

2020

Open to Public Inspection

Return of Organization Exempt From Income Tax

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

Department of the Treasury Internal Revenue Service

A For the 2020 calendar year, or tax year beginning

, 2020, and ending

, 20

B Check if applicable:

- Address change
Name change
Initial return
Final return/terminated
Amended return
Application pending

C United Way of Hardin County Inc.
225 S. Detroit Street
Kenton, OH 43326

F Name and address of principal officer: Katrina Collins
Same As C Above

I Tax-exempt status: 501(c)(3)
Website: N/A

J Form of organization: Corporation
K Form of organization: Corporation
L Year of formation:
M State of legal domicile: OH

1 Briefly describe the organization's mission or most significant activities: To provide funds for other non-profit agencies in Hardin County in order to provide needed services for the citizens of Hardin County.

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.

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

8 Contributions and grants (Part VIII, line 1h).
9 Program service revenue (Part VIII, line 2g).
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d).
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e).
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12).

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3).
14 Benefits paid to or for members (Part IX, column (A), line 4).
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10).
16a Professional fundraising fees (Part IX, column (A), line 11e).
16b Total fundraising expenses (Part IX, column (D), line 25) - 14,780.

17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e).
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25).
19 Revenue less expenses. Subtract line 18 from line 12.

20 Total assets (Part X, line 16).
21 Total liabilities (Part X, line 26).
22 Net assets or fund balances. Subtract line 21 from line 20.

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: Katrina Collins
Date:
Type or print name and title: Treasurer

Paid Preparer Use Only
Print preparer's name: Jennifer J. Birkemeter, CPA
Date: 8-10-21
Firm's name: E.S. Evans and Company
Firm's address: 205 West Elm Street, Lima, OH 45801
Firm's EIN: 34-1717857
Phone no.: 419-223-3075

May the IRS discuss this return with the preparer shown above? See instructions.
Yes [X] 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:

To provide funds for other non-profit agencies in Hardin County in order to provide needed services for the citizens of Hardin County.

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 \$ 190,162. including grants of \$ 174,687.) (Revenue \$)
To conduct a joint fundraising campaign and distribute funds to other non-profit organizations in Hardin County

4b (Code:) (Expenses \$ 7,504. including grants of \$) (Revenue \$)
To create and enhance opportunities for making a positive and lasting impact on the local community.

4c (Code:) (Expenses \$) (Revenue \$) including grants of \$) (Revenue \$)

4d Other program services (Describe on Schedule O.) (Expenses \$) including grants of \$) (Revenue \$)
4e Total program service expenses 197,666.

Part IV Checklist of Required Schedules

Yes	No	1
X		1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A
X		2 Is the organization required to complete Schedule B, Schedule of Contributors 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? If 'Yes,' complete Schedule C, Part 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? If 'Yes,' complete Schedule C, Part II
X		5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III
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? If 'Yes,' complete Schedule D, Part 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? If 'Yes,' complete Schedule D, Part II
X		8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III
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? If 'Yes,' complete Schedule D, Part IV
X		10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If 'Yes,' complete Schedule D, Part V
		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? If 'Yes,' complete Schedule D, Part VI 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? If 'Yes,' complete Schedule D, Part VII 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? If 'Yes,' complete Schedule D, Part VIII d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part 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)? If 'Yes,' complete Schedule D, Part X g Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X
X		11a
X		11b
X		11c
X		11d
X		11e
X		11f
X		12a
X		12b
X		13 Is the organization a school described in section 170(b)(1)(A)(iii)? If 'Yes,' complete Schedule E
X		14a Did the organization maintain an office, employees, or agents outside of the United States?
X		14b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV
X		15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to foreign organizations? If 'Yes,' complete Schedule F, Parts II and IV
X		16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV
X		17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I See instructions
X		18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II
X		19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III
X		20a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H
X		20b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?
X		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? If 'Yes,' complete Schedule I, Parts I and II

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
1	Cash - non-interest-bearing		
2	Savings and temporary cash investments	248,135.	263,923.
3	Pledges and grants receivable, net		
4	Accounts receivable, net	69,502.	110,162.
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		
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)		
7	Notes and loans receivable, net		
8	Inventories for sale or use		
9	Prepaid expenses and deferred charges	1,903.	1,403.
10a	Land, buildings, and equipment: cost or other basis	5,484.	
	10a		
	10b	5,039.	
b	Less: accumulated depreciation		
11	Investments - publicly traded securities		
12	Investments - other securities. See Part IV, line 11.		
13	Investments - program-related. See Part IV, line 11.		
14	Intangible assets		
15	Other assets. See Part IV, line 11.	19,317.	18,634.
16	Total assets. Add lines 1 through 15 (must equal line 33)	339,730.	394,567.
17	Accounts payable and accrued expenses	2,341.	2,388.
18	Grants payable		
19	Deferred revenue		
20	Tax-exempt bond liabilities		
21	Escrow or custodial account liability. Complete Part IV of Schedule D.		
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		
23	Secured mortgages and notes payable to unrelated third parties		
24	Unsecured notes and loans payable to unrelated third parties		
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.	139,373.	173,446.
26	Total liabilities. Add lines 17 through 25.	141,714.	175,834.
27	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/>	156,350.	108,571.
	Net assets without donor restrictions		
28	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/>	41,666.	110,162.
	Net assets with donor restrictions		
29	Capital stock or trust principal, or current funds		
30	Paid-in or capital surplus, or land, building, or equipment fund		
31	Retained earnings, endowment, accumulated income, or other funds		
32	Total net assets or fund balances	198,016.	218,733.
33	Total liabilities and net assets/fund balances	339,730.	394,567.

Part IV Checklist of Required Schedules (continued)

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

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.

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

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.		2
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	X	
3b	If 'Yes,' has it filed a Form 990-T for this year? If 'No,' to line 3b, provide an explanation on Schedule O.	X	
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)?	X	
4b	If 'Yes,' enter the name of the foreign country.		
5a	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5b	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	X	
5c	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	X	
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?	X	
6b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7a	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?	X	
7b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	X	
7d	If 'Yes,' indicate the number of Forms 8282 filed during the year.		7d
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	X	
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	X	
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
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?		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		
9b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10a	Section 501(c)(7) organizations. Enter:		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11a	Gross income from members or shareholders.		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year.		
13a	Is the organization licensed to issue qualified health plans in more than one state?		
13b	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.		
13c	Enter the amount of reserves on hand.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	X	
14b	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O.		
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?	X	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	X	

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

1 a	Enter the number of voting members of the governing body at the end of the tax year.	20	1 a	20
1 b	Enter the number of voting members included on line 1a, above, who are independent	20	1 b	20
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?		2	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?		3	X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5	X
6	Did the organization have members or stockholders?		6	X
7 a	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?		7 a	X
7 b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		7 b	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		8	
8 a	The governing body?		8 a	X
8 b	Each committee with authority to act on behalf of the governing body?		8 b	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.		9	X

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

10 a	Did the organization have local chapters, branches, or affiliates?		10 a	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?		10 b	
11 a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?		11 a	X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O.		11 b	
12 a	Did the organization have a written conflict of interest policy? If 'No,' go to line 13.		12 a	X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		12 b	X
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done.		12 c	X
13	Did the organization have a written whistleblower policy?		13	X
14	Did the organization have a written document retention and destruction policy?		14	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?		15	
a	The organization's CEO, Executive Director, or top management official.		15 a	X
b	Other officers or key employees of the organization.		15 b	X
16 a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		16 a	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?		16 b	

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed -> OH
- 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. Upon request Another's website Own website
- 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. See Schedule O
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records -> Michele Daniels 225 S. Detroit St. Kenton OH 43326 419-675-1860

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Former Highest compensated employee	Key employee	Officer	Institutional trustee	Individual trustee or director			
(15) Dylan Wood	1						0.	0.	0.
(16) Linda Farnic	1						0.	0.	0.
(17) Dan Marshman	1			X			0.	0.	0.
(18) Chad Spencer	1						0.	0.	0.
(19) Kara Brown	1			X			0.	0.	0.
(20) Scott Eatherton	1			X			0.	0.	0.
(21) A.J. Hatern	1			X			0.	0.	0.
(22) Board Member	0			X			0.	0.	0.
(23) -----									
(24) -----									
(25) -----									

1 b Subtotal	18,140.	0.	0.
c Total from continuation sheets to Part VII, Section A	0.	0.	0.
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	0		

3	Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual.	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? If 'Yes,' complete Schedule J for such individual.	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? If 'Yes,' complete Schedule J for such person.	X	

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.		
2	Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization	0	

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

				235,464.	235,464.	1a Federated campaigns	1b Membership dues	1c Fundraising events	1d Related organizations	1e Government grants (contributions)	1f All other contributions, gifts, grants, and similar amounts not included above	1g Noncash contributions included in lines 1a-1f	h Total. Add lines 1a-1f
						1a	1b	1c	1d	1e	1f	1g	
(A)	Total revenue			235,464.									235,464.
(B)	Related or exempt function revenue												
(C)	Unrelated business revenue												
(D)	Revenue excluded from tax sections 512-514												

													g Total. Add lines 2a-2f											
													2a	2b	2c	2d	2e	2f	2g					
													6a Gross rents		6b Less: rental expenses		6c Rental income or (loss)		7a Gross amount from sales of assets other than inventory		7b Less: cost or other basis and sales expenses		7c Gain or (loss)	
													8a Gross income from fundraising events (not including \$ of contributions reported on line 1c)		8b Less: direct expenses		8c Net income or (loss) from fundraising events		9a See Part IV, line 19		9b Less: direct expenses		9c Net income or (loss) from gaming activities	
													10a Gross sales of inventory, less returns and allowances		10b Less: cost of goods sold		11a Miscellaneous		11b		11c		11d All other revenue	
													12 Total revenue. See instructions.											

													12 Total revenue. See instructions.		238,177.		915.		0.		1,798.	
													11a Miscellaneous		915.		915.					
													11b									
													11c									
													11d All other revenue									
													11e Total. Add lines 11a-11d		915.							

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.	174,687.	174,687.		
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, directors, trustees, and key employees.	18,140.	10,884.	1,814.	5,442.
5 Compensation of current officers, directors, trustees, and key employees.				
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0.	0.	0.	0.
7 Other salaries and wages.				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).				
9 Other employee benefits.				
10 Payroll taxes.	1,525.	915.	152.	458.
11 Fees for services (nonemployees):				
a Management.				
b Legal.				
c Accounting.	5,640.	3,384.	564.	1,692.
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.				
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.	615.	615.		
13 Office expenses.				
14 Information technology.				
15 Royalties.				
16 Occupancy.	2,970.	1,040.	594.	1,336.
17 Travel.				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.				
20 Interest.				
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	428.	150.	86.	192.
23 Insurance.	2,012.	704.	402.	906.
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 Dues and memberships.	3,133.	3,133.		
b Office supplies.	1,829.	1,098.	183.	548.
c Fundraising Expenses	1,717.			1,717.
d Campaign Expenses	1,612.			1,612.
e All other expenses.	2,470.	1,056.	537.	877.
25 Total functional expenses. Add lines 1 through 24e.	216,778.	197,666.	4,332.	14,780.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part 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):	238,177.
2	Total expenses (must equal Part IX, column (A), line 25):	216,778.
3	Revenue less expenses. Subtract line 2 from line 1:	21,399.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)):	198,016.
5	Net unrealized gains (losses) on investments:	-682.
6	Donated services and use of facilities:	
7	Investment expenses:	
8	Prior period adjustments:	
9	Other changes in net assets or fund balances (explain on Schedule O):	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)):	218,733.

Part XIII Financial Statements and Reporting

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

1 Accounting method used to prepare the Form 990: Cash Accrual Other

If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.

2a Were the organization's financial statements compiled or reviewed by an independent accountant? Yes No

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: Separate basis Consolidated basis Both consolidated and separate basis

b Were the organization's financial statements audited by an independent accountant? Yes No

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: Separate basis Consolidated basis Both consolidated and separate basis

c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? Yes No

If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.

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? Yes No

b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.

3b Yes No

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

2020

OMB No. 1545-0047

Open to Public Inspection

Name of the organization: **United Way of Hardin County Inc.**

Employer identification number: **34-1022412**

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

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

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 A school described in section 170(b)(1)(A)(ii), (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii).
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university.

- 10 An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations:
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))		(iv) Amount of monetary support (see instructions)	(v) Amount of other support (see instructions)
		Yes	No		
(A)					
(B)					
(C)					
(D)					
(E)					
Total					

(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)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	186,953.	168,699.	123,364.	213,530.	235,464.	928,010.
2						0.
3						0.
4	186,953.	168,699.	123,364.	213,530.	235,464.	928,010.
5						0.
6						0.
Total	186,953.	168,699.	123,364.	213,530.	235,464.	928,010.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	186,953.	168,699.	123,364.	213,530.	235,464.	928,010.
8						0.
9	1,194.	1,220.	1,806.	2,146.	1,798.	8,164.
10						0.
11					915.	915.
12						937,089.
13						0.
Total	186,953.	168,699.	123,364.	213,530.	235,464.	928,010.

Section C. Computation of Public Support Percentage

14	Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))	14	99.03%
15	Public support percentage from 2019 Schedule A, Part II, line 14.	15	99.15%

16a 33-1/3% support test—2020. 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.

16b 33-1/3% support test—2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.

17a 10%-facts-and-circumstances test—2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization.

17b 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1						
2						
3						
4						
5						
6						
7a						
7b						
8						

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9						
10a						
10b						
11						
12						
13						
14						

Section C. Computation of Public Support Percentage

15	Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16	Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18	Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

19a 33-1/3% support tests—2020. 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.

19b 33-1/3% support tests—2019. 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.

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

Section A. All 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 D, and complete Part V.)
 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.)

Part IV Supporting Organizations

11		Has the organization accepted a gift or contribution from any of the following persons?
11a	11b	11c
Yes	No	Yes
No	Yes	No

Section B. Type I Supporting Organizations

11 A person who directly or indirectly controls, either alone or together with persons described in lines 11a and 11c below, the governing body of a supported organization?

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

2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

1	2
Yes	No
No	Yes

Section C. Type II Supporting Organizations

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)? 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).

1	Yes	No
1	Yes	No

Section D. All Type III Supporting Organizations

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 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? If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).

3 By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played in this regard.

1	2	3
Yes	No	Yes
No	Yes	No

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 The organization satisfied the Activities Test. Complete line 2 below.

b The organization is the parent of each of its supported organizations. Complete line 3 below.

c 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? If 'Yes,' then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.

b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.

3 Parent of Supported Organizations. Answer lines 3a and 3b below.

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

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

2a	2b	3a	3b
Yes	No	Yes	No
No	Yes	No	Yes

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		
2		
3		
4		
5		
6		
7		
8		

Section B – Minimum Asset Amount

1		
a		
b		
c		
d		
e		
2		
3		
4		
5		
6		
7		
8		

Section C – Distributable Amount

	(A) Prior Year	(B) Current Year
1		
2		
3		
4		
5		
6		
7		

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Section D – Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required – provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E – Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required – explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2020			
a	From 2015			
b	From 2016			
c	From 2017			
d	From 2018			
e	From 2019			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2020 distributable amount			
i	Carryover from 2015 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2020 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2020 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2021. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2016			
b	Excess from 2017			
c	Excess from 2018			
d	Excess from 2019			
e	Excess from 2020			

Part II, Line 10 - Other Income

Nature and Source	2020	2019	2018	2017	2016
Miscellaneous	\$ 915.	\$ 0.	\$ 0.	\$ 0.	\$ 0.
Total	\$ 915.	\$ 0.	\$ 0.	\$ 0.	\$ 0.

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.)

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

United Way of Hardin County Inc.

Organization type (check one):

Filters of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

General Rule

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

Special Rules

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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (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 the Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer 'No' on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule of Contributors

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

2020

Employer identification number

34-1022412

Name of organization **United Way of Hardin County Inc.** Employer identification number **34-1022412**

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	Precision Strip 190 Bales Road Kenton, OH 43326	\$ 25,932.	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	Honda of America 24000 Honda Parkway Marysville, OH 43040	\$ 24,998.	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	Marathon Petroleum Corporation 539 S. Main Street Findlay, OH 45840	\$ 8,580.	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	Graphic Packaging International 1300 S. Main Street Kenton, OH 43326	\$ 14,030.	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			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.)

United Way of Hardin County Inc. Employer identification number 34-1022412

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4			
Relationship of transferor to transferee			
(a) No. from Part I			
(b) Purpose of gift			
(c) Use of gift			
(d) Description of how gift is held			
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4			
Relationship of transferor to transferee			
(a) No. from Part I			
(b) Purpose of gift			
(c) Use of gift			
(d) Description of how gift is held			
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4			
Relationship of transferor to transferee			
(a) No. from Part I			

Supplemental Financial Statements

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

34-1022412

United Way of Hardin County Inc.

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 for Total number at end of year, Aggregate value of contributions, Aggregate value of grants, Aggregate value at end of year.

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements.

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

- 1 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use, Protection of natural habitat, Preservation of open space.
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

Table with 4 columns: 2a Total number of conservation easements, 2b Total acreage restricted by conservation easements, 2c Number of conservation easements on a certified historic structure, 2d Number of conservation easements included in the National Register.

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year.
4 Number of states where properly subject to conservation easement is located.
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year.
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year.

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.

- 1 a 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.
b 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	1c	1d	1e	1f
	Beginning balance.	Additions during the year.	Distributions during the year.	Ending balance.

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial 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.

1a	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance.					
b Contributions.					
c Net investment earnings, gains, and losses.					
d Grants or scholarships.					
e Other expenditures for facilities and programs.					
f Administrative expenses.					
g End of year balance.					

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

- a Board designated or quasi-endowment %
- b Permanent endowment %
- c Term endowment %

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:

- (i) Unrelated organizations.
 - (ii) Related organizations.
- b If 'Yes' on line 3a(ii), are the related organizations listed as required on Schedule R? Yes No

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				
c Leasehold improvements				
d Equipment				
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				

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.

(1) Federal income taxes	(a) Description of liability	(b) Book value
(1)		
(2) Allocations Payable		141,888.
(3) Designations Payable		31,558.
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
(11)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 25).		173,446.

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) Description	(a) Description	(b) Book value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 15).		

Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(1) Description of investment	(a) Description	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 13).			N/A

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.

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

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.

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

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	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	2a	Net unrealized gains (losses) on investments.
		2b	Donated services and use of facilities.
		2c	Recoveries of prior year grants.
		2d	Other (Describe in Part XIII).
3	Subtract line 2e from line 1.	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	4a	Investment expenses not included on Form 990, Part VIII, line 7b.
		4b	Other (Describe in Part XIII).
		4c	Add lines 4a and 4b.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	

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

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

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

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.

SCHEDULE I
(Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered 'Yes' on Form 990, Part IV, line 21 or 22.
 Attach to Form 990.

Department of the Treasury
Internal Revenue Service

OMB No. 1545-0047

2020

Open to Public Inspection

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

Name of the organization

United Way of Hardin County Inc.

Employer identification number

34-1022412

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) IFC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) American Red Cross 370 W. First St. Dayton, OH 45402	53-0196605		12,444.	0.			Disaster Services and Education
(2) Big Brothers/Big Sisters 801 W. Lima St. Suite B Kenton, OH 43326	34-1369023		10,634.	0.			Mentoring
(3) Community Health Professional 1200 S. Main St. Ada, OH 45810	34-1159395		8,134.	0.			Hospice
(4) Dolly Parton's Imag. Library P.O. Box 806 Kenton, OH 43326	20-8637877		11,614.	0.			Books for Children
(5) Hardin Co Council on Aging 100 Memorial Ave. Kenton, OH 43326	34-1266428		9,837.	0.			Adult Day Care and Transportation
(6) Hardin Co Family YMCA 918 W. Franklin St. Kenton, OH 43326	34-1262702		16,440.	0.			Youth/Scholarships
(7) Helping Hands Outreach 100 Cleveland Ave. Kenton, OH 43326	34-1864227		20,326.	0.			Life Enrich-Food-School Supplies
(8) Love in the Name of Christ P.O. Box 782 Kenton, OH 43326	34-1917122		13,648.	0.			Clearing House

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 16

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

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

TEEA3901L 07/15/20

Schedule I (Form 990) 2020

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.

Continuation Sheet for Schedule I (Form 990)

2020

▶ Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

Continuation Page 1 of 1

Name of the organization		Employer identification number					
United Way of Hardin County Inc.		34-1022412					
Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments. (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Mobility Foundation							Adaptive Medical Equipment
1110 Reservoir Rd Ada, OH 45810	51-0545760		5,520.				
Neighborhood Oppor Center							
115 E. Walnut Street Kenton, OH 43326	34-1371240		7,442.				Emergency Food
New Hope							
13671 W. Patterson Ave. Kenton, OH 43326	34-1917122		8,329.				Shelter
PASS							
309 W. High Street, Suite A Lima, OH 45801	27-1545570		10,000.				Safe & Health Communities
Safe Haven of Hardin Co							
220 E. Franklin St. Kenton, OH 43326	83-1242278		8,361.				Domestic Abuse
Salvation Army							Direct Assistance Vouchers
P.O. Box 532 Kenton, OH 43326	13-5562351		5,500.				
Peautides							
210 N. Main St. Kenton, OH 45810	34-4626384		6,374.				Community Meals & Enrichment
Boy Scouts of America							
2100 Broad Ave Findlay, OH 45839	34-1694797		5,096.				Camp Assistance

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ
Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047
2020
Open to Public Inspection

Employer identification number

34-1022412

United Way of Hardin County Inc.

Name of the organization

Form 990, Part VI, Line 11b - Form 990 Review Process

A draft of the 990 is presented to the Executive Director and Treasurer of the Board

to review before filing.

Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

Any documents made available upon request.

Jennifer J. Birkemeier

From: CharitableRegistration@OhioAttorneyGeneral.gov
Sent: Tuesday, August 10, 2021 8:45 AM
To: Jennifer J. Birkemeier
Subject: Submitted: Charitable registration annual report

Organization: United Way of Hardin County
EIN: 34-1022412

Jennifer Birkemeier has submitted an annual report for fiscal year end 2020 for United Way of Hardin County on 8/10/2021 at 8:45 AM. Please review the information listed below and print for your records. If there are any errors, please contact us.

Not all organizations are required to file a full annual report. If your organization was not required to file a full annual report you will see several blank fields in the filing summary below.

Step 1 Details -

Report Year: 2020
Did you hire a professional solicitor? No
Did your organization solicit charitable contributions from the general public on its own behalf? Yes
Gross revenue (does NOT include governmental grants and funding from other 501(c)(3) organizations) \$238,177.00
Total assets: \$394,567.00

Step 2 Details -

Name of Organization: United Way of Hardin County
EIN: 34-1022412
Phone: (419)675-1860
Fax:
Web Address: www.unitedwayhardincounty.org
Secretary of State charter number: 348027
Bingo License Number: n/a

Business location
Country: United States
Address Line 1: 225 S Detroit St
City: Kenton
State: Ohio
Zip: 43326
County: Hardin
Mailing address

CLIENT'S COPY

Country: United States
 Address Line 1: 225 S Detroit St
 City: Kenton
 State: Ohio
 Zip: 43326
 County: Hardin

Step 3 Details -

Individual contributions: \$235,464.00
 All other revenue: \$2,713.00
 Total revenue: \$238,177.00
 Program service expenses: \$197,666.00
 All other expenses: \$19,112.00
 Total expenses: \$216,778.00
 Total assets: \$394,567.00
 Total liabilities: \$175,834.00

Step 4 Details -

Directors and trustees information

First Name: Jennifer
 Last Name: Nelson
 Country: United States
 Address Line 1: 225 S Detroit St
 City: Kenton
 State: Ohio
 Zip: 43326
 County: Hardin
 Title/Position: Board member
 Average Weekly Hours: 1
 Compensation: \$0.00

First Name: Phyliss
 Last Name: Griffith
 Country: United States
 Address Line 1: 225 S Detroit St
 City: Kenton
 State: Ohio
 Zip: 43326
 County: Hardin
 Title/Position: Board member

First Name: Merleen
Last Name: Barnes
Country: United States
Address Line 1: 225 S Detroit St
City: Kenton

First Name: Michele
Last Name: Daniels
Country: United States
Address Line 1: 225 S Detroit St
City: Kenton
State: Ohio
Zip: 43326
County: Hardin
Title/Position: Executive Director
Average Weekly Hours: 30
Compensation: \$18,140.00

First Name: Linda
Last Name: Garmon
Country: United States
Address Line 1: 225 S Detroit St
City: Kenton
State: Ohio
Zip: 43326
County: Hardin
Title/Position: Board member
Average Weekly Hours: 1
Compensation: \$0.00

First Name: Madelyn
Last Name: Lowry
Country: United States
Address Line 1: 225 S Detroit St
City: Kenton
State: Ohio
Zip: 43326
County: Hardin
Title/Position: President
Average Weekly Hours: 2
Compensation: \$0.00

Average Weekly Hours: 1
Compensation: \$0.00

State: Ohio	Zip: 43326	County: Hardin	Title/Position: Past President	Average Weekly Hours: 1	Compensation: \$0.00
City: Kenton	State: Ohio	Zip: 43326	County: Hardin	Title/Position: Vice President	Average Weekly Hours: 1
Address Line 1: 225 S Detroit St	City: Kenton	State: Ohio	Zip: 43326	County: Hardin	Title/Position: Vice President
Country: United States	Address Line 1: 225 S Detroit St	City: Kenton	State: Ohio	Zip: 43326	County: Hardin
Last Name: Dan	Address Line 1: 225 S Detroit St	City: Kenton	State: Ohio	Zip: 43326	County: Hardin
First Name: Marshman	Address Line 1: 225 S Detroit St	City: Kenton	State: Ohio	Zip: 43326	County: Hardin
Country: United States	Address Line 1: 225 S Detroit St	City: Kenton	State: Ohio	Zip: 43326	County: Hardin
Country: United States	Address Line 1: 225 S Detroit St	City: Kenton	State: Ohio	Zip: 43326	County: Hardin
Last Name: Kara	Address Line 1: 225 S Detroit St	City: Kenton	State: Ohio	Zip: 43326	County: Hardin
First Name: Brown	Address Line 1: 225 S Detroit St	City: Kenton	State: Ohio	Zip: 43326	County: Hardin
Country: United States	Address Line 1: 225 S Detroit St	City: Kenton	State: Ohio	Zip: 43326	County: Hardin
Country: United States	Address Line 1: 225 S Detroit St	City: Kenton	State: Ohio	Zip: 43326	County: Hardin
Last Name: Katrina	Address Line 1: 225 S Detroit St	City: Kenton	State: Ohio	Zip: 43326	County: Hardin
First Name: Collins	Address Line 1: 225 S Detroit St	City: Kenton	State: Ohio	Zip: 43326	County: Hardin
Country: United States	Address Line 1: 225 S Detroit St	City: Kenton	State: Ohio	Zip: 43326	County: Hardin
Country: United States	Address Line 1: 225 S Detroit St	City: Kenton	State: Ohio	Zip: 43326	County: Hardin
Last Name: Linda	Address Line 1: 225 S Detroit St	City: Kenton	State: Ohio	Zip: 43326	County: Hardin
First Name: Treasurer	Address Line 1: 225 S Detroit St	City: Kenton	State: Ohio	Zip: 43326	County: Hardin
Country: United States	Address Line 1: 225 S Detroit St	City: Kenton	State: Ohio	Zip: 43326	County: Hardin
Country: United States	Address Line 1: 225 S Detroit St	City: Kenton	State: Ohio	Zip: 43326	County: Hardin
Last Name: \$0.00	Address Line 1: 225 S Detroit St	City: Kenton	State: Ohio	Zip: 43326	County: Hardin
First Name: Average Weekly Hours: 2	Address Line 1: 225 S Detroit St	City: Kenton	State: Ohio	Zip: 43326	County: Hardin
Compensation: \$0.00	Address Line 1: 225 S Detroit St	City: Kenton	State: Ohio	Zip: 43326	County: Hardin

First Name: Judi
 Last Name: Ludwig
 Country: United States
 Address Line 1: 225 S Detroit St
 City: Kenton
 State: Ohio
 Zip: 43326
 County: Hardin

First Name: Richard
 Last Name: Katerjohn
 Country: United States
 Address Line 1: 225 S Detroit St
 City: Kenton
 State: Ohio
 Zip: 43326
 County: Hardin
 Title/Position: Board member
 Average Weekly Hours: 1
 Compensation: \$0.00

First Name: Kris
 Last Name: Hastings
 Country: United States
 Address Line 1: 225 S Detroit St
 City: Kenton
 State: Ohio
 Zip: 43326
 County: Hardin
 Title/Position: Board member
 Average Weekly Hours: 1
 Compensation: \$0.00

Last Name: Farnic
 Country: United States
 Address Line 1: 225 S Detroit St
 City: Kenton
 State: Ohio
 Zip: 43326
 County: Hardin
 Title/Position: Board member
 Average Weekly Hours: 1
 Compensation: \$0.00

Title/Position: Board member Average Weekly Hours: 1 Compensation: \$0.00	First Name: Jack Last Name: McBride Country: United States Address Line 1: 225 S Detroit St City: Kenton State: Ohio Zip: 43326 County: Hardin	First Name: Jacinta Last Name: Burd Country: United States Address Line 1: 225 S Detroit St City: Kenton State: Ohio Zip: 43326 County: Hardin	First Name: Scott Last Name: Eatherton Country: United States Address Line 1: 225 S Detroit St City: Kenton State: Ohio Zip: 43326 County: Hardin	First Name: Karla Last Name: Ritchey Country: United States Address Line 1: 225 S Detroit St
---	---	---	--	---

First Name: Chad
Last Name: Spencer
Country: United States
Address Line 1: 225 S Detroit St
City: Kenton
State: Ohio
Zip: 43326
County: Hardin
Title/Position: Board member
Average Weekly Hours: 1
Compensation: \$0.00

First Name: Dylan
Last Name: Wood
Country: United States
Address Line 1: 225 S Detroit St
City: Kenton
State: Ohio
Zip: 43326
County: Hardin
Title/Position: Board member
Average Weekly Hours: 1
Compensation: \$0.00

First Name: Jesse
Last Name: Purcell
Country: United States
Address Line 1: 225 S Detroit St
City: Kenton
State: Ohio
Zip: 43326
County: Hardin
Title/Position: Board member
Average Weekly Hours: 1
Compensation: \$0.00

City: Kenton
State: Ohio
Zip: 43326
County: Hardin
Title/Position: Board member
Average Weekly Hours: 1
Compensation: \$0.00

First Name:	A.J.
Last Name:	Hatarn
Country:	United States
Address Line 1:	225 S Detroit St
City:	Kenton
State:	Ohio
Zip:	43326
County:	Hardin
Title/Position:	Board member
Average Weekly Hours:	1
Compensation:	\$0.00

Board meetings in last fiscal year: 11
 Conflict of interest policy? Yes
 Was organization Audited this year? No

Step 5 Details -

DBA names

Coverturers and specific terms

Step 6 Details -

- Section 1

Is primary office in Ohio? Yes

Primary business address:

Form of the charitable organization:

- Section 2

Chapters

- Section 3

Financial records custodian

- Section 4

Schedule of activity description:

Charitable Purpose:

When will solicitation be conducted:

Ohio counties where solicitation will be conducted:

- Section 5

Custodian of contributions

Custodian of distributions

Agencies

- Section 6

Organization enjoined?
 Organization registration or authority denied / suspended / revoked / enjoined?
 Organization had voluntary agreement with government authority?
 Organization received cease and desist order?
 Explanation

- Section 7

Amount by Ohio residents in the preceding fiscal year including Bingo proceeds:
 Amount of distribution to ohio residents for national / out of ohio organizations:
 Amount of gross bingo proceeds generated in State of Ohio:
 Charitable purpose for previous year contributions used:

Office of Ohio Attorney General Dave Yost
 CharitableRegistration@OhioAGO.gov | 800-282-0515