

Form **990**

Department of the Treasury  
Internal Revenue Service

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)  
**Do not enter social security numbers on this form as it may be made public.**  
**Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047  
**2017**  
**Open to Public Inspection**

**A For the 2017 calendar year, or tax year beginning 07/01/17, and ending 06/30/18**

<b>B</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	<b>C</b> Name of organization <p align="center"><b>UNITED WAY OF ALLEN COUNTY INC.</b></p> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>P.O. BOX 11784</b> City or town, state or province, country, and ZIP or foreign postal code <b>FORT WAYNE IN 46860</b>		<b>D</b> Employer identification number <p align="center"><b>35-0867932</b></p>	
	<b>E</b> Telephone number <p align="center"><b>260-422-4776</b></p>		<b>G</b> Gross receipts\$ <b>6,503,811</b>	
	<b>F</b> Name and address of principal officer: <b>DAVID M. NICOLE</b> <b>334 EAST BERRY STREET</b> <b>FORT WAYNE IN 46802</b>			<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
	<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) t (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			<b>H(c)</b> Group exemption number <b>u</b>
<b>J</b> Website: <b>u WWW.UNITEDWAYALLENCOUNTY.ORG</b>				
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other <b>u</b>		<b>L</b> Year of formation: <b>1962</b>	<b>M</b> State of legal domicile: <b>IN</b>	

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: TO UNITE OUR COMMUNITY'S TIME, TALENT, AND TREASURE TO CULTIVATE AND ADVANCE COMMUNITY SOLUTIONS THAT ADDRESS THE MOST CRITICAL ISSUES AROUND BASIC NEEDS, EDUCATION, FINANCIAL STABILITY AND HEALTHY LIVES.				
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.				
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>31</b>		
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>31</b>		
	<b>5</b>	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	<b>38</b>		
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>2424</b>		
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>0</b>		
	<b>7b</b>	Net unrelated business taxable income from Form 990-T, line 34	<b>0</b>		
	<b>Revenue</b>		Prior Year	Current Year	
		<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>4,883,769</b>	<b>4,910,888</b>
<b>9</b>		Program service revenue (Part VIII, line 2g)	<b>0</b>	<b>0</b>	
<b>10</b>		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>10,996</b>	<b>67,765</b>	
<b>11</b>		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>454,443</b>	<b>329,058</b>	
<b>12</b>		Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>5,349,208</b>	<b>5,307,711</b>	
<b>Expenses</b>		<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	<b>2,992,018</b>	<b>2,567,393</b>
		<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	<b>0</b>	<b>0</b>
		<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	<b>1,354,410</b>	<b>1,327,974</b>
		<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	<b>0</b>	<b>0</b>
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) <b>u</b>	<b>704,205</b>	<b>704,205</b>	
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	<b>762,210</b>	<b>1,000,507</b>	
	<b>18</b>	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<b>5,108,638</b>	<b>4,895,874</b>	
	<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	<b>240,570</b>	<b>411,837</b>	
	<b>Net Assets or Fund Balances</b>		Beginning of Current Year	End of Year	
		<b>20</b>	Total assets (Part X, line 16)	<b>6,087,605</b>	<b>6,243,610</b>
<b>21</b>		Total liabilities (Part X, line 26)	<b>724,020</b>	<b>342,702</b>	
<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	<b>5,363,585</b>	<b>5,900,908</b>		

**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.

<b>Sign Here</b>	Signature of officer <p align="center"><b>DAVID M. NICOLE</b></p> Type or print name and title	Date <p align="center"><b>PRESIDENT &amp; CEO</b></p>
	Print/Type preparer's name <b>TODD E. HAINES</b>	
<b>Paid Preparer Use Only</b>	Preparer's signature Date Check <input type="checkbox"/> if self-employed PTIN <b>P00691953</b>	Firm's name } <b>HAINES ISENBARGER &amp; SKIBA LLC</b> Firm's EIN } <b>52-2127371</b>
	Firm's address } <b>4630 W JEFFERSON BLVD # 8</b> <b>FORT WAYNE, IN 46804</b>	Phone no. <b>260-436-9500</b>
	May the IRS discuss this return with the preparer shown above? (see instructions)	

**Part III Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission:

**TO UNITE OUR COMMUNITY'S TIME, TALENT, AND TREASURE TO CULTIVATE AND ADVANCE COMMUNITY SOLUTIONS THAT ADDRESS THE MOST CRITICAL ISSUES AROUND BASIC NEEDS, EDUCATION, FINANCIAL STABILITY AND HEALTHY LIVES.**

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  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  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 \$ **2,126,209** including grants of \$ **1,762,607** ) (Revenue \$ )

**COMMUNITY INVESTMENTS: UNITED WAY OF ALLEN COUNTY'S COMMUNITY INVESTMENT DECISIONS ARE MADE BY VOLUNTEERS. IN ORDER TO SUBMIT AN APPLICATION TO REQUEST FUNDING, NON-PROFIT 501(C)(3) ORGANIZATIONS MUST FIRST MEET STRICT STANDARDS FOR GOVERNANCE, FINANCIAL MANAGEMENT, OPERATIONS AND DIVERSITY AND INCLUSIVENESS. INVESTMENTS ARE GRANTED IN THREE YEAR CYCLES WITH FINANCIAL SUPPORT MADE OVER THE THREE-YEAR PERIOD. PRIOR TO AN INVESTMENT BEING MADE, ORGANIZATIONS MUST SUBMIT A FUNDING APPLICATION WITH AN ANNUAL BUDGET TO A TEAM OF VOLUNTEERS TO REVIEW. ALL APPLICATIONS MUST ALIGN WITH ONE OF SEVEN OUTCOMES:**

- 1. CHILDREN ENTER KINDERGARTEN READY TO LEARN**
- 2. CHILDREN READ AT GRADE LEVEL BY THE END OF THIRD GRADE.**

4b (Code: ) (Expenses \$ **825,624** including grants of \$ ) (Revenue \$ )

**UNITED WAY OF ALLEN COUNTY 2-1-1: 2-1-1 IS A FREE, AND CONFIDENTIAL DIALING CODE WHERE INDIVIDUALS IN NEED CAN REACH A TRAINED/CERTIFIED COMMUNITY NAVIGATOR WHO CAN CONNECT THEM TO THE HEALTH AND HUMAN SERVICES IN THEIR COMMUNITY. OPERATED IN ALLEN COUNTY AS AN ENDORSED REGIONAL 2-1-1 SERVICE CENTER, THE PROGRAM SERVES NINETEEN COUNTIES IN NORTHERN INDIANA.**

**DURING THE PAST YEAR 211 NAVIGATORS ASKED OVER 32,000 CALLERS IF THEY WERE CURRENTLY RECEIVING SNAP BENEFITS AND PROVIDED PRE-SCREENING AND REFERRALS FOR THOSE THAT STILL NEEDED TO BE CONNECTED TO THOSE BENEFITS. THE IN211 PARTNERSHIP STARTED TWO NEW STATE CONTRACTS WITH THE STATE OF INDIANA TO ANSWER THE ADULT PROTECTIVE SERVICES HOTLINE AND OPEN BEDS. THE ADULT**

4c (Code: ) (Expenses \$ **682,265** including grants of \$ **682,265** ) (Revenue \$ )

**DONOR DESIGNATIONS: UNITED WAY OF ALLEN COUNTY (UWAC) DIRECTS DESIGNATED CONTRIBUTIONS (\$50 OR MORE) TO FUNDED PARTNERS OR TO LOCAL UNITED WAYS IN OTHER COMMUNITIES. WHEN A DONOR DESIGNATES A GIFT, THOSE DOLLARS ARE PROVIDED TO THE AGENCY IN ADDITION TO ANY OTHER FUNDING THAT EACH ORGANIZATION RECEIVES FROM UNITED WAY OF ALLEN COUNTY. DESIGNATED GIFTS ARE USED AT THE AGENCY'S DISCRETION AND ARE NOT MONITORED BY UNITED WAY OF ALLEN COUNTY TO ENSURE CONTRIBUTIONS ARE ACHIEVING MEASURABLE RESULTS. UNITED WAY OF ALLEN COUNTY HAS NO CONTROL OVER THE OUTCOMES GENERATED BY THESE DESIGNATED DONATIONS. UWAC RETAINS 18% OF THE ACTUAL AMOUNT COLLECTED ON DESIGNATED PLEDGES TO PARTNER AGENCIES IN ORDER TO RECOVER THE FUNDRAISING AND ADMINISTRATIVE**

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

(Expenses \$ **412,869** including grants of \$ **122,521** ) (Revenue \$ )

4e Total program service expenses **u 4,046,967**

**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	<b>Section 501(c)(3) organizations.</b> 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 Revenue Procedure 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 temporarily restricted endowments, permanent endowments, or 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</i> (see instructions)		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

**Part IV Checklist of Required Schedules (continued)**

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		<b>X</b>
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....		
<b>21</b> 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> .....	<b>X</b>	
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....		<b>X</b>
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....		<b>X</b>
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....		<b>X</b>
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		<b>X</b>
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....		<b>X</b>
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> .....		<b>X</b>
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....		<b>X</b>
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		<b>X</b>
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		<b>X</b>
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .....		<b>X</b>
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....		<b>X</b>
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		<b>X</b>
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		<b>X</b>
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		<b>X</b>
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....		<b>X</b>
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....		<b>X</b>
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		<b>X</b>
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		<b>X</b>
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....		<b>X</b>
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O. ....	<b>X</b>	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
<b>1c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>X</b>	
<b>2a</b>	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		
<b>2b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	<b>X</b>	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		<b>X</b>
<b>3b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		
<b>4a</b>	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)?		<b>X</b>
<b>4b</b>	If "Yes," enter the name of the foreign country: <b>u</b> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		<b>X</b>
<b>5b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		<b>X</b>
<b>5c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	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?		<b>X</b>
<b>6b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>7a</b>	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?		<b>X</b>
<b>7b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>7c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		<b>X</b>
<b>7d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
<b>7e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		<b>X</b>
<b>7f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		<b>X</b>
<b>7g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>7h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>9a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		
<b>9b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>10a</b>	Initiation fees and capital contributions included on Part VIII, line 12		
<b>10b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>11a</b>	Gross income from members or shareholders		
<b>11b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>12b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>13a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
<b>13b</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		
<b>13c</b>	Enter the amount of reserves on hand		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		<b>X</b>
<b>14b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

**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 in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	<b>1a</b> 31		
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent		
	<b>1b</b> 31		
<b>2</b>	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?		<b>X</b>
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		<b>X</b>
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<b>X</b>
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		<b>X</b>
<b>6</b>	Did the organization have members or stockholders?		<b>X</b>
<b>7a</b>	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?		<b>X</b>
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		<b>X</b>
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	<b>X</b>	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	<b>X</b>	
<b>9</b>	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 in Schedule O		<b>X</b>

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		<b>X</b>
<b>b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
<b>10b</b>			
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<b>X</b>	
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	<b>X</b>	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>X</b>	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	<b>X</b>	
<b>12c</b>		<b>X</b>	
<b>13</b>	Did the organization have a written whistleblower policy?	<b>X</b>	
<b>14</b>	Did the organization have a written document retention and destruction policy?	<b>X</b>	
<b>15</b>	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?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	<b>X</b>	
<b>b</b>	Other officers or key employees of the organization		<b>X</b>
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		<b>X</b>
<b>b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		
<b>16b</b>			

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **u IN**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website  Another's website  Upon request  Other (explain in Schedule O)
- 19** Describe in 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: **u**

**GREG JOHNSON** 334 EAST BERRY STREET IN 46802 260-422-4776  
**FORT WAYNE**

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

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

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

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

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

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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DAN STARR	1.00									
CHAIR	0.00	X		X			0	0	0	
(2) SUE EHINGER	1.00									
VICE CHAIR	0.00	X		X			0	0	0	
(3) PAULA HUGHES-SCHUH	1.00									
SECRETARY	0.00	X		X			0	0	0	
(4) SUSAN BERGHOFF	1.00									
TREASURER	0.00	X		X			0	0	0	
(5) DENT JOHNSON	1.00									
PAST CHAIR	0.00	X					0	0	0	
(6) AHMED ABDELMAGEED	1.00									
DIRECTOR	0.00	X					0	0	0	
(7) ROB ALLEN	1.00									
DIRECTOR	0.00	X					0	0	0	
(8) HERB ANDERSON	1.00									
DIRECTOR	0.00	X					0	0	0	
(9) MARY BELL	1.00									
DIRECTOR	0.00	X					0	0	0	
(10) DON CATES	1.00									
DIRECTOR	0.00	X					0	0	0	
(11) JOE COHEN	1.00									
DIRECTOR	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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) JOHN COURT	1.00									
DIRECTOR	0.00	X						0	0	
(13) DARYL FLOWERS	1.00									
DIRECTOR	0.00	X						0	0	
(14) KRISTI HARKENRIDER	1.00									
DIRECTOR	0.00	X						0	0	
(15) TOM HENRY	1.00									
DIRECTOR	0.00	X						0	0	
(16) ALYSSA LEWANDOWSKI	1.00									
DIRECTOR	0.00	X						0	0	
(17) JIM MARCUCCILLI	1.00									
DIRECTOR	0.00	X						0	0	
(18) DIANNE MAY	1.00									
DIRECTOR	0.00	X						0	0	
(19) MAX MONTESINO	1.00									
DIRECTOR	0.00	X						0	0	
<b>1b Sub-total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>								<b>175,159</b>	<b>26,572</b>	
<b>d Total (add lines 1b and 1c)</b>								<b>175,159</b>	<b>26,572</b>	

**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 **u1**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> .....		<b>X</b>
<b>4</b> 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> .....		<b>X</b>
<b>5</b> 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> .....		<b>X</b>

**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 **u**

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	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>					
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	4,910,888				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$						
<b>h Total.</b> Add lines 1a-1f	<b>u</b>		4,910,888				
<b>Program Service Revenue</b>	<b>2a</b>	Busn. Code					
	<b>b</b>						
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue						
	<b>g Total.</b> Add lines 2a-2f	<b>u</b>					
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)	<b>u</b>		37,142		37,142	
	<b>4</b> Income from investment of tax-exempt bond proceeds	<b>u</b>					
	<b>5</b> Royalties	<b>u</b>					
	<b>6a</b> Gross rents	(i) Real	(ii) Personal				
	<b>b</b> Less: rental exps.						
	<b>c</b> Rental inc. or (loss)						
	<b>d</b> Net rental income or (loss)	<b>u</b>					
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
				1,225,591			
	<b>b</b> Less: cost or other basis & sales exps.						
	<b>c</b> Gain or (loss)			30,623			
	<b>d</b> Net gain or (loss)	<b>u</b>		30,623		30,623	
	<b>8a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	<b>a</b>					
		<b>b</b> Less: direct expenses	<b>b</b>	3,260			
<b>c</b> Net income or (loss) from fundraising events		<b>u</b>		2,128		2,128	
<b>9a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>						
	<b>b</b> Less: direct expenses	<b>b</b>					
	<b>c</b> Net income or (loss) from gaming activities	<b>u</b>					
<b>10a</b> Gross sales of inventory, less returns and allowances	<b>a</b>						
	<b>b</b> Less: cost of goods sold	<b>b</b>					
	<b>c</b> Net income or (loss) from sales of inventory	<b>u</b>					
Miscellaneous Revenue		Busn. Code					
<b>11a</b> ADMINISTRATIVE FEES		561000	326,930	326,930			
<b>b</b>							
<b>c</b>							
<b>d</b> All other revenue							
<b>e Total.</b> Add lines 11a-11d	<b>u</b>		326,930				
<b>12 Total revenue.</b> See instructions.	<b>u</b>		5,307,711	326,930	0	69,893	

**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	2,567,393	2,567,393		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	219,748	146,991	4,982	67,775
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	865,553	578,979	19,620	266,954
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	30,082	20,318	831	8,933
<b>9</b> Other employee benefits	126,916	85,721	3,508	37,687
<b>10</b> Payroll taxes	85,675	57,866	2,368	25,441
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal				
<b>c</b> Accounting	18,000		18,000	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 7				
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	348,988	194,851	61,142	92,995
<b>12</b> Advertising and promotion	84,875	69,611	1,981	13,283
<b>13</b> Office expenses	68,735	21,333	5,510	41,892
<b>14</b> Information technology	103,505	72,869	5,341	25,295
<b>15</b> Royalties				
<b>16</b> Occupancy	150,253	95,344	7,624	47,285
<b>17</b> Travel	70,935	37,848	6,659	26,428
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings				
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	23,050	14,616	1,095	7,339
<b>23</b> Insurance	11,209	7,108	532	3,569
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a DUES &amp; SUBSCRIPTIONS</b>	75,314	43,125	4,844	27,345
<b>b PUBLIC EVENTS</b>	30,877	22,858	10	8,009
<b>c EQUIPMENT RENTAL &amp; MAINTENANCE</b>	14,766	10,136	655	3,975
<b>d</b>				
<b>e</b> All other expenses				
<b>25</b> Total functional expenses. Add lines 1 through 24e	4,895,874	4,046,967	144,702	704,205
<b>26</b> 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)				

<b>Part X Balance Sheet</b>		Check if Schedule O contains a response or note to any line in this Part X <input type="checkbox"/>	
		(A) Beginning of year	(B) End of year
<b>Assets</b>	1 Cash—non-interest bearing	458,759	1 305,271
	2 Savings and temporary cash investments	538,303	2 806,188
	3 Pledges and grants receivable, net	1,574,774	3 1,412,651
	4 Accounts receivable, net	150,558	4 109,857
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6
	7 Notes and loans receivable, net		7
	8 Inventories for sale or use		8
	9 Prepaid expenses and deferred charges	14,757	9 70,000
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 246,586	
	b Less: accumulated depreciation	10b 191,218	10c 55,368
	11 Investments—publicly traded securities	1,935,710	11 2,046,865
	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	1,354,641	15 1,437,410
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	6,087,605	16 6,243,610	
<b>Liabilities</b>	17 Accounts payable and accrued expenses	96,242	17 151,571
	18 Grants payable		18
	19 Deferred revenue	18,000	19
	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 current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22
	23 Secured mortgages and notes payable to unrelated third parties		23
	24 Unsecured notes and loans payable to unrelated third parties		24
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	609,778	25 191,131
	26 <b>Total liabilities.</b> Add lines 17 through 25	724,020	26 342,702
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>		
	27 Unrestricted net assets	3,662,934	27 4,354,743
	28 Temporarily restricted net assets	819,396	28 676,254
	29 Permanently restricted net assets	881,255	29 869,911
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>		
	30 Capital stock or trust principal, or current funds		30
	31 Paid-in or capital surplus, or land, building, or equipment fund		31
	32 Retained earnings, endowment, accumulated income, or other funds		32
33 Total net assets or fund balances	5,363,585	33 5,900,908	
34 <b>Total liabilities and net assets/fund balances</b>	6,087,605	34 6,243,610	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	<b>5,307,711</b>
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	<b>4,895,874</b>
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	<b>411,837</b>
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	<b>5,363,585</b>
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	<b>138,275</b>
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	<b>-12,789</b>
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	<b>5,900,908</b>

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b>	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		<b>X</b>
<b>2b</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	<b>X</b>	
<b>2c</b>	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 in Schedule O.	<b>X</b>	
<b>3a</b>	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?		<b>X</b>
<b>3b</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 in Schedule O and describe any steps taken to undergo such audits.		

**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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(20) MINN NAN TIN	1.00									
DIRECTOR	0.00	X						0	0	0
(21) LLOYD OSBORNE	1.00									
DIRECTOR	0.00	X						0	0	0
(22) NELSON PETERS	1.00									
DIRECTOR	0.00	X						0	0	0
(23) IRENE PAXIA	1.00									
DIRECTOR	0.00	X						0	0	0
(24) JOANNA ROGERS	1.00									
DIRECTOR	0.00	X						0	0	0
(25) ED ROMERO	1.00									
DIRECTOR	0.00	X						0	0	0
(26) LISA SMITH	1.00									
DIRECTOR	0.00	X						0	0	0
(27) STEPHEN SMITH	1.00									
DIRECTOR	0.00	X						0	0	0
<b>1b Sub-total</b> .....										
<b>c Total from continuation sheets to Part VII, Section A</b> .....										
<b>d Total (add lines 1b and 1c)</b> .....										

**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 **u**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> .....		
<b>4</b> 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> .....		
<b>5</b> 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> .....		

**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 **u**

**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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(28) RUTH STONE	1.00									
DIRECTOR	0.00	X						0	0	
(29) MIKE THOMAS	1.00									
DIRECTOR	0.00	X						0	0	
(30) LUTHER WHITFIELD	1.00									
DIRECTOR	0.00	X						0	0	
(31) DR. DEBRA FAYE WILLIAMS-ROBBINS	1.00									
DIRECTOR	0.00	X						0	0	
(32) DAVID M. NICOLE	40.00									
PRESIDENT & CEO	0.00			X				103,502	0	
(33) ELIZABETH PETER	40.00									
CFO (BOY)	0.00			X				69,830	0	
(34) GREG JOHNSON	40.00									
CFO (EOY)	0.00			X				1,827	0	
<b>1b Sub-total</b>								<b>175,159</b>	<b>26,572</b>	
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

**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 **u**

	Yes	No
<b>3</b> Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		
<b>4</b> 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>		
<b>5</b> 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>		

**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 **u**

**SCHEDULE A**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

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

**u Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2017**

**Open to Public Inspection**

Name of the organization <b>UNITED WAY OF ALLEN COUNTY INC.</b>	Employer identification number <b>35-0867932</b>
--------------------------------------------------------------------	-----------------------------------------------------

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

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

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

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

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) 2013, (b) 2014, (c) 2015, (d) 2016, (e) 2017, (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 (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f); 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2013, (b) 2014, (c) 2015, (d) 2016, (e) 2017, (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, whether or not the business is regularly carried on; 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc. (see instructions); 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) - 14 90.49%; 15 Public support percentage from 2016 Schedule A, Part II, line 14 - 15 87.84%; 16a 33 1/3% support test—2017. 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]; 16b 33 1/3% support test—2016. 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—2017. 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 - [ ]; 17b 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization - [ ]; 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions - [ ]



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) <b>u</b>	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) <b>u</b>	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

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

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2016 Schedule A, Part III, line 15	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2016 Schedule A, Part III, line 17	<b>18</b>	%

**19a 33 1/3% support tests—2017.** 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—2016.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**Part IV Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> 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>		
<b>2</b> 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>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</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>		
<b>c</b> 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>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
<b>b</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>		
<b>c</b> 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>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> 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>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

**Section E. Type III Functionally-Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		

**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.

<b>Section A - Adjusted Net Income</b>		(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	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4).	8	
<b>Section B - Minimum Asset Amount</b>		(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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	
<b>Section C - Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> 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)	
6 Other distributions (describe in Part VI). See instructions.	
7 <b>Total annual distributions.</b> 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 2017 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-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2017:			
a			
b From 2013			
c From 2014 .....			
d From 2015 .....			
e From 2016 .....			
f <b>Total</b> of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2017 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2017, 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 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 <b>Excess distributions carryover to 2018.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2013			
b Excess from 2014 .....			
c Excess from 2015 .....			
d Excess from 2016 .....			
e Excess from 2017 .....			

**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**

**ADMINISTRATIVE AND MISCELLANEOUS** \$ **1,191,067**

DRAFT

**Schedule B**  
 (Form 990, 990-EZ,  
 or 990-PF)  
 Department of the Treasury  
 Internal Revenue Service

**Schedule of Contributors**

OMB No. 1545-0047

**2017**

u Attach to Form 990, Form 990-EZ, or Form 990-PF.  
 u Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

<b>Name of the organization</b>  <b>UNITED WAY OF ALLEN COUNTY INC.</b>	<b>Employer identification number</b>  <b>35-0867932</b>
-------------------------------------------------------------------------------	----------------------------------------------------------------

**Organization type** (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( **3** ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

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

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

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

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

<b>Name of organization</b> UNITED WAY OF ALLEN COUNTY INC.	<b>Employer identification number</b> 35-0867932
----------------------------------------------------------------	-----------------------------------------------------

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	LINCOLN FINANCIAL GROUP 1300 S. CLINTON ST. FORT WAYNE IN 46802	\$ 270,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	INDIANA ASSOCIATION OF UNITED WAYS 3901 N. MERIDIAN ST., STE 306 INDIANAPOLIS IN 46208-4026	\$ 106,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	GENERAL MOTORS - FW ASSEMBLY MATCHING CONTRIBUTIONS 12200 LAYFAYETTE CENTER ROAD ROANOKE IN 46783-9628	\$ 251,408	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	.....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	.....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	.....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

u 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.

u Attach to Form 990.

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization

Employer identification number

UNITED WAY OF ALLEN COUNTY INC.

35-0867932

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? (Yes/No), 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? (Yes/No)

Part II Conservation Easements.

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. (Sub-rows: a Total number of conservation easements, b Total acreage restricted by conservation easements, c Number of conservation easements on a certified historic structure included in (a), d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register), 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year u, 4 Number of states where property subject to conservation easement is located u, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? (Yes/No), 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year u, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year u \$, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? (Yes/No), 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. 1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 u \$, (ii) Assets included in Form 990, Part X u \$, 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1 u \$, b Assets included in Form 990, Part X u \$

**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 are a 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 programs
  - 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    |
|----------------------------------------------|-----------|
| <b>c</b> Beginning balance .....             | <b>1c</b> |
| <b>d</b> Additions during the year .....     | <b>1d</b> |
| <b>e</b> Distributions during the year ..... | <b>1e</b> |
| <b>f</b> Ending balance .....                | <b>1f</b> |
- 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
<b>1a</b> Beginning of year balance .....	1,319,271	1,303,473	1,405,600	1,500,727	1,402,408
<b>b</b> Contributions .....		10,000	100		
<b>c</b> Net investment earnings, gains, and losses .....	87,698	61,589	-40,659	-31,053	157,045
<b>d</b> Grants or scholarships .....		55,791	61,568	64,074	58,726
<b>e</b> Other expenditures for facilities and programs .....					
<b>f</b> Administrative expenses .....					
<b>g</b> End of year balance .....	1,406,969	1,319,271	1,303,473	1,405,600	1,500,727

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment **u** 20.10 %
  - b** Permanent endowment **u** 61.80 %
  - c** Temporarily restricted endowment **u** 18.10 %
- 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       |
|------------------------------------------|----------|----------|
| <b>(i)</b> unrelated organizations ..... | <b>X</b> |          |
| <b>(ii)</b> related organizations .....  |          | <b>X</b> |
- b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  Yes  No
- 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
<b>1a</b> Land .....				
<b>b</b> Buildings .....				
<b>c</b> Leasehold improvements .....		76,024	56,431	19,593
<b>d</b> Equipment .....		170,562	134,787	35,775
<b>e</b> Other .....				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) .....				<b>u</b> 55,368

**Part VII Investments—Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely-held equity interests .....		
(3) Other .....		
(A) .....		
(B) .....		
(C) .....		
(D) .....		
(E) .....		
(F) .....		
(G) .....		
(H) .....		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) <b>u</b>		

**Part VIII Investments—Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) .....		
(2) .....		
(3) .....		
(4) .....		
(5) .....		
(6) .....		
(7) .....		
(8) .....		
(9) .....		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.) <b>u</b>		

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1) <b>BENEFICIAL INTEREST FUNDS - CMTY FDN</b>	<b>1,072,266</b>
(2) <b>CONTRIB. RECEIVABLE FROM REMAINER TR</b>	<b>183,777</b>
(3) <b>BENEFICIAL INTEREST IN PERPETUAL TR.</b>	<b>150,926</b>
(4) <b>CASH SURRENDER VALUE OF LIFE INSUR.</b>	<b>30,441</b>
(5) .....	
(6) .....	
(7) .....	
(8) .....	
(9) .....	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) <b>u</b>	<b>1,437,410</b>

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) <b>DONOR DESIGNATIONS</b>	<b>134,365</b>
(3) <b>DEFERRED RENT</b>	<b>56,766</b>
(4) .....	
(5) .....	
(6) .....	
(7) .....	
(8) .....	
(9) .....	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) <b>u</b>	<b>191,131</b>

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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ....

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>	<b>4,750,932</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b> 138,275		
<b>b</b>	Donated services and use of facilities	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	138,275
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	4,612,657
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b> 12,789		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b> 682,265		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	695,054
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)		<b>5</b>	5,307,711

**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.

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>	<b>4,213,609</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities	<b>2a</b>		
<b>b</b>	Prior year adjustments	<b>2b</b>		
<b>c</b>	Other losses	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	4,213,609
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b> 682,265		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	682,265
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)		<b>5</b>	4,895,874

**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 V, LINE 4 - INTENDED USES FOR ENDOWMENT FUNDS**

TO THE EXTENT THAT THE AMOUNT OF ENDOWMENT INVESTMENT INCOME TO BE DISTRIBUTED HAS BEEN DETERMINED AND THAT ALL DONOR DIRECTIVES HAVE BEEN MET, SAID AMOUNT MAY BE DISTRIBUTED AT THE DISCRETION OF UNITED WAY OF ALLEN COUNTY'S BOARD OF DIRECTORS. IN GENERAL, HOWEVER, THESE FUNDS WILL BE UTILIZED TO STABILIZE AGENCY FUNDING DURING PERIODS OF BELOW NORMAL ANNUAL CAMPAIGNS, TO ENHANCE ANNUAL AGENCY DISTRIBUTIONS, FOR SPECIAL PURPOSE AGENCY GRANTS AND TO SUPPORT THE ADMINISTRATIVE ACTIVITIES OF UNITED WAY OF ALLEN COUNTY.

**PART X - FIN 48 FOOTNOTE**

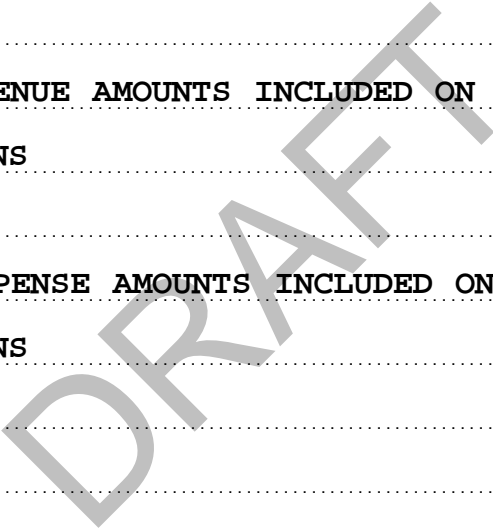
UNITED WAY IS INCORPORATED AS A NONPROFIT ORGANIZATION, EXEMPT FROM INCOME

**Part XIII Supplemental Information** *(continued)*

TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND QUALIFIES FOR THE 50 PERCENT CHARITABLE CONTRIBUTIONS DEDUCTION LIMITATION. UWAC HAS BEEN CLASSIFIED AS AND ORGANIZITAON THAT IS NOT A PRIVATE FOUNDATION UNDER SECTION 509(A) OF THE INTERNAL REVENUE CODE. MANAGEMENT BELIEVES UWAC IS NO LONGER SUBJECT TO EXAMINATION BY TAX AUTHORITIES FOR YEARS BEFORE JUNE 30, 2015.

PART XI, LINE 4B - REVENUE AMOUNTS INCLUDED ON RETURN - OTHER  
DESIGNATED CONTRIBUTIONS \$ 682,265

PART XII, LINE 4B - EXPENSE AMOUNTS INCLUDED ON RETURN - OTHER  
DESIGNATED CONTRIBUTIONS \$ 682,265



**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.  
u Attach to Form 990.  
u Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047  
**2017**  
**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**UNITED WAY OF ALLEN COUNTY INC.**

Employer identification number

**35-0867932**

**Part I General Information on Grants and Assistance**

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	AMERICAN RED CROSS OF NE INDIANA 1212 E CALIFORNIA ROAD FORT WAYNE IN 46825		501C3	12,156				PROGRAM OPERATIONS
(2)	ASSOCIATED CHURCHES OF FORT WAYNE 602 E WAYNE STREET FORT WAYNE IN 46802		501C3	7,261				PROGRAM OPERATIONS
(3)	BIG BROTHERS BIG SISTERS OF NE IN 2439 FAIRFIELD AVENUE FORT WAYNE IN 46807		501C3	91,317				PROGRAM OPERATIONS
(4)	BLUE JACKET 2826 S CALHOUN ST FORT WAYNE IN 46807		501C3	35,002				PROGRAM OPERATIONS
(5)	BOYS AND GIRLS CLUB OF FW 2609 FAIRFIELD AVENUE FORT WAYNE IN 46807		501C3	9,145				PROGRAM OPERATIONS
(6)	BRIGHTPOINT 227 E WASHINGTON BLVD FORT WAYNE IN 46802		501C3	247,330				PROGRAM OPERATIONS
(7)	CATHOLIC CHARITIES 315 E WASHINGTON BVLD FORT WAYNE IN 46802		501C3	49,283				PROGRAM OPERATIONS
(8)	CENTER FOR NONVIOLENCE 235 W CREIGHTON AVENUE FORT WAYNE IN 46807		501C3	22,025				PROGRAM OPERATIONS
(9)	COMMUNITY TRANSPORTATION NETWORK 2701 S COLISEUM BLVD, STE 1315 FORT WAYNE IN 46803		501C3	51,158				PROGRAM OPERATIONS

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

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

Schedule I (Form 990) (2017)

**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.  
**u** Attach to Form 990.  
**u** Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047  
**2017**  
**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**UNITED WAY OF ALLEN COUNTY INC.**

Employer identification number

**35-0867932**

**Part I General Information on Grants and Assistance**

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	CORNERSTONE YOUTH CENTER 19819 MONROEVILLE RD MONROEVILLE IN 46773		501C3	12,638				PROGRAM OPERATIONS
(2)	CRIME VICTIM CARE 2456 LAKE AVENUE FORT WAYNE IN 46805		501C3	10,736				PROGRAM OPERATIONS
(3)	EARLY CHILDHOOD ALLIANCE 3320 FAIRFIELD AVENUE FORT WAYNE IN 46807		501C3	85,211				PROGRAM OPERATIONS
(4)	EAST WAYNE STREET CENTER 801 W WAYNE ST FORT WAYNE IN 46803		501C3	9,709				PROGRAM OPERATIONS
(5)	HEADWATERS COUNSELING 2712 S CALHOUN STREET FORT WAYNE IN 46807		501C3	17,473				PROGRAM OPERATIONS
(6)	FORT WAYNE RESCUE MISSION 301 W SUPERIOR STREET FORT WAYNE IN 46802		501C3	50,831				PROGRAM OPERATIONS
(7)	FORT WAYNE URBAN LEAGUE 2135 S HANNA STREET FORT WAYNE IN 46803		501C3	8,655				PROGRAM OPERATIONS
(8)	FORT WAYNE WOMEN'S BUREAU, INC. 3521 LAKE AVENUE, STE 1 FORT WAYNE IN 46805		501C3	8,225				PROGRAM OPERATIONS
(9)	GIRL SCOUTS OF NORTHERN IN-MI 10008 DUPONT CIRCLE DR EAST FORT WAYNE IN 46825		501C3	129,445				PROGRAM OPERATIONS

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

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

Schedule I (Form 990) (2017)

**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.  
**u** Attach to Form 990.  
**u** Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2017**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**UNITED WAY OF ALLEN COUNTY INC.**

Employer identification number

**35-0867932**

**Part I General Information on Grants and Assistance**

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	LEAGUE FOR THE BLIND & DISABLED 5821 S ANTHONY BLVD FORT WAYNE IN 46816		501C3	46,802				PROGRAM OPERATIONS
(2)	LUTHERAN SOCIAL SERVICES 330 MADISON STREET FORT WAYNE IN 46802		501C3	104,943				PROGRAM OPERATIONS
(3)	MLK MONTESSORI SCHOOL 6001 S ANTHONY BLVD FORT WAYNE IN 46816		501C3	38,172				PROGRAM OPERATIONS
(4)	NEIGHBORHOOD HEALTH CLINICS, INC. 1717 S CALHOUN STREET FORT WAYNE IN 46802		501C3	20,008				PROGRAM OPERATIONS
(5)	POSITIVE RESOURCE CENTER 525 OXFORD STREET FORT WAYNE IN 46806		501C3	123,186				PROGRAM OPERATIONS
(6)	SCAN/PARENT + CHILD CONNECTION 500 W MAIN STREET FORT WAYNE IN 46802		501C3	48,889				PROGRAM OPERATIONS
(7)	THE LITERACY ALLIANCE 709 CLAY STREET, STE 100 FORT WAYNE IN 46802		501C3	99,523				PROGRAM OPERATIONS
(8)	THE SALVATION ARMY 2901 N CLINTON STREET FORT WAYNE IN 46805		501C3	28,482				PROGRAM OPERATIONS
(9)	TURNSTONE CTR FOR DISABLED CHILDREN 3320 N CLINTON STREET FORT WAYNE IN 46805		501C3	140,736				PROGRAM OPERATIONS

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

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

Schedule I (Form 990) (2017)



**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.  
u Attach to Form 990.  
u Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047  
**2017**  
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Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**UNITED WAY OF ALLEN COUNTY INC.**

Employer identification number

**35-0867932**

**Part I General Information on Grants and Assistance**

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	VINCENT VILLAGE 2827 HOLTON AVENUE FORT WAYNE IN 46806		501C3	15,712				PROGRAM OPERATIONS
(2)	VISITING NURSE & HOSPICE 5910 HOMESTEAD ROAD FORT WAYNE IN 46814		501C3	5,376				PROGRAM OPERATIONS
(3)	WELLSPRING INTERFAITH SOCIAL SERVIC 1316 BROADWAY FORT WAYNE IN 46802		501C3	25,832				PROGRAM OPERATIONS
(4)	YMCA 1020 S BARR STREET FORT WAYNE IN 46802		501C3	82,091				PROGRAM OPERATIONS
(5)	YWCA 1610 SPY RUN FORT WAYNE IN 46805		501C3	121,155				PROGRAM OPERATIONS
(6)	DONOR DESIGNATED VARIOUS ORGS 334 EAST BERRY STR FORT WAYNE IN 46802		501C3	682,265				DONOR DESIGNATIONS
(7)								
(8)								
(9)								

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

**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**

<b>Supplemental Information</b>		<b>2017</b>
<b>SCHEDULE I (Form 990)</b>	For calendar year 2017, or tax year beginning <b>07/01/17</b> , and ending <b>06/30/18</b>	
Name of the organization <b>UNITED WAY OF ALLEN COUNTY INC.</b>	Employer identification number <b>35-0867932</b>	

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

UNITED WAY OF ALLEN COUNTY'S COMMUNITY INVESTMENT DECISIONS ARE MADE BY VOLUNTEERS. IN ORDER TO SUBMIT AN APPLICATION TO REQUEST FUNDING, NON-PROFIT 501(C)(3) ORGANIZATIONS MUST FIRST MEET STRICT STANDARDS FOR GOVERNANCE, FINANCIAL MANAGEMENT, OPERATIONS AND DIVERSITY AND INCLUSIVENESS. INVESTMENTS ARE GRANTED IN THREE YEAR CYCLES WITH FINANCIAL SUPPORT MADE OVER THE THREE YEAR PERIOD. PRIOR TO AN INVESTMENT BEING MADE, ORGANIZATIONS MUST SUBMIT A FUNDING APPLICATION WITH AN ANNUAL BUDGET TO A TEAM OF VOLUNTEERS TO REVIEW. ALL APPLICATIONS MUST ALIGN WITH ONE OF SEVEN OUTCOMES:

1. CHILDREN ENTER KINDERGARTEN READY TO LEARN.
2. CHILDREN READ AT GRADE LEVEL BY THE END OF THIRD GRADE.
3. YOUTH SUCCEED IN SCHOOL.
4. YOUTH SUCCESSFULLY TRANSITION FROM SCHOOL TO ADULTHOOD.
5. FAMILIES LIVE PRODUCTIVE AND ECONOMICALLY STABLE LIVES.
6. SENIORS AND PEOPLE WITH DISABILITIES MAINTAIN INDEPENDENCE.
7. INDIVIDUALS AND FAMILIES HAVE FOOD, SHELTER, AND ACCESS TO HEALTH CARE.

AN AGREEMENT IS THEN ENTERED INTO THAT REQUIRES FUNDED ORGANIZATIONS TO SUBMIT THE FOLLOWING FOR INVESTMENT VOLUNTEERS TO REVIEW:

--ANNUAL PROGRAM AND FINANCIAL REPORTS (ACTUAL EXPENSES VS BUDGETED EXPENSES)

--ANNUAL SUBMISSION OF AUDIT REPORTS WITH MANAGEMENT LETTERS

--NOTIFICATION AND REQUEST FOR AGREEMENT AMENDMENTS IF BUDGETS CHANGE SIGNIFICANTLY (IF NEEDED)

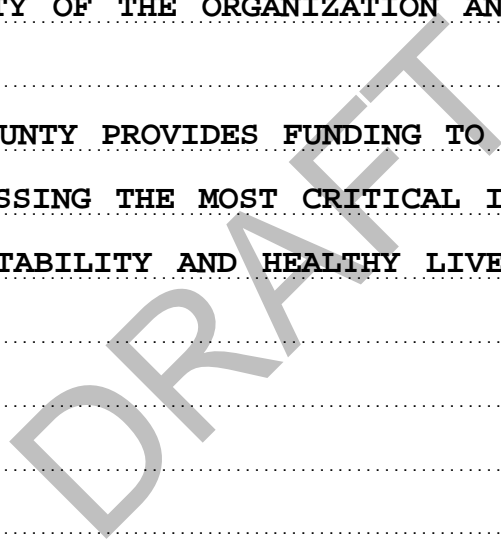
DURING THE THREE YEAR CYCLE, FUNDED AGENCIES MUST ALSO HOST A SITE VISIT

<b>SCHEDULE I (Form 990)</b>	<b>Supplemental Information</b>	<b>2017</b>
For calendar year 2017, or tax year beginning <b>07/01/17</b> , and ending <b>06/30/18</b>		

Name of the organization <b>UNITED WAY OF ALLEN COUNTY INC.</b>	Employer identification number <b>35-0867932</b>
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FOR INVESTMENT TEAM VOLUNTEERS. SITE VISITS ALLOW VOLUNTEERS TO SEE FACILITIES, OBSERVE FUNDED ACTIVITIES AND ASK QUESTIONS ABOUT THE NEEDS AND FUNCTIONS OF THE ORGANIZATION. VOLUNTEERS ENSURE THE EFFECTIVENESS AND FINANCIAL ACCOUNTABILITY OF THE ORGANIZATION AND PROGRAMS THAT INVESTMENTS ARE MADE IN.

UNITED WAY OF ALLEN COUNTY PROVIDES FUNDING TO 36 ORGANIZATIONS THAT PROVIDE SERVICES ADDRESSING THE MOST CRITICAL ISSUES AROUND BASIC NEEDS, EDUCATION, FINANCIAL STABILITY AND HEALTHY LIVES.



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

u Attach to Form 990 or 990-EZ.

u Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2017****Open to Public  
Inspection**

Name of the organization

**UNITED WAY OF ALLEN COUNTY INC.**

Employer identification number

**35-0867932****FORM 990, PART III, LINE 4A - FIRST ACCOMPLISHMENT****3. YOUTH SUCCEED IN SCHOOL.****4. YOUTH SUCCESSFULLY TRANSITION FROM SCHOOL TO ADULTHOOD.****5. FAMILIES LIVE PRODUCTIVE AND ECONOMICALLY STABLE LIVES.****6. SENIORS AND PEOPLE WITH DISABILITIES MAINTAIN INDEPENDENCE.****7. INDIVIDUALS AND FAMILIES HAVE FOOD, SHELTER, AND ACCESS TO HEALTH CARE.****AN AGREEMENT IS THEN ENTERED INTO THAT REQUIRES FUNDED ORGANIZATIONS TO  
SUBMIT THE FOLLOWING FOR INVESTMENT VOLUNTEERS TO REVIEW:****-ANNUAL PROGRAM AND FINANCIAL REPORTS (ACTUAL EXPENSES VS BUDGETED  
EXPENSES)****-ANNUAL SUBMISSION OF AUDIT REPORTS WITH MANAGEMENT LETTERS****-NOTIFICATION AND REQUEST FOR AGREEMENT AMENDMENTS IF BUDGETS CHANGE  
SIGNIFICANTLY (IF NEEDED)****DURING THE THREE-YEAR CYCLE, FUNDED AGENCIES MUST ALSO HOST A SITE VISIT  
FOR INVESTMENT TEAM VOLUNTEERS. SITE VISITS ALLOW VOLUNTEERS TO SEE  
FACILITIES, OBSERVE FUNDED ACTIVITIES AND ASK QUESTIONS ABOUT THE NEEDS AND  
FUNCTIONS OF THE ORGANIZATION. VOLUNTEERS ENSURE THE EFFECTIVENESS AND  
FINANCIAL ACCOUNTABILITY OF THE ORGANIZATION AND PROGRAMS THAT INVESTMENTS  
ARE MADE IN.****UNITED WAY OF ALLEN COUNTY PROVIDES FUNDING TO 36 ORGANIZATIONS THAT  
PROVIDE SERVICES ADDRESSING THE MOST CRITICAL ISSUES AROUND BASIC NEEDS,  
EDUCATION, FINANCIAL STABILITY AND HEALTHY LIVES. ADDITIONALLY, UNITED WAY  
INVESTS IN VARIOUS COMMUNITY COLLABORATIONS (KINDERGARTEN COUNTDOWN, 211,  
VITA, ON MY WAY PRE-K) THROUGHOUT ALLEN COUNTY.**

Name of the organization <b>UNITED WAY OF ALLEN COUNTY INC.</b>	Employer identification number <b>35-0867932</b>
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FORM 990, PART III, LINE 4B - SECOND ACCOMPLISHMENT

PROTECTIVE SERVICES CONTRACT BEGAN IN JANUARY 2018, AND THE OPEN BEDS CONTRACT BEGAN IN MARCH 2018. 211 IS PARTNERING WITH OPEN BEDS TO BE THE FIRST PLACE TO CALL FOR INDIVIDUALS LOOKING FOR ADDICTION TREATMENT OPTIONS.

FORM 990, PART III, LINE 4C - THIRD ACCOMPLISHMENT

COSTS. UWAC RETAINS 10% OF DESIGNATED GIFTS TO UNITED WAYS/FUNDS THAT ARE PART OF THE NORTHEAST INDIANA CONSORTIUM AND 18% ON GIFTS TO OTHER UNITED WAYS. NO OTHER FEES OR PERCENTAGES ARE CHARGED AGAINST THESE GIFTS.

FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENT

COMMUNITY COLLABORATIONS: UNITED WAY OF ALLEN COUNTY INVESTS IN NUMEROUS COLLABORATIVE EFFORTS THAT CONVENE MULTIPLE PARTNERS TO ADDRESS CONCERNS IN THE COMMUNITY IN THE AREAS OF BASIC NEEDS, EDUCATION, FINANCIAL STABILITY AND HEALTHY LIVES THROUGH COMMUNITY-BASED SOLUTIONS.

--DAY OF CARING: FOR OUR 25TH ANNUAL UNITED WAY DAY OF CARING, OVER 1700 VOLUNTEERS, CONTRIBUTING OVER 10,700 VOLUNTEER HOURS, COMPLETED OVER 90 PROJECTS. UNITED WAY WORKS TOGETHER WITH AGENCIES AND VOLUNTEERS TO MEET THE NEEDS OF OUR COMMUNITY, MAKING ALLEN COUNTY A BETTER PLACE TO LIVE AND WORK. PROJECTS SUBMITTED FOR DAY OF CARING ARE COMPLETED IN ONE DAY AND GENERALLY CONSIST OF CLEANING, LANDSCAPING, PAINTING AND OTHER GENERAL MAINTENANCE. PROJECTS TAKE PLACE AT NON-PROFIT AGENCIES, SCHOOLS OR PRIVATE RESIDENCES COORDINATED BY NEIGHBORLINK.

--KINDERGARTEN COUNTDOWN: KINDERGARTEN COUNTDOWN COMPLETED ITS SIXTH YEAR WHERE 119 CHILDREN ATTENDED CLASSES IN THE SCHOOLS THEY WILL BE ATTENDING

Name of the organization

Employer identification number

UNITED WAY OF ALLEN COUNTY INC.

35-0867932

IN THE FALL. THE PROGRAM OPERATES IN TWO PUBLIC SCHOOL DISTRICTS AND EMPHASIZES CLASSROOM SKILLS LIKE RAISING HANDS AND LINING UP QUIETLY AS WELL AS STRENGTHENING THE LITERACY SKILLS THAT ARE NECESSARY TO LEARN TO READ. THIS YEAR'S STUDENTS SHOWED A 14 PERCENT INCREASE IN BASIC LITERACY SKILLS AND A 17 PERCENT INCREASE IN SOCIAL EMOTIONAL SCORES FROM THE ASSESSMENTS COMPLETED AT THE BEGINNING AND END OF THE FOUR-WEEK PROGRAM. THERE WAS A 36 PERCENT INCREASE IN THE NUMBER STUDENTS ABLE TO WRITE THEIR NAMES. ONE HUNDRED FOURTEEN STUDENTS HAD VISION SCREENINGS CONDUCTED AND REFERRALS WERE MADE FOR STUDENTS THAT NEED ADDITIONAL VISION AND HEARING INTERVENTION.

--ON MY WAY PRE-K PILOT: ON MY WAY PRE-K IS THE NAME OF INDIANA'S FIRST STATE-FUNDED PREKINDERGARTEN PROGRAM, WHICH WAS APPROVED AS A FIVE-COUNTY PILOT BY THE INDIANA GENERAL ASSEMBLY IN 2014. THE PRIMARY GOAL OF THE ON MY WAY PRE-K PILOT PROGRAM IS TO PROMOTE ACCESS TO HIGH QUALITY EARLY CHILDHOOD EDUCATION (ECE) PROGRAMS FOR LOW-INCOME CHILDREN. ALLEN COUNTY WAS SELECTED AS ONE OF FIVE COUNTIES FOR THE PROGRAM AFTER DEMONSTRATING THE ABILITY TO SUCCESSFULLY IMPLEMENT THE PROJECT. STATE FUNDING IS SECURED THROUGH A MATCH. FOR EVERY \$1 THAT ALLEN COUNTY INVESTS, THE STATE MATCHES \$9. UNITED WAY IS THE LEAD FOR THE ALLEN COUNTY PROGRAM AND IS THE PRIMARY FUNDRAISER FOR THE MATCH. THIS PAST YEAR OVER 200 FOUR-YEAR-OLDS PARTICIPATED IN THE PRE-K PROGRAM IN ALLEN COUNTY. ALL PROVIDERS ARE AT A LEVEL 3 OR 4 ON THE PATHS TO QUALITY™ SYSTEM, INDIANA'S CHILD CARE QUALITY RATING AND IMPROVEMENT SYSTEM.

--VOLUNTEER INCOME TAX ASSISTANCE (VITA): DURING THE 2018 SEASON, TAX PREPARATION WAS OFFERED AT TWO SITES IN ALLEN COUNTY AND ONE EACH IN

Name of the organization	Employer identification number
UNITED WAY OF ALLEN COUNTY INC.	35-0867932

DEKALB, NOBLE AND STEUBEN COUNTIES. THIS YEAR, OVER 40 VOLUNTEERS DONATED OVER 1,800 HOURS TO THIS EFFORT. OVER \$3 MILLION WERE RETURNED TO 3,095 RESIDENTS.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990  
A COPY OF THE 990 IS COMPLETED BY OUR CPA FIRM AND REVIEWED BY THE CEO AND CFO. THE AUDIT COMMITTEE REVIEWS AND APPROVES THE 990, WHICH IS PRESENTED TO THE BOARD OF DIRECTORS WHO REVIEW IT PRIOR TO IT BEING FILED.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY  
VOLUNTEERS (BOARD AND COMMITTEE MEMBERS) AND STAFF MEMBERS ARE REQUIRED TO READ OUR CODE OF ETHICS ON AN ANNUAL BASIS AND COMPLETE THE CONFLICT OF INTEREST DISCLOSURE STATEMENT. THE SECTION BELOW COMES DIRECTLY FROM OUR CODE OF ETHICS POLICY.

GUIDANCE, DISCLOSURE AND ENFORCEMENT

VOLUNTEERS, STAFF, AND IDENTIFIED REPRESENTATIVES ARE ENCOURAGED TO SEEK GUIDANCE FROM UWAC'S BOARD CHAIR, PRESIDENT AND CEO, OR THE EXECUTIVE COMMITTEE CONCERNING THE INTERPRETATION OR APPLICATION OF THIS CODE (OF ETHICS). ANY KNOWN OR POSSIBLE BREACHES OF THE CODE SHOULD BE DISCLOSED. REPORTS OF POSSIBLE BREACHES WILL BE HANDLED IN THE FOLLOWING MANNER:

- ALL REPORTS OF POSSIBLE BREACHES WILL BE TREATED IN CONFIDENCE AS MUCH AS THE ORGANIZATION'S DUTY TO INVESTIGATE AND THE LAW ALLOW. IF CONFIDENTIALITY CANNOT BE MAINTAINED, THE INDIVIDUAL DISCLOSING THE POSSIBLE BREACH WILL BE NOTIFIED.
- ALL REPORTED EMPLOYEE BREACHES WILL BE INVESTIGATED AND, IF NEEDED, APPROPRIATE ACTION TAKEN, UP TO AND INCLUDING TERMINATION, BASED ON PERSONNEL POLICIES.



Name of the organization <b>UNITED WAY OF ALLEN COUNTY INC.</b>	Employer identification number <b>35-0867932</b>
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- ALL REPORTED VOLUNTEER BREACHES WILL BE INVESTIGATED AND, IF NEEDED, APPROPRIATE ACTION TAKEN UP TO AND INCLUDING REMOVAL FROM THE BOARD AND/OR COMMITTEE, BASED ON THE RECOMMENDATIONS OR DECISIONS MADE AT THE DISCRETION OF THE EXECUTIVE COMMITTEE WITH APPROVAL OF THE BOARD OF DIRECTORS.

- RETALIATION AGAINST A PERSON WHO SUSPECTS AND REPORTS A BREACH IN GOOD FAITH WILL BE TREATED AS AN INDEPENDENT BREACH OF THE CODE.

- UWAC AFFIRMS PROMPT AND FAIR RESOLUTION OF ALL REPORTED BREACHES.

- ANY AND ALL EXPENSES, INCLUDING ATTORNEY'S FEES, INCURRED BY THE ORGANIZATION AND/OR THE BOARD OF DIRECTORS IN THE ENFORCEMENT OF THE PROVISIONS OF THIS CODE WILL BE THE SOLE RESPONSIBILITY OF THE PERSON(S) WHO CAUSED SUCH BREACH.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL THE SALARY AND OTHER REMUNERATION OF THE PRESIDENT AND CHIEF EXECUTIVE OFFICER SHALL BE FIXED BY THE BOARD OF DIRECTORS. SALARIES AND WAGES TO OTHER EMPLOYEES SHALL BE FIXED BY THE PRESIDENT BASED ON THE RECOMMENDED SALARY RANGES AND SUBJECT TO APPROVAL OF THE GENERAL OPERATING BUDGET BY THE BOARD OF DIRECTORS. THE EXECUTIVE COMMITTEE SHALL BE RESPONSIBLE FOR

A) CONDUCTING A CHIEF EXECUTIVE OFFICER PERFORMANCE REVIEW PROCESS, INCLUDING GOAL SETTING, PERFORMANCE OBJECTIVES AND A 360 DEGREE ASSESSMENT;

B) REVIEWING AND RECOMMENDING TO THE BOARD OF DIRECTORS TOTAL COMPENSATION AND REWARDS ADJUSTMENTS FOR THE CHIEF EXECUTIVE OFFICER AND C) MONITORING MARKET PRACTICES OF COMPARABLE ORGANIZATIONS TO ENSURE THAT EXECUTIVE COMPENSATION AND REWARD LEVEL ARE COMPETITIVE AND CONSISTENT WITH MARKET PRACTICES AND D) CONDUCTING PERIODIC REVIEWS OF ORGANIZATIONAL COMPENSATION STRATEGY AND RECOMMENDING CHANGES TO THE BOARD OF DIRECTORS AS NEEDED.

Name of the organization

Employer identification number

UNITED WAY OF ALLEN COUNTY INC.

35-0867932

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

UNITED WAY OF ALLEN COUNTY MAKES ITS AUDITED FINANCIAL REPORT AND FORM 990 AVAILABLE ON ITS WEBSITE AND IN THE OFFICE FOR PUBLIC INSPECTION. GOVERNING DOCUMENTS AND THE CONFLICT OF INTEREST ARE AVAILABLE IN THE OFFICE FOR PUBLIC INSPECTION.

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

DESIGNATED CONTRIBUTIONS \$ -682,265

DESIGNATED CONTRIBUTIONS \$ 682,265

DRAFT

**NP-20**

State Form 51062  
(R8 / 8-17)

Indiana Department of Revenue  
**Indiana Nonprofit Organization's Annual Report**  
**For the Calendar Year or Fiscal Year**  
**Beginning 07 01 2017 and Ending 06 30 2018**  
MM/DD/YYYY MM/DD/YYYY

Check if:  Change of Address  
 Amended Report  
 Final Report: Indicate Date Closed \_\_\_\_\_

Due on the 15th day of the 5th month following the end of the tax year.  
**NO FEE REQUIRED.**

Name of Organization <b>UNITED WAY OF ALLEN COUNTY INC.</b>		Telephone Number <b>260 422 4776</b>
Address <b>P.O. BOX 11784</b>		Enter 2-Digit County Code <b>02</b>
City <b>FORT WAYNE</b>		State <b>IN</b>
Zip Code <b>46860</b>		Indiana Taxpayer Identification Number <b>0001807579</b>
Printed Name of Person to Contact <b>DAVID M. NICOLE</b>		Federal Identification Number <b>35 0867932</b>
Contact's Telephone Number <b>260 422 4776</b>		

If you are filing a federal return, attach a completed copy of Form 990, 990EZ, or 990PF.

**Note:** If your organization has unrelated business income of more than \$1,000 as defined under Section 513 of the Internal Revenue Code, you must also file Form IT-20NP.

**Current Information**

1. Have any changes not previously reported to the Department been made in your governing instruments, (e.g.) articles of incorporation, bylaws, or other instruments of similar importance? If yes, attach a detailed description of changes.
2. Indicate number of years your organization has been in continuous existence. **55**
3. Attach a schedule, listing the names, titles and addresses of your current officers. **SEE STATEMENT 1**
4. Briefly describe the purpose or mission of your organization below.

**TO UNITE OUR COMMUNITY'S TIME, TALENT, AND TREASURE TO CULTIVATE AND ADVANCE COMMUNITY SOLUTIONS THAT ADDRESS THE MOST CRITICAL ISSUES AROUND BASIC NEEDS, EDUCATION, FINANCIAL STABILITY AND HEALTHY LIVES.**

Email Address: \_\_\_\_\_

*I declare under the penalties of perjury that I have examined this return, including all attachments, and to the best of my knowledge and belief, it is true, complete, and correct.*

Signature of Officer or Trustee <b>DAVID M. NICOLE</b>	Title <b>PRESIDENT &amp; CEO</b>	Date
Name of Person(s) to Contact	Daytime Telephone Number <b>260 422 4776</b>	

**Important:** Please submit this completed form and/or extension to:  
 Indiana Department of Revenue, Tax Administration  
 P.O. Box 6481  
 Indianapolis, IN 46206-6481  
 Telephone: (317) 232-0129

**Extensions of Time to File**

The Department recognizes the Internal Revenue Service application for automatic extension of time to file, Form 8868. **Please forward a copy of your federal extension, identified with your Nonprofit Taxpayer Identification Number (TID), to the Indiana Department of Revenue, Tax Administration by the original due date to prevent cancellation of your sales tax exemption.** Always indicate your Indiana Taxpayer Identification number on your request for an extension of time to file.

Reports post marked within thirty (30) days after the federal extension due date, as requested on Federal Form 8868, will be considered as timely filed. A copy of the federal extension must also be attached to the Indiana report. In the event that a federal extension is not needed, a taxpayer may request in writing an Indiana extension of time to file from the: Indiana Department of Revenue, Tax Administration, P.O. Box 6481, Indianapolis, IN 46206-6481, (317) 232-0129.

If Form NP-20 or extension is not timely filed, the taxpayer will be notified by the Department pursuant to I.C. 6-2.5-5-21(d), to file Form NP-20. If within sixty (60) days after receiving such notice the taxpayer does not file Form NP-20, the taxpayer's exemption from sales tax will be canceled.



25417111022

**Indiana Statements****Statement 1 - IN Form NP-20, Line 3 - Current Officers**

<u>Officer Name</u>	<u>Title</u>	<u>State</u>	<u>Zip Code</u>
<u>Address</u>	<u>City</u>		
DAN STARR 334 EAST BERRY STREET	CHAIR FORT WAYNE	IN	46802
SUE EHINGER 334 EAST BERRY STR	VICE CHAIR FORT WAYNE	IN	46802
PAULA HUGHES-SCHUH 334 EAST BERRY STREET	SECRETARY FORT WAYNE	IN	46802
SUSAN BERGHOFF 334 EAST BERRY STR	TREASURER FORT WAYNE	IN	46802
DAVID M. NICOLE 334 EAST BERRY STREET	PRESIDENT & CEO FORT WAYNE	IN	46802
ELIZABETH PETER 334 EAST BERRY STR	CFO (BOY) FORT WAYNE	IN	46802
GREG JOHNSON 334 EAST BERRY STREET	CFO (EOY) FORT WAYNE	IN	46802