

Department of the Treasury Internal Revenue Service

990

Form

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



AI	For th	e 2020 calendar year, or tax year beginning $ { m JUL}1,2020$ and er	nding J	UN 30, 2021			
B	Check if applicab	le: C Name of organization		D Employer identified	cation number		
	Addre chang	FRANKLIN COUNTY AREA UNITED WAY, INC.	FRANKLIN COUNTY AREA UNITED WAY, INC.				
	Name		43-1124878				
	Initial returr		loom/suite	E Telephone number			
	Final returr	POST OFFICE BOX 3	636-239-3	1018			
	termi ated			G Gross receipts \$	1,182,007.		
	Amer returr	WASHINGTON, MO 05090-0005		H(a) Is this a group re			
	Appli tion pendi	Finame and address of principal officer. KIIM DIRODDERG		for subordinates	? Yes 🔀 No		
		SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No		
		tempt status: $X = 501(c)(3) = 501(c)(0) + (insert no.) = 4947(a)(1) or (a)(1) or (a)$	527	,	list. See instructions		
		ite: WWW.FRANKLINCOUNTYUW.ORG		H(c) Group exemption			
	⁻ orm o art I	f organization: X Corporation Trust Association Other ►	L Year o	f formation: 1954 N	State of legal domicile: MO		
F	1	Briefly describe the organization's mission or most significant activities: RAISE	MONEY				
e	1	ORGANIZATIONS LOCATED WITHIN THE FRANKLIN					
Activities & Governance	2	Check this box F if the organization discontinued its operations or disposed					
verr	3				22		
ĝ	4	Number of independent voting members of the governing body (Fart VI, line 1a)			22		
ა ი	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)		0			
itie	6	Total number of volunteers (estimate if necessary)		355			
cti≲	7a	Total unrelated business revenue from Part VIII, column (C), line 12			0.		
_<	b	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.		
				Prior Year	Current Year		
Ð	8	Contributions and grants (Part VIII, line 1h)		1,087,843.	1,125,584.		
nue	9	Program service revenue (Part VIII, line 2g)		0.	0.		
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		6,140.	3,129.		
а.	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		66,952.			
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,160,935.	1,169,489.		
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		1,025,000.	905,175.		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.		
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		55,964.	66,723.		
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25)	·····	0.	0.		
ЦХр	. b			156,803.	144,920.		
ш	1 "	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,237,767.	1,116,818.		
	18	Revenue less expenses. Subtract line 18 from line 12		-76,832.	52,671.		
Or Or		nevenue less expenses. Subtract line to nom line 12		inning of Current Year	End of Year		
ets (20	Total assets (Part X, line 16)		950,168.	946,528.		
Assets (21	Total liabilities (Part X, line 26)		590,738.	534,427.		
Net,	22	Net assets or fund balances. Subtract line 21 from line 20		359,430.	412,101.		
	art II			,	,		

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

Sign		Signature of officer			Date					
Here		KIM STRUBBERG, EXECUTIV	E DIRECTOR							
		Type or print name and title								
	Prin	t/Type preparer's name	Preparer's signature	Date		Check	PTIN			
Paid	BRI	IDGETTE MUGGE E	BRIDGETTE MUGGE	05/11	/22	if self-employed	P0067141	L 8		
Preparer	Firm	n's name 🕒 SIKICH LLP			Firm's EIN ▶ 36-3168081			L		
Use Only	Firm	n's address 🖌 12655 OLIVE BLVD.	, SUITE 200							
	ST. LOUIS, MO 63141 Phone) 532-95	525		
May the I	RS di	scuss this return with the preparer shown above	e? See instructions				X Yes	No		
032001 12-2	192001 10 22 00 LHA For Paperwork Reduction Act Notice see the separate instructions									

032001 12-23-20 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2020)

	990 (2020) FRANKLIN COUNTY AREA UNITED WAY, INC. 43-1124878 Page 2 t III Statement of Program Service Accomplishments
Fai	
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	CONDUCT A FUNDRAISING CAMPAIGN TO RAISE MONEY FOR OTHER CHARITABLE
	ORGANIZATIONS LOCATED WITHIN THE FRANKLIN COUNTY, MISSOURI AREA.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ? Yes X No
2	
3	
	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 \$976,942. including grants of \$905,175.) (Revenue \$)
	ALLOCATIONS - PROVIDES FOR THE JUDICIOUS ALLOCATION OF UNITED WAY
	RESOURCES TO MEMBER AGENCIES AND TO ASSIST THOSE AGENCIES IN PROVIDING
	NEEDED SOCIAL SERVICES TO THE REGION.
	COMMUNITY SERVICES - PROVIDES DIRECT ASSISTANCE TO THE COMMUNITY FOR
	INDIVIDUALS AND NONPROFIT SOCIAL SERVICE ORGANIZATIONS IN THE
	PROCUREMENT AND DELIVERY OF HUMAN SERVICES AND PROVIDE DIRECT
	MANAGEMENT AND ADVISORY ASSISTANCE TO UNITED WAY MEMBER AGENCIES.
46	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 976,942.
	Form 990 (2020)
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_ 202	3

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Form 990 (2		FRANKLIN		AREA	UNITED	WAY,	INC
Part IV	Checklist of R	equired Scheo	dules				

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		_X_
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			37
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			77
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			v
~	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			х
~	Schedule D, Part III	8		<u> </u>
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?			х
10	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10		x
11	or in quasi endowments? If "Yes," complete Schedule D, Part V			
	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.			
-	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
a		11a	х	
h	Part VI			
5	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
Ŭ	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
-	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D. Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		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? If "Yes," complete Schedule F, Parts II and IV	15		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? If "Yes," complete Schedule F, Parts III and IV	16		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? If "Yes," complete Schedule G, Part I	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		<u> </u>
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u> </u>
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		77	
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	X 000	(0000)
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Form 990 (2		FRANKLIN			UNITED	WAY,	INC.		
Part IV Checklist of Required Schedules (continued)									

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			37
_	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	0.51		v
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	06		x
27	controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	26		- 23
21	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
20	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			37
	Part V, line 1	34		X X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
a	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	0.5 h		
26	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	36		x
37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	- 30		
07	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	<u> </u>		
	Note: All Form 990 filers are required to complete Schedule O	38	х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
	1 1 -		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	gan	(2020)
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	990 (2020) FRANKLIN COUNTY AREA UNITED WAY, INC. 43-1124	878	P	_{age} 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
		_	Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
-	filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
-	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			v
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
48	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
h	If "Yes," enter the name of the foreign country	4a		- 23
b	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		x
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		x
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
-	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
~	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	0.0		
a b	Did the sponsoring organization make any taxable distributions under section 4966?	9a 9b		
ь 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	30		
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	1		
11	Section 501(c)(12) organizations. Enter:	1		
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against	1		
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans	-		
	Enter the amount of reserves on hand			37
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	4-		x
	excess parachute payment(s) during the year?	15		
16	If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		x
10	If "Yes," complete Form 4720, Schedule O.			- 23

Form **990** (2020)

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Form 990	(2020)
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FRANKLIN COUNTY AREA UNITED WAY, INC.

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

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

					Yes	N
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	22			
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	22			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with any oth	ner			
	officer, director, trustee, or key employee?	-		2		X
3	Did the organization delegate control over management duties customarily performed by or under the					
	of officers, directors, trustees, or key employees to a management company or other person?			3	х	
4	Did the organization make any significant changes to its governing documents since the prior Form 9			4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass			5		Х
6	Did the organization have members or stockholders?			6		X
- 7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap					
	more members of the governing body?	-		7a		X
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, st			10		
5	persons other than the governing body?	-		7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea			10		
	The governing body?	-	-	00	х	
a h	Each committee with authority to act on behalf of the governing body?			8a 8b	X	
ь 9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read			00	- 23	
9				9		x
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		
	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue Code.)		Vee	
•				40-	Yes	N X
	Did the organization have local chapters, branches, or affiliates?			10a		
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?					
	Has the organization provided a complete copy of this Form 990 to all members of its governing body	before filing	the form?	<u>11a</u>		X
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				37	
2a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	'es," describe	9			
	in Schedule O how this was done			12c	Х	
3	Did the organization have a written whistleblower policy?			13		X
4	Did the organization have a written document retention and destruction policy?			14	Х	
5	Did the process for determining compensation of the following persons include a review and approva	l by indepen	dent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a		X
b	Other officers or key employees of the organization			15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent with a				
	taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ					
	exempt status with respect to such arrangements?			16b		
ec	tion C. Disclosure					
7	List the states with which a copy of this Form 990 is required to be filed NONE					
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar	nd 990-T (Seo	ction 501(c)(3)	s only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.					
	Own website Another's website X Upon request Other (explain	on Schedule	~ 0			
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an						
-	statements available to the public during the tax year.		, unc			
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks and reco	ds 🕨			
	KIM STRUBBERG - 636-239-1018		uu 🕨 🔜			
	301 WEST FRONT STREET, WASHINGTON, MO 63090					

Form 990 (2020)	FRANKLIN	COUNTY AREA	UNITED	WAY,	INC.	43-1124878	Page 7	
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated								
Employees	, and Independe	nt Contractors						
Check if Sche	dule O contains a resp	onse or note to any line i	in this Part VII					
Section A. Officers, Dir	ectors, Trustees, Key	Employees, and Highe	st Compensa	ted Empl	oyees			
1a Complete this table for	r all persons required t	o be listed. Report comp	ensation for th	e calenda	ar year ending wi	th or within the organization's	s tax year.	
 List all of the organiz 	ation's current office	rs, directors, trustees (wh	nether individu	als or orga	anizations), regar	dless of amount of compens	ation.	
Enter -0- in columns (D), (E), and (F) if no compen	sation was paid.						
List all of the organi:	otion's summer that a	malayaaa if any Caa inat	hundiana far di	finition	f llou amplauaa			

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

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

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

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

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

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

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do	Position (do not check more than one				ne	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pei	rson i	s both	n an	compensation	compensation	amount of
	week		cer ar I	nd a d I	irecto	r/trus I	tee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for related	e or di	ee			sated		organization	(W-2/1099-MISC)	from the
	organizations	rustee	trust		66	npens		(W-2/1099-MISC)		organization and related
	below	dual t	ltiona		nploy	st cor	1			organizations
	line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MARY SHOFNER	2.00	_	_	-						
PRESIDENT & CAMPAIGN CO-CH		Х		X				0.	0.	0.
(2) PHILLIP KLEEKAMP	2.00									
PAST PRESIDENT		Х		Х				0.	0.	0.
(3) KASEY OWENS	2.00									
VICE PRESIDENT & CAMPAIGN		Х		Х				0.	0.	0.
(4) COREY BAKER	2.00									
SECRETARY		Х		Х				0.	0.	0.
(5) SAM STRAATMANN	2.00									
TREASURER		Х		Х				0.	0.	0.
(6) BILL HELLEBUSCH	1.00									
DIRECTOR		Х						0.	0.	0.
(7) RICK HODGES	1.00									
DIRECTOR		Х						0.	0.	0.
(8) LESLIE LAUSE	1.00									
DIRECTOR		Х						0.	0.	0.
(9) RAMONA MUNDWILLER	1.00									
DIRECTOR		Х						0.	0.	0.
(10) JENNIFER PECKA	1.00									
DIRECTOR		Х						0.	0.	0.
(11) GRETCHEN RILEY	1.00									
DIRECTOR		Х						0.	0.	0.
(12) KYLE BRITTINGHAM	1.00									
DIRECTOR		Х						0.	0.	0.
(13) CHRISTINE BRINKMANN	1.00									
DIRECTOR	1 00	Х						0.	0.	0.
(14) WAYNE DIERKER	1.00								•	
DIRECTOR	1 00	Х						0.	0.	0.
(15) MELISSA WILLMORE	1.00								•	
DIRECTOR	1 00	Х						0.	0.	0.
(16) ABIGAILE GRUEN	1.00								<u>^</u>	
DIRECTOR	1 0 0	Х			<u> </u>			0.	0.	0.
(17) KRYSTAL BAXTER	1.00									
DIRECTOR		Х						0.	0.	0. Form 990 (2020)

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Form 990 (2020)

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Form 990 (2020)	FRANKLIN	COUNTY	AR	EA	. U	NI	TE.	D	WAY, INC.	43-11	.248	<u>378</u>	Pa	ige 8
Part VII Sect	Part VII Section A. Officers, Directors, Trustees, Key						ghes	t C	ompensated Employee	s (continued)				
	(A) Name and title	(B) Average hours per week (list any hours for related	verage Posit (do not check m box, unless pers officer and a dir					an ee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MIS	5	am com fr	(F) timate nount o other pensat om the anizati	of tion
		organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	(and	d relate	ed
(18) NATALIE DIRECTOR	CASH	1.00	x						0.		0.			0.
(19) MARC SCH DIRECTOR	ILLEBEECKX	1.00	x						0.		0.			0.
(20) PARVADHA	GOVINDASWAMY	1.00												•••
DIRECTOR			х						0.		0.			0.
(21) MARTHA S EXECUTIVE DIR		40.00			x				0.		0.			0
EXECUTIVE DIR											0.			0.
1b Subtotal									0.		0.			0.
	continuation sheets to Part VI								0.		0.			0.
	lines 1b and 1c) er of individuals (including but n								0.	000 of reportable	0.			0.
	ion from the organization		ose	liste	u au	ove) •••••	JIE	eceived more than \$100,	ooo or reportable				0
													Yes	No
	anization list any former officer,	-			•	-		Ŭ						v
	Yes, " complete Schedule J for si ividual listed on line 1a, is the su											3		X
	organizations greater than \$150											4		Х
	son listed on line 1a receive or a													
	the organization? If "Yes." com	plete Schedule	e J fe	or su	ich <u>p</u>	bers	on .					5		Х
	pendent Contractors his table for your five highest co	monsated inc		ndor	nt co	ntra	otor	o th	ast received more than ^{\$}	100 000 of comp	oncat	ion fre		
•	ation. Report compensation for t	•	•							•	CIISal		,,,,,	
	(A)				0				(B)			(C		
	Name and business			10					Description of s	ervices	C	omper	nsatior	<u>ו</u>
	Y OF GREATER ST. STREET, ST. LOUI	-			INC		TH		ADMINISTRATI	ON		12	6,26	57.
	er of independent contractors (ir f compensation from the organiz		ot lin	nited	l to t	hos 1		ted	above) who received mo	ore than				
												Form	990 (2	2020)

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			2020) FRANKLIN COUN	TY AREA	UNITED WAY	, INC.	43-1124	878 Page 9
Pa	rt V	/111	Statement of Revenue					
			Check if Schedule O contains a response	or note to any li				
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ល្អ	1	а	Federated campaigns 1a					
rant			Membership dues 1b					
ېږ تو			Fundraising events 1c		1			
àifts ar A			Related organizations 1d					
s, o		е	Government grants (contributions) 1e					
Contributions, Gifts, Grants and Other Similar Amounts		f	All other contributions, gifts, grants, and similar amounts not included above If 1,	125,584.	_			
d O		g	Noncash contributions included in lines 1a-1f					
<u> </u>		h	Total. Add lines 1a-1f		1,125,584.			
				Business Code				
ce	2	а						
Program Service Revenue		b						
u Si		С						
lran Sev		d						
rog		е						
٩.			All other program service revenue					
			Total. Add lines 2a-2f					
	3		Investment income (including dividends, intere		2 1 2 0			2 1 2 0
	-		other similar amounts)		3,129.			3,129.
	4		Income from investment of tax-exempt bond p					
	5		Royalties					
	-			(ii) Personal	-			
	6		Gross rents 6a		-			
			Less: rental expenses 6b		-			
			Rental income or (loss) 6c	<u> </u>				
			Net rental income or (loss) Gross amount from sales of (i) Securities	(ii) Other				
	1	а		(ii) Other	-			
		I -	assets other than inventory 7a		-			
Ø		D	Less: cost or other basis					
venue		_	and sales expenses 7b Gain or (loss) 7c		-			
				L				
Other Re			Net gain or (loss)	····· P				
othe	8	а	Gross income from fundraising events (not including \$ of					
0			contributions reported on line 1c). See					
				53,207.				
		b	Less: direct expenses		-			
			·····	<u> </u>	40,689.			40,689.
	9		Gross income from gaming activities. See	····· ··· ··· ··· ··· ··· ··· ··· ···				
		-	Part IV, line 19					
		b	Less: direct expenses 9b					
				>				
	10		Gross sales of inventory, less returns	F				
			and allowances 10 a					
		b	Less: cost of goods sold 10b					
			Net income or (loss) from sales of inventory	►				
		-	· _ · _ / ···	Business Code				
sno	11	а	MISCELLANEOUS INCOME	900099	87.			87.
ane		b						
elle		с						
Miscellaneous Revenue		d	All other revenue					
2			Total. Add lines 11a-11d	►	87.			
	12		Total revenue. See instructions		1,169,489.	0.	0.	43,905.
03200	9 12-	-23-						Form 990 (2020)

FRANKLIN COUNTY AREA UNITED WAY, INC. 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).

	ion 501(c)(3) and 501(c)(4) organizations must compl Check if Schedule O contains a respons				
Do	not include amounts reported on lines 6b.	(A) Total expenses	(B)	(C)	(D) Fundraising
	8b, 9b, and 10b of Part VIII.	l otal expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	905,175.	905,175.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	54,037.	24,575.	19,656.	9,806.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	10.000			
9	Other employee benefits	12,686.	5,770.	4,614.	2,302.
10	Payroll taxes				
11	Fees for services (nonemployees):		22 002		10 050
а	Management	73,050.	33,223.	26,571.	13,256.
b	Legal				
С	Accounting				
d	, , , , , , , , , , , , , , , , , , ,				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g		9 660		5 906	2 962
	column (A) amount, list line 11g expenses on Sch 0.)	8,669.		5,806.	2,863.
12	Advertising and promotion	5,082.	270.	3,067.	1,745.
13	Office expenses	J,002•	270.	5,007.	1,/4J•
14 15	Information technology				
15	Royalties	1,040.	312.	520.	208.
16 17		1,615.	797.	496.	322.
18	Travel Payments of travel or entertainment expenses	1,013.	,,,,,		522.
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Г				
20 21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2,117.		2,117.	
23	Insurance	4,546.		4,546.	
24	Other expenses. Itemize expenses not covered	,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	SPONSORED EVENTS	37,861.	1,008.	1,142.	35,711.
b	CONTRACT FEE	6,589.	2,996.	2,397.	1,196.
с	COVID ASSISTANCE	2,000.	2,000.		
d	TELEPHONE	1,479.	554.	629.	296.
е	All other expenses	872.	262.	436.	174.
25	Total functional expenses. Add lines 1 through 24e	1,116,818.	976,942.	71,997.	67,879.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here Figure if following SOP 98-2 (ASC 958-720)				
	0 12-23-20				Form 990 (2020

16520511 765826 3729193.0

33

Total liabilities and net assets/fund balances

950,168.

33

946,528.

Form 990 (2020)

Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 1 1 Cash - non-interest-bearing 635,662. 690,930. 2 Savings and temporary cash investments 2 307,140. 250,711. 3 3 Pledges and grants receivable, net 4 4 Accounts receivable, net 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 6 Loans and other receivables from other disgualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net 7 7 8 Inventories for sale or use 8 9 Prepaid expenses and deferred charges 9 **10a** Land, buildings, and equipment: cost or other 13,579. basis. Complete Part VI of Schedule D _____ 10a 9,119. 6,577. 4,460. b Less: accumulated depreciation _____ 10b 10c 11 Investments - publicly traded securities 11 Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 14 Intangible assets 14 789. 427. 15 15 Other assets. See Part IV, line 11 950,168. 946,528. 16 **Total assets.** Add lines 1 through 15 (must equal line 33) 16 28,961. 42,466. Accounts payable and accrued expenses 17 17 501,004. 545,064. 18 18 Grants payable 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Secured mortgages and notes payable to unrelated third parties 23 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 3,208. 25 4,462. of Schedule D 590,738. 534,427. 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here 🕨 🔀 and complete lines 27, 28, 32, and 33. 388,030. 314,586. 27 27 Net assets without donor restrictions Net assets with donor restrictions 44,844. 24,071. 28 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 30 31 Retained earnings, endowment, accumulated income, or other funds 31 359,430. 412,101. Total net assets or fund balances 32 32

Form 990 (2020)

Assets

Liabilities

Net Assets or Fund Balances

Part X Balance Sheet

Form 9	990 (2020) FRANKLIN COUNTY AREA UNITED WAY, INC.	43-11	24878	Page	∍ 12
Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	. <u></u>		[
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,169	,48	9.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,116		
3	Revenue less expenses. Subtract line 2 from line 1	3		,67	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	359	,43	0.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	412	,10	1.
Part	XII Financial Statements and Reporting			_	
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: 🗌 Cash 🛛 🗶 Accrual 📃 Other		-		
l	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u>X</u>
l	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	l on a			
:	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2 b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		X
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
/	Act and OMB Circular A-133?		3 a		X
bl	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
(

Form **990** (2020)

032012 12-23-20

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

(Form 990 or 990-EZ)			Co	Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.									
		the Treasury ue Service			-	Attach to Form 990 or				Open to Public			
				► Go to w	/ww.irs.go		Inspection						
Name	οττι	he organization			00111			THO			identification number		
Dor		Baaaan	FRAN	KLIN Chority	COUNT Status	Y AREA UNITE	D WAY	, INC.	•		3-1124878		
Par						(All organizations must			see instruction	15.			
						For lines 1 through 12,							
1						on of churches describe			1)(A)(i).				
2				-		Attach Schedule E (For							
3 [•			0	anization described in			•				
4 [ation ope	erated in co	njunction with a hospita	al describec	in sectio	on 170(b)(1)(A	.)(iii). Enter	the hospital's name,		
г		city, and state	-										
5 [llege or university owne	ed or operat	ed by a go	overnmental u	init describe	ed in		
сГ		-	(b)(1)(A)(iv).(C			aantal unit daaaribad in	opotion 1	70/6//4//4	()				
6 L			-		-	nental unit described in				ha ganaral r	aublic described in		
7 [-		•		ntial part of its support	from a gove	ernmental	unit or from t	ne general p	public described in		
o [-	b)(1)(A)(vi). (C		-								
8 [-				(1)(A)(vi). (Complete Pa	-			المعربية المعربة			
9		0	-	•		in section 170(b)(1)(A				-	•		
			or a non-land-g	grant colle	ege of agric	ulture (see instructions	. Enter the	name, city	, and state of	the college	eor		
10		university:	on that norma		oo (1) moro	than 33 1/3% of its sup	port from o	ontribution	no momborok	in food on	d aroos respirate from		
						t to certain exceptions							
				-		(less section 511 tax) f					-		
			509(a)(2). (Coi				UIII DUSIIIE	sses acqui		Jan 2ation a			
11 [-	-	ively to test for public s	afoty Soo	coction 50	00(-)(4)				
12		-	•	-		ively for the benefit of,	•			rny out tho	purposes of one or		
		-	•	-		ed in section 509(a)(1)	-			•			
				-		f supporting organization							
а		7	•			upervised, or controlled		-		-	aivina		
a					-	gularly appoint or elect	•			•••••			
			-			ections A and B.	a majority t				apporting		
b		-		-		l or controlled in conne	ction with it	s sunnorte	ed organizatio	n(s) by hay	vina		
						anization vested in the			0		0		
			-			Sections A and C.				ge the supp	Joned		
с		-		-		g organization operate	t in connec	tion with	and functiona	llv integrate	ad with		
Ū			-	-). You must complete				ny mograte	, a with,		
d						porting organization op				rted organiz	zation(s)		
						ation generally must sa							
				•	•	nplete Part IV, Section	•		•				
е		7				written determination fr				II, Type III			
			-			nally integrated suppor							
f	Ente	r the number o											
g	Prov	ide the followi	ng informatior	n about th	ne supporte	ed organization(s).							
	(i)) Name of suppo		(ii)) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the org in your govern	anization listed ing document?	(v) Amount o		(vi) Amount of other		
		organization	I			above (see instructions))	Yes	No	support (see i	nstructions)	support (see instructions)		

Total

16520511 765826 3729193.0

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032021 01-25-21 Schedule A (Form 990 or 990-EZ) 2020

2020.05094 FRANKLIN COUNTY AREA UNIT 37291931

OMB No. 1545-0047

Schedule A (Form 990 or 990-EZ) 2020 FRANKLIN COUNTY AREA UNITED WAY, INC. 43-1124878 Page 2

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

fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support	<i>/</i>		,			
	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Gifts, grants, contributions, and				((-)
•	membership fees received. (Do not						
	include any "unusual grants.")	1071416.	1064991.	1169136.	1087843.	1125584.	5518970.
2	Tax revenues levied for the organ-		10013310		20070101		00100700
-	ization's benefit and either paid to						
	or expended on its behalf						
2	The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge	5,400.	6,647.	5,400.	5,400.	5,400.	28,247.
		1076816.	1071638.	1174536.	1093243.	1130984.	5547217.
	Total. Add lines 1 through 3	10/0010.	10/1030.	11/4000	1095245.	1130904.	JJ4/ZI/.
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)						936,982.
	Public support. Subtract line 5 from line 4.						4610235.
Sec	ction B. Total Support			l	1		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	1076816.	1071638.	1174536.	1093243.	1130984.	5547217.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots	2,168.	3,677.	5,774.	6,140.	3,129.	20,888.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on					40,689.	40,689.
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)					87.	87.
11	Total support. Add lines 7 through 10						5608881.
12	Gross receipts from related activities,	etc. (see instructio	ons)			12	
13	First 5 years. If the Form 990 is for th	e organization's fir				D1(c)(3)	
	organization, check this box and stop						
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2020 (li	ine 6, column (f), d	ivided by line 11, c	olumn (f))		14	82.20 %
	Public support percentage from 2019					15	99.65 %
	33 1/3% support test - 2020. If the c					ore, check this bo	
	stop here. The organization qualifies						
b	33 1/3% support test - 2019. If the c						······
-	and stop here. The organization qual	0		,		,	
17a	10% -facts-and-circumstances test						
	and if the organization meets the facts	-					
	meets the facts-and-circumstances te			-			
h	10% -facts-and-circumstances test	•	•		•		
	more, and if the organization meets th	-					
	organization meets the facts-and-circu						
10	-				• •		
10	Private foundation. If the organizatio	IT UIU HUL CHECK A		a, 100, 17a, 01 170			
					Sche	dule A (Form 990	UI 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020 FRANKLIN COUNTY AREA UNITED WAY, INC. 43-1124878 Page 3 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 Suppo	rt					
Calendar year (or fiscal year begin	ning in) 🕨 (a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions	, and					
membership fees received.	(Do not					
include any "unusual grant	s.")					
2 Gross receipts from admiss merchandise sold or servic formed, or facilities furnishe any activity that is related t organization's tax-exempt p	es per- ed in o the					
3 Gross receipts from activiti						
are not an unrelated trade iness under section 513						
4 Tax revenues levied for the	organ-					
ization's benefit and either	u l					
or expended on its behalf						
5 The value of services or fac						
furnished by a government						
the organization without ch						
6 Total. Add lines 1 through	·					
7a Amounts included on lines						
3 received from disqualified						
b Amounts included on lines 2 and 3 rd from other than disqualified persons exceed the greater of \$5,000 or 1% c amount on line 13 for the year	that of the					
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c Section B. Total Support						
Calendar year (or fiscal year begin		(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6			(0) 2010	(4) 2010	(0) 2020	
 10a Gross income from interest dividends, payments receiv securities loans, rents, roya and income from similar so 	t, /ed on alties,					
b Unrelated business taxable inc						
(less section 511 taxes) from t	ousinesses					
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated activities not included in lin whether or not the busines regularly carried on	ie 10b,					
12 Other income. Do not inclu or loss from the sale of cap assets (Explain in Part VI.)	pital					
13 Total support. (Add lines 9, 10c,						
14 First 5 years. If the Form 9	90 is for the organization?	s first, second, third,	, fourth, or fifth tax	k year as a section 5	501(c)(3) organi	zation,
check this box and stop he						
Section C. Computation	of Public Support P	ercentage				
15 Public support percentage	for 2020 (line 8, column (f), divided by line 13,	column (f))		15	%
16 Public support percentage					16	%
Section D. Computation						
17 Investment income percent					17	%
18 Investment income percent					18	%
19a 33 1/3% support tests - 20						ne 17 is not
more than 33 1/3%, check						▶∟
b 33 1/3% support tests - 20						
line 18 is not more than 33						ion
20 Private foundation. If the	organization did not check	a box on line 14, 19	ea, or 19b, check			
032023 01-25-21		16	5	Sch	edule A (Form	990 or 990-EZ) 2020

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Schedule A	(Form 990 or 990-EZ) 2020	FRANKLIN	COUNTY	AREA	UNITED	WAY,	INC.	43-1124878	Page 4
Part IV	Supporting Organiz	ations							

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? // "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- **5a** Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes." answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes." provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
- b Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to determine whether the organization had excess business holdings.)

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Schedule A (Form 990 or 990-EZ) 2020

Yes No

1

2

За

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Schedule A (Form 990 or 990-EZ) 2020 FRANKLIN COUNTY AREA UNITED WAY, INC. 43-1124878 Page 5 Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
с	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	_{detail in} Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No

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

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

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	e III Supporting	Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to s	satisfy the Integral Part	Test during the year	(see instructions).
•	Check the box heat to the method that the organization used to s		i est during the year	(000 1100 000010)

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

The organization supported a governmental entity. Describe in the now you supported a governmental entity (see instructions)	с		The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see instructions).
--	---	--	---	---

18

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.**

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Schedule A (Form 990 or 990-EZ) 2020

2a

2b

3a

3b

2

Yes No

Yes No

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_	dule A (Form 990 or 990 EZ) 2020 FRANKLIN COUNTY AREA UN			43-1124878 Page 6
	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting			
1	Check here if the organization satisfied the Integral Part Test as a qualifying		•	n in Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	complet	e Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount	(A) Prior Year	(B) Current Year (optional)	
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	y integra	ted Type III supporting c	organization (see

Schedule A (Form 990 or 990-EZ) 2020

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instructions).

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Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continu	ied)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer		1		
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	6	3		
4	Amounts paid to acquire exempt-use assets		4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	e organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2020	IS	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
а	From 2015				
b	From 2016				
с	From 2017				
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2016				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

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Schedule A	(Form 990 or 99	0-EZ) 2020	FRANK	LIN	COUNTY	AREA	UNITE	O WAY,	INC.	43-1124878	Page 8
Part VI	Supplemen Part IV, Section	tal Inforn	nation. _F 2, 3b, 3c, 4	Provide tl 4b, 4c, 5a	ne explanati a, 6, 9a, 9b,	ons requir 9c, 11a, 1	ed by Part II 1b, and 11c	, line 10; Paı ; Part IV, Se	t II, line 17a o ction B, lines ⁻	r 17b; Part III, line 12; 1 and 2; Part IV, Sectior V, Section B, line 1e; Pa	n C,
	Section D, line (See instruction	s 5, 6, and 8	; and Part	V, Sectio	on E, lines 2	, 5, and 6.	Also comple	ete this part	for any additio	nal information.	,
032028 01-25-2	21					21			Schedu	le A (Form 990 or 990-	EZ) 2020

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Schedule A

Identification of Excess Contributions Included on Part II, Line 5

43-1124878

2020

** Do Not File ** *** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
AMEREN	348,245.	236,067.
BANK OF WASHINGTON	306,001.	193,823.
MELTON MACHINE	557,791.	445,613.
MERCY	127,768.	15,590.
PARKER HANNIFIN-SPORLAN VALVW	121,883.	9,705.
PURINA ANIMAL NUTRITION, LLC	148,362.	36,184.
Total Excess Contributions to Schedule A, Part II, Line 5		936,982.

Department of the Treasury Internal Revenue Service

9 0)

Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.



nam	e of the organization FRANKLIN COUNTY AREA	UNITED WAY, INC.	Emp	43-11248	
Pa	t I Organizations Maintaining Donor Advised F	unds or Other Similar Funds o	or Accoun	ts. Complete if the	Э
	organization answered "Yes" on Form 990, Part IV, line 6.				
		(a) Donor advised funds	(b) Fund	ds and other accoun	nts
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 writi	ng that the assets held in donor advise	d funds		
	are the organization's property, subject to the organization's excl	usive legal control?		Yes	No No
6	Did the organization inform all grantees, donors, and donor advis	ors in writing that grant funds can be ι	ised only		
	for charitable purposes and not for the benefit of the donor or do	nor advisor, or for any other purpose c	onferring		
				Yes	No
Pa	t II Conservation Easements. Complete if the organi	zation answered "Yes" on Form 990, P	art IV, line 7.		
1	Purpose(s) of conservation easements held by the organization (check all that apply).			
	Preservation of land for public use (for example, recreation	or education) Preservation of	a historically i	mportant land area	
	Protection of natural habitat	Preservation of	a certified his	toric structure	
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualified	conservation contribution in the form c	f a conservat	ion easement on the	e last
	day of the tax year.			Held at the End of the	Tax Year
а	Total number of conservation easements		2a		
b	Total acreage restricted by conservation easements		2b		
с	Number of conservation easements on a certified historic structu	re included in (a)	2c		
d	Number of conservation easements included in (c) acquired after	7/25/06, and not on a historic structur	e		
	listed in the National Register		2d		
3	Number of conservation easements modified, transferred, release	ed, extinguished, or terminated by the	organization o	luring the tax	
	year ►				
4	Number of states where property subject to conservation easeme				
5	Does the organization have a written policy regarding the periodi				_
	violations, and enforcement of the conservation easements it hol				No No
6	Staff and volunteer hours devoted to monitoring, inspecting, han	dling of violations, and enforcing conse	ervation easer	nents during the yea	ar
_					
7	Amount of expenses incurred in monitoring, inspecting, handling	of violations, and enforcing conservati	on easements	s during the year	
-	► \$				
8	Does each conservation easement reported on line 2(d) above sa				
•					No No
9	In Part XIII, describe how the organization reports conservation e	•			
	balance sheet, and include, if applicable, the text of the footnote	to the organization's financial stateme	nts that desci	ibes the	
Pa	organization's accounting for conservation easements. T III Organizations Maintaining Collections of Ar	t Historical Treasures or Oth	er Similar	Assets	
I UI	Complete if the organization answered "Yes" on Form 990			A00010.	
10	If the organization elected, as permitted under FASB ASC 958, n		d balanaa ab	oot worko	
Id	-				
	of art, historical treasures, or other similar assets held for public e		-	ublic	
Ь	service, provide in Part XIII the text of the footnote to its financial			worke of	
D	If the organization elected, as permitted under FASB ASC 958, to art, historical treasures, or other similar assets held for public exh				
	· · ·	indition, education, or research in furthe	erance of pub	lic service,	
	provide the following amounts relating to these items:				
	(i) Revenue included on Form 990, Part VIII, line 1			S	
0	(ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasur				
2			gain, provide		
~	the following amounts required to be reported under FASB ASC	-		2	
	Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X			S	
	For Paperwork Reduction Act Notice, see the Instructions for		,) Schedule D (Form §	990) 2020
		· • ••••	•		2020

Sche		N COUNTY A						43-11			_{age} 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Hist	orical Tre	easures,	or Othe	r Simila	ar Assets	contin	ued)	
3	Using the organization's acquisition, accession	on, and other record	ls, check	any of the	following th	at make s	significant	use of its			
	collection items (check all that apply):										
а	Public exhibition	(d 🗌	Loan or exc	change prog	Iram					
b	Scholarly research	e									
с	Preservation for future generations										
4	Provide a description of the organization's co	llections and explai	n how th	ev further th	he organizat	ion's exe	mot ouro	ose in Part	XIII		
5	During the year, did the organization solicit or	-		-	-						
•	to be sold to raise funds rather than to be ma		-						Yes		No
Par	t IV Escrow and Custodial Arrang										1110
	reported an amount on Form 990, Par			organizatio		100 01		, i aitiv, i	1110 0, 01		
19	Is the organization an agent, trustee, custodia		hiany for (contribution	s or other a	seats not	included				
Ia									Yes		No
h	on Form 990, Part X? If "Yes," explain the arrangement in Part XIII a							∟		L	
D		and complete the lo	nowing t	able.					Amount		
	De sinsis a la des se								Amount		
	Beginning balance										
	Additions during the year										
	Distributions during the year										
	Ending balance								7.,		1
	Did the organization include an amount on Fo						• • • • • •	L	Yes		No
Par	If "Yes," explain the arrangement in Part XIII.										
Fai	t V Endowment Funds. Complete in										
		(a) Current year	(b) F	Prior year	(c) Two ye	ears back	(d) Three	years back	(e) Four	years	back
	Beginning of year balance										
b	Contributions										
	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	ent year end balanc	e (line 1g	g, column (a	ı)) held as:						
а	Board designated or quasi-endowment		%								
b	Permanent endowment	%									
с	Term endowment	%									
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.									
3a	Are there endowment funds not in the posses	ssion of the organiza	ation tha	t are held a	nd administ	ered for th	he organi:	zation			
	by:								ſ	Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza								3b		
4	Describe in Part XIII the intended uses of the										
Par	t VI Land, Buildings, and Equipm										
	Complete if the organization answered	d "Yes" on Form 990	0. Part IV	/. line 11a. S	See Form 99	0. Part X	line 10.				
	Description of property	(a) Cost or c			t or other		Accumula	ted	(d) Book	value	
	Description of property	basis (investr		• •	(other)	1	epreciatio		(u) 2001	value	
19	Land	<u> </u>	,		. /						
	Land										
	Buildings					+					
	Leasehold improvements			1	3,579.	+	<u>0</u> 1	.19.		14	60.
	Equipment			<u> </u>		<u>'</u>	1, ز		4	., 40	
	Other			<u> </u>		1				4,46	60
Iota	. Add lines 1a through 1e. (Column (d) must e	<u>qual Form 990, Part</u>	X, colun	nn (B), line 1	0c.)				4	E, 40	50.

Schedule D (Form 990) 2020

032052 12-01-20

Part VII Investments - Other Securities.	UNTY AREA UNIT		43-1124878 Page 3
Complete if the organization answered "Yes"			and of your market yolyo
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or	end-of-year market value
(1) Financial derivatives(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ► Part VIII Investments - Program Related.			
	an Farm 000 Dat N/ line 1		
Complete if the organization answered "Yes" (a) Description of investment	(b) Book value	(c) Method of valuation: Cost or	end-of-vear market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	(h) De els velve
	Description		(b) Book value
<u>(1)</u>			
(2)			
(3) (4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities.	e 15.)		
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	11e or 11f. See Form 990, Part X, line	
1.(a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) COMPENSATED ABSENCES			4,462.
(3)			
(4)			
(5)			
(6)			
<u>(7)</u>			
(8)			
(9) Total (Column (b) must equal Form 000 Port X, col. (D) (in	o 25 \		▶ 4,462.
Total. (Column (b) must equal Form 990, Part X, col. (B) lin 2. Liability for uncertain tax positions. In Part XIII, provide		the organization's financial statemen	
organization's liability for uncertain tax positions unde			

FRANKLIN COUNTY AREA UNITED WAY, INC.

Schedule D (Form 990) 2020

43-1124878 Page 3

032053 12-01-20

Sche	dule D (Form 990) 2020 FRANKLIN COUNTY AREA UNITE				1124878 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Stateme	ents With	Revenue per Re	eturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	ι.		_	
1	Total revenue, gains, and other support per audited financial statements			1	1,180,889.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	. 2a			
b	Donated services and use of facilities	. 2b	11,400.		
с	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)	. 2d			
е	Add lines 2a through 2d			2e	11,400.
3	Subtract line 2e from line 1			3	1,169,489.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a			
b	Other (Describe in Part XIII.)	. 4b			
с	Add lines 4a and 4b			4c	0.
				5	1,169,489.
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)				
5 Pa	t XII Reconciliation of Expenses per Audited Financial Statem	ents Witl	h Expenses per		
5 Pa	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	ents Witl	h Expenses per ∣		n.
5 Ра 1	rt XII Reconciliation of Expenses per Audited Financial Statem	ents Witl	h Expenses per l		
Pa	Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	ents Witl	h Expenses per l	Retur	n.
Pa	Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements	ents Witl	h Expenses per l	Retur	n.
Pa 1 2	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	ents Witl	h Expenses per l	Retur	n.
Pa 1 2 a	Image: Second liable of the organization of the organization answered "Yes" on Form 990, Part IV, line 12a Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	ents Witl	h Expenses per l	Retur	n.
Pa 1 2 a b	Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	ents With 	h Expenses per l	Retur	n. 1,128,218.
Pa 1 2 a b c d	Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	ents With	h Expenses per 1	Retur	n. <u>1,128,218.</u> 11,400.
Pa 1 2 a b c d	Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	ents With 	h Expenses per 1		n. 1,128,218.
Pa 1 2 b c d e	Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	ents With 	h Expenses per 1	1 2e	n. <u>1,128,218.</u> 11,400.
Pa 1 2 b c d 3	Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	ents With 2a 2b 2c 2d	h Expenses per 1	1 2e	n. <u>1,128,218.</u> 11,400.
Pa 1 2 b c d 3	Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	ents With	h Expenses per 1	1 2e	n. <u>1,128,218.</u> 11,400.
Pa 1 2 a b c d e 3 4 a	XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	ents With 2a 2b 2c 2d 4a 4b	h Expenses per 1	1 2e	n. <u>1,128,218.</u> <u>11,400.</u> <u>1,116,818.</u> 0.
Pa 1 2 a b c d e 3 4 a b c 5	XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	ents With 2a 2b 2c 2d 4a 4b	h Expenses per 1	1 2e 3	n. 1,128,218. <u>11,400.</u> 1,116,818.

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

PART X, LINE 2:

THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION

501(C)(3) OF THE INTERNAL REVENUE CODE. ACCORDINGLY, NO PROVISION FOR

INCOME TAXES HAS BEEN INCLUDED IN THE ACCOMPANYING FINANCIAL STATEMENTS.

THE ORGANIZATION HAS ALSO BEEN CLASSIFIED AS AN ENTITY THAT IS NOT A

PRIVATE FOUNDATION.

032054 12-01-20

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	Iraisi	ng or Gaming A	ctiv	ities	OMB No. 1545-0047
(Form 990 or 990-EZ)		e organization answered "Yes" on organization entered more than \$15				r 19,	or if the	2020
Department of the Treasury		Attach to Form 990						Open to Public
Internal Revenue Service		to www.irs.gov/Form990 for instru	uction	s and	the latest informati	on.		Inspection
Name of the organization		N COUNTY AREA UNIT	ED 1	VAV	INC.		Employer ide	entification number
Part I Fundrais		Complete if the organization answe			•	ine 1		
required to	complete this part	t						
		ed funds through any of the followin						
a Mail solicitat	email solicitations				overnment grants nment grants			
c Phone solici		g 🛄 Special		0	0			
d 🗌 In-person so								
		or oral agreement with any individual				tees,		
		art VII) or entity in connection with pr viduals or entities (fundraisers) pursua			e	ne fui	ndraiser is to b	
compensated at le	0	()1						-
			(iii)	Did		(v)	Amount paid	
(i) Name and addres or entity (fund		(ii) Activity	have c	Did aiser ustody	(iv) Gross receipts from activity	tò (e	or retained by) fundraiser	(vi) Amount paid to (or retained by)
or entity (func			or cor contrib	utions?	nom activity		ted in col. (i)	organization
			Yes	No	-			
_								
Tatal								
		n is registered or licensed to solicit c	ontrib	utions	or has been notified	it is	exempt from re	l
or licensing.	5	5						0
	duation Act N	ing and the Instanctions for Eq. (00	000 -	7	Sek -		
	eduction ACt Noti	ce, see the Instructions for Form 9	ษบ or	990-F	Z. 3	scne	uule G (Form S	990 or 990-EZ) 2020

032081 11-25-20

Schedule G (Form 990 or 990-EZ) 2020 FRANKLIN COUNTY AREA UNITED WAY, INC. 43-1124878 Page 2

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-F7 lines 1 and 6h. List events with gross receipts greater than \$5,000

		of fundraising event contributions and group	1			s greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			GOLF	DUNKER		(add col. (a) through
			SCRAMBLE	AUCTION	4	col. (c))
e			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	38,456.	8,201.	6,550.	53,207.
	2	Less: Contributions				
_	3	Gross income (line 1 minus line 2)	38,456.	8,201.	6,550.	53,207.
	4	Cash prizes				
s	5	Noncash prizes	2,509.			2,509.
Direct Expenses	6	Rent/facility costs	5,822.			5,822.
irect E>	7	Food and beverages	2,599.			2,599.
	8	Entertainment				
	9	Other direct expenses		35.	975.	1,588.
	10	Direct expense summary. Add lines 4 through		· · ·	•	12,518
		Net income summary. Subtract line 10 from li				40,689
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c
Re	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	└── Yes % └── No	└── Yes % └── No	Yes % No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		►	
	8	Net gaming income summary. Subtract line 7	′ from line 1, column (d)		>	
		ter the state(s) in which the organization condu he organization licensed to conduct gaming a				Yes No
		No," explain:				
		ere any of the organization's gaming licenses re			ear?	Yes No
b	lf "`	Yes," explain:				
208	32 11	-25-20			Schedule G (Fo	rm 990 or 990-EZ) 202

Sch	edule G (Form 990 or 990-EZ) 2020 FRANKLIN COUNTY AREA UNITED WAY, INC. 43-1	124878	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	No
	Indicate the percentage of gaming activity conducted in:	1 1	
	The organization's facility	13a	%
	An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address 🕨		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	No No
h	If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount		
~	of gaming revenue retained by the third party \triangleright \$		
c	If "Yes," enter name and address of the third party:		
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation 🕨 💲		
	Description of services provided 🕨		
	Director/officer Employee Independent contractor		
47	Mandatan diatributiana		
	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to		
6	retain the state gaming license?	Yes	No No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
	organization's own exempt activities during the tax year > \$		
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Par	t III, lines 9, 9	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
0320	33 11-25-20 Schedule G (Forn	1 990 or 990	-EZ) 2020
_ = = = 0	33		, _020

Schedule G	(Form 990 or 990-EZ) Supplemental Info	FRANKLIN	COUNTY	AREA	UNITED	WAY,	INC.	43-1124878	Page 4
Part IV	Supplemental Info	ormation (continue	ed)						
							s	chedule G (Form 990 or	990-EZ)

032084 04-01-20

SCHEDULE I (Form 990)		arants and Oth vernments, an					OMB No. 1545-0047	
		ete if the organization					2020	
Department of the Treasury			Attach to Form				Open to Public	
Internal Revenue Service		Go to www.ir	s.gov/Form990 fo	r the latest inform	nation.		Inspection	
Name of the organization	COUNTY AR	EA UNITED W	AY INC.				Employer identification number 43-112487	
Part I General Information on Grants a			, inc.				45 112407	<u> </u>
1 Does the organization maintain records t criteria used to award the grants or assis								No
2 Describe in Part IV the organization's pro	ocedures for monit	oring the use of grant	funds in the United	l States.				
Part II Grants and Other Assistance to I	_				anization answered "Y	es" on Form 990, Par	t IV, line 21, for any	
recipient that received more than \$					(f) Method of			
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	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance	
ABILITY								
104 S. MCKINLEY, SUITE E	01 0520640	F01(0)(2)	0.075					
UNION, MO 63084	81-2532642	501(C)(3)	9,275.	0.			OPERATIONAL SUPPORT	
AGAPE HOUSE								
120 LAMAR PARKWAY								
PACIFIC, MO 63069	43-1741412	501(C)(3)	39,800.	0.			OPERATIONAL SUPPORT	
AGING AHEAD								
14535 MANCHESTER ROAD MANCHESTER, MO 63011	43-1001511		31,535.	0.			OPERATIONAL SUPPORT	
ARNCHESTER, MO 05011	45-1001511		51,555.	0.			OFERATIONAL SUFFORT	
ALIVE								
P.O. BOX 223								
UNION, MO 63084	43-1298527	501(C)(3)	22,900.	0.			OPERATIONAL SUPPORT	
AMERICAN RED CROSS								
10195 CORPORATE SQUARE	53 0406605							
ST. LOUIS, MO 63132	53-0196605	501(C)(3)	6,000.	0.			OPERATIONAL SUPPORT	
BOY SCOUTS OF AMERICA								
4568 W. PINE BLVD.								
ST. LOUIS, MO 63108	43-0652676	501(C)(3)	22,600.	0.			OPERATIONAL SUPPORT	
2 Enter total number of section 501(c)(3) a			,	1	1			5.
3 Enter total number of other organizations	•	5						2.
LHA For Paperwork Reduction Act Notice,							Schedule I (Form 990) 20	20

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

FRANKLIN COUNTY AREA UNITED WAY, INC.

Schedule I (Form 990) FRANKLIN	COUNTY AR	EA UNITED W.	AY, INC.			4	3-1124878 Page
Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	urt II.)	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 non-cash assistance	(h) Purpose of grant or assistance
CHILDRENS ADVOCACY CENTER							
14 SOUTH WASHINGTON							
	26 2000700	F(1/2)/2	12 600	Ο.			OPEDAMIONAL CUPDODM
UNION, MO 63084	36-2800788	501(C)(3)	13,600.	υ.			OPERATIONAL SUPPORT
CITY OF WASHINGTON SUMMER READING							
PROGRAM - 405 JEFFERSON STREET -							
WASHINGTON, MO 63090	43-6003962		5,000.	Ο.			OPERATIONAL SUPPORT
ASHINGTON, MO 03090	43-0003902		5,000.	υ.			GFERATIONAL SUFFORT
COMMUNITY OUTREACH							
17 E. 4TH STREET							
GERALD, MO 63037	80-0070249	501(C)(3)	22,000.	Ο.			OPERATIONAL SUPPORT
JERRID, MO 05057	00 0070245	501(0/(3)	22,000.	۰.			STERATIONAL SOTIORI
COMMUNITY RESPONSE FOR CHILDREN							
301 W. FRONT STREET							
WASHINGTON, MO 63090	43-1124878	501(C)(3)	12,000.	Ο.			OPERATIONAL SUPPORT
WASHINGTON, NO 05050	45 1124070	501(0/(5/	12,000.	0.			STERATIONAL SOFFORT
COMPASS HEALTH							
1032 CROSSWINDS CT							
WENTZVILLE, MO 63385	43-1160049	501(C)(3)	27,720.	Ο.			OPERATIONAL SUPPORT
EMPAC GROUP							
1600 W. MAIN STREET							
WASHINGTON, MO 63090	43-0897118	501(C)(3)	35,140.	0.			OPERATIONAL SUPPORT
			,	- •			
EXCEPTIONAL EQUESTRIANS							
P.O. BOX 1384							
WASHINGTON, MO 63090	43-1714547	501(C)(3)	43,800.	Ο.			OPERATIONAL SUPPORT
				••			
FOUR RIVERS YMCA							
400 GRAND AVENEU							
WASHINGTON, MO 63090	43-0653616	501(C)(3)	50,000.	Ο.			OPERATIONAL SUPPORT
······································				••			
FRANKLIN COUNTY 4-H							
116 W. MAIN							
UNION, MO 63084	43-1606330	501(C)(3)	9,500.	Ο.			OPERATIONAL SUPPORT

Schedule I (Form 990) FRANKLIN COUNTY AREA UNITED WAY, INC. Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

43-1124878 Page 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 non-cash assistance	(h) Purpose of grant or assistance
FRANKLIN COUNTY CASA							
301 E. STATE STREET							
UNION, MO 63084	20-4075961	501(C)(3)	14,900.	0.			OPERATIONAL SUPPORT
			,				
FRANKLIN COUNTY DENTAL NETWORK							
104 S. MCKINLEY, SUITE E							
UNION, MO 63084		501(C)(3)	30,000.	0.			OPERATIONAL SUPPORT
FRANKLIN COUNTY LEGAL SERVICES							
20 SOUTH CHURCH STREET, SUITE C	42 001 0005	F01 (a) (2)	10.000				
UNION, MO 63084	43-0816805	501(C)(3)	18,000.	0.			OPERATIONAL SUPPORT
GIRL SCOUTS							
2300 BALL DRIVE							
ST. LOUIS, MO 63146	43-0662471	501(C)(3)	12,500.	0.			OPERATIONAL SUPPORT
	10 00011/1		,	.			
GRACE'S PLACE							
302 S. LAFAYETTE STREET, P.O. BOX 1							
WASHINGTON, MO 63090	27-4576080	501(C)(3)	20,000.	0.			OPERATIONAL SUPPORT
HEARTLAND INDEPENDENT LIVING							
1010 HWY 28 WEST							
OWENSVILLE, MO 65066	43-1926913	501(C)(3)	13,700.	0.			OPERATIONAL SUPPORT
LOVING HEARTS							
1902 W. MAIN STREET							
WASHINGTON, MO 63090	43-1820641	501(C)(3)	92,000.	0.			OPERATIONAL SUPPORT
LUMBERAN EANTLY & OUTLODEN'S							
LUTHERAN FAMILY & CHILDREN'S							
SERVICES - 9666 OLIVE BLVD - ST.	12 0652650	F01(C)(2)	10 000	•			
LOUIS, MO 63132	43-0652650	DUT(C)(3)	10,000.	0.			OPERATIONAL SUPPORT
MEALS ON WHEELS							
2307 SOUTHBEND DRIVE							
WASHINGTON, MO 63090	43-6035372		12,470.	0.			OPERATIONAL SUPPORT

Schedule | (Form 990) FRANKLIN COUNTY AREA UNITED WAY, INC.

43-1124878 Page 1

Schedule I (Form 990) FRANKLIN	COUNTY AR	EA UNITED W.	AY, INC.			4	E3-1124878 Pag
Part II Continuation of Grants and Other A	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MERAMEC COMMUNITY MISSION							
P.O. BOX 1001							
SULLIVAN, MO 63080	43-1502784	501(C)(3)	25,600.	0.			OPERATIONAL SUPPORT
			,				
DATS							
247 INDEPENDENCE							
UNION, MO 63084	43-1016961	501(C)(3)	48,125.	0.			OPERATIONAL SUPPORT
PORTALS DBA BUDDIES NOT BULLIES							
202 W. 3RD STREET WASHINGTON, MO 63090	37-1505426	501(C)(3)	10,700.	٥.			OPERATIONAL SUPPORT
WASHINGTON, MO 05050	57 1505420	501(0)(5)	10,700.				OFERATIONAL SOFFORT
RAINBOW ACTIVITY CENTER							
219 NORTH CHRISTINA							
JNION, MO 63084	43-1294508	501(C)(3)	27,825.	0.			OPERATIONAL SUPPORT
SAINT LOUIS COUNSELING/CATHOLIC							
FAMILY CHARITIES - 102 E.							
SPRINGFIELD, SUITE 202 - UNION, MO							
63084	43-1338511	501(C)(3)	61,500.	0.			OPERATIONAL SUPPORT
ST PETER'S UCC FOOD PANTRY							
20 E. 5TH STREET, P.O. BOX 510	24 1007041	F01 (g) (2)	10.000				
VASHINGTON, MO 63090	34-1927041	501(C)(3)	10,000.	0.			OPERATIONAL SUPPORT
SULLIVAN EMERGENCY RELIEF							
379 E. EUCLID							
SULLIVAN, MO 63080	43-1267751	501(C)(3)	8,000.	0.			OPERATIONAL SUPPORT
			,				
ГЕМСО							
16950 RINNE ROAD							
MARTHASVILLE, MO 63357	43-0971971	501(C)(3)	13,600.	0.			OPERATIONAL SUPPORT
TRI-COUNTY SENIOR CITIZEN CENTER							
800 W UNION ST,							
PACIFIC, MO 63069	52-2187208	501(C)(3)	13,800.	0.			OPERATIONAL SUPPORT
	22 210,200		10,000.	••			Present Dorrow

FRANKLIN COUNTY AREA UNITED WAY, INC.

		EA UNITED W					3-1124878 Ра
Part II Continuation of Grants and Oth							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
URNING POINT							
.0. BOX 426							
ARRENTON, MO 63383	43-1667293	501(C)(3)	6,000.	0.			OPERATIONAL SUPPORT
ARRENTON, MO 65585	45-1007295	501(C)(3)	8,000.	0.			OPERATIONAL SUPPORT
NION FOOD PANTRY							
.0. BOX 101	45 4667007	F01/(a)/(2)	22.100	0			
NION, MO 63084	45-4667907	501(C)(3)	22,100.	0.			OPERATIONAL SUPPORT
ION OF							
OYCE							
3702 MANCHESTER ROAD			0.505				
T. LOUIS, MO 63144	43-1480438	501(C)(3)	9,585.	0.			OPERATIONAL SUPPORT
ASHINGTON EMERGENCY RELIEF							
P.O. BOX 510							
ASHINGTON, MO 63090	43-0747623	501(C)(3)	62,800.	0.			OPERATIONAL SUPPORT

Schedule I (Form 990) 2020 FRANKLIN COUNTY AREA UNITED WAY, INC.

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 non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

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

PART I, LINE 2:

EACH YEAR, EACH AGENCY IS REQUIRED TO SUBMIT A FINANCIAL STATEMENT AND

AUDIT (IF AVAILABLE). THEY MUST ALSO SUBMIT A BUDGET FOR THE COMING YEAR.

IN ADDITION, EACH AGENCY MUST SUBMIT PROGRAM GOAL RESULTS REPORTS ON THE

YEAR MOST RECENTLY COMPLETED. AGENCIES MUST ALSO SUBMIT THEIR PROGRAM GOAL

PROJECTIONS FOR THE COMING YEAR.

43-1124878

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information.



FRANKLIN COUNTY AREA UNITED WAY, INC. Employer identification number 43-1124878

FORM 990, PART VI, SECTION A, LINE 3:

THE UNITED WAY OF GREATER ST. LOUIS PROVIDES FUNDRAISING AND ACCOUNTING

SERVICES TO THE LOCAL OFFICE FOR A MANGEMENT FEE BASED ON COLLECTIONS OF

PLEDGES RECEIVABLE.

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

BEFORE THE 990 IS SUBMITTED TO THE INTERNAL REVENUE SERVICE, THE EXECUTIVE

DIRECTOR AND TREASURER REVIEW THE FORM FOR COMPLETENESS AND ACCURACY.

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

EACH EMPLOYEE MUST COMPLETE, SIGN, AND PROVIDE TO THE CHIEF OPERATING

OFFICER (COO)AND/OR SECRETARY OF THE UNITED WAY A CONFLICT OF INTEREST

DISCLOSURE STATEMENT UPON HIRING AND ON AN ANNUAL BASIS THEREAFTER.

EMPLOYEES MUST ALSO UPDATE HIS OR HER DISCLOSURE STATEMENT WHENEVER ANY

MATERIAL CHANGES OCCUR TO THE EMPLOYEE'S SITUATION.

EACH BOARD MEMBER MUST COMPLETE, SIGN, AND PROVIDE TO THE CHIEF OPERATING

OFFICER (COO) AND/OR SECRETARY OF THE UNITED WAY A CONFLICT OF INTERST

DISCLOSURE STATEMENT ON AN ANNUAL BASIS. EACH BOARD MEMBER MUST ALSO

UPDATE HIS OR HER DISCLOSURE STATEMENT WHENEVER ANY MATERIAL CHANGES OCCUR

TO THE PERSON'S SITUATION. THE BOARD MEMBER MUST ALSO ABSTAIN FROM VOTING

UPON ANY ALLOCATION TO THE AGENCY INVOLVED.

FORM 990, PART VI, SECTION C, LINE 19:

AUDITED FINANCIAL STATEMENTS ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE.

FORM 990,	PART XII,	LINE 2C	
LHA For Paperw	ork Reduction Act	Notice, see the Instructions for Form 990 or	990-EZ. Schedule O (Form 990 or 990-EZ) 2020
032211 11-20-20			
		41	

Schedule O (Form 990 or 990-EZ) 2020	Page 2
Name of the organization FRANKLIN COUNTY AREA UNITED WAY, INC.	Employer identification number 43-1124878
THE BOARD OF DIRECTORS AND EXECUTIVE DIRECTOR ASSUMES RESE	PONSIBILITY
FOR THE OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS	. THE BOARD
APPROVES THE SELECTION OF AN INDEPENDENT ACCOUNTANT. THERE	E HAVE BEEN NO
CHANGE IN THE OVERSITE PROCESS OR SELECTION PROCESS DURING	G THE TAX
YEAR.	
032212 11-20-20 Sch	edule O (Form 990 or 990-EZ) 2020

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