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.

Department of the Treasury
Internal Revenue Service

OMB No. 1545-0047

2020

Open to Public Inspection

A For the 2020 calendar year, or tax year beginning **07/01/20**, and ending **06/30/21**

B Check if applicable:	C Name of organization	D Employer identification number
☐ Address change	THE UNITED WAY OF CLARK, CHAMPAIGN, & MADISON COUNTIES, INC.	****-***9695**
☐ Name change	Doing business as	
☐ Initial return	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 120 SOUTH CENTER ST 2ND FLOOR	E Telephone number 937-324-5551
☐ Final return/terminated	City or town, state or province, country, and ZIP or foreign postal code	
☐ Amended return	SPRINGFIELD OH 45502	G Gross receipts $ 1,389,797

F Name and address of principal officer:	
KERRY PEDRAZA 120 S. CENTER STREET SPRINGFIELD OH 45502	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) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.UWCCMC.ORG

H(c) Group exemption number ▶

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶   **L** Year of formation: 1953   **M** State of legal domicile: OH

Part I   Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:

INCREASE THE ORGANIZED CAPACITY FOR PEOPLE TO CARE FOR ONE ANOTHER.

2 Check this box ▶ ☐ 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**	18
4 Number of independent voting members of the governing body (Part VI, line 1b)	**4**	18
5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	**5**	7
6 Total number of volunteers (estimate if necessary)	**6**	300
7a Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b Net unrelated business taxable income from Form 990-T, Part I, line 11	**7b**	0

Revenue

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	1,246,292	1,286,661
9 Program service revenue (Part VIII, line 2g)	156,114	83,013
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	26,459	20,123
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	29,524	0
12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,458,389	1,389,797

Expenses

	Prior Year	Current Year
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,076,124	709,665
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)	232,172	241,655
16a Professional fundraising fees (Part IX, column (A), line 11e)		0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 67,935		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	234,231	240,612
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	1,542,527	1,191,932
19 Revenue less expenses. Subtract line 18 from line 12	-84,138	197,865

Net Assets or Fund Balances

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	2,014,144	2,093,132
21 Total liabilities (Part X, line 26)	409,312	261,471
22 Net assets or fund balances. Subtract line 21 from line 20	1,604,832	1,831,661

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

▶ *Kerry Pedraza*   Signature of officer   11-7-21   Date

▶ KERRY PEDRAZA   EX-OFFICIO

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
AIMEE TROUTWINE	AIMEE TROUTWINE	10/28/21	self-employed	********

Firm's name ▶ STUCKEY & TROUTWINE CPAS LLC   Firm's EIN ▶ **-***2322

Firm's address ▶ 49 E. COLLEGE AVE SUITE 100   SPRINGFIELD, OH 45504   Phone no. 937-629-0890

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

For Paperwork Reduction Act Notice, see the separate instructions.

DAA

Form **990** (2020)