	0
(7) MARGARET BOZIK DIRECTOR	2.00 0.00	X						0	0	0
(8) JAMES COHEN DIRECTOR	2.00 0.00	X						0	0	0
(9) MARTIN FLETCHER DIRECTOR	2.00 0.00	X						0	0	0
(10) CURT GUENTHER DIRECTOR	2.00 0.00	X						0	0	0
(11) MELISSA HERSH DIRECTOR	2.00 0.00	X						0	0	0

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

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) ANGIE HOLBROOK	2.00									
DIRECTOR	0.00	X					0	0	0	
(13) NANCY MATHEWS	2.00									
DIRECTOR	0.00	X					0	0	0	
(14) JOEL POQUETTE	2.00									
DIRECTOR	0.00	X					0	0	0	
(15) SALLY SARGENT	2.00									
DIRECTOR	0.00	X					0	0	0	
(16) GERALD COLEMAN	2.00									
DIRECTOR	0.00	X					0	0	0	
(17) YAEL FRIEDMAN	2.00									
DIRECTOR	0.00	X					0	0	0	
(18) MICHELL LANGLAIS	2.00									
DIRECTOR	0.00	X					0	0	0	
(19) SANDY MAYOTTE	2.00									
DIRECTOR	0.00	X					0	0	0	
1b Subtotal							115,436		21,316	
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							115,436		21,316	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **1**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	18,250				
	d Related organizations	1d					
	e Government grants (contributions)	1e	391,119				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	3,132,838				
	g Noncash contributions included in lines 1a-1f	1g	\$ 56,299				
	h Total. Add lines 1a-1f		3,542,207				
Program Service Revenue	2a WORKING BRIDGES PROGRAM	Business Code 561499	114,556	114,556			
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f		114,556				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		72,703			72,703	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real					
		(ii) Personal					
		6a					
	b Less: rental expenses	6b					
	c Rental inc. or (loss)	6c					
	d Net rental income or (loss)						
	7a Gross amount from sales of assets other than inventory	(i) Securities	704,993				
		(ii) Other	269,000				
		7a					
	b Less: cost or other basis and sales exps.	7b	647,994	290,202			
	c Gain or (loss)	7c	56,999	-21,202			
d Net gain or (loss)		35,797	35,797				
8a Gross income from fundraising events (not including \$ 18,250 of contributions reported on line 1c). See Part IV, line 18	8a	5,570					
	b Less: direct expenses	8b	6,933				
c Net income or (loss) from fundraising events		-1,363					
9a Gross income from gaming activities. See Part IV, line 19	9a						
	b Less: direct expenses	9b					
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances	10a						
	b Less: cost of goods sold	10b					
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11a OTHER INCOME	Business Code 900099	52,000	52,000			
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d		52,000				
12 Total revenue. See instructions		3,815,900	202,353	0	72,703		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,840,647	1,840,647		
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	145,017	58,007	43,505	43,505
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	1,344,231	836,739	169,829	337,663
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	76,435	49,297	5,977	21,161
9 Other employee benefits	239,668	152,587	20,541	66,540
10 Payroll taxes	102,976	64,189	10,068	28,719
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	13,000		13,000	
d Lobbying				
e Professional fundraising services. See Part IV, line 7				
f Investment management fees	11,137		11,137	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	108,182	69,707	25,496	12,979
12 Advertising and promotion	79,171	47,048	3,260	28,863
13 Office expenses	41,628	15,822	16,012	9,794
14 Information technology	60,300	21,967	23,533	14,800
15 Royalties				
16 Occupancy	33,172	11,734	16,032	5,406
17 Travel	25,326	17,373	2,425	5,528
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	19,690	10,485	6,274	2,931
20 Interest				
21 Payments to affiliates	39,667		39,667	
22 Depreciation, depletion, and amortization	45,951	14,555	19,630	11,766
23 Insurance	19,211	7,634	5,274	6,303
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a STIPENDS	64,579	63,629	750	200
b VOLUNTEER EXPENSES	28,888	28,888		
c MISCELLANEOUS	28,427	23,173	1,360	3,894
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	4,367,303	3,333,481	433,770	600,052
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	132,798	1	287,128
	2 Savings and temporary cash investments	95,235	2	68,472
	3 Pledges and grants receivable, net	1,666,565	3	1,514,842
	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	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	47,522	9	47,153
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,068,341		
	b Less: accumulated depreciation	10b 544,061	844,273	10c 524,280
	11 Investments—publicly traded securities	3,335,308	11	2,762,013
	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	41,724	15	34,705
16 Total assets. Add lines 1 through 15 (must equal line 33)	6,163,425	16	5,238,593	
Liabilities	17 Accounts payable and accrued expenses	272,938	17	152,684
	18 Grants payable		18	
	19 Deferred revenue	23,725	19	21,000
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		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	285,000	25	312,000
	26 Total liabilities. Add lines 17 through 25	581,663	26	485,684
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	1,670,290	27	1,323,159
	28 Net assets with donor restrictions	3,911,472	28	3,429,750
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	5,581,762	32	4,752,909	
33 Total liabilities and net assets/fund balances	6,163,425	33	5,238,593	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,815,900
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,367,303
3	Revenue less expenses. Subtract line 2 from line 1	3	-551,403
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5,581,762
5	Net unrealized gains (losses) on investments	5	-277,450
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	4,752,909

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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? 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? 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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
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?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

PUBLIC

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

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

2019

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990 or Form 990-EZ.**

Open to Public Inspection

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

Name of the organization UNITED WAY OF NORTHWEST VERMONT, INC.	Employer identification number **-***7229
--	---

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3,958,443	5,321,237	4,942,111	3,890,297	3,542,207	21,654,295
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	3,958,443	5,321,237	4,942,111	3,890,297	3,542,207	21,654,295
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)						626,984
6 Public support. Subtract line 5 from line 4						21,027,311

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4	3,958,443	5,321,237	4,942,111	3,890,297	3,542,207	21,654,295
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	67,144	59,554	83,754	79,707	72,703	362,862
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.)			29,956	29,925	52,000	111,881
11 Total support. Add lines 7 through 10						22,129,038
12 Gross receipts from related activities, etc. (see instructions)					12	720,268

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	95.02%
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	95.00%

16a 33 1/3% support test—2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test—2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the 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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage for 2018 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	%

- 19a 33 1/3% support tests—2019.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- b 33 1/3% support tests—2018.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
11a		
b A family member of a person described in (a) above?		
11b		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
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? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
2		
3 By reason of the relationship described in (2), 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
3		

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 <input type="checkbox"/> The organization satisfied the Activities Test. <i>Complete line 2 below.</i>		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>		
c <input type="checkbox"/> The organization supported a governmental entity. <i>Describe in Part VI how you supported a government entity (see instructions).</i>		
2 Activities Test. Answer (a) and (b) 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? <i>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.</i>		
2a		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i>		
2b		
3 Parent of Supported Organizations. Answer (a) and (b) 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? <i>Provide details in Part VI.</i>		
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
3b		

PUBLIC

Schedule A (Form 990 or 990-EZ) 2019

UNITED WAY OF NORTHWEST

-*7229

Page 6

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% 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 .035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2019

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

PUBLIC

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

PART II, LINE 10 - OTHER INCOME DETAIL

MISCELLANEOUS INCOME \$ 111,881

PUBLIC

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization: UNITED WAY OF NORTHWEST VERMONT, INC. Employer identification number: ***-***7229

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor advisement.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Form for Part II with multiple questions (1-9) regarding conservation easements, including checkboxes for various purposes and a table for lines 2a-2d held at the end of the tax year.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Form for Part III with questions 1a, 1b, and 2 regarding collections of art and historical treasures, including revenue and asset reporting.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	560,280	538,439	495,132	453,749	454,454
b Contributions	300	200	400	3,200	40,057
c Net investment earnings, gains, and losses	-42,104	23,549	45,112	45,491	-15,307
d Grants or scholarships					
e Other expenditures for facilities and programs				4,700	23,000
f Administrative expenses	2,047	1,908	2,205	2,608	2,455
g End of year balance	516,429	560,280	538,439	495,132	453,749

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment ▶ 8.13%
 - b Permanent endowment ▶ 69.44%
 - c Term endowment ▶ 22.43%
- The percentages on lines 2a, 2b, and 2c should equal 100%.

- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|-----------------------------|-----|----|
| (i) Unrelated organizations | | X |
| (ii) Related organizations | | X |
- b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		867,095	376,400	490,695
d Equipment		189,478	155,893	33,585
e Other		11,768	11,768	
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				524,280

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.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (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) ALLOCATIONS & DESIGNATIONS	312,000
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	312,000

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	3,344,743
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains (losses) on investments	2a	-277,450	
	b Donated services and use of facilities	2b	122,497	
	c Recoveries of prior year grants	2c		
	d Other (Describe in Part XIII.)	2d	6,933	
	e Add lines 2a through 2d	2e	-148,020	
3	Subtract line 2e from line 1		3	3,492,763
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a	11,137	
	b Other (Describe in Part XIII.)	4b	312,000	
	c Add lines 4a and 4b	4c	323,137	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	3,815,900

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses 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	4,173,596
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	a Donated services and use of facilities	2a	122,497	
	b Prior year adjustments	2b		
	c Other losses	2c		
	d Other (Describe in Part XIII.)	2d	6,933	
	e Add lines 2a through 2d	2e	129,430	
3	Subtract line 2e from line 1		3	4,044,166
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a	11,137	
	b Other (Describe in Part XIII.)	4b	312,000	
	c Add lines 4a and 4b	4c	323,137	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	4,367,303

Part 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.

PART X - FIN 48 FOOTNOTE

UNITED WAY OF NORTHWEST VERMONT, INC. IS A NONPROFIT ORGANIZATION AS DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, AND IS EXEMPT FROM FEDERAL INCOME TAX ON ACTIVITIES RELATED TO ITS TAX-EXEMPT PURPOSE AS A PUBLIC CHARITY PURSUANT TO SECTION 501(A) OF THE CODE. THE ORGANIZATION BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR ANY TAX POSITIONS TAKEN AND, AS SUCH, DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE FINANCIAL STATEMENTS.

PART XI, LINE 2D - REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER SPECIAL EVENT EXPENSES \$ 6,933

PUBLIC

Part XIII Supplemental Information *(continued)*

PART XI, LINE 4B - REVENUE AMOUNTS INCLUDED ON RETURN - OTHER

DONOR DESIGNATIONS \$ 312,000

PART XII, LINE 2D - EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER

SPECIAL EVENT EXPENSES \$ 6,933

PART XII, LINE 4B - EXPENSE AMOUNTS INCLUDED ON RETURN - OTHER

DONOR DESIGNATIONS \$ 312,000

PUBLIC

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

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

Name of the organization UNITED WAY OF NORTHWEST VERMONT, INC.

Employer identification number ***-***7229

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations, b Internet and email solicitations, c Phone solicitations, d In-person solicitations, e Solicitation of non-government grants, f Solicitation of government grants, g Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

Table with 6 columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions?, (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col. (i), (vi) Amount paid to (or retained by) organization. Rows 1-10.

Total

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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 receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>WOMEN UNITED</u> (event type)	_____ (event type)	<u>NONE</u> (total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	23,820			23,820
	2 Less: Contributions	18,250			18,250
	3 Gross income (line 1 minus line 2)	5,570			5,570
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	2,410			2,410
	7 Food and beverages	2,285			2,285
	8 Entertainment	1,750			1,750
	9 Other direct expenses	488			488
	10 Direct expense summary. Add lines 4 through 9 in column (d)				6,933
11 Net income summary. Subtract line 10 from line 3, column (d)				-1,363	

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____
a Is the organization licensed to conduct gaming activities in each of these states? Yes No
b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
b If "Yes," explain: _____

PUBLIC

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019
**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization
**UNITED WAY OF NORTHWEST
VERMONT, INC.**

Employer identification number
**** - ** * 7229**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	ASSOCIATION OF AFRICANS LIVING 20 ALLEN STREET, 3RD FLOOR BURLINGTON VT 05401	** - ***1003	501C3	24,000				PROGRAM
(2)	AGE WELL 76 PEARL STREET, SUITE 101 ESSEX JUNCTION VT 05452	** - ***4636	501C3	25,000				PROGRAM
(3)	BOYS AND GIRLS CLUB OF BURLINGTON 62 OAK STREET BURLINGTON VT 05401	** - ***9307	501C3	38,181				PROGRAM/DD
(4)	BURLINGTON CHILDREN'S SPACE 241 NORTH WINOOSKI AVENUE BURLINGTON VT 05401	** - ***3646	501C3	44,000				PROGRAM
(5)	CHAMPLAIN COMMUNITY SERVICES, INC. 512 TROY AVENUE, SUITE 1 COLCHESTER VT 05446	** - ***5899	501C3	56,000				PROGRAM
(6)	CHAMPLAIN ISLANDERS DEV. ESSENTIAL P.O. BOX 13 SOUTH HERO VT 05486	** - ***1886	501C3	34,000				PROGRAM
(7)	CHAMPLAIN VALLEY OEO P.O. BOX 1603 BURLINGTON VT 05401	** - ***6837	501C3	94,000				PROGRAM
(8)	COMMITTEE ON TEMPORARY SHELTER P.O. BOX 1616 BURLINGTON VT 05401	** - ***5303	501C3	38,987				PROGRAM/DD
(9)	COMMUNITY HEALTH CTRS OF BURLINGTON 617 RIVERSIDE AVENUE BURLINGTON VT 05401	** - ***2584	501C3	60,000				PROGRAM

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 43
- 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 (Form 990) (2019)

PUBLIC

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019
**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization **UNITED WAY OF NORTHWEST
VERMONT, INC.**

Employer identification number
**** - ** * 7229**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	THE DREAM PROGRAM, INC. PO BOX 361 WINOOSKI VT 05404	** - ** * 0908	501C3	16,000				PROGRAM
(2)	GREATER BURLINGTON YMCA 266 COLLEGE STREET BURLINGTON VT 05401	** - ** * 5810	501C3	65,000				PROGRAM
(3)	HOMESHARE VERMONT 412 FARRELL STREET, SUITE 300 SOUTH BURLINGTON VT 05403	** - ** * 7957	501C3	20,000				PROGRAM
(4)	HOWARD CENTER 208 FLYNN AVENUE, SUITE 3J BURLINGTON VT 05401	** - ** * 9433	501C3	219,654				PROGRAM/DD
(5)	KIDSAFE COLLABORATIVE 45 KILBURN STREET BURLINGTON VT 05401	** - ** * 3867	501C3	24,048				PROGRAM
(6)	KING STREET CENTER 86 KING STREET BURLINGTON VT 05401	** - ** * 6312	501C3	78,000				PROGRAM
(7)	LUND FAMILY CENTER P.O. BOX 4009 BURLINGTON VT 05401	** - ** * 9434	501C3	139,929				PROGRAM/DD
(8)	MILTON FAMILY COMMUNITY CENTER P.O. BOX 619 MILTON VT 05468	** - ** * 9155	501C3	8,000				PROGRAM
(9)	PREVENT CHILD ABUSE - VERMONT P.O. BOX 829 MONTPELIER VT 05601	** - ** * 7183	501C3	15,000				PROGRAM

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
- 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 (Form 990) (2019)

PUBLIC

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019
**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization **UNITED WAY OF NORTHWEST VERMONT, INC.** Employer identification number ****-***7229**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	SAMARITAN HOUSE, INC. 24 KINGMAN STREET, SUITE 1 ST. ALBANS VT 05478	**--***0331	501C3	15,000				PROGRAM
(2)	SARA M. HOLBROOK COMMUNITY CENTER 66 NORTH AVENUE BURLINGTON VT 05401	**--***9595	501C3	54,000				PROGRAM
(3)	SPECTRUM YOUTH & FAMILY SERVICES 31 ELMWOOD AVENUE BURLINGTON VT 05401	**--***3232	501C3	89,125				PROGRAM/DD
(4)	VERMONT WORKS FOR WOMEN 32A MALLETT'S BAY AVENUE WINOOSKI VT 05404	**--***4557	501C3	38,000				PROGRAM
(5)	TURNING POINT OF FRANKLIN COUNTY 182 LAKE STREET ST. ALBANS VT 05478	**--***7386	501C3	14,000				PROGRAM
(6)	PLANNED PARENTHOOD OF NORTHERN NE 784 HERCULES AVENUE, #110 COLCHESTER VT 05446	**--***2941	501C3	7,422				DD
(7)	GREEN MOUNTAIN UNITED WAY 73 MAIN STREET, #33 MONTPELIER VT 05602	**--***1394	501C3	32,256				DD
(8)	UNITED WAY OF ADDISON COUNTY 2 COURT STREET MIDDLEBURY VT 05753	**--***1018	501C3	19,111				DD
(9)	UNITED WAY OF RUTLAND COUNTY 6 CHURCH STREET RUTLAND VT 05701	**--***0224	501C3	31,538				DD

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
- 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 (Form 990) (2019)

PUBLIC

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization **UNITED WAY OF NORTHWEST VERMONT, INC.** Employer identification number ****-***7229**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	PATHWAYS VERMONT, INC. 125 COLLEGE STREET BURLINGTON VT 05401	**--***4758	501C3	27,000				PROGRAM
(2)	SALVATION FARMS 49 PORTLAND STREET MORRISVILLE VT 05661	**--***4564	501C3	29,000				PROGRAM
(3)	FRANKLIN COUNTY CARING COMMUNITIES 27 CHURCH STREET ST. ALBANS VT 05478	**--***8572	501C3	15,000				PROGRAM
(4)	INTERVALE CENTER 180 INTERVALE ROAD BURLINGTON VT 05401	**--***9656	501C3	10,000				PROGRAM
(5)	UVM HEALTH NETWORK HOME HEALTH 1110 PRIM ROAD COLCHESTER VT 05446	**--***9603	501C3	102,000				PROGRAM
(6)	GRAND ISLE COUNTY MENTORING P.O. BOX 31 SOUTH HERO VT 05486	**--***2380	501C3	11,000				PROGRAM
(7)	TURNING POINT CENTER OF CHITTENDEN 191 BANK STREET, #200 BURLINGTON VT 05401	**--***2092	501C3	44,000				PROGRAM
(8)	VERMONT PSYCHOLOGICAL SERVICES 2 COLCHESTER AVE BURLINGTON VT 05401	**--***3219	501C3	38,000				PROGRAM
(9)	BURLINGTON HOUSING AUTHORITY 65 MAIN STREET BURLINGTON VT 05401	**--***6305	501C3	27,000				PROGRAM

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
- 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 (Form 990) (2019)

PUBLIC

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
▶ **Attach to Form 990.**
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization **UNITED WAY OF NORTHWEST VERMONT, INC.** Employer identification number ****-***7229**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	RESOURCE: NONPROFIT COMM ENTERPRISE 266 PINE STREET BURLINGTON VT 05401	**--***6293	501C3	38,000				PROGRAM
(2)	SHELDON METHODIST CHURCH FOOD SHELF 953 NORTHROP ROAD SHELDON VT 05483	**--***8284	501C3	7,000				PROGRAM
(3)	FRANKLIN COUNTY HUMANE SOCIETY 30 SUNSET MDWS SAINT ALBANS VT 05478	**--***5269	501C3	5,649				PROGRAM
(4)	HUMANE SOCIETY OF CHITTENDEN COUNTY 142 KINDNESS COURT SOUTH BURLINGTON VT 05403	**--***3150	501C3	7,508				PROGRAM
(5)	GRANITE UNITED WAY 22 CONCORD STREET FLOOR 2 MANCHESTER NH 03101	**--***6033	501C3	8,842				PROGRAM
(6)								
(7)								
(8)								
(9)								

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
- 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 (Form 990) (2019)

PUBLIC

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1					
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

SEE SCHEDULE I SUPPLEMENTAL INFORMATION WORKSHEET

PUBLIC

Supplemental Information

SCHEDULE I
(Form 990)

For calendar year 2019, or tax year beginning 04/01/19, and ending 03/31/20

2019

Name of the organization UNITED WAY OF NORTHWEST
VERMONT, INC.

Employer identification number

-*7229

PART I, LINE 2 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS

PROGRAM OPERATING COSTS ARE RESTRICTED GRANTS MADE TO AN AGENCY IN SUPPORT OF THE COSTS ASSOCIATED WITH A SPECIFIC PROGRAM THAT IT OPERATES. AT THE START OF A THREE-YEAR CYCLE, AGENCIES APPLY FOR FUNDING FOR SPECIFIC PROGRAMS UNDER THE FOLLOWING IMPACT AREAS: EDUCATION, INCOME (FINANCIAL STABILITY) AND HEALTH. IN A THOROUGH EXPLANATION OF HOW THEY PLAN TO USE CURRENT YEAR'S PROGRAM FUNDING (AND HOW THEY USED THE PRIOR YEAR'S AWARD), THE APPLICANT MUST PROVIDE SPECIFIC PERFORMANCE MEASURES IN THREE AREAS: 1) OUTPUTS OF THE PROGRAM (E.G. NUMBER OF PEOPLE SERVED, NUMBER OF HOURS PROVIDED, OR ANYTHING THAT IS MEANINGFUL TO DESCRIBE THE SCOPE OF THEIR WORK), 2) ANY EXTERNAL MEASURES OF PROGRAM QUALITY (I.E. LICENSURE, ACCREDITATION, OVERSIGHT, ETC.) AND 3) DATA ON PROGRAM OUTCOMES (I.E. HOW MUCH WAS DONE, HOW WELL WAS IT DONE, AND IS ANYONE BETTER OFF). IN ADDITION, APPLICATIONS FOR FUNDING PROVIDE A COMPLETE SET OF CURRENT FINANCIAL STATEMENTS WHICH ARE REVIEWED.

APPLICATIONS RECEIVED AT THE START OF THE THREE-YEAR FUNDING CYCLE ARE REVIEWED BY THE VOLUNTEER COMMUNITY IMPACT TEAM. IN YEARS TWO AND THREE OF THE CYCLE, AGENCIES WITH FUNDED PROGRAMS REPORT ANNUALLY ON THE PROGRAMS. ANNUALLY THE COMMUNITY IMPACT TEAM REVIEWS THE APPLICATION AND/OR REPORTS AND RATES THE APPLICATIONS ON SPECIFIC CRITERIA, AND THEN RECOMMENDS THE AMOUNT OF FUNDING THAT EACH PROGRAM WILL RECEIVE. THE SCORES ARE SHARED WITH FUNDING APPLICANTS ALONG WITH SUGGESTIONS FOR IMPROVEMENT AND CHANGES. FUNDING RECOMMENDATIONS MADE BY THE COMMUNITY IMPACT TEAMS ARE REVIEWED BY A VOLUNTEER OVERSIGHT COMMUNITY INVESTMENT COMMITTEE THAT LOOKS AT THE ENTIRE PORTFOLIO OF PROGRAM INVESTMENT RECOMMENDATIONS BEFORE SENDING THE

PUBLIC

Supplemental Information

SCHEDULE I
(Form 990)

For calendar year 2019, or tax year beginning 04/01/19, and ending 03/31/20

2019

Name of the organization UNITED WAY OF NORTHWEST
VERMONT, INC.

Employer identification number

-*7229

RECOMMENDATIONS ON TO THE UNITED WAY OF NORTHWEST VERMONT BOARD OF DIRECTORS FOR FINAL APPROVAL.

MIDWAY DURING THE FISCAL YEAR, THE COMMUNITY IMPACT TEAM ALSO MAKES MONITORING SITE VISITS AND/OR REVIEWS REPORTS FROM THE FUNDED PROGRAMS AND ASKS A STANDARD SET OF QUESTIONS ON HOW THE MONEY IS BEING SPENT, HOW THINGS ARE PROGRESSING, WHETHER OR NOT THERE ARE PROGRAM CHANGES, ETC. IN ADDITION, THROUGHOUT THE YEAR, PROGRAM PROVIDERS PARTNER WITH UNITED WAY IN COMMUNITY CHANGE INITIATIVES, AGENCY FORUMS, AFFINITY GROUPS WHERE PROGRAMS WORK TOWARD THE SAME TARGET OUTCOME, AS VOLUNTEERS ON COMMITTEES AND AS PROVIDERS OF VOLUNTEER OPPORTUNITIES. THE RELATIONSHIP BETWEEN FUNDED AGENCIES AND UNITED WAY OF NORTHWEST VERMONT IS MUCH DIFFERENT FROM THE TYPICAL GRANT FUND RECIPIENT WITH GRANT FUNDER.

AN ANNUAL REPORT OF HOW THE PROGRAM FUNDS ARE USED AND THE EFFECTIVENESS OF THE PROGRAM IN MEETING TARGET OUTCOMES IS PART OF THE APPLICATION FOR FUNDING THE NEXT YEAR.

DONOR DESIGNATED GIFTS FOR GENERAL SUPPORT ARE UNRESTRICTED CONTRIBUTIONS MADE TO AN AGENCY AT THE DIRECTION OF THE DONOR(S) IN SUPPORT OF ITS GENERAL OPERATING COSTS. AGENCIES RECEIVING DONOR DESIGNATIONS MUST ANNUALLY VERIFY COMPLIANCE WITH PROVISIONS OF THE USA PATRIOT ACT AND VERIFY THEY ARE AN AGENCY IN GOOD STANDING AS AN IRC SECTION 501(C)(3) NONPROFIT ORGANIZATION. UNITED WAY OF NORTHWEST VERMONT HAS NO OVERSIGHT OF THOSE FUNDS.

PART IV - ADDITIONAL INFORMATION

UNITED WAY OF NORTHWEST VERMONT STATES THE FOLLOWING ON OUR PLEDGE FORM

Supplemental Information

SCHEDULE I
(Form 990)

For calendar year 2019, or tax year beginning 04/01/19, and ending 03/31/20

2019

Name of the organization UNITED WAY OF NORTHWEST
VERMONT, INC.

Employer identification number

** - ***7229

WITH REGARD TO DONOR DESIGNATED GIFTS: "THIS GIFT OPTION BYPASSES REVIEW
AND FOLLOW-UP MEASUREMENT BY THE COMMUNITY VOLUNTEER IMPACT TEAMS AND ALL
FISCAL AND PROGRAM OVERSIGHT."

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2019

**Open To Public
Inspection**

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization **UNITED WAY OF NORTHWEST VERMONT, INC.** Employer identification number ****-***7229**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art — Works of art				
2 Art — Historical treasures				
3 Art — Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities — Publicly traded	X	11	56,299	AVERAGE SHARE PRICE
10 Securities — Closely held stock				
11 Securities — Partnership, LLC, or trust interests				
12 Securities — Miscellaneous				
13 Qualified conservation contribution — Historic structures				
14 Qualified conservation contribution — Other				
15 Real estate — Residential				
16 Real estate — Commercial				
17 Real estate — Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶()				
26 Other ▶()				
27 Other ▶()				
28 Other ▶()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

PUBLIC

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019**Open to Public
Inspection**

Name of the organization UNITED WAY OF NORTHWEST VERMONT, INC.	Employer identification number **-***7229
--	--

FORM 990 - ORGANIZATION'S MISSION

OUR MISSION IS TO BUILD A STRONGER NORTHWEST VERMONT BY MOBILIZING OUR COMMUNITY TO IMPROVE PEOPLE'S LIVES. UNITED WAY ISN'T JUST OUR NAME-IT'S HOW WE WORK. WE BRING TOGETHER INDIVIDUALS, NONPROFITS, BUSINESSES, AND GOVERNMENT ENTITIES TO FIGHT FOR A STRONG, VIBRANT, AND HEALTHY COMMUNITY. WE FIGHT FOR THE EDUCATION, FINANCIAL STABILITY AND HEALTH OF EVERY PERSON IN CHITTENDEN, FRANKLIN, AND GRAND ISLE COUNTIES.

FORM 990, PART III, LINE 4B - SECOND ACCOMPLISHMENT

COMMUNITY IMPACT AND VOLUNTEER MOBILIZATION: UWNWVT'S "COMMUNITY IMPACT AND VOLUNTEER MOBILIZATION" ACTIVITIES PROMOTE AND SUPPORT MORE EFFECTIVE VOLUNTEERING, ASSIST ORGANIZATIONS IN MANAGING VOLUNTEERS MORE EFFECTIVELY, RECRUIT AND REFER INDIVIDUALS TO SATISFY VOLUNTEER OPPORTUNITIES, AND PROVIDE VOLUNTEER MANAGEMENT ASSISTANCE, CONSULTATION, AND TRAINING TO NONPROFIT ORGANIZATIONS. IN ADDITION TO ITS REFERRAL AND EDUCATIONAL SERVICES, UWNWVT CONDUCTS TWO, MAJOR "55+" VOLUNTEER PROGRAMS FUNDED IN LARGE PART BY FEDERAL AND STATE GRANTS - THE "RETIRED AND SENIOR VOLUNTEER PROGRAM (RSVP) OF CHITTENDEN COUNTY" AND THE "FOSTER GRANDPARENT PROGRAM (FGP)."

RSVP: SCHOOL BUDDIES HELP SCHOOL-AGE CHILDREN WHO TEACHERS HAVE IDENTIFIED AS NOT MEETING ACADEMIC STANDARDS IN READING, MATH, SPELLING, OR OTHER ACADEMIC AREAS. READ TO ME VOLUNTEERS READ ONE-ON-ONE AND IN SMALL GROUPS TO CHILDREN IN LOCAL CHILD CARE CENTERS TO PROMOTE NOT ONLY A LOVE OF READING, BUT THE SKILLS NECESSARY TO BECOME EMERGING READERS.

FGP VOLUNTEERS SHARE THEIR WARMTH AND ENCOURAGEMENT WITH CHILDREN BY

PUBLIC

Schedule O (Form 990 or 990-EZ) (2019)

Page 2

Name of the organization

Employer identification number

UNITED WAY OF NORTHWEST

-*7229

HELPING TEACHERS IN A CLASSROOM SETTING 15 OR MORE HOURS PER WEEK. FGP SERVES CHILDREN IN CHITTENDEN, FRANKLIN, GRAND ISLE, AND WASHINGTON COUNTIES. VOLUNTEERS RECEIVE A TAX-FREE STIPEND THAT DOES NOT AFFECT THEIR OTHER BENEFITS.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 THE 990 IS REVIEWED AT A FULL BOARD MEETING AND VOTED ON APPROVAL BEFORE FILING.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY THE CODE OF ETHICS AND CONFLICT OF INTEREST POLICY IS REVIEWED EACH JULY BY BOTH THE BOARD AND THE STAFF. EACH BOARD MEMBER AND STAFF PERSON MUST COMPLETE A DISCLOSURE FORM 1) CERTIFYING THAT THEY UNDERSTAND AND AGREE WITH THE POLICIES AND 2) DISCLOSING ANY KNOWN CONFLICTS OF INTEREST. BOARD MEMBERS AND STAFF ALSO AGREE TO DISCLOSE ANY POTENTIAL CONFLICTS SHOULD THEY ARISE DURING THE YEAR. NEW STAFF AND BOARD MEMBERS WHO JOIN THE ORGANIZATION DURING THE YEAR ARE REQUIRED TO COMPLETE THE DISCLOSURE FORM AS PART OF THEIR ORIENTATION.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL THE BOARD OF DIRECTORS SETS THE CEO'S SALARY AND APPROVES ANY ANNUAL INCREASES.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS SEE DESCRIPTION FOR LINE 15A ABOVE

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

PAGE 1 OF 2

Schedule O (Form 990 or 990-EZ) (2019)

Name of the organization

Employer identification number

UNITED WAY OF NORTHWEST

-*7229

THE AUDITED FINANCIAL STATEMENTS ARE AVAILABLE ON OUR WEBSITE, AND OTHER POLICIES AND GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST.

FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION

SPECIAL EVENT EXPENSES \$ 6,933

DONOR DESIGNATIONS \$ -312,000

SPECIAL EVENT EXPENSES \$ -6,933

DONOR DESIGNATIONS \$ 312,000

PUBLIC

Form **4562**

Depreciation and Amortization
(Including Information on Listed Property)

OMB No. 1545-0172

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to your tax return.

2019

Attachment Sequence No. **179**

▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

Name(s) shown on return **UNITED WAY OF NORTHWEST VERMONT, INC.** Identifying number ****_*_*_*_7229**

Business or activity to which this form relates
INDIRECT DEPRECIATION

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,020,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,550,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2018 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2020. Add lines 9 and 10, less line 12	▶ 13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	45,952

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2019	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here	▶ <input type="checkbox"/>	

Section B—Assets Placed in Service During 2019 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	

Section C—Assets Placed in Service During 2019 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year			30 yrs.	MM	S/L	
d 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	45,952
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	▶ 23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2019)

DAA

THERE ARE NO AMOUNTS FOR PAGE 2

PUBLIC

Form 990	Two Year Comparison Report	2018 & 2019
For calendar year 2019, or tax year beginning 04/01/19, ending 03/31/20		

Name UNITED WAY OF NORTHWEST VERMONT, INC.	Taxpayer Identification Number **-***7229
--	--

		2018	2019	Differences
R e v e n u e	1. Contributions, gifts, grants	3,391,327	3,151,088	-240,239
	2. Membership dues and assessments			
	3. Government contributions and grants	498,970	391,119	-107,851
	4. Program service revenue	111,550	114,556	3,006
	5. Investment income	57,459	72,703	15,244
	6. Proceeds from tax exempt bonds			
	7. Net gain or (loss) from sale of assets other than inventory	14,073	35,797	21,724
	8. Net income or (loss) from fundraising events		-1,363	-1,363
	9. Net income or (loss) from gaming			
	10. Net gain or (loss) on sales of inventory			
	11. Other revenue	52,173	52,000	-173
	12. Total revenue. Add lines 1 through 11	4,125,552	3,815,900	-309,652
E x p e n s e s	13. Grants and similar amounts paid	2,028,009	1,840,647	-187,362
	14. Benefits paid to or for members			
	15. Compensation of officers, directors, trustees, etc.	140,574	145,017	4,443
	16. Salaries, other compensation, and employee benefits	1,782,502	1,763,310	-19,192
	17. Professional fundraising fees			
	18. Other professional fees	106,866	132,319	25,453
	19. Occupancy, rent, utilities, and maintenance	44,435	33,172	-11,263
	20. Depreciation and Depletion	56,051	45,951	-10,100
	21. Other expenses	466,702	406,887	-59,815
	22. Total expenses. Add lines 13 through 21	4,625,139	4,367,303	-257,836
	23. Excess or (Deficit). Subtract line 22 from line 12	-499,587	-551,403	-51,816
O t h e r I n f o r m a t i o n	24. Total exempt revenue	4,125,552	3,815,900	-309,652
	25. Total unrelated revenue			
	26. Total excludable revenue	235,255	275,056	39,801
	27. Total assets	6,163,425	5,238,593	-924,832
	28. Total liabilities	581,663	485,684	-95,979
	29. Retained earnings	5,581,762	4,752,909	-828,853
	30. Number of voting members of governing body	21	20	
31. Number of independent voting members of governing body	21	20		
32. Number of employees	36	36		
33. Number of volunteers	1070	497		

PUBLIC

Form 990	Tax Return History	2019
-----------------	---------------------------	-------------

Name UNITED WAY OF NORTHWEST VERMONT, INC.	Employer Identification Number **-***7229
---	--

	2015	2016	2017	2018	2019	2020
Contributions, gifts, grants			4,744,676	3,890,297	3,542,207	
Membership dues						
Program service revenue			125,234	111,550	114,556	
Capital gain or loss			45,580	14,073	35,797	
Investment income			60,853	57,459	72,703	
Fundraising revenue (income/loss)			-4,381		-1,363	
Gaming revenue (income/loss)						
Other revenue			52,857	52,173	52,000	
Total revenue			5,024,819	4,125,552	3,815,900	
Grants and similar amounts paid			2,516,439	2,028,009	1,840,647	
Benefits paid to or for members						
Compensation of officers, etc.			75,963	140,574	145,017	
Other compensation			1,657,602	1,782,502	1,763,310	
Professional fees			188,053	106,866	132,319	
Occupancy costs			24,889	44,435	33,172	
Depreciation and depletion			47,844	56,051	45,951	
Other expenses			364,714	466,702	406,887	
Total expenses			4,875,504	4,625,139	4,367,303	
Excess or (Deficit)			149,315	-499,587	-551,403	
Total exempt revenue			5,024,819	4,125,552	3,815,900	
Total unrelated revenue						
Total excludable revenue			284,524	235,255	275,056	
Total Assets			6,608,424	6,163,425	5,238,593	
Total Liabilities			750,207	581,663	485,684	
Net Fund Balances			5,858,217	5,581,762	4,752,909	

-*7229

Federal Asset Report

FYE: 3/31/2020

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Basis for Depr	PerConv	Meth	Prior	Current
Other Depreciation:										
5	2 HP Laser Jet 4000 Printers	4/01/97	2,298			2,298	3	MO S/L	2,298	0
9	Laser Printer Sheet Feeder	9/01/99	540			540	3	MO S/L	540	0
16	10 Ergonomic Desk chairs	1/01/02	2,591			2,591	5	MO S/L	2,591	0
24	InfoPrint 1357 Color Laser	10/01/03	5,604			5,604	3	MO S/L	5,604	0
29	UPS Battery	12/01/06	1,016			1,016	3	MO S/L	1,016	0
31	Andar Database software	8/01/03	17,000			17,000	3	MO S/L	17,000	0
37	Andar User License	8/01/04	1,750			1,750	3	MO S/L	1,750	0
41	Andar Standard M Module	9/01/06	1,500			1,500	3	MO S/L	1,500	0
54	A50P ThinkCentre Computer	10/01/03	1,123			1,123	3	MO S/L	1,123	0
56	Lateral File-3dr w/2 shelf cab	5/10/07	698			698	5	MO S/L	698	0
57	Desk: Maple Laminat	5/10/07	1,320			1,320	5	MO S/L	1,320	0
58	Desk: Maple Laminat	5/10/07	1,412			1,412	5	MO S/L	1,412	0
59	Bookcase: Maple Laminat	5/10/07	284			284	5	MO S/L	284	0
61	Desks/Lateral File/bookcase	5/10/07	1,450			1,450	5	MO S/L	1,450	0
63	Desk: Maple Laminat	5/10/07	1,412			1,412	5	MO S/L	1,412	0
64	Bookcase: Maple Laminat	5/10/07	284			284	5	MO S/L	284	0
65	Desk: Maple Laminat	5/10/07	1,320			1,320	5	MO S/L	1,320	0
67	Lateral File 3dr w/2 shelf cab	5/10/07	698			698	5	MO S/L	698	0
68	Coffee Table Maple Laminat	5/10/07	175			175	5	MO S/L	175	0
69	5 Slat Wood Lobby Chairs	5/10/07	1,157			1,157	5	MO S/L	1,157	0
70	Reception workstation: maple	5/10/07	2,238			2,238	5	MO S/L	2,238	0
71	2 Workstation: Maple Laminat	5/10/07	6,835			6,835	5	MO S/L	6,835	0
72	4 Workstations: Maple Laminat	5/10/07	8,161			8,161	5	MO S/L	8,161	0
73	4 Workstations: Maple Laminat	5/10/07	907			907	5	MO S/L	907	0
75	412 Farrell Street Condo	5/14/07	861,708			861,708	30	MO S/L	342,289	28,724
76	Refrigerator	5/14/07	715			715	5	MO S/L	715	0
77	Kitchen Water Hookups	5/14/07	350			350	5	MO S/L	350	0
78	Window Blinds	5/14/07	4,322			4,322	5	MO S/L	4,322	0
79	Andar 4 of 5 User Licenses	11/01/07	7,000			7,000	3	MO S/L	7,000	0
80	Andar 1 of 5 User licenses	11/01/07	1,750			1,750	3	MO S/L	1,750	0
82	E-Community Andar Module	1/01/08	12,625			12,625	3	MO S/L	12,625	0
84	InFocus Projector	10/07/08	522			522	3	MO S/L	522	0
85	InFocus Projector	10/07/08	522			522	3	MO S/L	522	0
88	Andar MS Outlook Connector	8/01/09	2,000			2,000	3	MO S/L	2,000	0
89	Helix ePledge module	4/03/10	5,000			5,000	3	MO S/L	5,000	0
91	Conf table & chairs; whitebrd	6/27/11	990			990	5	MO S/L	990	0
92	Exterus - 2 mobile panels	6/01/11	666			666	5	MO S/L	666	0
93	IBM SPSS Statistics Base software	3/30/12	1,529			1,529	5	MO S/L	1,529	0
94	Step & Repeat Sign - B&W	5/01/12	990			990	5	MO S/L	990	0
96	Lenovo ThinkPad Edge E430 (1)	2/15/13	633			633	3	MO S/L	633	0
97	Lenovo ThinkPad Edge E430 (2)	2/15/13	633			633	3	MO S/L	633	0
98	Lenovo ThinkPad Edge E430 (3)	2/15/13	633			633	3	MO S/L	633	0
99	12 thin client computers- Rose	8/12/13	5,280			5,280	3	MO S/L	5,280	0
100	Sage 50 2014 5 user NPO	10/31/13	1,439			1,439	5	MO S/L	1,439	0
101	New Website - Morad Media, Inc.	1/16/14	7,800			7,800	3	MO S/L	7,800	0
102	Helix Andar 360 MIG module	4/11/14	8,400			8,400	3	MO S/L	8,400	0
103	2 Wireless modums - Symquest	5/02/14	1,004			1,004	3	MO S/L	1,004	0
104	2 wireless modums install SymQ	6/18/14	560			560	3	MO S/L	560	0
105	Dell Optiplex 790 F2KSR12	7/31/14	665			665	3	MO S/L	665	0
106	Dell Optiplex 7010 7TJSR12	7/31/14	0			0	3	MO S/L	0	0
107	Dell Optiplex 7010 2MKSR12	7/31/14	0			0	3	MO S/L	0	0
108	Dell Optiplex 7010 3NKS12	7/31/14	0			0	3	MO S/L	0	0
109	HP 12" touchscreen laptop	7/31/14	499			499	3	MO S/L	499	0
110	HP 12" touchscreen laptop	7/31/14	499			499	3	MO S/L	499	0
111	HP 12" touchscreen laptop	7/31/14	499			499	3	MO S/L	499	0
112	HP 12" touchscreen laptop	7/31/14	499			499	3	MO S/L	499	0
113	HP 12" touchscreen laptop	7/31/14	499			499	3	MO S/L	499	0
114	CCAP Andar Module	5/15/15	1,000			1,000	3	MO S/L	1,000	0
115	12 VariDesk standing desks	3/31/16	4,740			4,740	5	MO S/L	2,844	948
117	Soundstation IP7000 conf. tele	4/02/16	1,449			1,449	5	MO S/L	869	290
118	Land - St. Albans	4/01/16	82,900			82,900	0	-- Land	0	0
	Sold/Scrapped: 5/16/19									
119	St. A office equip. merger	4/01/16	1,310			1,310	3	MO S/L	1,310	0
120	Building - St. Albans Merger	4/01/16	227,100			227,100	20	MO S/L	34,065	1,893
	Sold/Scrapped: 5/16/19									
121	3 Lenovo Ideapad 15" laptops	9/01/16	1,281			1,281	3	MO S/L	1,103	178
122	Lenovo Ideapad 15" Laptop St. A	9/01/16	435			435	3	MO S/L	375	60
123	Desktop computer - RD (Buddha)	9/01/16	664			664	3	MO S/L	572	92

-*7229

PUBLIC
Federal Asset Report

FYE: 3/31/2020

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
124	2 Desktop computers - CIVM	9/01/16	1,329			1,329	3 MO S/L	1,144	185
125	Desktop computer - Cindy	9/01/16	664			664	3 MO S/L	572	92
126	VariDesk standing desk	3/09/17	395			395	5 MO S/L	165	79
127	Lenovo X1 Laptop	10/13/17	1,314			1,314	3 MO S/L	657	438
129	Lenovo T470 Laptop	11/13/17	1,220			1,220	3 MO S/L	576	407
130	Lenovo T470 Laptop	11/13/17	1,220			1,220	3 MO S/L	576	407
131	Prof. Con. Inc. office renno	3/01/18	37,426			37,426	5 MO S/L	8,109	7,485
132	Exerus Business Furniture	3/01/18	11,017			11,017	5 MO S/L	2,387	2,203
133	Lenovo T470 (replace after disp)	3/19/18	944			944	3 MO S/L	341	315
134	Notebok Thinkpad T480	7/12/18	2,700			2,700	3 MO S/L	675	900
135	Firewall and Switch	8/23/18	2,571			2,571	3 MO S/L	500	857
137	2002835 Firewall and Switch	9/06/18	1,198			1,198	3 MO S/L	233	399
951	Dell Optiplex 790; 1Y7H5VV1	7/12/12	815			815	3 MO S/L	815	0
952	Dell Optiplex 790; 1Y6D5V1	7/12/12	815			815	3 MO S/L	815	0
953	Dell Optiplex 790; 1Y7G5V1	7/12/12	815			815	3 MO S/L	815	0
954	Dell Optiplex 790; 1Y7G5V1	7/12/12	815			815	3 MO S/L	815	0
	Total Other Depreciation		<u>1,378,141</u>			<u>1,378,141</u>		<u>533,918</u>	<u>45,952</u>
	Total ACRS and Other Depreciation		<u>1,378,141</u>			<u>1,378,141</u>		<u>533,918</u>	<u>45,952</u>
	Grand Totals		1,378,141			1,378,141		533,918	45,952
	Less: Dispositions and Transfers		310,000			310,000		34,065	1,893
	Less: Start-up/Org Expense		0			0		0	0
	Net Grand Totals		<u>1,068,141</u>			<u>1,068,141</u>		<u>499,853</u>	<u>44,059</u>

Federal Statements

PUBLIC

Taxable Interest on Investments

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
INTEREST	\$ 72,703					
			14			
TOTAL	<u>\$ 72,703</u>					

PUBLIC
Federal Statements**Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)**

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Management & General</u>	<u>Fund Raising</u>
OTHER FEES FOR SERVICES	\$ 108,182	\$ 69,707	\$ 25,496	\$ 12,979
TOTAL	<u>\$ 108,182</u>	<u>\$ 69,707</u>	<u>\$ 25,496</u>	<u>\$ 12,979</u>