

Form **990**

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

OMB No. 1545-0047
2021
 Open to Public Inspection

Department of the Treasury
 Internal Revenue Service

A For the 2021 calendar year, or tax year beginning _____, and ending _____

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization **UNITED WAY OF GREATER LAFAYETTE AND TIPPECANOE COUNTY, INDIANA, INC.**
 Doing business as _____
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
1114 STATE STREET
 City or town, state or province, country, and ZIP or foreign postal code
LAFAYETTE IN 47905-1219

D Employer identification number
35-0891621

E Telephone number
765-742-9077

G Gross receipts \$ **8,787,216**

F Name and address of principal officer:
DAVID BATHE
1114 STATE STREET
LAFAYETTE IN 47905

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. See instructions

I Tax-exempt status: 501(c)(3) 501(c) () t (insert no.) 4947(a)(1) or 527

J Website: **WWW.UWLAFAYETTE.ORG**

K Form of organization: Corporation Trust Association Other **u**

L Year of formation: **1956** **M** State of legal domicile: **IN**

H(c) Group exemption number **u**

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	29
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	29
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	47
	6 Total number of volunteers (estimate if necessary)	6	625
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
7b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	7,104,446	7,460,411
	9 Program service revenue (Part VIII, line 2g)	8,631	11,183
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	115,918	500,098
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,514	11,207
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7,231,509	7,982,899
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	5,496,986
14 Benefits paid to or for members (Part IX, column (A), line 4)			0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		863,981	932,016
16a Professional fundraising fees (Part IX, column (A), line 11e)			0
b Total fundraising expenses (Part IX, column (D), line 25) u 511,052			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		510,142	571,104
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	6,871,109	6,833,183	
19 Revenue less expenses. Subtract line 18 from line 12	360,400	1,149,716	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	10,984,926	12,512,730
	21 Total liabilities (Part X, line 26)	3,565,877	3,730,825
	22 Net assets or fund balances. Subtract line 21 from line 20	7,419,049	8,781,905

Part II Signature Block

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

Sign Here

Signature of officer: **DAVID BATHE** Date: **CEO - 2022**

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: **KIMBERLEY R MORISETTE** Preparer's signature: **KIMBERLEY R MORISETTE** Date: **06/14/22** Check if self-employed PTIN: **P00337290**

Firm's name: **HUTH THOMPSON LLP** Firm's EIN: **35-2055043**

Firm's address: **PO BOX 970 LAFAYETTE, IN 47902-0970** Phone no.: **765-428-5000**

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

SEE SCHEDULE O

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

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

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ **3,987,176** including grants of\$ **3,987,176**) (Revenue \$)

UNITED WAY OF GREATER LAFAYETTE'S COMMUNITY INVESTMENTS SEEK TO ALIGN OUR RESOURCES WITH THE STRATEGIC GOALS OF OUR CRADLE TO CAREER COMMITMENT AND BASIC NEEDS SERVICES. COMMITTEES OF COMMITTED VOLUNTEERS VISIT AND REVIEW EACH OF OUR PARTNER ORGANIZATIONS TO ENSURE THAT DONATIONS ARE BEING USED IN THE MOST EFFECTIVE WAY. THE FOLLOWING FUNDING GUIDELINES HAVE BEEN ESTABLISHED BY THE BOARD OF DIRECTORS.

- 1.) DOES THE PROGRAM ALIGN WITH STRATEGIC GOALS?
- 2.) DOES THE PROGRAM PROVIDE MEASURABLE OUTCOMES?
- 3.) DOES THE PROGRAM COLLABORATE WITH OTHER ORGANIZATIONS?
- 4.) DOES THE PROGRAM AVOID DUPLICATION OF SERVICES?
- 5.) IS THE AGENCY FINANCIALLY SOUND AND MAINTAINING APPROPRIATE CONTROLS?

4b (Code:) (Expenses \$ **22,350** including grants of\$) (Revenue \$)

THE UNITED WAY OF GREATER LAFAYETTE PROVIDES A VOLUNTEER CENTER PROGRAM THAT SEEKS TO BUILD AND STRENGTHEN OUR COMMUNITY BY PROMOTING AND DEVELOPING VOLUNTEERISM THROUGH AWARENESS AMONG AREA RESIDENTS OF SOCIAL NEEDS IN THE GREATER LAFAYETTE COMMUNITY. THE VOLUNTEER CENTER PROMOTES THE RECRUITMENT OF VOLUNTEERS TO WORK WITH SOCIAL SERVICE AGENCIES TO DEVELOP AND MAINTAIN QUALITY PROGRAMS. OUR GOAL IS TO PULL ALL AVAILABLE RESOURCES TOGETHER FOR THE GREATER GOOD OF OUR COMMUNITY.

4c (Code:) (Expenses \$ **110,291** including grants of\$) (Revenue \$)

THE LABOR LIAISON PROVIDES A CONNECTION POINT FOR UNITED WAY OF GREATER LAFAYETTE AND UNION MEMBERS ACROSS THE VARIOUS INDUSTRIES IN TIPPECANOE COUNTY. UNITED WAY SUPPORTS THE PEER UNION COUNSELING PROGRAM, WHICH TRAINS INDIVIDUALS AND UNION MEMBERS ABOUT AVAILABLE RESOURCES IN THE COMMUNITY TO HELP THEM BE A RESOURCE FOR OTHER EMPLOYEES AND RESIDENCE OF THE COMMUNITY WHO ARE IN NEED OF SERVICES.

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

(Expenses \$ **1,840,299** including grants of\$) (Revenue \$ **11,183**)

4e Total program service expenses **u 5,960,116**

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	X	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I. See instructions</i>		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

Part IV Checklist of Required Schedules (continued)

		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? <i>If "Yes," complete Schedule I, Parts I and III</i>		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? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		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? <i>If "Yes," complete Schedule R, Part I</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	47		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	2b		X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a			X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			X
b	If "Yes," enter the name of the foreign country u See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	Organizations that may receive deductible contributions under section 170(c).				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a			X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			X
10	Section 501(c)(7) organizations. Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15			X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16			X
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17			

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a 29		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 29		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.		X

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **u IN**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **u**

MICHAEL K. BUDD
LAFAYETTE

1114 STATE STREET

IN 47905

765-742-9077

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MICHAEL K. BUDD CEO - LEFT 1/3/22	40.00 0.00			X				127,407	0	49,456
(2) KATHY BRINKER DIRECTOR	0.50 0.00	X						0	0	0
(3) WENDY CUMMINS DIRECTOR	0.50 0.00	X						0	0	0
(4) ABIGAIL DIENER DIRECTOR	0.50 0.00	X						0	0	0
(5) LAURA DOWNEY PRESIDENT	0.50 0.00	X		X				0	0	0
(6) HEATHER FRANCIS DIRECTOR	0.50 0.00	X						0	0	0
(7) JOHN GATES DIRECTOR	0.50 0.00	X						0	0	0
(8) BOB HAGEN 2ND VICE PRESIDENT	0.50 0.00	X		X				0	0	0
(9) JOE HOWARTH DIRECTOR	0.50 0.00	X						0	0	0
(10) JIM JOHNSON DIRECTOR	0.50 0.00	X						0	0	0
(11) KEVIN LETCHER DIRECTOR	0.50 0.00	X						0	0	0

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

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) ABBY MACARI	0.50									
DIRECTOR	0.00	X						0	0	0
(13) SARAH MAY	0.50									
DIRECTOR	0.00	X						0	0	0
(14) JASON MCMANUS	0.50									
DIRECTOR	0.00	X						0	0	0
(15) JAMES MELVIN	0.50									
DIRECTOR	0.00	X						0	0	0
(16) JESSE MOORE	0.50									
DIRECTOR	0.00	X						0	0	0
(17) TOM MURTAUGH	0.50									
DIRECTOR	0.00	X						0	0	0
(18) JEFF NEWELL	0.50									
DIRECTOR	0.00	X						0	0	0
(19) SAM NEWTON	0.50									
DIRECTOR	0.00	X						0	0	0
1b Subtotal								127,407		49,456
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								127,407		49,456

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **u1**

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

Section B. Independent Contractors

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

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

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

0

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a 4,730,761					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f 2,729,650					
	g Noncash contributions included in lines 1a-1f	1g \$ 1,703,239					
	h Total. Add lines 1a-1f	u	7,460,411				
Program Service Revenue	2a ADMINISTRATIVE FEES	Business Code 541610	5,983	5,983			
	b WORKSHOP INCOME	611430	5,200	5,200			
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f	u	11,183				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	u	195,331			195,331	
	4 Income from investment of tax-exempt bond proceeds	u					
	5 Royalties	u					
	6a Gross rents	(i) Real					
		(ii) Personal					
		6a					
	b Less: rental expenses	6b					
	c Rental inc. or (loss)	6c					
	d Net rental income or (loss)	u					
	7a Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other					
		7a 1,109,084					
	b Less: cost or other basis and sales exps.	7b 803,901	416				
	c Gain or (loss)	7c 305,183	-416				
d Net gain or (loss)	u	304,767			304,767		
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a 3,072						
	8b						
c Net income or (loss) from fundraising events	u	3,072			3,072		
9a Gross income from gaming activities. See Part IV, line 19	9a						
	9b						
c Net income or (loss) from gaming activities	u						
10a Gross sales of inventory, less returns and allowances	10a						
	b Less: cost of goods sold	10b					
	c Net income or (loss) from sales of inventory	u					
Miscellaneous Revenue	11a MISCELLANEOUS INCOME	Business Code 900099	8,135			8,135	
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d	u	8,135				
12 Total revenue. See instructions	u	7,982,899	11,183	0	511,305		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	5,330,063	5,330,063		
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	176,863	70,273	47,028	59,562
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	609,040	270,747	149,257	189,036
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	27,545	12,395	8,264	6,886
9 Other employee benefits	66,269	34,460	10,603	21,206
10 Payroll taxes	52,299	22,710	13,191	16,398
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	29,059	11,053	7,735	10,271
d Lobbying				
e Professional fundraising services. See Part IV, line 7				
f Investment management fees	24,887		24,887	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion				
13 Office expenses	23,726	5,571	4,375	13,780
14 Information technology	31,553	11,890	6,375	13,288
15 Royalties				
16 Occupancy	73,622	30,467	15,254	27,901
17 Travel	2,064	441	598	1,025
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	6,850	1,368	1,622	3,860
20 Interest				
21 Payments to affiliates	106,052	41,891	22,461	41,700
22 Depreciation, depletion, and amortization	38,158	15,073	8,080	15,005
23 Insurance	7,953	3,149	1,860	2,944
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a GRANT EXPENSE	78,179	39,193	11,543	27,443
b CAMPAIGN & PUBLIC RELATIO	37,497	753	25	36,719
c PROGRAM EXPENSE	36,362	36,362		
d ENDOWMENT FEE	26,139		26,139	
e All other expenses	49,003	22,257	2,718	24,028
25 Total functional expenses. Add lines 1 through 24e	6,833,183	5,960,116	362,015	511,052
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	1,245,876	1	908,975
	2 Savings and temporary cash investments	1,291,583	2	1,836,632
	3 Pledges and grants receivable, net	3,156,499	3	2,955,692
	4 Accounts receivable, net	39,543	4	42,517
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	15,792	9	23,401
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 863,029		
	b Less: accumulated depreciation	10b 279,967	612,852	10c 583,062
	11 Investments—publicly traded securities	3,289,120	11	3,614,675
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	1,333,661	15	2,547,776
16 Total assets. Add lines 1 through 15 (must equal line 33)	10,984,926	16	12,512,730	
Liabilities	17 Accounts payable and accrued expenses	135,227	17	132,327
	18 Grants payable	3,430,650	18	3,598,498
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	3,565,877	26	3,730,825
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	2,712,585	27	3,095,825
	28 Net assets with donor restrictions	4,706,464	28	5,686,080
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	7,419,049	32	8,781,905	
33 Total liabilities and net assets/fund balances	10,984,926	33	12,512,730	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	7,982,899
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,833,183
3	Revenue less expenses. Subtract line 2 from line 1	3	1,149,716
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	7,419,049
5	Net unrealized gains (losses) on investments	5	213,828
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-688
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	8,781,905

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

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

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(20) PATRICK NYCZ	0.50									
DIRECTOR	0.00	X						0	0	0
(21) KEVIN PAGE	0.50									
DIRECTOR	0.00	X						0	0	0
(22) DAN RHODES	0.50									
DIRECTOR	0.00	X						0	0	0
(23) EVELYN ROYER	0.50									
DIRECTOR	0.00	X						0	0	0
(24) HEATHER SHIRK	0.50									
DIRECTOR	0.00	X						0	0	0
(25) THOMAS SORS	0.50									
DIRECTOR	0.00	X						0	0	0
(26) DEBRA SPESARD	0.50									
1ST VICE PRESIDENT	0.00	X		X				0	0	0
(27) TERRY STEVICK	0.50									
TREASURER	0.00	X		X				0	0	0
1b Subtotal							u			
c Total from continuation sheets to Part VII, Section A							u			
d Total (add lines 1b and 1c)							u			

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

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(28) ROBERT TOVAR	0.50									
DIRECTOR	0.00	X					0	0	0	
(29) SCOTT WALKER	0.50									
DIRECTOR	0.00	X					0	0	0	
(30) BEANN YOUNKER	0.50									
DIRECTOR	0.00	X					0	0	0	
(31) JEFF ZEH	0.50									
DIRECTOR	0.00	X					0	0	0	
(32) DAVID BATHE	40.00									
CEO - 2022	0.00			X			0	0	0	
Client Copy										
1b Subtotal										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

Section B. Independent Contractors

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

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

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

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

u Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization **UNITED WAY OF GREATER LAFAYETTE AND TIPPECANOE COUNTY, INDIANA, INC.** Employer identification number **35-0891621**

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) u	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	5,247,450	5,866,433	5,267,164	7,104,446	7,460,411	30,945,904
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	5,247,450	5,866,433	5,267,164	7,104,446	7,460,411	30,945,904
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)						1,111,223
6 Public support. Subtract line 5 from line 4.						29,834,681

Section B. Total Support

Calendar year (or fiscal year beginning in) u	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	5,247,450	5,866,433	5,267,164	7,104,446	7,460,411	30,945,904
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	142,864	149,630	149,270	113,096	195,331	750,191
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)			302	2,514	11,207	14,023
11 Total support. Add lines 7 through 10						31,710,118
12 Gross receipts from related activities, etc. (see instructions)					12	77,735
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f) divided by line 11, column (f))	14	94.09 %
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	93.60 %
16a 33 1/3% support test—2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33 1/3% support test—2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10%-facts-and-circumstances test—2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10%-facts-and-circumstances test—2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) u	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) u	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests—2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section 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? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove 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.</i>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
1		
2		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b Did the activities described on 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? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
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? <i>If "Yes" or "No," provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
2a		
2b		
3a		
3b		

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

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

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	
Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D – Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2021 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

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

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

PART II, LINE 10 - OTHER INCOME DETAIL

MISCELLANEOUS \$ 2,816

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**Schedule B
(Form 990)**

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

u Attach to Form 990 or Form 990-PF.
u Go to *www.irs.gov/Form990* for the latest information.

OMB No. 1545-0047

2021

Name of the organization UNITED WAY OF GREATER LAFAYETTE AND TIPPECANOE COUNTY, INDIANA, INC.	Employer identification number 35-0891621
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Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

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

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

Schedule B (Form 990) (2021)

Name of organization

Employer identification number

UNITED WAY OF GREATER LAFAYETTE AND

35-0891621

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	INDIANA ASSOCIATION OF UNITED WAYS 2955 N. MERIDIAN STREET SUITE 200 INDIANAPOLIS IN 46208	\$ 1,045,370	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	CATERPILLAR INC. 3701 STATE ROAD 26 EAST LAFAYETTE IN 47905	\$ 333,198	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization: UNITED WAY OF GREATER LAFAYETTE AND TIPPECANOE COUNTY, INDIANA, INC.
Employer identification number: 35-0891621

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

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include Total number at end of year, Aggregate value of contributions to (during year), Aggregate value of grants from (during year), Aggregate value at end of year, and questions about donor advised funds.

Part II Conservation Easements.

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

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include Purpose(s) of conservation easements, Total number of conservation easements, Total acreage restricted by conservation easements, Number of conservation easements on a certified historic structure, Number of conservation easements included in (c) acquired after 7/25/06, Number of conservation easements modified, transferred, released, extinguished, or terminated, Number of states where property subject to conservation easement is located, Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

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

Part IV Escrow and Custodial Arrangements.

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

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

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	18,663	16,734	14,555	15,562	13,513
b Contributions					
c Net investment earnings, gains, and losses	1,698	2,024	2,256	-911	2,144
d Grants or scholarships					
e Other expenditures for facilities and programs		-95	-77	-96	-95
f Administrative expenses					
g End of year balance	20,361	18,663	16,734	14,555	15,562

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment **u**
 - b** Permanent endowment **u** **21.00** %
 - c** Term endowment **u** **79.00** %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|-----|----------|
| (i) Unrelated organizations | | X |
| (ii) Related organizations | | X |
- b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? Yes No
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		634,338	94,637	539,701
c Leasehold improvements				
d Equipment		228,691	185,330	43,361
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)			u	583,062

Part VII Investments – Other Securities.

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

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

Part VIII Investments – Program Related.

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

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

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Part IX Other Assets.

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

(a) Description	(b) Book value
(1) DESIGNATED ENDOWMENT	1,517,649
(2) MCCF AGENCY ENDOWMENT	1,030,127
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ... u	2,547,776

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ... u	

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	7,292,704
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	213,828	
b	Donated services and use of facilities	2b	58,223	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	-104	
e	Add lines 2a through 2d		2e	271,947
3	Subtract line 2e from line 1		3	7,020,757
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	24,887	
b	Other (Describe in Part XIII.)	4b	937,255	
c	Add lines 4a and 4b		4c	962,142
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	7,982,899

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

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

1	Total expenses and losses per audited financial statements		1	5,929,848
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	58,223	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	583	
e	Add lines 2a through 2d		2e	58,806
3	Subtract line 2e from line 1		3	5,871,042
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	24,887	
b	Other (Describe in Part XIII.)	4b	937,254	
c	Add lines 4a and 4b		4c	962,141
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	6,833,183

Part XIII Supplemental Information.

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

PART V, LINE 4 - INTENDED USES FOR ENDOWMENT FUNDS

DURING 1983, 1984 AND 1985, THE ORGANIZATION RECEIVED CONTRIBUTIONS FOR THE ESTABLISHMENT OF THE ALBERT J BONNER, JR COMMUNITY SERVICE AWARD. AS REQUESTED BY THE DONOR, THE PRINCIPAL (\$4,250) OF THIS RESTRICTED GIFT IS PERMANENTLY INVESTED BY THE ORGANIZATION AND THE INCOME IS USED FOR SPECIAL PROJECTS AS NEEDED.

PART XI, LINE 2D - REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER

BOOK TO TAX DIFF DISPOSAL \$ -104

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

OUT OF COUNTY DESIGNATIONS \$ 350,525

Part XIII Supplemental Information *(continued)*

DESIGNATED PLEDGES	\$	586,731
ROUNDING	\$	-1
PART XII, LINE 2D - EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER		
BOOK / TAX DEPRECIATION DIFFERENCE	\$	583
PART XII, LINE 4B - EXPENSE AMOUNTS INCLUDED ON RETURN - OTHER		
OUT OF COUNTY PLEDGES	\$	350,525
DESIGNATED PLEDGES ⁶	\$	586,731
ROUNDING	\$	-2

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**SCHEDULE I
(Form 990)**

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Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
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OMB No. 1545-0047
2021
**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization **UNITED WAY OF GREATER LAFAYETTE AND
TIPPECANOE COUNTY, INDIANA, INC.** Employer identification number
35-0891621

Part I General Information on Grants and Assistance

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	RIGHT STEPS CHILD DEVELOPMENT 31 N. 7TH STREET, SUITE B LAFAYETTE IN 47901	35-1386694	3	500,000				ALLOCATIONS
(2)	BAUER FAMILY RESOURCES P.O. BOX 1186 LAFAYETTE IN 47902	35-1165883	3	347,000				ALLOCATIONS
(3)	LTHC HOMELESS SERVICES 815 N. 12TH STREET LAFAYETTE IN 47904	35-1781229	3	312,626				ALLOCATIONS
(4)	WILLOWSTONE FAMILY SERVICES, INC. 615 N. 18TH STREET, #201 LAFAYETTE IN 47904	35-1099083	3	282,560				ALLOCATIONS
(5)	MULTIPLE GRANTS <\$5,000		3	253,323				VARIOUS
(6)	LYN TREECE BOYS & GIRLS CLUB 1529 N. 10TH STREET LAFAYETTE IN 47904	35-1262269	3	223,250				ALLOCATIONS
(7)	MENTAL HEALTH ASSOCIATION P. O. BOX 1626 LAFAYETTE IN 47902	38-3653969	3	206,055				ALLOCATIONS
(8)	WABASH CENTER P.O. BOX 6449 LAFAYETTE IN 47903	35-1115916	3	202,032				ALLOCATIONS
(9)	TIPPECANOE SENIOR CENTER 2000 ELMWOOD AVENUE LAFAYETTE IN 47904	35-1300844	3	186,035				ALLOCATIONS

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table u **107**

3 Enter total number of other organizations listed in the line 1 table u **0**

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(1)	YWCA 605 N. 6TH STREET LAFAYETTE IN 47901	35-0868224	3	153,473				ALLOCATIONS
(2)	FOOD FINDERS FOOD BANK 1204 GREENBUSH STREET LAFAYETTE IN 47904	31-1020198	3	112,226				ALLOCATIONS
(3)	CATERPILLAR FOUNDATION 100 NE ADAMS STREET PEORIA IL 61629	37-6022314	3	108,056				OUT OF COUNTY
(4)	AMERICAN RED CROSS 2750 N. 9TH STREET LAFAYETTE IN 47904	53-0196605	3	101,250				ALLOCATIONS
(5)	MENTAL HEALTH AMERICA P. O. BOX 1626 LAFAYETTE IN 47902	38-3653969	3	100,000				COVID
(6)	BIG BROTHERS BIG SISTERS 2000 ELMWOOD AVENUE, SUITE J LAFAYETTE IN 47904	35-1157567	3	90,630				ALLOCATIONS
(7)	LAFAYETTE FAMILY YMCA 3001 S. CREASY LANE LAFAYETTE IN 47905	35-0868213	3	76,523				ALLOCATIONS
(8)	LTHC HOMELESS SERVICES 815 N. 12TH STREET LAFAYETTE IN 47904	35-1781229	3	73,102				COVID
(9)	RIGGS COMMUNITY HEALTH CENTER 1716 HARTFORD STREET LAFAYETTE IN 47904	35-1965865	3	70,000				ALLOCATIONS

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Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
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1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	HANNA COMMUNITY CENTER 2000 ELMWOOD AVENUE, SUITE A LAFAYETTE IN 47904	31-1024517	3	64,125				ALLOCATIONS
(2)	LAFAYETTE FAMILY YMCA 3001 S. CREASY LANE LAFAYETTE IN 47905	35-0868213	3	62,389				COVID
(3)	LAFAYETTE ADULT RESOURCE ACADEMY 1100 ELIZABETH STREET, STE 3 LAFAYETTE IN 47904	35-6002525	3	62,370				ALLOCATIONS
(4)	MONTGOMERY CO. YOUTH SERVICE BUREAU 808 W. PIKE STREET CRAWFORDSVILLE IN 47933	35-1272759	3	53,000				ALLOCATIONS
(5)	BOY SCOUTS OF SAGAMORE COUNCIL P.O. BOX 865 KOKOMO IN 46903	35-0867972	3	51,030				ALLOCATIONS
(6)	MONTGOMERY CO. FAMILY CRISIS SHELTER P.O. BOX 254 CRAWFORDSVILLE IN 47933	35-1462856	3	51,000				ALLOCATIONS
(7)	UNIVERSITY OF CINCINNATI FOUNDATION UNIVERSITY HALL, 51 GOODMAN STREET CINCINNATI OH 45221	31-0896555	3	50,000				PHILANTHROPIC
(8)	HOMESTEADCS 671 N. 36TH STREET LAFAYETTE IN 47905	31-1057335	3	50,000				COVID
(9)	LEGAL AID CORPORATION 300 MAIN STREET, SUITE 101 LAFAYETTE IN 47901	35-1187794	3	50,000				COVID

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

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

Schedule I (Form 990) (2021)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
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OMB No. 1545-0047

2021

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- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	WABASH CENTER P.O. BOX 6449 LAFAYETTE IN 47903	35-1115916	3	50,000				COVID
(2)	LEGAL AID CORPORATION 300 MAIN STREET, SUITE 101 LAFAYETTE IN 47901	35-1187794	3	49,815				ALLOCATIONS
(3)	MONTGOMERY CO. BOYS & GIRLS CLUB 1001 N. WHITLOCK AVENUE CRAWFORDSVILLE IN 47933	35-6007302	3	48,000				ALLOCATIONS
(4)	LTHC HOMELESS SERVICES 815 N. 12TH STREET LAFAYETTE IN 47904	35-1781229	3	47,000				COVID
(5)	LAFAYETTE URBAN MINISTRY 420 N. 4TH STREET LAFAYETTE IN 47901	35-1182938	3	43,487				COVID
(6)	HOMESTEAD CS 671 NORTH 36TH STREET LAFAYETTE IN 47905	31-1057335	3	40,000				ALLOCATIONS
(7)	WE BLOOM (LAUNCH INDY) 525 SOUTH MERIDIAN STREET, SUITE INDIANAPOLIS IN 46225	82-2859964	3	40,000				COVID
(8)	GIRL SCOUTS OF SYCAMORE COUNCIL 615 N. 18TH STREET #203 LAFAYETTE IN 47904	35-0876381	3	36,000				ALLOCATIONS
(9)	BAUER FAMILY RESOURCES P.O. BOX 1186 LAFAYETTE IN 47902	35-1165883	3	36,000				COVID

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Schedule I (Form 990) (2021)

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1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	FOOD FINDERS FOOD BANK 1204 GREENBUSH STREET LAFAYETTE IN 47904	31-1020198	3	36,000				COVID
(2)	RILEY CHILDREN'S FOUNDATION 30 S. MERIDIAN STREET, SUITE 200 INDIANAPOLIS IN 46204	35-0868147	3	32,291				OUT OF COUNTY
(3)	SALVATION ARMY 1110 UNION STREET LAFAYETTE IN 47904	36-2167910	3	31,815				ALLOCATIONS
(4)	FOOD FINDERS FOOD BANK 1204 GREENBUSH STREET LAFAYETTE IN 47904	31-1020198	3	30,000				COVID
(5)	FOOD FINDERS FOOD BANK 1204 GREENBUSH STREET LAFAYETTE IN 47904	31-1020198	3	30,000				COVID
(6)	MONTGOMERY CO. YOUTH SERVICE BUREAU 808 W. PIKE STREET CRAWFORDSVILLE IN 47933	35-1272759	3	30,000				COVID
(7)	FAMILY PROMISE P.O. BOX 825 LAFAYETTE IN 47902	26-0827155	3	27,720				ALLOCATIONS
(8)	HOMESTEAD CS 671 NORTH 36TH STREET LAFAYETTE IN 47905	31-1057335	3	25,000				COVID
(9)	LAFAYETTE URBAN MINISTRY 420 N. 4TH STREET LAFAYETTE IN 47901	35-1182938	3	25,000				COVID

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **u**
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1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	SALVATION ARMY 1110 UNION STREET LAFAYETTE IN 47904	36-2167910	3	25,000				COVID
(2)	JOYFUL JOURNEY ADULT DAY CARE 600 LINDBERG ROAD WEST LAFAYETTE IN 47906	46-3599080	3	25,000				COVID
(3)	HOPE SPRINGS SAFE HOUSE 500 S. PERRY STREET ATTICA IN 47918	46-5567730	3	23,500				COVID
(4)	CAP INC. OF WESTERN INDIANA P.O. BOX 188 COVINGTON IN 47932	31-0971746	3	23,004				COVID
(5)	YWCA GREATER LAFAYETTE 605 N. 6TH STREET LAFAYETTE IN 47901	35-0868224	3	21,000				COVID
(6)	THE ARC OF TIPPECANOE COUNTY P.O. BOX 1222 LAFAYETTE IN 47902	35-1104089	3	20,160				ALLOCATIONS
(7)	COMMUNITY FOUNDATION OF GREATER LAF 300 MAIN STREET, SUITE 100 LAFAYETTE IN 47901	23-7147996	3	20,000				PHILANTHROPIC
(8)	CAP INC. OF WESTERN INDIANA P.O. BOX 188 COVINGTON IN 47932	31-0971746	3	20,000				COVID
(9)	MONTGOMERY CO. FAMILY CRISIS SHELTER P.O. BOX 254 CRAWFORDSVILLE IN 47933	35-1462856	3	20,000				COVID

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **u**
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(1)	NAMI/NAMI CAF 1508 TIPPECANOE STREET LAFAYETTE IN 47904	35-1707937	3	18,000				ALLOCATIONS
(2)	CENTRAL PRESBYTERIAN CHURCH 31 N. 7TH STREET LAFAYETTE IN 47901	35-6021275	3	17,584				PHILANTHROPIC
(3)	PAM'S PROMISE P.O. BOX 405 CRAWFORDSVILLE IN 47933	32-0281982	3	17,500				ALLOCATIONS
(4)	SUNSHINE VANS 922 E. SOUTH BLVD CRAWFORDSVILLE IN 47933	35-6000994	3	17,500				ALLOCATIONS
(5)	DENISON UNIVERSITY 150 RIDGE ROAD GRANVILLE OH 43023	31-4379459	3	17,500				PHILANTHROPIC
(6)	LTHC HOMELESS SERVICES 815 N. 12TH STREET LAFAYETTE IN 47904	35-1781229	3	17,000				PHILANTHROPIC
(7)	LIGHTHOUSE RECOVERY HOME 2525 KOSSUTH STREET LAFAYETTE IN 47904	87-0794234	3	16,500				COVID
(8)	HAND IN HAND CREATIVE LEARNING 211 S. WALNUT STREET CRAWFORDSVILLE IN 47933	84-4179661	3	16,000				ALLOCATIONS
(9)	LIFE HAS NO BOUNDARIES 2533 S. 9TH STREET LAFAYETTE IN 47909	61-1877112	3	15,800				COVID

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

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization **UNITED WAY OF GREATER LAFAYETTE AND
TIPPECANOE COUNTY, INDIANA, INC.** Employer identification number
35-0891621

Part I General Information on Grants and Assistance

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	ON MY WAY PRE-K - FSSA 402 W. WASHINGTON ST., ROOM W362 INDIANAPOLIS IN 46204	35-6000158	3	15,000				ALLOCATIONS
(2)	BAUER FAMILY RESOURCES P.O. BOX 1186 LAFAYETTE IN 47902	35-1165883	3	15,000				COVID
(3)	STEAM ACADEMY 2850 OLD US 231 LAFAYETTE IN 47909	35-1275741	3	15,000				COVID
(4)	MONTGOMERY CO. BOYS & GIRLS CLUB 1001 N. WHITLOCK AVENUE CRAWFORDSVILLE IN 47933	35-6007302	3	15,000				COVID
(5)	MONTGOMERY CO. SALVATION ARMY P.O. BOX 190 CRAWFORDSVILLE IN 47933	36-2167910	3	15,000				COVID
(6)	CRAWFORDSVILLE ADULT RESOURCE ACADEMY 1501 SOUTH ELM STREET CRAWFORDSVILLE IN 47933	35-1097895	3	14,000				ALLOCATIONS
(7)	WILLSON FAMILY LITERACY 500 E. JEFFERSON STREET CRAWFORDSVILLE IN 47933	35-1097895	3	13,600				ALLOCATIONS
(8)	BAUER/SCHOOL COURT P.O. BOX 1186 LAFAYETTE IN 47902	35-1165883	3	13,500				ALLOCATIONS
(9)	FAMILY PROMISE P.O. BOX 825 LAFAYETTE IN 47902	26-0827155	3	13,000				COVID

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

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

Schedule I (Form 990) (2021)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization **UNITED WAY OF GREATER LAFAYETTE AND
TIPPECANOE COUNTY, INDIANA, INC.** Employer identification number
35-0891621

Part I General Information on Grants and Assistance

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	CAMP TECUMSEH YMCA 12635 W. TECUMSEH BEND ROAD BROOKSTON IN 47923	23-7331099	3	12,500				PHILANTHROPIC
(2)	HANNA COMMUNITY CENTER 2000 ELMWOOD AVENUE, SUITE A LAFAYETTE IN 47904	31-1024517	3	12,000				PRICE GRANTS
(3)	RECOVERY COALITION 1300 LADOGA ROAD CRAWFORDSVILLE IN 47933	82-3020260	3	11,892				ALLOCATIONS
(4)	YWCA 605 N. 6TH STREET LAFAYETTE IN 47901	35-0868224	3	11,718				DESIGNATIONS OVER AL
(5)	FOOD FINDERS FOOD BANK 1204 GREENBUSH STREET LAFAYETTE IN 47904	31-1020198	3	11,718				DESIGNATIONS OVER AL
(6)	WESTERN INDIANA COMMUNITY FOUNDATIO 135 S. STRINGTOWN ROAD COVINGTON IN 47932	35-1814927	3	11,561				COVID
(7)	SALVATION ARMY 1110 UNION STREET LAFAYETTE IN 47904	36-2167910	3	11,345				COVID
(8)	SALVATION ARMY 1110 UNION STREET LAFAYETTE IN 47904	36-2167910	3	10,718				DESIGNATIONS OVER AL
(9)	HEARTFORD HOUSE CHILD ADVOCACY CENT 703 NORTH 36TH STREET LAFAYETTE IN 47905	27-4451686	3	10,061				ALLOCATIONS

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

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

Schedule I (Form 990) (2021)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization **UNITED WAY OF GREATER LAFAYETTE AND
TIPPECANOE COUNTY, INDIANA, INC.** Employer identification number
35-0891621

Part I General Information on Grants and Assistance

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	JOYFUL JOURNEY ADULT DAY CARE 600 LINDBERG ROAD WEST LAFAYETTE IN 47906	46-3599080	3	10,000				COVID
(2)	TIPPECANOE COUNTY COUNCIL ON AGING, 2000 ELMWOOD AVENUE LAFAYETTE IN 47904	35-1300844	3	10,000				COVID
(3)	6TH ALARM PEER SUPPORT P.O. BOX 2001 WEST LAFAYETTE IN 47996	82-1876456	3	10,000				COVID
(4)	CARROLL CO. COUNCIL ON AGING & FAM 311 N. WASHINGTON STREET DELPHI IN 46923	35-1339153	3	10,000				COVID
(5)	MATCHBOX 17 S. 6TH STREET, SUITE X LAFAYETTE IN 47901	35-1091386	3	10,000				PRICE GRANTS
(6)	JA/BIZ TOWN & FINANCE PARK 3101 S. CREASY LANE LAFAYETTE IN 47905	35-0922731	3	9,000				ALLOCATIONS
(7)	TRINITY LIFE MINISTRY 2150 ELMWOOD AVENUE LAFAYETTE IN 47904	35-1980930	3	9,000				ALLOCATIONS
(8)	FOOD FINDERS FOOD BANK 1204 GREENBUSH STREET LAFAYETTE IN 47904	31-1020198	3	9,000				COVID
(9)	NEW BEGINNINGS CHILD CARE 1601 E. COLLEGE STREET CRAWFORDSVILLE IN 47933	86-2521020	3	8,750				ALLOCATIONS

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

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

Schedule I (Form 990) (2021)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047
2021
**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization **UNITED WAY OF GREATER LAFAYETTE AND
TIPPECANOE COUNTY, INDIANA, INC.** Employer identification number
35-0891621

Part I General Information on Grants and Assistance

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	TIPPECANOE ARTS FEDERATION 638 NORTH STREET LAFAYETTE IN 47901	31-0942566	3	8,500				PHILANTHROPIC
(2)	BBBS/BIGS IN BLUE 2000 ELMWOOD AVENUE, SUITE J LAFAYETTE IN 47904	35-1157567	3	8,000				ALLOCATIONS
(3)	FUZZY BEAR PRESCHOOL 300 NORTH WASHINGTON STREET LADOGA IN 47954	81-4659507	3	8,000				ALLOCATIONS
(4)	CAP INC. OF WESTERN INDIANA P.O. BOX 188 COVINGTON IN 47932	31-0971746	3	7,500				COVID
(5)	FUZZY BEAR PRESCHOOL 300 NORTH WASHINGTON STREET LADOGA IN 47954	81-4659507	3	7,500				COVID
(6)	EVANGELICAL COVENANT CHURCH 3600 S. 9TH STREET LAFAYETTE IN 47909	35-6023391	3	7,200				PRICE GRANTS
(7)	JUNIOR ACHIEVEMENT 3101 S. CREASY LANE LAFAYETTE IN 47905	35-0922731	3	7,155				COVID
(8)	BLACKFORD COUNTY ANIMAL SHELTER 2525 N. 200 E. HARTFORD CITY IN 47348	35-1712186	3	7,088				OUT OF COUNTY
(9)	FIRST UNITED METHODIST CHURCH 212 E. WABASH AVENUE CRAWFORDSVILLE IN 47933	35-0877557	3	7,000				COVID

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

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047
2021
**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization **UNITED WAY OF GREATER LAFAYETTE AND
TIPPECANOE COUNTY, INDIANA, INC.** Employer identification number
35-0891621

Part I General Information on Grants and Assistance

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	UNITED WAY OF GREATER LAFAYETTE 1114 E. STATE STREET LAFAYETTE IN 47905	35-0891621	3	6,300				PHILANTHROPIC
(2)	FLORA UNITED METHODIST PRESCHOOL 103 EAST MAIN STREET FLORA IN 46929	85-0818511	3	6,000				COVID
(3)	NATALIE'S SECOND CHANCE DOG SHELTER 10 S. 16TH STREET LAFAYETTE IN 47905	61-1595366	3	5,226				OUT OF COUNTY
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								

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

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

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

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

PART I, LINE 2 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS
 THROUGH REQUIRED ANNUAL AUDITED FINANCIAL STATEMENTS, ORGANIZATIONAL
 BUDGETS, AND ANNUAL MEETINGS WITH FUNDED PARTNERS AND AGENCY BOARD MEMBERS,
 UNITED WAY OF GREATER LAFAYETTE MONITORS THE USE OF GRANT FUNDS ON
 APPROPRIATE AGENCY AND PROGRAMMATIC EXPENSES.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

u Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

u Attach to Form 990.

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

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization

**UNITED WAY OF GREATER LAFAYETTE AND
TIPPECANOE COUNTY, INDIANA, INC.**

Employer identification number

35-0891621

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|---|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1a		
1b		
2		
3		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2021

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
MICHAEL K. BUDD 1 CEO - LEFT 1/3/22	(i)	127,407	0	0	12,136	37,320	176,863	0
	(ii)	0	0	0	0	0	0	0
2	(i)							
	(ii)							
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

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Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Client Copy

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0074

2021

**Open To Public
Inspection**

u Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

u Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

TIPPECANOE COUNTY, INDIANA, INC.

Employer identification number

35-0891621

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art — Works of art				
2 Art — Historical treasures				
3 Art — Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities — Publicly traded	X	17	270,205	FAIR VALUE AT GIFT DATE
10 Securities — Closely held stock				
11 Securities — Partnership, LLC, or trust interests				
12 Securities — Miscellaneous				
13 Qualified conservation contribution — Historic structures				
14 Qualified conservation contribution — Other				
15 Real estate — Residential				
16 Real estate — Commercial				
17 Real estate — Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other u (ACQUISITION)	X	1	1,433,034	FAIR VALUE AT GIFT DATE
26 Other u ()				
27 Other u ()				
28 Other u ()				

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29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29 0**

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

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

SCHEDULE M - SUPPLEMENTAL INFORMATION

EFFECTIVE 7/1/21, THE ORGANIZATION ACQUIRED THE ASSETS AND LIABILITIES OF MONTGOMERY COUNTY UNITED FUND FOR YOU (A 501C3 ORGANIZATION.) NET ASSETS ACQUIRED TOTALLED \$1,433,034.

Client Copy

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

u Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021**Open to Public
Inspection**

Name of the organization	UNITED WAY OF GREATER LAFAYETTE AND TIPPECANOE COUNTY, INDIANA, INC.	Employer identification number	35-0891621
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FORM 990 - ORGANIZATION'S MISSION**MISSION- MOBILIZING OUR COMMUNITY TO IMPROVE LIVES.**

VISION- UNITED WAY WILL ADD VALUE TO THE GREATER LAFAYETTE COMMUNITY BY ENABLING PEOPLE TO HELP ONE ANOTHER. IT WILL PROVIDE LEADERSHIP IN DEFINING COMMUNITY NEEDS AND IN COORDINATING RESOURCES TO ADDRESS COMMUNITY ISSUES.

OUR GOAL- EVERY PERSON SUCCEEDING IN GREATER LAFAYETTE

THE UNITED WAY OF GREATER LAFAYETTE LEADS THE COMMUNITY TO EMPOWER EVERY PERSON TO DISCOVER AND PURSUE THEIR PATH TO SUCCESS. WE DO THIS BY ALIGNING RESOURCES ALONG THE CRADLE TO CAREER COMMITMENT. WE BRING PEOPLE, ORGANIZATIONS AND COMMUNITY RESOURCES TOGETHER TO DELIVER RESULTS IN THE AREAS OF EDUCATION, FINANCIAL STABILITY, AND HEALTH.

THROUGH THE CRADLE TO CAREER COMMITMENT, WE WANT TO ENSURE THAT QUALITY PRE-NATAL CARE IS AVAILABLE TO EXPECTING MOTHERS, THAT CHILDREN RECEIVE QUALITY EARLY LEARNING (INCLUDING PRESCHOOL AND PRE-K) OPPORTUNITIES AND THAT THEY ARE PREPARED TO START SCHOOL. ONCE IN SCHOOL WE WANT CHILDREN TO MEET 3RD GRADE READING GOALS, MAKE SUCCESSFUL TRANSITIONS IN MIDDLE SCHOOL AND GRADUATE HIGH SCHOOL WITH THE ULTIMATE GOAL OF BEING PREPARED FOR A CAREER AND FINANCIAL STABILITY. BEING SUCCESSFUL AND FINANCIALLY STABLE WILL STRENGTHEN FAMILIES AND HELP IMPROVE THE LIVES OF THE NEXT GENERATION OF CHILDREN. AT THE SAME TIME, WE KNOW THAT WE CAN NOT IMPROVE THE LIVES OF CHILDREN AND IGNORE THEIR PARENTS AND THE DAY TO DAY CHALLENGES THAT FAMILIES FACE. FOR THIS REASON, WE CONTINUE TO SUPPORT BASIC SERVICES AROUND FOOD INSECURITY, SHELTER (HOMELESSNESS AND RELATED ISSUES), CRISIS (HOME FIRES, TORNADOES, ETC.) AND HEALTH CONCERNS INCLUDING MENTAL

Name of the organization UNITED WAY OF GREATER LAFAYETTE AND	Employer identification number 35-0891621
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HEALTH AND SUBSTANCE USE DISORDER. OUR GOAL IS TO PROVIDE HELP TODAY THAT BUILDS A BRIGHTER FUTURE FOR INDIVIDUALS AND FAMILIES IN OUR COMMUNITY. OUR WORK IS ACCOMPLISHED THROUGH MANY PARTNERSHIPS AND PROGRAMS. IN ADDITION TO THE COMMUNITY PARTNERS THAT WE FUND, UNITED WAY ALSO DELIVERS PROGRAMS LIKE KINDERGARTEN COUNTDOWN CAMP WHICH HELPS STUDENTS ENTER KINDERGARTEN READY AND READ TO SUCCEED THAT CONNECTS 650 VOLUNTEERS TO OUR 20 ELEMENTARY SCHOOLS TO FOCUS ON HELPING STUDENTS ACHIEVE 3RD GRADE READING LEVELS. IN THE AREA OF FINANCIAL STABILITY, UNITED WAY MANAGES A VOLUNTEER INCOME TAX ASSISTANCE PROGRAM THAT HELPS LOW TO MODERATE INCOME INDIVIDUALS AND FAMILIES PREPARE THEIR TAX RETURNS FREE OF CHARGE AND ENSURE AN ACCURATE APPLICATION OF APPROPRIATE DEDUCTIONS. ADDITIONALLY, UNITED WAY OF GREATER LAFAYETTE PARTICIPATES, FACILITATES AND OFTEN LEADS COMMUNITY COALITIONS LIKE HEALTHY ACTIVE TIPPECANOE AND THE MENTAL HEALTHCARE FORUM. THE GOAL OF THESE COALITIONS IS TO FIND SOLUTIONS TO THE COMMUNITY'S GREATEST CHALLENGES THROUGH A COLLABORATION OF ORGANIZATIONS. UNITED WAY'S ROLE IS TO LOOK ACROSS ALL SECTORS AND PROVIDERS TO FIND COMMUNITY-WIDE SOLUTIONS TO SOME OF OUR GREATEST SOCIAL CHALLENGES.

UNITED WAY OF GREATER LAFAYETTE'S ANNUAL REPORT AND OTHER SIGNIFICANT DATA ARE AVAILABLE AT WWW.UWLAFAYETTE.ORG.

FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENTS
SEE MISSION STATEMENT

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 RETURN PROVIDED TO BOARD MEMBERS FOR REVIEW AND APPROVAL AT BOARD MEETING.

Name of the organization

Employer identification number

UNITED WAY OF GREATER LAFAYETTE AND

35-0891621

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

A CODE OF ETHICS IS REVIEWED AND SIGNED BY ALL BOARD MEMBERS AND EMPLOYEES ANNUALLY. SELF-MONITORING THROUGHOUT THE YEAR.

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

COMPENSATION IS ESTABLISHED BY THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS AND UTILIZES COMPENSATION SURVEYS OR STUDIES TO DETERMINE REASONABLE COMPENSATION. IN ADDITION APPROVAL IS GRANTED BY THE BOARD AND EXECUTIVE COMMITTEE.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS

SAME AS NOTED IN 15A.

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

AVAILABLE UPON REQUEST

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

BOOK TO TAX DIFF DEPR/DISPOSALS \$ -688

Client Copy

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)
u Attach to your tax return.

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

OMB No. 1545-0172

2021

Attachment Sequence No. **179**

Name(s) shown on return **UNITED WAY OF GREATER LAFAYETTE AND TIPPECANOE COUNTY, INDIANA, INC.**

Identifying number
35-0891621

Business or activity to which this form relates

INDIRECT DEPRECIATION

Part I Election To Expense Certain Property Under Section 179

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

1	Maximum amount (see instructions)	1	1,050,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,620,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2020 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2022. Add lines 9 and 10, less line 12	13	

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

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

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	18,219

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

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2021	17	19,018
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/> u <input type="checkbox"/>		

Section B—Assets Placed in Service During 2021 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property		2,982	5.0	HY	200DB	596
c 7-year property						
d 10-year property						
e 15-year property		6,492	15.0	HY	150DB	325
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2021 Tax Year Using the Alternative Depreciation System

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

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	38,158
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

DAA

Year Ended: December 31, 2021

35-0891621

UNITED WAY OF GREATER LAFAYETTE AND
TIPPECANOE COUNTY, INDIANA, INC.
1114 STATE STREET
LAFAYETTE, IN 47905-1219

**Electing out of Bonus Depreciation Allowance for
All Eligible Depreciable Property**

The above named taxpayer elects out of the first-year bonus depreciation allowance under IRC Section 168(k)(7) for all eligible depreciable property placed in service during the tax year.

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
5-year GDS Property:									
118	Fox & Cheeseman Laptops (2)	5/20/21	1,466			1,466	5 HY 200DB	0	293
119	2 Laptops	7/15/21	1,516			1,516	5 HY 200DB	0	303
			<u>2,982</u>			<u>2,982</u>		<u>0</u>	<u>596</u>
15-year GDS Property:									
116	2nd Floor A/C Unit	7/14/21	6,492			6,492	15 HY 150DB	0	325
			<u>6,492</u>			<u>6,492</u>		<u>0</u>	<u>325</u>
Prior MACRS:									
12	OFFICE CHAIRS	11/11/88	761			761	5 HY 200DB	761	0
46	OFFICE FURNITURE	11/01/06	750			750	7 MQ S/L	750	0
49	PACESETTER BANNERS	7/06/07	3,942			3,942	3 HY S/L	3,942	0
52	PROJECTOR & HP PRINTER (INRN)	8/18/08	1,250		X	625	5 HY S/L	1,250	0
55	SOFTWARE (OFFICE 2007, SBS, ANTI-V)	5/18/09	922		X	461	3 HY S/L	922	0
59	MIP SOFTWARE	1/29/10	3,834		X	1,917	3 HY S/L	3,834	0
106	Donor Software (Candoris)	1/02/19	34,113			34,113	5 HY 200DB	17,739	6,550
107	Dell Computers	2/18/18	2,773		X	0	5 HY 200DB	2,773	0
108	Dell Computer	9/04/18	530		X	0	5 HY 200DB	530	0
110	Donor Software (Candoris)	1/02/19	39,764			39,764	5 HY 200DB	20,677	7,635
111	Donor Software (Candoris)	1/31/19	2,650			2,650	5 HY 200DB	1,378	509
112	Furnace	2/07/19	3,216			3,216	15 HY 150DB	466	275
114	Dell Laptops/Computers (4)	3/01/20	2,644			2,644	5 HY 200DB	529	846
115	Masonry overhaul	9/25/20	32,630			32,630	15 HY 150DB	1,632	3,099
117	Dell Laptop	3/01/20	650			650	5 HY 200DB	130	104
	Sold/Scrapped: 3/01/21								
			<u>130,429</u>			<u>124,123</u>		<u>57,313</u>	<u>19,018</u>
Other Depreciation:									
4	2 FILING CABINETS	12/01/79	163			163	8 MO S/L	163	0
5	SHARP CALCULATOR	1/01/80	180			180	3 MO S/L	180	0
24	OFFICE CHAIRS	5/12/99	1,012			1,012	7 MO S/L	1,012	0
27	OFFICE CHAIR	8/06/99	455			455	7 MO S/L	455	0
35	COMPUTER SOFTWARE-CAMPAIGN	6/01/04	9,500			9,500	3 MO S/L	9,500	0
37	ETHERNET SWITCH	10/02/04	233			233	5 MO S/L	233	0
43	HELIX SOFTWARE LICENSE TO ANDA	10/12/05	1,750			1,750	3 MO S/L	1,750	0
61	TABLE AND 6 CHAIRS	3/14/11	570			570	7 MO S/L	570	0
69	HP Ultrabook - LC	3/08/12	999			999	3 MO S/L	999	0
70	Laser Printer-Kyocera	3/13/12	1,914			1,914	5 MO S/L	1,914	0
74	Carpet - UW Portion	3/31/12	17,219			17,219	7 MO S/L	17,219	0
75	Subaru Outback - 2013	11/09/12	27,880			27,880	7 MO S/L	27,880	0
77	Filing cabinets	10/18/13	960			960	5 MO S/L	960	0
78	Office furniture	12/17/13	15,984			15,984	5 MO S/L	15,984	0
79	Roof Repairs (UW share)	12/31/13	16,175			16,175	15 MO S/L	7,549	1,078
83	Campaign Office Chairs	6/05/14	6,227			6,227	7 MO S/L	6,227	0
84	Phone System	10/14/14	6,603			6,603	7 MO S/L	6,603	0
85	Server Office Exchange Software	7/18/14	1,404			1,404	3 MO S/L	1,404	0
	Sold/Scrapped: 6/01/21								
86	Server Upgrade & Installation	8/06/14	18,734			18,734	5 MO S/L	18,734	0
	Sold/Scrapped: 6/01/21								
88	Camera	1/28/15	998			998	5 MO S/L	998	0
89	IDE Lanier Printer	11/16/15	1,465			1,465	5 MO S/L	1,465	0
91	Camera Microphone	3/30/15	585			585	5 MO S/L	585	0
92	J. Taylor Laptop	4/03/15	1,421			1,421	5 MO S/L	1,421	0
	Sold/Scrapped: 6/01/21								
94	Shared PC	3/10/15	684			684	5 MO S/L	684	0
97	Building	12/21/15	592,000			592,000	39 MO S/L	75,897	15,180
98	Exec Office Furniture	3/28/16	4,000			4,000	5 MO S/L	3,800	200
99	Laptop Spectre	5/19/16	1,110			1,110	5 MO S/L	1,018	92
	Sold/Scrapped: 6/01/21								
100	Building Signage	5/31/16	725			725	5 MO S/L	665	60
101	Cardinal Copier	6/29/16	6,545			6,545	5 MO S/L	5,891	654
102	Cardinal Printer	6/29/16	5,720			5,720	5 MO S/L	5,148	572
103	Cardinal Finisher	9/07/16	525			525	5 MO S/L	455	70

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Federal Asset Report

FYE: 12/31/2021

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
104	Epson EX9200 Pro Business Projector	10/03/16	856			856	5 MO S/L	728	128
105	Apple MacBook Laptop	7/14/16	1,850			1,850	5 MO S/L	1,665	185
Total Other Depreciation			<u>746,446</u>			<u>746,446</u>		<u>219,756</u>	<u>18,219</u>
Total ACRS and Other Depreciation			<u>746,446</u>			<u>746,446</u>		<u>219,756</u>	<u>18,219</u>
Grand Totals			886,349			880,043		277,069	38,158
Less: Dispositions and Transfers			23,319			23,319		22,707	196
Less: Start-up/Org Expense			0			0		0	0
Net Grand Totals			<u>863,030</u>			<u>856,724</u>		<u>254,362</u>	<u>37,962</u>

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Federal Statements

Taxable Interest on Investments

Description	Amount	Unrelated Business	Exclusion Code	Postal Code	Acquired after 6/30/75	US Obs (\$ or %)
INTEREST-CASH ACCOUNTS	\$ 789		14			
INTEREST-CASH ACCOUNTS	340		14			
TOTAL	\$ <u>1,129</u>					

Taxable Dividends from Securities

Description	Amount	Unrelated Business	Exclusion Code	Postal Code	Acquired after 6/30/75	US Obs (\$ or %)
INTEREST & DIVIDENDS	\$ 50,642		14			
INTEREST & DIVIDENDS	349		14			
INTEREST & DIVIDENDS	18,293		14			
INTEREST & DIVIDENDS	72,312		14			
MCCF ENDOWMENT EARNINGS	27,930		14			
ENDOWMENT INCOME	5,600		14			
ENDOWMENT INCOME	73,759		14			
ENDOWMENT INCOME BUDGET OFFSE	-54,683		14			
M. STANLEY INVESTMENT INCOME	139,404		14			
M. STANLEY INVESTMENT BUDGET	-139,404		14			
TOTAL	\$ <u>194,202</u>					

Form 990, Part IX, Line 24e - All Other Expenses

Description	Total Expenses	Program Service	Management & General	Fund Raising
EVENTS SPONSORSHIPS	\$ 20,627	\$ 1,793	\$ 962	\$ 17,872
FUND EXPENSE	10,975	10,975		
LEC EXPENSE	9,381	9,381		
RECOGNITION & AWARDS	2,654	295	168	2,191

Federal Statements

Form 990, Part IX, Line 24e - All Other Expenses (continued)

Description	Total Expenses	Program Service	Management & General	Fund Raising
PR MEMBER LUNCHESES	\$ 1,873	\$ 652	\$ 110	\$ 1,111
WORKSHOP EXPENSE	1,425	1,425		
MISCELLANEOUS EXPENSE	1,370	242	131	997
ANNUAL MEETING	414			414
VOLUNTEER CENTER	204	204		
PLEDGE PROCESSING FEES	80		80	
ALLOCATION		-2,710	1,267	1,443
TOTAL	\$ 49,003	\$ 22,257	\$ 2,718	\$ 24,028

Schedule A, Part II, Line 1(e)

Description	Amount
PROVISION FOR UNCOLLECTIBLE -PRIOR	\$ -3,771
PRIOR YEAR PLEDGE ADJUSTMENTS	45,343
CONTRIBUTIONS-OTHER UWS	21,847
ANNUAL CAMPAIGN	4,502,092
PROVISION FOR UNCOLLECTIBLE PLEDGES	-206,504
CONTRA IN-KIND STOCK GIFTS	96,846
ANNUAL CAMPAIGN	288,183
PROVISION FOR UNCOLLECTIBLE PLEDGES	-13,275
SPONSORSHIPS	16,500
GRANT AND FUND INCOME	
OTHER CONTRIBUTIONS	205
OTHER CONTRIBUTIONS	1,050
CONTRIBUTIONS-OTHER UWS	1,290
SPONSORSHIPS	18,600

Federal Statements

Schedule A, Part II, Line 1(e) (continued)

Description	Amount
GRANT INCOME	\$ 109,701
GRANT INCOME RESTRICTED	400
GRANT INCOME RESTRICTED	81,904
GRANT INCOME RESTRICTED	54,992
GRANT INCOME RESTRICTED	11,445
GRANT INCOME RESTRICTED	4,393
GRANT INCOME RESTRICTED	10,000
GRANT INCOME RESTRICTED	-81,230
FUND INCOME	1,000
FUND INCOME	11,205
FUND INCOME	22,200
FUND INCOME	1,980
FUND INCOME	583,782
FUND INCOME	26,146
FUND INCOME	59,662
FUND INCOME	71,650
FUND INCOME	100
FUND INCOME	112,525
FUND INCOME	2,076
FUND INCOME	1,256
FORD PURDUE PENN TRUST	425
OTHER CONTRIBUTIONS	1,433,034
STOCK GIFTS - NON CAMPAIGN	173,359
TOTAL	\$ <u>7,460,411</u>

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Federal Statements

Schedule A, Part II, Line 5 - Excess Gifts

Donor Name	Total	Excess
CATERPILLAR, INC.	\$ 1,745,425	\$ 1,111,223
WABASH NATIONAL	297,702	
TOTAL	<u>\$ 2,043,127</u>	<u>\$ 1,111,223</u>

Schedule A, Part II, Line 8(e)

Description	Amount
INTEREST-CASH ACCOUNTS	\$ 789
INTEREST-CASH ACCOUNTS	340
INTEREST & DIVIDENDS	50,642
INTEREST & DIVIDENDS	349
INTEREST & DIVIDENDS	18,293
INTEREST & DIVIDENDS	72,312
MCCF ENDOWMENT EARNINGS	27,930
ENDOWMENT INCOME	5,600
ENDOWMENT INCOME	73,759
ENDOWMENT INCOME BUDGET OFFSE	-54,683
M. STANLEY INVESTMENT INCOME	139,404
M. STANLEY INVESTMENT BUDGET	-139,404
TOTAL	<u>\$ 195,331</u>

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Federal Statements

Schedule A, Part II, Line 10(e)

Description	Amount
MISCELLANEOUS INCOME	\$ 8,135
GOLF OUTING	3,072
TOTAL	<u>\$ 11,207</u>

Schedule A, Part II, Line 12 - Current year

Description	Amount
ADMINISTRATIVE FEES	\$ 5,983
WORKSHOP INCOME	5,200
TOTAL	<u>\$ 11,183</u>

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Form **8879-TE**

IRS e-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2021, or fiscal year beginning 2021, and ending 20

2021

Department of the Treasury
Internal Revenue Service

u Do not send to the IRS. Keep for your records.

u Go to www.irs.gov/Form8879TE for the latest information.

Name of filer

**UNITED WAY OF GREATER LAFAYETTE AND
TIPPECANOE COUNTY, INDIANA, INC.**

EIN or SSN

35-0891621

Name and title of officer or person subject to tax **DAVID BATHE
CEO - 2022**

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here	<input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	7,982,899
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b	
6a Form 990-T check here	<input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b	
7a Form 4720 check here	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b	
8a Form 5227 check here	<input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b	
9a Form 5330 check here	<input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b	
10a Form 8038-CP check here	<input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b	

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize **HUTH THOMPSON LLP** to enter my PIN **01259** as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Date } **06/15/22**

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

35472326000

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature } **KIMBERLEY R MORISETTE**

Date } **06/15/22**

ERO Must Retain This Form — See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

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DAA

Form **8879-TE** (2021)

Forms 990 / 990-EZ Return Summary

For calendar year 2021, or tax year beginning _____, and ending _____

**UNITED WAY OF GREATER LAFAYETTE AND 5-0891621
TIPPECANOE COUNTY, INDIANA, INC.**

Net Asset / Fund Balance at Beginning of Year		<u>7,419,049</u>
Revenue		
Contributions	<u>7,460,411</u>	
Program service revenue	<u>11,183</u>	
Investment income	<u>195,331</u>	
Capital gain / loss	<u>304,767</u>	
Fundraising / Gaming:		
Gross revenue	<u>3,072</u>	
Direct expenses	<u> </u>	
Net income	<u>3,072</u>	
Other income	<u>8,135</u>	
Total revenue		<u>7,982,899</u>
Expenses		
Program services	<u>5,960,116</u>	
Management and general	<u>362,015</u>	
Fundraising	<u>511,052</u>	
Total expenses		<u>6,833,183</u>
Excess / (deficit)		<u>1,149,716</u>
Changes		<u>213,140</u>
Net Asset / Fund Balance at End of Year		<u>8,781,905</u>

Reconciliation of Revenue	
Total revenue per financial statements	<u>7,292,704</u>
Less:	
Unrealized gains	<u>213,828</u>
Donated services	<u>58,223</u>
Recoveries	<u> </u>
Other	<u>-104</u>
Plus:	
Investment expenses	<u>24,887</u>
Other	<u>937,255</u>
Total revenue per return	<u>7,982,899</u>

Reconciliation of Expenses	
Total expenses per financial statements	<u>5,929,848</u>
Less:	
Donated services	<u>58,223</u>
Prior year adjustments	<u> </u>
Losses	<u> </u>
Other	<u> </u>
Plus:	
Investment expenses	<u>24,887</u>
Other	<u>937,254</u>
Total expenses per return	<u>6,833,183</u>

Balance Sheet			
	Beginning	Ending	Differences
Assets	<u>10,984,926</u>	<u>12,512,730</u>	
Liabilities	<u>3,565,877</u>	<u>3,730,825</u>	
Net assets	<u>7,419,049</u>	<u>8,781,905</u>	<u>1,362,856</u>

Miscellaneous Information

Amended return _____
Return / extended due date 11/15/22
Failure to file penalty _____