

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2021

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

A For the 2021 calendar year, or tax year beginning 04/01/21, and ending 03/31/22

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		G Gross receipts\$ 4,657,985
	City or town, state or province, country, and ZIP or foreign postal code SOUTH BURLINGTON VT 05403-4466		
	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: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: WWW.UNITEDWAYNWVT.ORG

H(c) Group exemption number ▶

K Form of organization: Corporation Trust Association 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)	13
	4	Number of independent voting members of the governing body (Part VI, line 1b)	13
	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	32
	6	Total number of volunteers (estimate if necessary)	225
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	0	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year: 4,880,003 Current Year: 4,029,448
	9	Program service revenue (Part VIII, line 2g)	207,626 / 318,165
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	93,274 / 167,141
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	60,126 / 21,997
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,241,029 / 4,536,751
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,070,815 / 1,528,251
	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)	1,806,951 / 1,841,364
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 501,071	
Net Assets or Fund Balances	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	539,020 / 742,288
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	4,416,786 / 4,111,903
	19	Revenue less expenses. Subtract line 18 from line 12	824,243 / 424,848
	20	Total assets (Part X, line 16)	Beginning of Current Year: 7,247,920 End of Year: 7,333,422
	21	Total liabilities (Part X, line 26)	793,088 / 453,969
22	Net assets or fund balances. Subtract line 21 from line 20	6,454,832 / 6,879,453	

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	Date
	JESSE BRIDGES Type or print name and title	CEO

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN *****
	RANDALL L. SARGENT, CPA				
	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 \$ 3,045,273 including grants of \$ 1,528,251) (Revenue \$ 318,165) SEE SCHEDULE O

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$) N/A

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 3,045,273

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>	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	X	
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>		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
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 Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
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>		X
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>		X
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>	X	
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>	X	
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>		X
c	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
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>	X	
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>		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
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>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
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>		X
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>		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
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>		X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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>	X	

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various IRS requirements like grants, compensation, bond issues, and excess benefit transactions.

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

Input box for Part V check

Table with 3 columns: Question, Yes, No. Rows 1a-1c regarding Form 1096, W-2G forms, and backup withholding rules.

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	32		
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.	2b		X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a			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	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			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?	5a			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	Organizations that may receive deductible contributions under section 170(c).				
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?	7a			X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	Section 501(c)(7) organizations. Enter:				
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
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17			

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (13); 1b Enter the number of voting members included on line 1a, above, who are independent (13); 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); 7b 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.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (X); 10b 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); 11b Describe on 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); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on 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 (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); 16b 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 [X] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 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 JANINA LOVELACE 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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 (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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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				117,589	0	19,596
(2) DONNA AUSTIN-HAWLEY PRESIDENT	4.00 0.00	X		X				0	0	0
(3) MICHELL LANGLAIS 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) KATHERINE MEYERS TREASURER	4.00 0.00	X		X				0	0	0
(6) GERALD COLEMAN DIRECTOR	2.00 0.00	X						0	0	0
(7) CATHY DAVIS DIRECTOR	2.00 0.00	X						0	0	0
(8) VIRGINIE DIAMBOU DIRECTOR	2.00 0.00	X						0	0	0
(9) CATHY DIMITRUK DIRECTOR	2.00 0.00	X						0	0	0
(10) YAEL FRIEDMAN DIRECTOR	2.00 0.00	X						0	0	0
(11) PHET KEOMANYVAH 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 (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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) MARK LEVINE DIRECTOR	2.00 0.00	X						0	0	0
(13) OWEN MCCLAIN DIRECTOR	2.00 0.00	X						0	0	0
(14) DENISE SMITH DIRECTOR	2.00 0.00	X						0	0	0
(15) MARTIN FLETCHER (UNTIL MAY 2022) DIRECTOR	2.00 0.00	X						0	0	0
(16) CAITLIN GOSS (UNTIL MAY 2022) DIRECTOR	2.00 0.00	X						0	0	0
(17) MICHAEL POSTERNAK (UNTIL MAY 2022) DIRECTOR	2.00 0.00	X						0	0	0
(18) SALLY SARGENT (UNTIL MAY 2022) DIRECTOR	2.00 0.00	X						0	0	0
1b Subtotal								117,589		19,596
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								117,589		19,596

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					
	d Related organizations	1d					
	e Government grants (contributions)	1e	629,456				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	3,399,992				
	g Noncash contributions included in lines 1a-1f	1g	\$ 58,278				
	h Total. Add lines 1a-1f		4,029,448				
Program Service Revenue	2a WORKING BRIDGES PROGRAM	Business Code 561499	318,165	318,165			
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f		318,165				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		61,328			61,328	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	6a	(i) Real				
			(ii) Personal				
	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	7a	(i) Securities	227,047			
			(ii) Other				
	b Less: cost or other basis and sales exps.	7b	121,234				
c Gain or (loss)	7c	105,813					
d Net gain or (loss)		105,813	105,813				
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a						
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events							
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	21,997	21,997			
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d		21,997				
12 Total revenue. See instructions		4,536,751	445,975	0	61,328		

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	1,528,251	1,528,251		
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	142,393	56,957	35,598	49,838
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	1,335,737	811,708	246,330	277,699
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	63,724	38,910	11,721	13,093
9 Other employee benefits	195,162	116,539	36,720	41,903
10 Payroll taxes	104,348	62,292	19,490	22,566
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	16,783		16,783	
d Lobbying				
e Professional fundraising services. See Part IV, line 7				
f Investment management fees	14,465		14,465	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	210,681	143,879	31,874	34,928
12 Advertising and promotion	24,858	24,762	96	
13 Office expenses	51,063	29,956	9,937	11,170
14 Information technology	83,641	49,348	15,892	18,401
15 Royalties				
16 Occupancy	29,685	17,514	5,640	6,531
17 Travel	9,319	9,046	214	59
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	18,812	11,099	3,574	4,139
20 Interest				
21 Payments to affiliates	54,634		54,634	
22 Depreciation, depletion, and amortization	44,154	25,464	10,722	7,968
23 Insurance	14,303	8,440	2,717	3,146
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 MISCELLANEOUS	99,752	41,220	48,902	9,630
b STIPENDS	55,834	55,584	250	
c VOLUNTEER EXPENSES	14,304	14,304		
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	4,111,903	3,045,273	565,559	501,071
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	696,602	1	1,221,186
	2	Savings and temporary cash investments	156,293	2	215,694
	3	Pledges and grants receivable, net	1,906,249	3	1,471,858
	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	28,099	9	40,819
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,043,936		
	b	Less: accumulated depreciation	10b 590,292	10c	453,644
	11	Investments—publicly traded securities	3,924,878	11	3,885,443
	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	45,892	15	44,778
16	Total assets. Add lines 1 through 15 (must equal line 33)	7,247,920	16	7,333,422	
Liabilities	17	Accounts payable and accrued expenses	124,238	17	119,270
	18	Grants payable		18	
	19	Deferred revenue	38,125	19	35,962
	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	366,725	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	264,000	25	298,737
	26	Total liabilities. Add lines 17 through 25	793,088	26	453,969
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	2,139,549	27	2,573,857
	28	Net assets with donor restrictions	4,315,283	28	4,305,596
	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	6,454,832	32	6,879,453	
33	Total liabilities and net assets/fund balances	7,247,920	33	7,333,422	

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	4,536,751
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,111,903
3	Revenue less expenses. Subtract line 2 from line 1	3	424,848
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	6,454,832
5	Net unrealized gains (losses) on investments	5	-227
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	6,879,453

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 on 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		

SCHEDULE A
(Form 990)

Public Charity Status and Public Support

OMB No. 1545-0047

2021

Open to Public Inspection

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

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

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

Department of the Treasury
Internal Revenue Service

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).)
- 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 on 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						

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

Schedule A (Form 990) 2021

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

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10.

12 Gross receipts from related activities, etc. (see instructions) 12 877,131
13 First 5 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

Table with 2 columns: Line number, Percentage. Row 14: Public support percentage for 2021 (line 6, column (f) divided by line 11, column (f)) 14 93.85%
Row 15: Public support percentage from 2020 Schedule A, Part II, line 14 15 95.25%

16a 33 1/3% support test—2021. 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 [X]
b 33 1/3% support test—2020. 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—2021. 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—2020. 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

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support. (Add lines 9, 10c, 11, and 12.); 14 First 5 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

Table with 3 columns: Description, Amount, Percentage. Row 15: Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) - 15 - %; Row 16: Public support percentage from 2020 Schedule A, Part III, line 15 - 16 - %

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, Amount, Percentage. Row 17: Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) - 17 - %; Row 18: Investment income percentage from 2020 Schedule A, Part III, line 17 - 18 - %

- 19a 33 1/3% support tests—2021. 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—2020. 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 box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</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).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</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 on 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 on 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 line 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)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? Row 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?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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? Row 3: By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

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 (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<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).		

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—provide details in Part VI)	
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 2021 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-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2021			
a From 2016			
b From 2017			
c From 2018			
d From 2019			
e From 2020			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, 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 2021 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017			
b Excess from 2018			
c Excess from 2019			
d Excess from 2020			
e Excess from 2021			

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 \$ 194,004

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

2021

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 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, and questions about donor advisement.

Part II Conservation Easements.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of conservation easements, total number of easements, and monitoring details.

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting art and historical treasures.

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	716,636	516,429	560,280	538,439	495,132
b Contributions		100	300	200	400
c Net investment earnings, gains, and losses	32,060	201,779	-42,104	23,549	45,112
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	2,639	1,672	2,047	1,908	2,205
g End of year balance	746,057	716,636	516,429	560,280	538,439

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment ▶ 5.63%
- b Permanent endowment ▶ 48.08%
- c Term endowment ▶ 46.29%

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		867,095	433,847	433,248
c Leasehold improvements				
d Equipment		175,841	155,445	20,396
e Other		1,000	1,000	

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) ▶ 453,644

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.

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Rows include Financial derivatives, Closely held equity interests, and Other (A-H).

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.

Table with 3 columns: (a) Description of investment, (b) Book value, (c) Method of valuation. Rows numbered 1 through 9.

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

Table with 2 columns: (a) Description, (b) Book value. Rows numbered 1 through 9.

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.

Table with 2 columns: (a) Description of liability, (b) Book value. Row 1 includes Federal income taxes and ALLOCATIONS & DESIGNATIONS with a value of 298,737.

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 [X]

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.

Table with 5 main rows and sub-rows (a-e) for adjustments. Total revenue reported as 4,536,751.

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.

Table with 5 main rows and sub-rows (a-e) for adjustments. Total expenses reported as 4,111,903.

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 4B - REVENUE AMOUNTS INCLUDED ON RETURN - OTHER DONOR DESIGNATIONS \$ 265,507

Part XIII Supplemental Information *(continued)*

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

DONOR DESIGNATIONS \$ 265,507

**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.
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OMB No. 1545-0047

2021

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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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	AGE WELL 875 ROOSEVELT HIGHWAY, SUITE 210 COLCHESTER VT 05446	** - *** 4636	501C3	33,654				PROGRAM/DD
(2)	ANEW PLACE PO BOX 1481 BURLINGTON VT 05402	** - *** 7599	501C3	20,500				PROGRAM/DD
(3)	ASSOC. OF AFRICANS LIVING IN VT 20 ALLEN STREET, FLOOR 3 BURLINGTON VT 05401	** - *** 1003	501C3	37,565				PROGRAM/DD
(4)	BIG BROTHERS BIG SISTERS OF VERMONT PO BOX 1729 BRATTLEBORO VT 05302	** - *** 2286	501C3	10,000				PROGRAM
(5)	BOYS AND GIRLS CLUB OF BURLINGTON 62 OAK STREET BURLINGTON VT 05401	** - *** 9307	501C3	35,000				PROGRAM
(6)	BURLINGTON HOUSING AUTHORITY 65 MAIN STREET BURLINGTON VT 05401	** - *** 6305	501C3	20,000				PROGRAM
(7)	CANCER PATIENT SUPPORT FOUNDATION 5399 WILLISTON ROAD, SUITE 206 WILLISTON VT 05495	** - *** 5270	501C3	7,506				DD
(8)	CARVING STUDIO AND SCULPTURE CENTER 636 MARBLE STREET WEST RUTLAND VT 05777	** - *** 5486	501C3	5,200				DD
(9)	CHAMPLAIN COMMUNITY SERVICES, INC. 512 TROY AVENUE COLCHESTER VT 05446	** - *** 5899	501C3	30,344				PROGRAM/DD

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 57
- 3** Enter total number of other organizations listed in the line 1 table ▶ 0

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Schedule I (Form 990) (2021)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
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Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
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Name of the organization
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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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	CHAMPLAIN ISLANDERS DEV. ESSENTIAL PO BOX 13 SOUTH HERO VT 05486	**_***1886	501C3	21,378				PROGRAM/DD
(2)	CHAMPLAIN VALLEY OEO PO BOX 1603 BURLINGTON VT 05401	**_***6837	501C3	120,120				PROGRAM/DD
(3)	COMMITTEE ON TEMPORARY SHELTER PO BOX 1616 BURLINGTON VT 05401	**_***5303	501C3	38,506				PROGRAM/DD
(4)	COMMUNITY RESTORATIVE JUSTICE CTR 576 RAILROAD STREET, SUITE 2 ST. JOHNSBURY VT 05819	**_***7940	501C3	15,000				PROGRAM
(5)	ESSEX CHIPS, INC 2 LINCOLN STREET, 2ND FLOOR ESSEX JUNCTION VT 05452	**_***2222	501C3	10,000				PROGRAM
(6)	FRANKLIN COUNTY CARING COMMUNITIES 27 CHURCH STREET, SUITE 2 ST. ALBANS VT 05478	**_***8572	501C3	10,000				PROGRAM
(7)	FRANKLIN COUNTY HOME HEALTH AGENCY 3 HOME HEALTH CIRCLE ST. ALBANS VT 05478	**_***6401	501C3	10,000				PROGRAM
(8)	FRANKLIN GRAND ISLE TOBACCO PREV. 133 FAIRFIELD STREET ST. ALBANS VT 05478	**_***6986	501C3	10,000				PROGRAM
(9)	FRANKLIN NE SUPERVISORY UNION PO BOX 489 ENOSBURG FALLS VT 05450	**_***5689	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 ▶

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Schedule I (Form 990) (2021)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
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Name of the organization
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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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	GRAND ISLE COUNTY MENTORING PO BOX 31 SOUTH HERO VT 05486	** - *** 2380	501C3	10,000				PROGRAM
(2)	GREATER BURLINGTON YMCA 266 COLLEGE STREET BURLINGTON VT 05401	** - *** 5810	501C3	28,399				PROGRAM
(3)	GREEN MOUNTAIN UNITED WAY 73 MAIN STREET, #33 MONTPELIER VT 05602	** - *** 1394	501C3	27,424				DD
(4)	HOMESHARE VERMONT 412 FARRELL STREET, SUITE 300 SOUTH BURLINGTON VT 05403	** - *** 7957	501C3	10,823				PROGRAM/DD
(5)	HOWARD CENTER 208 FLYNN AVENUE, SUITE 3J BURLINGTON VT 05401	** - *** 9433	501C3	145,459				PROGRAM/DD
(6)	KIDSAFE COLLABORATIVE 45 KILBURN STREET BURLINGTON VT 05401	** - *** 3867	501C3	37,156				PROGRAM/DD
(7)	KING STREET CENTER 86 KING STREET BURLINGTON VT 05401	** - *** 6312	501C3	48,279				PROGRAM/DD
(8)	LUND FAMILY CENTER 76 GLEN ROAD BURLINGTON VT 05401	** - *** 9434	501C3	70,130				PROGRAM/DD
(9)	MARTHA'S COMMUNITY KITCHEN 139 LAKE STREET ST. ALBANS VT 05478	** - *** 0790	501C3	11,505				PROGRAM/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 ▶

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Schedule I (Form 990) (2021)

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**Grants and Other Assistance to Organizations,
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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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	MILTON COMMUNITY YOUTH COALITION 165 ROUTE 7 SOUTH MILTON VT 05468	**--***0762	501C3	11,560				PROGRAM
(2)	MILTON FAMILY COMMUNITY CENTER P.O. BOX 619 MILTON VT 05468	**--***9155	501C3	10,000				PROGRAM
(3)	NFI VERMONT 30 AIRPORT ROAD SOUTH BURLINGTON VT 05403	**--***4434	501C3	9,680				PROGRAM
(4)	NORTHWEST REGIONAL PLANNING COMM. 75 FAIRFIELD STREET ST. ALBANS VT 05478	**--***3756	501C3	20,460				PROGRAM
(5)	NORTHWESTERN COUNSELING & SUP. SVCS 107 FISHER POND ROAD ST. ALBANS VT 05478	**--***0542	501C3	40,130				PROGRAM/DD
(6)	OUTRIGHT VERMONT 241 NORTH WINOOSKI AVENUE BURLINGTON VT 05401	**--***3843	501C3	17,250				PROGRAM/DD
(7)	PATHWAYS VERMONT, INC. 125 COLLEGE STREET, 2ND FLOOR BURLINGTON VT 05401	**--***4758	501C3	20,000				PROGRAM
(8)	PLANNED PARENTHOOD OF NORTHERN NE 784 HERCULES AVENUE, SUITE 110 COLCHESTER VT 05446	**--***2941	501C3	13,623				DD
(9)	PREVENT CHILD ABUSE VERMONT 203 COUNTRY CLUB DRIVE MONTPELIER VT 05601	**--***7183	501C3	10,000				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 ▶

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Schedule I (Form 990) (2021)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
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Name of the organization **UNITED WAY OF NORTHWEST
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**** - ** * 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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	RISE VT FRANKLIN, NW MED. CTR 133 FAIRFIELD STREET ST. ALBANS VT 05478	** - *** 6986	501C3	10,000				PROGRAM
(2)	SAMARITAN HOUSE, INC. 24 KINGMAN STREET ST. ALBANS VT 05478	** - *** 0331	501C3	15,000				PROGRAM
(3)	SARA M. HOLBROOK COMMUNITY CENTER 66 NORTH AVENUE BURLINGTON VT 05401	** - *** 9595	501C3	35,000				PROGRAM
(4)	SAM CLOCKER FOUNDATION PO BOX 425 RICHMOND VT 05477	** - *** 2808	501C3	10,000				PROGRAM
(5)	SPECTRUM YOUTH & FAMILY SERVICES 31 ELMWOOD AVENUE BURLINGTON VT 05401	** - *** 3232	501C3	75,193				PROGRAM/DD
(6)	STEPS TO END DOMESTIC VIOLENCE PO BOX 1535 BURLINGTON VT 05401	** - *** 3657	501C3	20,000				PROGRAM
(7)	THE JANET S. MUNT FAMILY ROOM 20 ALLEN STREET BURLINGTON VT 05401	** - *** 9524	501C3	10,646				PROGRAM/DD
(8)	TURNING POINT CENTER OF CHITTENDEN 191 BANK STREET, SUITE 200 BURLINGTON VT 05401	** - *** 2092	501C3	30,000				PROGRAM
(9)	TURNING POINT OF FRANKLIN COUNTY 182 LAKE STREET ST. ALBANS VT 05478	** - *** 7386	501C3	25,000				PROGRAM

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
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Name of the organization UNITED WAY OF NORTHWEST VERMONT, INC.	Employer identification number * * - * * * 7 2 2 9
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Part I General Information on Grants and Assistance

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1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) UNITED WAY OF ADDISON COUNTY 2 COURT STREET MIDDLEBURY VT 05753	** - *** 1018	501C3	7,493				DD
(2) UNITED WAY OF LAMOILLE COUNTY 20 MORRISVILLE PLAZA, #8 MORRISVILLE VT 05661	** - *** 4485	501C3	5,043				DD
(3) UNITED WAY OF RUTLAND COUNTY 6 CHURCH STREET RUTLAND VT 05701	** - *** 0224	501C3	30,600				DD
(4) UNITED WAY OF WINDHAM COUNTY PO BOX 617 BRATTLEBORO VT 05302	** - *** 3074	501C3	6,285				DD
(5) UNITED WAYS OF VERMONT PO BOX 111 ESSEX JUNCTION VT 05452	** - *** 2082	501C3	48,873				PROGRAM/DD
(6) UVM HEALTH NETWORK HOME HEALTH 1110 PRIM ROAD COLCHESTER VT 05446	** - *** 9603	501C3	27,486				PROGRAM/DD
(7) VERMONT PSYCHOLOGICAL SERVICES 2 COLCHESTER AVE BURLINGTON VT 05401	** - *** 3219	501C3	20,000				PROGRAM
(8) WINOOSKI PARTNERSHIP FOR PREVENTION 32 MALLETS BAY AVENUE WINOOSKI VT 05404	** - *** 2863	501C3	13,000				PROGRAM
(9) TOWN OF RICHMOND 203 BRIDGE STREET RICHMOND VT 05477	** - *** 0646	GOV	14,960				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) (2021)

**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

2021

**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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	VERMONT AFTERSCHOOL 150 KENNEDY DRIVE SOUTH BURLINGTON VT 05403	** - ** * 9970	501C3	10,000				PROGRAM
(2)	VERMONT PROFESSIONALS OF COLOR 76 SAINT PAUL STREET BURLINGTON VT 05401	** - ** * 7055	501C3	10,000				
(3)								
(4)								
(5)								
(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) (2021)

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

Supplemental Information

SCHEDULE I
(Form 990)

For calendar year 2021, or tax year beginning 04/01/21, and ending 03/31/22

2021
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

Supplemental Information

**SCHEDULE I
(Form 990)**

2021

For calendar year 2021, or tax year beginning 04/01/21, and ending 03/31/22

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

Employer identification number

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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 2021, or tax year beginning 04/01/21, and ending 03/31/22

2021

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

Employer identification number

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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. 1545-0074

2021

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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

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	14	58,278	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 V, 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.		

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Area with horizontal dotted lines for supplemental information.

**SCHEDULE O
(Form 990)**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 Form 990-EZ.

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

OMB No. 1545-0047

2021**Open to Public
Inspection**

Name of the organization UNITED WAY OF NORTHWEST VERMONT, INC.	Employer identification number **-***7229
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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 4A - FIRST ACCOMPLISHMENT

COMMUNITY FUNDING:

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 APPROXIMATELY \$1,500,000 IN AGENCY ALLOCATIONS FOR 2021 AND 2020 - FUNDED THROUGH THE UNDESIGNATED PORTION OF THE ORGANIZATION'S ANNUAL COMMUNITY CAMPAIGN AS WELL AS RESTRICTED STATE AND FEDERAL GRANTS. UWNWVT ALSO DISTRIBUTES DONOR- DESIGNATED FUNDS TO OTHER NON-PROFIT ORGANIZATIONS BASED ON AMOUNTS ACTUALLY COLLECTED.

WORKING BRIDGES:

UNITED WAY WORKING BRIDGES IS AN INNOVATIVE PROGRAM DESIGNED TO IMPROVE JOB RETENTION, PRODUCTIVITY, AND ADVANCEMENT BY SUPPORTING EMPLOYEES WITH COMMUNITY RESOURCES. THE CONCEPT IS SIMPLE: EMPLOYERS WORK TOGETHER TO EFFECTIVELY DEVELOP AND TEST INNOVATIVE HR PRACTICES USING THE WORKPLACE AS A PLATFORM FOR SERVICES DESIGNED TO HELP WORKERS GET, KEEP AND GROW STABLE

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UNITED WAY OF NORTHWEST

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EMPLOYMENT.

BY SHARING RESOURCES, EMPLOYERS ARE MINIMIZING THE BARRIER TO EMPLOYMENT AND SUPPORTING EMPLOYEES' NEED TO BE SUCCESSFUL AND IMPROVE THEIR LIVES.

COMMON GOOD VT:

AS OF JANUARY 2021, COMMON GOOD VERMONT IS A PROGRAM OF UNITED WAY OF NORTHWEST VERMONT. COMMON GOOD VERMONT SERVES AS THE "GO-TO" RESOURCE FOR ALL OF VERMONT'S MISSION-DRIVEN ORGANIZATIONS TO SHARE RESOURCES, GAIN SKILLS, AND BUILD PARTNERSHIPS.

COMMON GOOD VERMONT'S PROGRAMS INCLUDE:

- NONPROFIT CERTIFICATE PROGRAMS
- VERMONT NONPROFIT SUMMER CAMP
- THE NONPROFIT NEW ENGLAND WAGE AND BENEFITS REPORT (VERMONT EDITION)
- VERMONT NONPROFIT ADVOCACY & LEGISLATIVE DAY
- VERMONT NONPROFIT NEWS
- JOB POSTINGS FOR VERMONT MISSION-DRIVEN ORGANIZATIONS
- OTHER NONPROFIT PROFESSIONAL TRAINING

COMMUNITY IMPACT AND VOLUNTEER MOBILIZATION:

COMMUNITY IMPACT CONVENES AND BACKBONES VARIOUS INITIATIVES THROUGHOUT THE REGION. CURRENTLY UWNWVT IS DIRECTING TWO EFFORTS.

NORTHWEST VERMONT REGIONAL PREVENTION NETWORK: IN DECEMBER OF 2021, UNITED WAY OF NORTHWEST VERMONT LAUNCHED THE NORTHWEST VERMONT REGIONAL PREVENTION NETWORK AS PART OF A 5-YEAR STRATEGIC PLAN TO UNIFY THE REGION AROUND A HOLISTIC AND COMPREHENSIVE APPROACH TO PREVENTING SUBSTANCE MISUSE AMONG YOUTH AND YOUNG ADULTS. THIS WORK IS FUNDED BY PREVENTION CENTER OF EXCELLENCE (PCE) GRANT AWARDED TO UNITED WAY THROUGH THE VERMONT DIVISION

Name of the organization

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UNITED WAY OF NORTHWEST

** - ***7229

OF SUBSTANCE USE PROGRAMS.

MENTAL HEALTH INITIATIVE: UNITED WAY OF NORTHWEST VERMONT'S MENTAL HEALTH INITIATIVE IS ELEVATING THE VOICES OF DIRECT PROVIDERS OF MENTAL HEALTH SERVICES, VERMONTERS WITH LIVED EXPERIENCE, AND ORGANIZATIONS AND ALLIANCES FOCUSED ON MENTAL HEALTH AND SUBSTANCE MISUSE.

TOGETHER WE WILL WORK TO ALIGN EXISTING MENTAL HEALTH RESOURCES, IDENTIFY GAPS IN THE SYSTEM OF CARE, AND CREATE A SHARED AGENDA AND ACTION ITEMS FOR OUR NEXT STEPS.

THROUGH EXTENSIVE CONVERSATIONS WITH COMMUNITY PARTNERS, WE HAVE IDENTIFIED THREE INITIAL PRIORITIES FOR THE MENTAL HEALTH INITIATIVE TO FOCUS ON: ADDRESSING VERMONT'S CRITICAL LABOR SHORTAGE OF MENTAL HEALTH PROVIDERS; STRENGTHENING AND ALIGNING RESOURCES FOR SUICIDE PREVENTION; AND RESPONDING TO THE ACUTE RISE IN YOUTH MENTAL HEALTH NEEDS.

OUR ROLE IS TO WORK ALONGSIDE OUR SERVICE PARTNERS ON THE GROUND, THOSE WITH LIVED EXPERIENCE NAVIGATING MENTAL HEALTH SERVICES, AND POLICYMAKERS TO BREAK DOWN BARRIERS TO THE SYSTEMS CHANGE WE NEED TO PROMOTE BETTER MENTAL HEALTH AND ENSURE COMMUNITY MEMBERS WHO WANT IT HAVE TIMELY ACCESS TO EFFECTIVE MENTAL HEALTH SERVICES.

COMMUNITY PARTNERS WHO WILL HELP GUIDE THE MENTAL HEALTH INITIATIVE'S WORK INCLUDE HOWARD CENTER, NORTHWESTERN COUNSELING & SUPPORT SERVICES (NCSS), VERMONT CARE PARTNERS, SPECTRUM YOUTH & FAMILY SERVICES, VERMONT SUICIDE PREVENTION CENTER, AND NAMI VERMONT.

THE MENTAL HEALTH INITIATIVE IS MADE POSSIBLE THANKS TO FUNDING FROM THE UVM HEALTH NETWORK, IBM AND GENEROUS INDIVIDUAL DONORS.

VOLUNTEER MOBILIZATION ACTIVITIES PROMOTE AND SUPPORT VOLUNTEERING THROUGHOUT THE REGION THROUGH GENERAL VOLUNTEER POSTINGS ONLINE THROUGH VOLUNTEER CONNECTION. UWNWVT ALSO CONDUCTS TWO, MAJOR "55+" VOLUNTEER

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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 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 FINANCE COMMITTEE REVIEWS 990 AND IT IS PROVIDED TO THE BOARD OF DIRECTORS.

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

Name of the organization

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AS PART OF THEIR ORIENTATION.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL

THE EXECUTIVE COMMITTEE OF THE BOARD SETS THE CEO'S SALARY AND APPROVES ANY ANNUAL INCREASES/CHANGES.

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

DOCUMENTS ARE AVAILABLE UPON REQUEST AND ARE UPLOADED TO GUIDESTAR.ORG.

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

DONOR DESIGNATIONS \$ -265,507

DONOR DESIGNATIONS \$ 265,507

Form **4562**
 Department of the Treasury
 Internal Revenue Service (99)

Depreciation and Amortization
 (Including Information on Listed Property)

OMB No. 1545-0172

2021

Attachment Sequence No. **179**

▶ Attach to your tax return.

▶ 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	1,050,000
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	2,620,000
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 2020 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 2022. 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	44,154

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 2021	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 2021 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 2021 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	44,154
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** (2021)

-*7229

Federal Asset Report

FYE: 3/31/2022

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv	Meth	Prior	Current
Other Depreciation:											
5	2 HP Laser Jet 4000 Printers Sold/Scrapped: 3/31/22	4/01/97	2,298				2,298	3	MO S/L	2,298	0
9	Laser Printer Sheet Feeder Sold/Scrapped: 3/31/22	9/01/99	540				540	3	MO S/L	540	0
16	10 Ergonomic Desk chairs Sold/Scrapped: 3/31/22	1/01/02	2,591				2,591	5	MO S/L	2,591	0
24	InfoPrint 1357 Color Laser Sold/Scrapped: 3/31/22	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 Sold/Scrapped: 3/31/22	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 Laminate	5/10/07	1,320				1,320	5	MO S/L	1,320	0
58	Desk: Maple Laminate	5/10/07	1,412				1,412	5	MO S/L	1,412	0
59	Bookcase: Maple Laminate	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 Laminate	5/10/07	1,412				1,412	5	MO S/L	1,412	0
64	Bookcase: Maple Laminate	5/10/07	284				284	5	MO S/L	284	0
65	Desk: Maple Laminate	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 Laminate	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 Laminate	5/10/07	6,835				6,835	5	MO S/L	6,835	0
72	4 Workstations: Maple Laminate	5/10/07	8,161				8,161	5	MO S/L	8,161	0
73	4 Workstations: Maple Laminate	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	399,736	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 Sold/Scrapped: 3/31/22	10/07/08	522				522	3	MO S/L	522	0
85	InFocus Projector Sold/Scrapped: 3/31/22	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 Sold/Scrapped: 3/31/22	3/30/12	1,529				1,529	5	MO S/L	1,529	0
94	Step & Repeat Sign - B&W Sold/Scrapped: 3/31/22	5/01/12	990				990	5	MO S/L	990	0
96	Lenovo ThinkPad Edge E430 (1) Sold/Scrapped: 3/31/22	2/15/13	633				633	3	MO S/L	633	0
97	Lenovo ThinkPad Edge E430 (2) Sold/Scrapped: 3/31/22	2/15/13	633				633	3	MO S/L	633	0
98	Lenovo ThinkPad Edge E430 (3) Sold/Scrapped: 3/31/22	2/15/13	633				633	3	MO S/L	633	0
99	12 thin client computers- Rose Sold/Scrapped: 3/31/22	8/12/13	5,280				5,280	3	MO S/L	5,280	0
100	Sage 50 2014 5 user NPO Sold/Scrapped: 3/31/22	10/31/13	1,439				1,439	5	MO S/L	1,439	0
101	New Website - Morad Media, Inc. Sold/Scrapped: 3/31/22	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 Sold/Scrapped: 3/31/22	7/31/14	665				665	3	MO S/L	665	0
106	Dell Optiplex 7010 7TJSR12 Sold/Scrapped: 3/31/22	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

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Federal Asset Report

FYE: 3/31/2022

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
108	Sold/Scrapped: 3/31/22 Dell Optiplex 7010 3NKSRI2	7/31/14	0			0	3 MO S/L	0	0
109	Sold/Scrapped: 3/31/22 HP 12" touchscreen laptop	7/31/14	499			499	3 MO S/L	499	0
110	Sold/Scrapped: 3/31/22 HP 12" touchscreen laptop	7/31/14	499			499	3 MO S/L	499	0
111	Sold/Scrapped: 3/31/22 HP 12" touchscreen laptop	7/31/14	499			499	3 MO S/L	499	0
112	Sold/Scrapped: 3/31/22 HP 12" touchscreen laptop	7/31/14	499			499	3 MO S/L	499	0
113	Sold/Scrapped: 3/31/22 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	4,740	0
117	Soundstation IP7000 conf. tele	4/02/16	1,449			1,449	5 MO S/L	1,449	0
119	St. A office equip. merger	4/01/16	1,310			1,310	3 MO S/L	1,310	0
121	Sold/Scrapped: 3/31/22 3 Lenovo Ideapad 15" laptops	9/01/16	1,281			1,281	3 MO S/L	1,281	0
122	Sold/Scrapped: 3/31/22 Lenovo Ideapad 15" Laptop St. A	9/01/16	435			435	3 MO S/L	435	0
123	Sold/Scrapped: 3/31/22 Desktop computer - RD (Buddha)	9/01/16	664			664	3 MO S/L	664	0
124	2 Desktop computers - CIVM	9/01/16	1,329			1,329	3 MO S/L	1,329	0
125	Desktop computer - Cindy	9/01/16	664			664	3 MO S/L	664	0
126	VariDesk standing desk	3/09/17	395			395	5 MO S/L	323	72
127	Lenovo X1 Laptop	10/13/17	1,314			1,314	3 MO S/L	1,314	0
129	Lenovo T470 Laptop	11/13/17	1,220			1,220	3 MO S/L	1,220	0
130	Lenovo T470 Laptop	11/13/17	1,220			1,220	3 MO S/L	1,220	0
131	Prof. Con. Inc. office renno	3/01/18	37,426			37,426	5 MO S/L	23,079	7,486
132	Exterus Business Furniture	3/01/18	11,017			11,017	5 MO S/L	6,794	2,203
133	Lenovo T470 (replace after disp)	3/19/18	944			944	3 MO S/L	944	0
134	Notebbok Thinkpad T480	7/12/18	2,700			2,700	3 MO S/L	2,475	225
135	Firewall and Switch	8/23/18	2,571			2,571	3 MO S/L	2,214	357
137	2002835 Firewall and Switch	9/06/18	1,198			1,198	3 MO S/L	1,032	166
951	Dell Optiplex 790; 1Y7H5VV1	7/12/12	815			815	3 MO S/L	815	0
952	Sold/Scrapped: 3/31/22 Dell Optiplex 790; 1Y6D5V1	7/12/12	815			815	3 MO S/L	815	0
953	Sold/Scrapped: 3/31/22 Dell Optiplex 790; 1Y7G5V1	7/12/12	815			815	3 MO S/L	815	0
954	Sold/Scrapped: 3/31/22 Dell Optiplex 790; 1Y7G5V1	7/12/12	815			815	3 MO S/L	815	0
955	Lenovo laptops & docking stations	11/26/20	8,494			8,494	3 MO S/L	944	2,831
956	Microsoft Teams Rooms	7/09/21	4,138			4,138	3 MO S/L	0	1,035
957	Microsoft Large Room	8/09/21	4,747			4,747	3 MO S/L	0	1,055
Total Other Depreciation			<u>1,085,520</u>			<u>1,085,520</u>		<u>587,723</u>	<u>44,154</u>
Total ACRS and Other Depreciation			<u>1,085,520</u>			<u>1,085,520</u>		<u>587,723</u>	<u>44,154</u>
Grand Totals			1,085,520			1,085,520		587,723	44,154
Less: Dispositions and Transfers			41,583			41,583		41,583	0
Less: Start-up/Org Expense			0			0		0	0
Net Grand Totals			<u>1,043,937</u>			<u>1,043,937</u>		<u>546,140</u>	<u>44,154</u>

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AMT Asset Report

FYE: 3/31/2022

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv	Meth	Prior	Current	
Other Depreciation:												
5	2 HP Laser Jet 4000 Printers Sold/Scrapped: 3/31/22	4/01/97	0					0	0	HY	0	0
9	Laser Printer Sheet Feeder Sold/Scrapped: 3/31/22	9/01/99	0					0	0	HY	0	0
16	10 Ergonomic Desk chairs Sold/Scrapped: 3/31/22	1/01/02	0					0	0	HY	0	0
24	InfoPrint 1357 Color Laser Sold/Scrapped: 3/31/22	10/01/03	0					0	0	HY	0	0
29	UPS Battery	12/01/06	0					0	0	HY	0	0
31	Andar Database software	8/01/03	0					0	0	HY	0	0
37	Andar User License	8/01/04	0					0	0	HY	0	0
41	Andar Standard M Module	9/01/06	0					0	0	HY	0	0
54	A50P ThinkCentre Computer Sold/Scrapped: 3/31/22	10/01/03	0					0	0	HY	0	0
56	Lateral File-3dr w/2 shelf cab	5/10/07	0					0	0	HY	0	0
57	Desk: Maple Laminate	5/10/07	0					0	0	HY	0	0
58	Desk: Maple Laminate	5/10/07	0					0	0	HY	0	0
59	Bookcase: Maple Laminate	5/10/07	0					0	0	HY	0	0
61	Desks/Lateral File/bookcase	5/10/07	0					0	0	HY	0	0
63	Desk: Maple Laminate	5/10/07	0					0	0	HY	0	0
64	Bookcase: Maple Laminate	5/10/07	0					0	0	HY	0	0
65	Desk: Maple Laminate	5/10/07	0					0	0	HY	0	0
67	Lateral File 3dr w/2 shelf cab	5/10/07	0					0	0	HY	0	0
68	Coffee Table Maple Laminate	5/10/07	0					0	0	HY	0	0
69	5 Slat Wood Lobby Chairs	5/10/07	0					0	0	HY	0	0
70	Reception workstation: maple	5/10/07	0					0	0	HY	0	0
71	2 Workstation: Maple Laminate	5/10/07	0					0	0	HY	0	0
72	4 Workstations: Maple Laminate	5/10/07	0					0	0	HY	0	0
73	4 Workstations: Maple Laminate	5/10/07	0					0	0	HY	0	0
75	412 Farrell Street Condo	5/14/07	0					0	0	HY	0	0
76	Refrigerator	5/14/07	0					0	0	HY	0	0
77	Kitchen Water Hookups	5/14/07	0					0	0	HY	0	0
78	Window Blinds	5/14/07	0					0	0	HY	0	0
79	Andar 4 of 5 User Licenses	11/01/07	0					0	0	HY	0	0
80	Andar 1 of 5 User licenses	11/01/07	0					0	0	HY	0	0
82	E-Community Andar Module	1/01/08	0					0	0	HY	0	0
84	InFocus Projector Sold/Scrapped: 3/31/22	10/07/08	0					0	0	HY	0	0
85	InFocus Projector Sold/Scrapped: 3/31/22	10/07/08	0					0	0	HY	0	0
88	Andar MS Outlook Connector	8/01/09	0					0	0	HY	0	0
89	Helix ePledge module	4/03/10	0					0	0	HY	0	0
91	Conf table & chairs; whitebrd	6/27/11	0					0	0	HY	0	0
92	Exterus - 2 mobile panels	6/01/11	0					0	0	HY	0	0
93	IBM SPSS Statistics Base software Sold/Scrapped: 3/31/22	3/30/12	0					0	0	HY	0	0
94	Step & Repeat Sign - B&W Sold/Scrapped: 3/31/22	5/01/12	0					0	0	HY	0	0
96	Lenovo ThinkPad Edge E430 (1) Sold/Scrapped: 3/31/22	2/15/13	0					0	0	HY	0	0
97	Lenovo ThinkPad Edge E430 (2) Sold/Scrapped: 3/31/22	2/15/13	0					0	0	HY	0	0
98	Lenovo ThinkPad Edge E430 (3) Sold/Scrapped: 3/31/22	2/15/13	0					0	0	HY	0	0
99	12 thin client computers- Rose Sold/Scrapped: 3/31/22	8/12/13	0					0	0	HY	0	0
100	Sage 50 2014 5 user NPO Sold/Scrapped: 3/31/22	10/31/13	0					0	0	HY	0	0
101	New Website - Morad Media, Inc. Sold/Scrapped: 3/31/22	1/16/14	0					0	0	HY	0	0
102	Helix Andar 360 MIG module	4/11/14	0					0	0	HY	0	0
103	2 Wireless modums - Symquest	5/02/14	0					0	0	HY	0	0
104	2 wireless modums install SymQ	6/18/14	0					0	0	HY	0	0
105	Dell Optiplex 790 F2KSR12 Sold/Scrapped: 3/31/22	7/31/14	0					0	0	HY	0	0
106	Dell Optiplex 7010 7TJSR12 Sold/Scrapped: 3/31/22	7/31/14	0					0	0	HY	0	0
107	Dell Optiplex 7010 2MKSR12	7/31/14	0					0	0	HY	0	0

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AMT Asset Report

FYE: 3/31/2022

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179Bonus	Basis for Depr	PerConv Meth	Prior	Current
	Sold/Scrapped: 3/31/22								
108	Dell Optiplex 7010 3NKSRI2	7/31/14	0			0	0 HY	0	0
	Sold/Scrapped: 3/31/22								
109	HP 12" touchscreen laptop	7/31/14	0			0	0 HY	0	0
	Sold/Scrapped: 3/31/22								
110	HP 12" touchscreen laptop	7/31/14	0			0	0 HY	0	0
	Sold/Scrapped: 3/31/22								
111	HP 12" touchscreen laptop	7/31/14	0			0	0 HY	0	0
	Sold/Scrapped: 3/31/22								
112	HP 12" touchscreen laptop	7/31/14	0			0	0 HY	0	0
	Sold/Scrapped: 3/31/22								
113	HP 12" touchscreen laptop	7/31/14	0			0	0 HY	0	0
	Sold/Scrapped: 3/31/22								
114	CCAP Andar Module	5/15/15	0			0	0 HY	0	0
115	12 VariDesk standing desks	3/31/16	0			0	0 HY	0	0
117	Soundstation IP7000 conf. tele	4/02/16	0			0	0 HY	0	0
119	St. A office equip. merger	4/01/16	0			0	0 HY	0	0
	Sold/Scrapped: 3/31/22								
121	3 Lenovo Ideapad 15" laptops	9/01/16	0			0	0 HY	0	0
	Sold/Scrapped: 3/31/22								
122	Lenovo Ideapad 15" Laptop St. A	9/01/16	0			0	0 HY	0	0
	Sold/Scrapped: 3/31/22								
123	Desktop computer - RD (Buddha)	9/01/16	0			0	0 HY	0	0
124	2 Desktop computers - CIVM	9/01/16	0			0	0 HY	0	0
125	Desktop computer - Cindy	9/01/16	0			0	0 HY	0	0
126	VariDesk standing desk	3/09/17	0			0	0 HY	0	0
127	Lenovo X1 Laptop	10/13/17	0			0	0 HY	0	0
129	Lenovo T470 Laptop	11/13/17	0			0	0 HY	0	0
130	Lenovo T470 Laptop	11/13/17	0			0	0 HY	0	0
131	Prof. Con. Inc. office renno	3/01/18	0			0	0 HY	0	0
132	Exerus Business Furniture	3/01/18	0			0	0 HY	0	0
133	Lenovo T470 (replace after disp)	3/19/18	0			0	0 HY	0	0
134	Notebook Thinkpad T480	7/12/18	0			0	0 HY	0	0
135	Firewall and Switch	8/23/18	0			0	0 HY	0	0
137	2002835 Firewall and Switch	9/06/18	0			0	0 HY	0	0
951	Dell Optiplex 790; 1Y7H5VV1	7/12/12	0			0	0 HY	0	0
	Sold/Scrapped: 3/31/22								
952	Dell Optiplex 790; 1Y6D5V1	7/12/12	0			0	0 HY	0	0
	Sold/Scrapped: 3/31/22								
953	Dell Optiplex 790; 1Y7G5V1	7/12/12	0			0	0 HY	0	0
	Sold/Scrapped: 3/31/22								
954	Dell Optiplex 790; 1Y7G5V1	7/12/12	0			0	0 HY	0	0
	Sold/Scrapped: 3/31/22								
955	Lenovo laptops & docking stations	11/26/20	0			0	0 HY	0	0
956	Microsoft Teams Rooms	7/09/21	0			0	0 HY	0	0
957	Microsoft Large Room	8/09/21	0			0	0 HY	0	0
	Total Other Depreciation		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
	Grand Totals		0			0		0	0
	Less: Dispositions and Transfers		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
	Net Grand Totals		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>

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Depreciation Adjustment Report

FYE: 3/31/2022

All Business Activities

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
There are no assets that meet the criteria of this report						

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Future Depreciation Report**FYE: 3/31/23**

FYE: 3/31/2022

Form 990, Page 1

Asset	Description	Date In Service	Cost	Tax	AMT
Other Depreciation:					
29	UPS Battery	12/01/06	1,016	0	0
31	Andar Database software	8/01/03	17,000	0	0
37	Andar User License	8/01/04	1,750	0	0
41	Andar Standard M Module	9/01/06	1,500	0	0
56	Lateral File-3dr w/2 shelf cab	5/10/07	698	0	0
57	Desk: Maple Laminate	5/10/07	1,320	0	0
58	Desk: Maple Laminate	5/10/07	1,412	0	0
59	Bookcase: Maple Laminate	5/10/07	284	0	0
61	Desks/Lateral File/bookcase	5/10/07	1,450	0	0
63	Desk: Maple Laminate	5/10/07	1,412	0	0
64	Bookcase: Maple Laminate	5/10/07	284	0	0
65	Desk: Maple Laminate	5/10/07	1,320	0	0
67	Lateral File 3dr w/2 shelf cab	5/10/07	698	0	0
68	Coffee Table Maple Laminate	5/10/07	175	0	0
69	5 Slat Wood Lobby Chairs	5/10/07	1,157	0	0
70	Reception workstation: maple	5/10/07	2,238	0	0
71	2 Workstation: Maple Laminate	5/10/07	6,835	0	0
72	4 Workstations: Maple Laminate	5/10/07	8,161	0	0
73	4 Workstations: Maple Laminate	5/10/07	907	0	0
75	412 Farrell Street Condo	5/14/07	861,708	28,724	0
76	Refrigerator	5/14/07	715	0	0
77	Kitchen Water Hookups	5/14/07	350	0	0
78	Window Blinds	5/14/07	4,322	0	0
79	Andar 4 of 5 User Licenses	11/01/07	7,000	0	0
80	Andar 1 of 5 User licenses	11/01/07	1,750	0	0
82	E-Community Andar Module	1/01/08	12,625	0	0
88	Andar MS Outlook Connector	8/01/09	2,000	0	0
89	Helix ePledge module	4/03/10	5,000	0	0
91	Conf table & chairs; whitebrd	6/27/11	990	0	0
92	Exterus - 2 mobile panels	6/01/11	666	0	0
102	Helix Andar 360 MIG module	4/11/14	8,400	0	0
103	2 Wireless modums - Symquest	5/02/14	1,004	0	0
104	2 wireless modums install SymQ	6/18/14	560	0	0
114	CCAP Andar Module	5/15/15	1,000	0	0
115	12 VariDesk standing desks	3/31/16	4,740	0	0
117	Soundstation IP7000 conf. tele	4/02/16	1,449	0	0
123	Desktop computer - RD (Buddha)	9/01/16	664	0	0
124	2 Desktop computers - CIVM	9/01/16	1,329	0	0
125	Desktop computer - Cindy	9/01/16	664	0	0
126	VariDesk standing desk	3/09/17	395	0	0
127	Lenovo X1 Laptop	10/13/17	1,314	0	0
129	Lenovo T470 Laptop	11/13/17	1,220	0	0
130	Lenovo T470 Laptop	11/13/17	1,220	0	0
131	Prof. Con. Inc. office renno	3/01/18	37,426	6,861	0
132	Exterus Business Furniture	3/01/18	11,017	2,020	0
133	Lenovo T470 (replace after disp)	3/19/18	944	0	0
134	Notebbok Thinkpad T480	7/12/18	2,700	0	0
135	Firewall and Switch	8/23/18	2,571	0	0
137	2002835 Firewall and Switch	9/06/18	1,198	0	0
955	Lenovo laptops & docking stations	11/26/20	8,494	2,831	0
956	Microsoft Teams Rooms	7/09/21	4,138	1,379	0
957	Microsoft Large Room	8/09/21	4,747	1,582	0
Total Other Depreciation			<u>1,043,937</u>	<u>43,397</u>	<u>0</u>
Total ACRS and Other Depreciation			<u>1,043,937</u>	<u>43,397</u>	<u>0</u>
Grand Totals			<u>1,043,937</u>	<u>43,397</u>	<u>0</u>

Form 990		Two Year Comparison Report		2020 & 2021	
Name		For calendar year 2021, or tax year beginning 04/01/21, ending 03/31/22		Taxpayer Identification Number	
UNITED WAY OF NORTHWEST VERMONT, INC.				**-***7229	
			2020	2021	Differences
Revenue	1. Contributions, gifts, grants	1.	3,785,172	3,399,992	-385,180
	2. Membership dues and assessments	2.			
	3. Government contributions and grants	3.	1,094,831	629,456	-465,375
	4. Program service revenue	4.	207,626	318,165	110,539
	5. Investment income	5.	56,980	61,328	4,348
	6. Proceeds from tax exempt bonds	6.			
	7. Net gain or (loss) from sale of assets other than inventory	7.	36,294	105,813	69,519
	8. Net income or (loss) from fundraising events	8.			
	9. Net income or (loss) from gaming	9.			
	10. Net gain or (loss) on sales of inventory	10.			
	11. Other revenue	11.	60,126	21,997	-38,129
	12. Total revenue. Add lines 1 through 11	12.	5,241,029	4,536,751	-704,278
Expenses	13. Grants and similar amounts paid	13.	2,070,815	1,528,251	-542,564
	14. Benefits paid to or for members	14.			
	15. Compensation of officers, directors, trustees, etc.	15.	146,384	142,393	-3,991
	16. Salaries, other compensation, and employee benefits	16.	1,660,567	1,698,971	38,404
	17. Professional fundraising fees	17.			
	18. Other professional fees	18.	136,712	241,929	105,217
	19. Occupancy, rent, utilities, and maintenance	19.	19,862	29,685	9,823
	20. Depreciation and Depletion	20.	42,867	44,154	1,287
	21. Other expenses	21.	339,579	426,520	86,941
	22. Total expenses. Add lines 13 through 21	22.	4,416,786	4,111,903	-304,883
	23. Excess or (Deficit). Subtract line 22 from line 12	23.	824,243	424,848	-399,395
Other Information	24. Total exempt revenue	24.	5,241,029	4,536,751	-704,278
	25. Total unrelated revenue	25.			
	26. Total excludable revenue	26.	361,026	507,303	146,277
	27. Total assets	27.	7,247,920	7,333,422	85,502
	28. Total liabilities	28.	793,088	453,969	-339,119
	29. Retained earnings	29.	6,454,832	6,879,453	424,621
	30. Number of voting members of governing body	30.	18	13	
	31. Number of independent voting members of governing body	31.	18	13	
	32. Number of employees	32.	28	32	
	33. Number of volunteers	33.	211	225	

Form 990	Tax Return History	2021
Name UNITED WAY OF NORTHWEST VERMONT, INC.		Employer Identification Number **-***7229

	2017	2018	2019	2020	2021	2022
Contributions, gifts, grants	4,744,676	3,890,297	3,542,207	4,880,003	4,029,448	
Membership dues						
Program service revenue	125,234	111,550	114,556	207,626	318,165	
Capital gain or loss	45,580	14,073	35,797	36,294	105,813	
Investment income	60,853	57,459	72,703	56,980	61,328	
Fundraising revenue (income/loss)	-4,381		-1,363			
Gaming revenue (income/loss)						
Other revenue	52,857	52,173	52,000	60,126	21,997	
Total revenue	5,024,819	4,125,552	3,815,900	5,241,029	4,536,751	
Grants and similar amounts paid	2,516,439	2,028,009	1,840,647	2,070,815	1,528,251	
Benefits paid to or for members						
Compensation of officers, etc.	75,963	140,574	145,017	146,384	142,393	
Other compensation	1,657,602	1,782,502	1,763,310	1,660,567	1,698,971	
Professional fees	188,053	106,866	132,319	136,712	241,929	
Occupancy costs	24,889	44,435	33,172	19,862	29,685	
Depreciation and depletion	47,844	56,051	45,951	42,867	44,154	
Other expenses	364,714	466,702	406,887	339,579	426,520	
Total expenses	4,875,504	4,625,139	4,367,303	4,416,786	4,111,903	
Excess or (Deficit)	149,315	-499,587	-551,403	824,243	424,848	
Total exempt revenue	5,024,819	4,125,552	3,815,900	5,241,029	4,536,751	
Total unrelated revenue						
Total excludable revenue	284,524	235,255	275,056	361,026	507,303	
Total Assets	6,608,424	6,163,425	5,238,593	7,247,920	7,333,422	
Total Liabilities	750,207	581,663	485,684	793,088	453,969	
Net Fund Balances	5,858,217	5,581,762	4,752,909	6,454,832	6,879,453	

Federal Statements

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	\$ 61,328		14			
TOTAL	<u>\$ 61,328</u>					

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	\$ 210,681	\$ 143,879	\$ 31,874	\$ 34,928
TOTAL	<u>\$ 210,681</u>	<u>\$ 143,879</u>	<u>\$ 31,874</u>	<u>\$ 34,928</u>