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Form	330

Department of the Treasury Internal Revenue Service

EXTENDED TO NOVEMBER 15, 2021 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.



AF	or the	e 2020 calendar year, or tax year beginning and	ending		
B C	heck if oplicabl	e: C Name of organization		D Employer identific	cation number
	Addre chang	UNITED WAY OF LOWNDES & NOXUBEE			
	Name chang	e Doing business as		64-056798	87
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Final return	P.O. BOX 266		(662) 328	8-0943
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	902,299.
	Ameno return	COLOMBOS, MS 39703		H(a) Is this a group re	eturn
	Applic tion	F Name and address of principal officer: KENEE SANDERS		for subordinates	? Yes X No
	pendir	ZZ3 ZZND STREET NORTH, COLUMBUS, MS 39	701	H(b) Are all subordinates in	cluded? Yes No
		empt status: $X = 501(c)(3) = 501(c) () (insert no.) = 4947(a)(1)$	or 📃 527	If "No," attach a	list. See instructions
		te: WWW.UWLC-MS.ORG		H(c) Group exemption	,
		organization: 🔀 Corporation 🔄 Trust 🦳 Association 🦳 Other 🕨	L Year	of formation: 1991 N	I State of legal domicile: MS
Pa	rt I	Summary			
е		Briefly describe the organization's mission or most significant activities:			
anc		SUSTAINED CHANGES IN EDUCATION, HEALTH, A			
Activities & Governance		Check this box 🕨 🛄 if the organization discontinued its operations or dispos	sed of more		
0V6				24	
3 0		Number of independent voting members of the governing body (Part VI, line 1b)		24	
es		Total number of individuals employed in calendar year 2020 (Part V, line 2a)		8	
iviti		Total number of volunteers (estimate if necessary)		350	
Act		Total unrelated business revenue from Part VIII, column (C), line 12			0.
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u> </u>		0.
	_	- · · · · · · · · · · · · · · · · · · ·		Prior Year	Current Year 900,769.
e		Contributions and grants (Part VIII, line 1h)		950,163.	
Revenue		Program service revenue (Part VIII, line 2g)		0.	<u> </u>
Rev		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		2,999.	
_		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		4,306.	1,100.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		957,468.	902,299.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		547,467. 0.	426,090.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		107,838.	<u> </u>
ses		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	······	0.	<u> </u>
Expenses		Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 118 , 3	01	0.	0.
хр				108,505.	358,456.
-		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		763,810.	920,107.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		193,658.	-17,808.
- s		Revenue less expenses. Subtract line 18 from line 12			
ts or ances	00	Tatel assets (Dart V. line 16)	Ве	ginning of Current Year 518 , 746 •	End of Year 508,868.
Asse Bala	20	Total assets (Part X, line 16)	······	10,820.	18,750.
Net Assets (Fund Balanc	21	Total liabilities (Part X, line 26)		507,926.	490,118.
	22	Net assets or fund balances. Subtract line 21 from line 20		JU1, J20•	₩JU,110•

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

Sign	Signature of officer		Date									
Here		VE DIRECTOR										
	Type or print name and title											
	Print/Type preparer's name	Preparer's signature Date	Check PTIN									
Paid	ROBERT WHITAKER, CPA	ROBERT WHITAKER, CPA 11/15	/21 self-employed P01707206									
Preparer	Firm's name 🕨 T. E. LOTT & COM	PANY, PA	Firm's EIN 🕨 64-0575804									
Use Only	Firm's address PO BOX 471											
	COLUMBUS, MS 397	Phone no.662-328-5387										
May the IRS discuss this return with the preparer shown above? See instructions												
032001 12-2	3-20 LHA For Paperwork Reduction Act Notic	e, see the separate instructions.	D32001 12-23-20 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2020)									

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	990 (2020) UNITED WAY OF LOWNDES & NOXUBEE	64-0567987 Page 2
Par	t III Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission: OUR MISSION IS TO EMPOWER SUSTAINED CHANGES IN EDUCATION, FINANCIAL STABILITY OF OUR COMMUNITY.	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	Yes X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
4	Describe the organization's program service accomplishments for each of its three largest program services, as m Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others revenue, if any, for each program service reported.	s, the total expenses, and
4a	(Code:)(Expenses \$476,137. including grants of \$397,590.) (Revenue UNITED WAY ADMINISTERS THE ANNUAL FUNDRAISING CAMPAIGN TO DONATIONS TO INVEST IN EDUCATION, INCOME AND HEALTH PROGR INITIATIVES DELIVERED BY MULTIPLE PROGRAMS HELPING RESIDE COUNTY WHO HAVE THE GREATEST NEEDS. ADDITIONALLY, UNITED ADMINISTERS THE ANNUAL FUNDRAISING CAMPAIGN TO COLLECT DO ALLOW DONORS TO CHOOSE WHERE THEIR CONTRIBUTION GOES. TH FUNDS ARE PASSED THROUGH TO THE OTHER NOT-FOR-PROFIT ORGA UNITED WAY COLLECTS DONOR DOLLARS TO FUND COMMUNITY IMPACE EDUCATION, INCOME, AND HEALTH BY MOBILIZING CARING TO EFF PROMOTING VOLUNTEERISM, COMMUNITY PHILANTHROPY AND COMMUNIC CURRENT INITIATIVES INCLUDE PARTNERING WITH HELPING HANDS	COLLECT RAMS AND ENTS OF LOWNDES WAY DNATIONS THAT HESE DESIGNATED NIZATIONS. CT WORK IN FECT CHANGE BY HITY BUILDING.
4b	(Code:) (Expenses \$98,109. including grants of \$) (Revenue) (Revenue UNITED WAY OF LOWNDES & NOXUBEE ALONG WITH THE COMMUNITY LOWNDES COUNTY BOARD, ASSISTED THOSE AFFECTED BY THE HIST AND DEVASTATING NORNADO THAT AFFECTED MANY LOWNDES COUNTY FEBRUARY 2019 THROUGH REPAIRING AND REBUILDING HOMES OF I THE COMMUNITY.	e\$) RECOVERY OF CORIC FLOODING RESIDENTS IN
4c	<pre>(Code:)(Expenses \$151,857. including grants of \$28,500.) (Revenue IN MARCH 2020, COVID-19 WAS DECLARED A PANDEMIC THAT HAS RESIDENTS IN LOWNDES AND NOXUBEE COUNTY. UNITED WAY OF I NOXUBEE RAISED FUNDS TO PROVIDE FOOD AND SNACK LUNCHES, D SUPPLIES, HOUSEHOLD ITEMS, INCLUDING BABY SUPPLIES, TO RE AFFECTED BY THE VIRUS.</pre>	AFFECTED OWNDES & DISASTER
4d	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 726,103.	Form 990 (2020)
032002	SEE SCHEDULE O FOR CONTINUATION(S	. ,

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Form 990 (2020) UNITED WAY OF LOWNDES & NOXUBEE Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		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	9		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	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
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	11b		X
с	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	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	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	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			v
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			37
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			37
-	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			- -
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"			- -
00	complete Schedule G, Part III	19		X X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u> </u>
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		v	
	domestic government on Part IX, column (A), line 1? <i>If</i> "Yes," complete Schedule I, Parts I and II	21	Х	

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			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u> </u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		<u>x</u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		<u> </u>
b	5 71 1 7 1 71 1	24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		<u> </u>
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		<u> </u>
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			x
~~	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		
28	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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	00-		v
	"Yes," complete Schedule L, Part IV	28a		X X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
C	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	28c		x
29	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	25		<u> </u>
50	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes." complete			<u> </u>
0L	Schedule N. Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	02		<u> </u>
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			<u> </u>
	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		x
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	-		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b)		
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		

<u>Form 990 (</u>					LOWNDES			
Part V	Statements	Regarding C	ther I	RS F	ilings and Ta	ax (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	a (3		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)				
3a			3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other auth	•			v
	financial account in a foreign country (such as a bank account, securities account, or other financial account	ount)?	4a		X
b	If "Yes," enter the name of the foreign country				
F -	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial According the approximation of approximation of approximation of the second se		5-		х
5a h	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		<u>5a</u> 5b		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		50 50		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the o				
ou	any contributions that were not tax deductible as charitable contributions?		6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions				
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and service	es provided to the payor?	7a		Х
b			7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was r	equired			
	to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	'd			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit cont	ract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract	?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h		
8					
•			8		
9	Sponsoring organizations maintaining donor advised funds.		0.		
a b			9a 9b		
10	Section 501(c)(7) organizations. Enter:		30		
а		0a			
b		0b			
11	Section 501(c)(12) organizations. Enter:	•			
а	Gross income from members or shareholders	1a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	1b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 10	41?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	2b	_		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
-		3b	-		
		3c	14-		X
			14a		- 23
ы 15	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule C Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration				
10	excess parachute payment(s) during the year?		15		х
	If "Yes," see instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment in	come?	16		х
	If "Yes," complete Form 4720, Schedule O.				

Form **990** (2020)

UNITED WAY OF LOWNDES & NOXUBEE

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

	Check if Schedule O contains a response or note to any line in this Part VI					X
Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	24			
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	24			
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		Х
3	Did the organization delegate control over management duties customarily performed by or under the		sion			
	of officers, directors, trustees, or key employees to a management company or other person?			3		Х
4						
5	5 Did the organization become aware during the year of a significant diversion of the organization's assets?					
6	Did the organization have members or stockholders?			6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point one or				
	more members of the governing body?			7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockholders, or				
	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea	r by the following	j :			
а	The governing body?			8a	Х	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	hed at the				
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue Code.)				
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such cha	apters, affiliates	s,			
	and branches to ensure their operations are consistent with the organization's exempt purposes? \dots			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	before filing the	e form?	11a		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to conflicts?		12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If " γ	'es," describe				
	in Schedule O how this was done			12c	X	
13	Did the organization have a written whistleblower policy?			13		<u>X</u>
14	Did the organization have a written document retention and destruction policy?			14	Х	
15	Did the process for determining compensation of the following persons include a review and approval	•	nt			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
	The organization's CEO, Executive Director, or top management official			15a		X
b	Other officers or key employees of the organization			15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem	nent with a				77
	taxable entity during the year?		1	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat		n			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ			401		
800	exempt status with respect to such arrangements?			16b		
17 10	List the states with which a copy of this Form 990 is required to be filed MS				0.00	
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, an	in aan-i (Sectio	11 SUT(C)(3)S	oniy)	availai	ule
	for public inspection. Indicate how you made these available. Check all that apply. Own website X Another's website X Upon request Other (explain)		N			
10		on Schedule O		fines	iol	
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, con	mict of interest	policy, and	manc	idi	
20	statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's boo	ke and records				
20	RENEE SANDERS - 662-328-0943	no and records				
	223 22ND STREET NORTH, COLUMBUS, MS 39701					

week	officer and a director/trustee)			/trust	tee)	from	from related	other	
(list any	ector						the	organizations	compensation
hours for	r dire				ted		organization	(W-2/1099-MISC)	from the
related	tee o	ustee			pensat		(W-2/1099-MISC)		organization
organizations	SILLI	al tri		yee	mp				and related

	hours for related organizations below line)	Individual trustee or direct	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) TODD DAVIS	1.00									
PAST PRESIDENT		Х						0.	0.	0.
(2) KELLUM KIM	2.00									
PRESIDENT		Х		Х				0.	0.	0.
(3) CLEOPATRA JONES	2.00									
PERSONNEL CHAIR		Х		Х				0.	0.	0.
(4) MARTI KAUFFMAN	2.00									
DIRECTOR / ALLOCATIONS CHAIR		Х						0.	0.	0.
(5) JAY FISHER	1.00									
DIRECTOR		Х						0.	0.	0.
(6) ANDREW BISHOP	1.00									
DIRECTOR		Х						0.	0.	0.
(7) KAREN STANLEY	2.00									
COMMUNICATIONS CHAIR		Х		Х				0.	0.	0.
(8) MEGAN PRATT	1.00									
DIRECTOR		Х						0.	0.	0.
(9) BRUCE JOHNSON	1.00									
DIRECTOR		Х						0.	0.	0.
(10) WILLIAM BROWN	1.00									
DIRECTOR		Х						0.	0.	0.
(11) COLIN KRIEGER	1.00									
DIRECTOR		Х						0.	0.	0.
(12) TIM HEARD	1.00									
DIRECTOR		Х						0.	0.	0.
(13) PAIGE SPEARS	2.00									
TREASURER		Х		Х				0.	0.	0.
(14) JACQUELINE NEWTON	2.00									
SECRETARY		Х		Х				0.	0.	0.
(15) MONTY GILBREATH	1.00									
PAST PRESIDENT		Х						0.	Ο.	0.
(16) JOHN MICHAEL ROLLINS	1.00									
DIRECTOR		Х						0.	Ο.	0.
(17) KRISTI JONES	1.00									
DIRECTOR		Х						0.	Ο.	0.
032007 12-23-20										Form 990 (2020)

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

UNITED WAY OF LOWNDES & NOXUBEE

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

(B)

Average

hours per

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

(C)

Position

(do not check more than one box, unless person is both an

officer and a director/trustee)

(D)

Reportable

compensation

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

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

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

(A)

Name and title

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

(F)

Estimated

amount of

(E)

Reportable

compensation

Form 990 (2020) UNITED WA	Y OF LC	NMN	IDE	iS	δε	NO	ХU	IBEE	64-056	579	187	Pa	ge ð
Part VII Section A. Officers, Directors, Trust	ees, Key Em	oloy	ees,	and	d Hig	ghes	st C	ompensated Employees	s (continued)				
(A)	(B)				C)			(D)	(E)			(F)	
Name and title	Average			Pos	itior			Reportable	Reportable			mate	d
	hours per					than o is both		compensation	compensation			ount c	
	week					or/trus		from	from related			ther	
	(list any	ctor						the	organizations		comp	ensat	ion
	hours for	- direc				-p		organization	(W-2/1099-MISC)		•	m the	
	related	ee or	stee			nsate		(W-2/1099-MISC)	````		orga	nizatio	on
	organizations	trust	al tru		yee	bube					and	relate	d
	below	ndividual trustee or director	Institutional trustee	er	Key employee	est co	er				organ	nizatio	ns
	line)	Indiv	Instit	Officer	Key e	Highest compensated employee	Former						
(18) RENEE SANDERS	40.00												
EXECUTIVE DIRECTOR				x				0.	0).			0.
(19) JASON KING	1.00								-	+			
DIRECTOR		x						0.	0).			0.
(20) DAVID VEGA	2.00									-			••
DIRECTOR / NOMINATIONS CHAIR	2.00	x						0.	0).			Δ
	1 0 0	A			<u> </u>	-		0.	U	′•+			0.
(21) SHEILA WESTBROOK	1.00												•
DIRECTOR		Х						0.	0).			0.
(22) TINA HOLCOMBE FERRELL	1.00												
DIRECTOR		Х						0.	0).			0.
(23) ERICA GRUSECK	1.00												
DIRECTOR		X						0.	0).			0.
(24) LANDIS MICKENS	1.00												
DIRECTOR		x						0.	0).			0.
(25) STEPHANIE SMITH WOODARD	1.00									-+			<u> </u>
DIRECTOR	1.00	x						0.	0).			0.
DIRECTOR		<u> </u>			<u> </u>	-		0.		·•+			0.
								0		+			
1b Subtotal								0.	-).			0.
c Total from continuation sheets to Part VI	, Section A							0.	-).			0.
d Total (add lines 1b and 1c)								0.	0).			0.
2 Total number of individuals (including but no	ot limited to th	ose	liste	d ab	ove	e) wh	o re	eceived more than \$100,0	00 of reportable				
compensation from the organization													0
											١	Yes	No
3 Did the organization list any former officer,	director. trust	ee. k	ev e	empl	ove	e. or	hia	hest compensated emplo	ovee on	Г			
line 1a? If "Yes," complete Schedule J for su	, ich individual	,		•	,	,	Ŭ			- E	3		Х
4 For any individual listed on line 1a, is the su										· -			
-	-		-					-	-	- 1	4		Х
and related organizations greater than \$150										· F			
5 Did any person listed on line 1a receive or a	-				-			-			-		Х
rendered to the organization? If "Yes," com	olete Schedule	e J fo	or su	ıch i	bers	ion .				÷	5		Δ
Section B. Independent Contractors													
1 Complete this table for your five highest cor										ısati	on fron	n	
the organization. Report compensation for t	he calendar ye	ear e	endin	ng w	rith c	or wi	thin	the organization's tax ye	ar.				
(A)								(B)		_	(C)		
Name and business	address	NC	ONE	6				Description of se	ervices		ompens	sation	l
- - · · · · · · · · · · · · · · · · · ·													
2 Total number of independent contractors (in		ot lin	nitec	d to	-		ted	above) who received mo	re than				
\$100,000 of compensation from the organiz	ation 🕨				(J							

~ - - - ~

	n 990 () rt VII		OF LOWNDES	& NOXUBEE		64-0567	987 Page 9
Fa		Check if Schedule O contains a respor	nse or note to any line	e in this Part VIII			
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ce Contributions, Gifts, Grants and Other Similar Amounts	1 a b c f f h	Federated campaigns1aMembership dues1bFundraising events1cRelated organizations1dGovernment grants (contributions)1eAll other contributions, gifts, grants, and similar amounts not included above1fNoncash contributions included in lines 1a-1f1g \$Total. Add lines 1a-1f1	Business Code	900,769.			
Program Service Revenue		All other program service revenue					
Other Revenue	3 4 5 6 a b c d 7 a b c d	Investment income (including dividends, in other similar amounts) Income from investment of tax-exempt bor Royalties Gross rents Less: rental expenses	terest, and	430.	430.		
	c 9 a b c 10 a b	Part IV, line 18 Less: direct expenses Net income or (loss) from fundraising even Gross income from gaming activities. See Part IV, line 19 Less: direct expenses Net income or (loss) from gaming activities Gross sales of inventory, less returns and allowances	9a 9b 10a 10b				
Miscellaneous Revenue	11 a b c d e		Business Code 900099	1,100.	1,100.		
	12	Total revenue. See instructions		902,299.	1,530.	0.	0.

UNITED WAY OF LOWNDES & NOXUBEE 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).

0001	on 501(c)(3) and 501(c)(4) organizations must completed on the second completed on the second contains a respons				
Do	not include amounts reported on lines 6b,	(A)	(B) Program service	(C)	(D) Fundraising
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	expenses
1	Grants and other assistance to domestic organizations				· · ·
	and domestic governments. See Part IV, line 21	426,090.	426,090.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	105 500	10 000	22 225	
	trustees, and key employees	125,500.	18,386.	33,885.	73,229.
6	Compensation not included above to disqualified				
	persons (as defined under section $4958(f)(1)$) and				
_	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
~	section 401(k) and 403(b) employer contributions)				
9 10	Other employee benefits	10,061.	1,474.	2,716.	5,871.
10 11	Payroll taxes Fees for services (nonemployees):	10,0010	<u> </u>	2,110•	5,071.
	Management				
	Accounting	20,175.		20,175.	
	Lobbying	/ _ / _ /			
	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 Sch 0.)				
12	Advertising and promotion	3,349.	491.	904.	1,954.
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	4,800.	703.	1,296.	2,801.
17	Travel	3,341.	489.	903.	1,949.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20					
21	Payments to affiliates	1 600	220	406.	076
22	Depreciation, depletion, and amortization	1,502. 3,856.	<u>220.</u> 565.	1,041.	<u>876.</u> 2,250.
23	Insurance	5,050.	505.	1,041.	4,430.
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)				
а	amount, list line 24e expenses on Schedule 0.)	123,357.	123,357.	0.	0.
a b	DISASTER RELIEF	98,109.	98,109.	0.	0.
с С	COMMUNITY SERVICE PROGR	51,282.	51,282.	0.	0.
d	SUPPLIES	11,898.	1,743.	3,213.	6,942.
	All other expenses	36,787.	3,194.	11,074.	22,519.
25	Total functional expenses. Add lines 1 through 24e	920,107.	726,103.	75,613.	118,391.
26	Joint costs. Complete this line only if the organization	·	·		-
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here Figure if following SOP 98-2 (ASC 958-720)				
	12 23 20				Eorm 990 (2020)

	UNITED	WAY	OF	LOWNDES	&	NOXUBEE	
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		Check if Schedule O contains a response or n	ote to an	v line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			449,173.	1	466,931.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			64,570.	3	38,436.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub					
		controlled entity or family member of any of th				5	
	6	Loans and other receivables from other disqua					
		under section 4958(f)(1)), and persons describe				6	
6	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				. 8	
As	9					9	
		Land, buildings, and equipment: cost or other					
	100	basis. Complete Part VI of Schedule D		9,905.			
	b			6,404.	5,003.	10c	3,501.
	11	Investments - publicly traded securities			5,0000	11	0,001
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line				13	
	14					14	
	14	Intangible assets				14	
	16	Other assets. See Part IV, line 11 Total assets. Add lines 1 through 15 (must ec			518,746.	16	508,868.
	17	Accounts payable and accrued expenses			8,553.	17	15,881.
	18				0,555.	18	15,001.
	19	Grants payable				19	
	20	Deferred revenue				20	
	20	Tax-exempt bond liabilities Escrow or custodial account liability. Complete				20	
	21	Loans and other payables to any current or for				21	
Liabilities	22	trustee, key employee, creator or founder, sub					
bilit						22	
Lial	00	controlled entity or family member of any of th				22	
	23 24	Secured mortgages and notes payable to unre				23 24	
	24 25	Unsecured notes and loans payable to unrelat				24	
	25	Other liabilities (including federal income tax, p					
		parties, and other liabilities not included on line	es 17-24)	. Complete Part X	2,267.	25	2,869.
	26	of Schedule D		·····	10,820.	25 26	18,750.
	20	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, ch		· · · ·	10,020.	20	10,750.
ŝ			leck her				
nce	07	and complete lines 27, 28, 32, and 33. Net assets without donor restrictions			228,939.	27	280,462.
ala	27				278,987.	27	209,656.
ар	28				270,007.	20	205,050.
'n		Organizations that do not follow FASB ASC	958, cne				
ъ Ш		and complete lines 29 through 33.	_				
Net Assets or Fund Balances	29	Capital stock or trust principal, or current fund				29	<u> </u>
SSe	30	Paid-in or capital surplus, or land, building, or				30	
μĂ	31	Retained earnings, endowment, accumulated			507 026	31	100 110
Ř	32	Total net assets or fund balances			507,926.	32	490,118.
	33	Total liabilities and net assets/fund balances			518,746.	33	508,868.

Form **990** (2020)

Form 990 (2020) Part X Balance Sheet

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Form	990	(2020)

Form	990 (2020) UNITED WAY OF LOWNDES & NOXUBEE	64-056	<u>7987</u>	Pag	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	902		
2	Total expenses (must equal Part IX, column (A), line 25)	2	920	,1	07.
3	Revenue less expenses. Subtract line 2 from line 1	3			08.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	507	, 9:	26.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	490	,1:	18.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.			
2a			2a		X
	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?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the			.,	
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	-			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	<u></u>	<u> </u>
					$(\cap \cap \cap \cap)$

Form **990** (2020)

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

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.

OMB No. 1545-0047
2020
Open to Public Inspection

								identification number	
								4-0567987	
Pa	irt I	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	s.	
The	organ	ization is not a private found	ation because it is: (F	For lines 1 through 12, c	heck only	one box.)			
1		A church, convention of ch	urches, or associatio	n of churches described	in sectio	n 170(b)(1)(A)(i).		
2		A school described in sect							
3	\square	A hospital or a cooperative					i).		
4	\square	A medical research organize						(iiii) Enter	the hospital's name
-		city, and state:		ijunotion with a noopital	accombed	30010			the hospital o hame,
F		An organization operated for	r the bonefit of a col	logo or university owned	l or oporat	od by a go	vorpmontal u	ait doscribo	od in
5		•		lege of university owned	i or operati	eu by a go		III UESCIDE	
-		section 170(b)(1)(A)(iv). (C					<i>.</i> .		
6		A federal, state, or local gov							
7	A	An organization that norma		ntial part of its support fi	rom a gove	ernmental	unit or from th	e general p	bublic described in
		section 170(b)(1)(A)(vi). (C							
8		A community trust describe	ed in section 170(b)((1)(A)(vi). (Complete Par	t II.)				
9		An agricultural research org	anization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a	land-grant	college
		or university or a non-land-g	rant college of agric	ulture (see instructions).	Enter the I	name, city	, and state of	the college	or
		university:							
10		An organization that norma	Ily receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, and	d gross receipts from
		activities related to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its	s support fi	rom gross investment
		income and unrelated busir	ness taxable income	(less section 511 tax) fro	m busines	ses acquii	red by the org	anization a	fter June 30, 1975.
		See section 509(a)(2). (Cor	mplete Part III.)						
11		An organization organized a	and operated exclusi	vely to test for public sa	fety. See	section 50)9(a)(4).		
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform tl	ne functior	ns of, or to ca	rry out the	purposes of one or
		more publicly supported or	ganizations describe	d in section 509(a)(1) o	r section	509(a)(2).	See section {	509(a)(3). (Check the box in
		lines 12a through 12d that	describes the type of	f supporting organizatior	and com	plete lines	12e, 12f, and	12g.	
а		Type I. A supporting orga	anization operated, si	upervised, or controlled	by its supp	orted orga	anization(s), ty	pically by	giving
		the supported organization	-	-	•	-			
		organization. You must c							
b		Type II. A supporting org			ion with its	s supporte	d organizatio	n(s), by hav	rina
		control or management o	-				-		-
		organization(s). You mus							
с		Type III functionally inte	-		in connect	ion with	and functional	lv integrate	d with
		its supported organization						ly integrate	
d		Type III non-functionally		-				ted organiz	ration(s)
Ū	·	that is not functionally int	• •					•	
		requirement (see instructi	0	e ,			-	anattentiv	01033
		Check this box if the orga		-					
e		functionally integrated, or					турет, туре	i, iype iii	
	Ente	er the number of supported of		, , , , , , , , , , , , , , , , , , , ,	iy organiz	ation.			
		vide the following information	•	d arganization(a)					
<u>g</u>		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	inization listed	(v) Amount of	monetary	(vi) Amount of other
		organization		(described on lines 1-10	in your governi Yes	ng document?	support (see ir	structions)	support (see instructions)
				above (see instructions))	103				
Tota	al								

Schedule A (Form 990 or 990-EZ) 2020 UNITED WAY OF LOWNDES & NOXUBEE Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A

64-0567987 Page 2

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

See	Section A. Public Support								
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")	773,614.	564,776.	562,747.	933,196.	893,598.	3727931.		
2	Tax revenues levied for the organ-								
	ization's benefit and either paid to								
	or expended on its behalf								
3	The value of services or facilities								
	furnished by a governmental unit to								
	the organization without charge								
4	Total. Add lines 1 through 3	773,614.	564,776.	562,747.	933,196.	893,598.	3727931.		
	The portion of total contributions								
	by each person (other than a								
	governmental unit or publicly								
	supported organization) included								
	on line 1 that exceeds 2% of the								
	amount shown on line 11,								
	column (f)								
6	Public support. Subtract line 5 from line 4.						3727931.		
	ction B. Total Support						5727551.		
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2010	(a) 2020			
	Amounts from line 4	(a)2016 773,614.	564,776.	562,747.	(d) 2019 933,196.	(e) 2020 893,598.	(f) Total 3727931.		
		775,014.	504,770.	502,747.	555,150.	055,550.	5727551.		
8	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties,	4 0 2 1	2 602	1 100	2 0 2 6	420	15 501		
	and income from similar sources	4,031.	3,692.	4,402.	3,026.	430.	15,581.		
9	Net income from unrelated business								
	activities, whether or not the								
	business is regularly carried on								
10	Other income. Do not include gain								
	or loss from the sale of capital								
	assets (Explain in Part VI.)								
11	Total support. Add lines 7 through 10						3743512.		
12	Gross receipts from related activities,	etc. (see instructio	ons)			12	49,882.		
13	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third, f	ourth, or fifth tax y	ear as a section 5	01(c)(3)			
_	organization, check this box and stor								
See	ction C. Computation of Publi	c Support Per	centage						
	Public support percentage for 2020 (I		•			14	<u>99.58 %</u>		
	Public support percentage from 2019					15	99.48 %		
16 a	33 1/3% support test - 2020. If the c	organization did no	t check the box or	n line 13, and line 1	14 is 33 1/3% or m	ore, check this boy			
	stop here. The organization qualifies	as a publicly supp	orted organization				X		
b	33 1/3% support test - 2019. If the c	organization did no	t check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box		
	and stop here. The organization qualifies as a publicly supported organization								
17a	7a 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 te	st. The organizatio	n qualifies as a pu	blicly supported or	ganization	-			
b	0 10% -facts-and-circumstances test	- 2019. If the org	anization did not c	heck a box on line					
	more, and if the organization meets th	-							
	organization meets the facts-and-circu								
18	Private foundation. If the organizatio		-		•••••				
-									

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020 UNITED WAY OF LOWNDES & NOXUBEE 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.)

Sec	ction A. Public Support		-				
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6	(4) 2010		(0) 2010	(4) 2010		
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)				<u> </u>		
14	First 5 years. If the Form 990 is for th	-			-		
<u> </u>							·····
	ction C. Computation of Public	••	•				
	Public support percentage for 2020 (li		•	column (f))		15	%
<u>16</u>	Public support percentage from 2019					16	99.48 %
	ction D. Computation of Inves					<u> </u>	
17	Investment income percentage for 20			ine 13, column (f))		17	%
18	Investment income percentage from 2					18	.52 %
19a	33 1/3% support tests - 2020. If the						ne 17 is not
b	more than 33 1/3%, check this box an 33 1/3% support tests - 2019. If the						▶∟
	line 18 is not more than 33 1/3%, chec						
20	Private foundation. If the organization						

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020 UNITED WAY OF LOWNDES & NOXUBEE

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

Yes

No

Schedule A (Form 990 or 990-EZ) 2020 UNITED WAY OF LOWNDES & NOXUBEE

	rt IV Supporting Organizations (continued)	50750	/ Fc	ige J
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		100	110
	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
u	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	110		
•	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> Part VI <i>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, or trustees were allocated among the support of the organization and the organiz</i>			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes." explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? 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		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a			

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

<u>supported organizations played in this regard.</u> Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization	used to satisfy the Integral Pa	art Test during the ye	ear (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.
-----	--	------------------------

с [The organization	n supported a gover	nmental entity. D	Describe in Part VI how	you supported a	governmental entity	(see instruction <u>s).</u>
-----	------------------	---------------------	-------------------	-------------------------	-----------------	---------------------	-----------------------------

- 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.*

3

2a

2b

3a

3b

Yes No

Га	TV Type in Non-Functionally integrated 509(a)(5) Supporting	Orgai	lizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust on	Nov. 20, 1970 (explain in 1	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must c	complete	e Sections A through E.	•
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

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

Schedule A (Form 990 or 990-EZ) 2020 UNITED WAY OF LOWNDES & NOXUBEE Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

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instructions).

7

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020 UNITED WAY OF LOWNDES & NOXUBEE

Fai	i v Type in Non-Functionally integrated 509	(a)(3) Supporting Orga	continu	ued)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	8	3	
_4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - prior	ovide details in Part VI)		5	
6	Other distributions (<i>describe in</i> Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne 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	1	1	10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2020	ns	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
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:				
а	Excess from 2016				
b	Excess from 2017				
с	Excess from 2018				
d	Excess from 2019				
е	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

Schedule A	(Form 990 or 990-EZ) 2020	UNITED WA	Y OF	LOWNDES	& NOX	UBEE	64-0567987	Page 8
Part VI	Supplemental Infor Part IV, Section A, lines 1	mation. Provide , 2, 3b, 3c, 4b, 4c, lines 2 and 3; Part	the expla 5a, 6, 9a, V, Sectio	nations require 9b, 9c, 11a, 11 n E, lines 1c, 2	d by Part II, I b, and 11c; I a, 2b, 3a, and	ine 10; Part II, line 17a Part IV, Section B, line d 3b; Part V, line 1; Pa	s 1 and 2; Part IV, Section C rt V, Section B, line 1e; Part	C, V,
	(See Instructions.)							

Schedule B

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

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2020

Name of the organization		Employer identification number							
υ	NITED WAY OF LOWNDES & NOXUBEE	64-0567987							
Organization type (check	one):								
Filers of:	Section:								
Form 990 or 990-EZ	\fbox 501(c)(3) (enter number) organization								
	4947(a)(1) nonexempt charitable trust not treated as a private foundation								
	527 political organization								
Form 990-PF	0-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 Ru	le. See instructions.							
General Rule									
•	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling ay one contributor. Complete Parts I and II. See instructions for determining a contributor								
Special Rules									
sections 509(a)(1 any one contribu	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, tor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amou Z, line 1. Complete Parts I and II.	or 16b, and that received from							

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

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

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 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).

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

Name of organization

Employer identification number

64-0567987

UNITED WAY OF LOWNDES & NOXUBEE

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

		1	1
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	PACCAR 1000 PACCAR DRIVE COLUMBUS, MS 39701	\$24,354.	Person Payroll X Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	INTERNATIONAL PAPER <u>4335 CARSON ROAD</u> <u>COLUMBUS, MS 39701</u>	\$72,428.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	LOWNDES COUNTY BOARD OF SUPERVISORS 505 2ND AVE N COLUMBUS, MS 39701	\$102,250.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	PACCAR FOUNDATION P.O. BOX 1518 BELLEVUE, WA 98009-1518	\$200,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	CREATE FOUNDATION 213 WEST MAIN STREET TUPELO, MS 38804	\$36,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	MISSISSIPPI COMMISSION FOR VOLUNTEER SERVICES 3825 RIDGEWOOD RD. JACKSON, MS 39211	\$45,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization

Employer identification number

64-0567987

UNITED WAY OF LOWNDES & NOXUBEE

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
7	SMALL BUSINESS ADMINISTRATION - PPPLOAN FORGIVENESS409 3RD STREET SWWASHINGTON, DC 20416	\$ <u>20,512.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8_	UNITED WAY WORLDWIDE		Person X
	701 NORTH FAIRFAX STREET ALEXANDRIA , VA 22314	\$24,303.	Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	STEEL DYNAMICS 1945 AIRPORT ROAD COLUMBUS, MS 39701	\$ <u>73,592.</u>	Person Payroll X Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

023452 11-25-20

Name of organization

Employer identification number

64 - 0567987

UNITED WAY OF LOWNDES & NOXUBEE

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

Part II	Noncash Property (see instructions). Use duplicate copies of Par	rt II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(-)			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of or	rganization		Employer identification number
UNITEI	D WAY OF LOWNDES & NOXU	3EE	64-0567987
Part III	Exclusively religious, charitable, etc., contributi	ons to organizations described in se) through (e) and the following line en charitable, etc., contributions of \$1,000 or	ection 501(c)(7), (8), or (10) that total more than \$1,000 for the year
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gif	
-	Transferee's name, address, a	nd 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
	Transferee's name, address, a	(e) Transfer of gif	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
	Transferee's name, address, a	(e) Transfer of gif	t 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
-	Transferee's name, address, a	(e) Transfer of gif	t Relationship of transferor to transferee

(Form	990)
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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.



Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 550.
Go to www.irs.gov/Form990 for instructions and the latest information.

Part II Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered 'Yes' on Form 980, Part IV, line 6. Instrument and on the set of th		UNITED WAY OF LOWNI				64-0567987
(a) Donor advised funds (b) Funds and other accounts 2 Aggregate value of contributions to (during year)	Par	t I Organizations Maintaining Donor Advised	d Funds or Othe	r Similar Funds or	Accour	nts. Complete if the
1 Total number at end of year 2 Aggregate value of contributions to (during year) 3 Aggregate value of or parts from (during year) 4 Aggregate value of or antibutions to (during year) 5 Did the organization is property, subject to the organization's exclusive legal control? Yes No 6 Did the organization is property, subject to the organization is exclusive legal control? Yes No 6 Did the organization is property. Subject to the organization is exclusive legal control? Yes No 6 Did the organization is property. Subject to the organization is exclusive legal control? Part II. CONSErvation Easements: held by the organization answered "Yes' on Form 930, Part IV, line 7. 1 Purpose(g) or conservation easements held by the organization is exclusive? Protection of a historically important land area Protection of alual habitat Protection of alual habitat Protection of alual habitat Protection of conservation easements 2 Auger setticide by conservation easements 3 Number of conservation easements modified, transfered, released, extinguished, or terminated by the organization during the tax year. 3 Number of souservation easements modified, transfered, released, extinguished, or terminated by the organization during the tax year is an endified, transfered, released, extinguished, or terminated by the organization also while policy regarding the periodic monotoring, inspection, handling of violations, and enforcing conservation easements during the year is a conservation easements included in (c) acquired atter 72206, and not on a historic structure extinue and the year is a conservation easements included in (c) acquired atter 72206, and not on a historic structure extinue and a s		organization answered "Yes" on Form 990, Part IV, line	e 6.			
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tor charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring	6					
Impermissible private benefit? Yes No. Part II Conservation Easements. Complete lift the organization (check all that apply). Preservation of a historically important land area Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Preservation of open space Preservation of a conservation easement historic structure Preservation of conservation easements 2a 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last 2a 2a 3 Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure 1sted in the National Register 2a 3 Number of states where property subject to conservation easement is located > 5 Does the organization have a written policy regarding the periodic monitoring, inspecting, handling of violations, and enforcing conservation easements during the year * 5 S Does each conservation easements in hods? 6 Statf and volunteer hours dev	-					
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day of the tax year. Held at the End of the Tax Year. a Total number of conservation easements 2a 2b 2c 2c 2d 2d 2d 2d </th <th>•</th> <th> · · ·</th> <th></th> <th>tuile, die ein the former of .</th> <th></th> <th></th>	•	· · ·		tuile, die ein the former of .		
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 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 > \$ 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a 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 in Part XIII the text of these items: i () Revenue included on Form 990, Part X § 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the fo		· · ·				
 violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 	4					
 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ B Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(i)? Yes No 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization is accounting for conservation easements. Part III Organization saccounting for conservation easements. Part III Organization answerd "Yes" on Form 990, Part IV, line 8. 1a 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 in Part XIII the text of these items: i) Revenue included on Form 990, Part X \$ 4 If the organization neceived or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts relating to these items: a) Revenue included on Form 990, Part X b Assets included in Form 990, Part X c) Assets included on Form 990, Part X	5			pection, handling of		
 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year \$						
 \$	6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations	s, and enforcing conserv	ation ease	ements during the year
 \$		▶				
 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)	7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and	l enforcing conservatior	easemen	ts during the year
 and section 170(h)(4)(B)(ii)? Yes No 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a 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 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 X \$ 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part X \$ b Assets included in Form 990,						
 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a 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 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 X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part X b Assets included in Form 990, Part X b Assets included in Form 990, Part X 	8					
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organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a 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 X (i) Assets included on Form 990, Part X (ii) Assets included on Form 990, Part X (iii) Assets included on Form 990, Part X (iii) Assets included on Form 990, Part X (iii) Assets included on Form 990, Part X (ii) Assets included on Form 990, Part X (iii) Assets included on Form 990, Part X (iii) Assets included on Form 990, Part X (ii) Assets included in Form 99	9	In Part XIII, describe how the organization reports conservation	on easements in its re	evenue and expense sta	tement an	d
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. 1a 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 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part X b \$ b \$ c b Assets included in Form 990, Part X		balance sheet, and include, if applicable, the text of the footn	ote to the organization	on's financial statements	s that desc	cribes the
Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a 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 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part X b Assets included in Form 990, Part X					-	
 1a 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 \$ 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part X b Assets included in Form 990, Part X 	Par	t III Organizations Maintaining Collections of	Art, Historical 1	reasures, or Othe	r Simila	r Assets.
 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 \$ 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part X \$ Assets included in Form 990, Part X \$ 		Complete if the organization answered "Yes" on Form	990, Part IV, line 8.			
 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 \$ 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part X \$ Assets included in Form 990, Part X \$ 	1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its	revenue statement and	balance sl	heet works
 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 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part X b Assets included in Form 990, Part X c S 		of art, historical treasures, or other similar assets held for pub	lic exhibition, educat	ion, or research in furth	erance of	public
 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 \$ 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part X b Assets included in Form 990, Part X b Assets included in Form 990, Part X b Assets included in Form 990, Part X 		service, provide in Part XIII the text of the footnote to its finan	icial statements that	describes these items.		
 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 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part X b Assets included in Form 990, Part X b Assets included in Form 990, Part X b Assets included in Form 990, Part X 	b	If the organization elected, as permitted under FASB ASC 95	8, to report in its reve	enue statement and bala	ance sheet	works of
 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 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part X b Assets included in Form 990, Part X b Assets included in Form 990, Part X b Assets included in Form 990, Part X 		art, historical treasures, or other similar assets held for public	exhibition, education	n, or research in furthera	ance of pu	blic service,
 (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 \$ 		provide the following amounts relating to these items:				
 (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 \$ 		(i) Revenue included on Form 990. Part VIII. line 1				\$
 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under 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 b Assets included in Form 990, Part X 					•	
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	2					
a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X	-				, թ. օ. , ս	-
b Assets included in Form 990, Part X 🕨 \$	я		-			\$

Sche		VAY OF LOW							67987	Page 2
Par	t III Organizations Maintaining Co	ollections of Ar	t, Histo	rical Tre	easures, o	r Other	[.] Simila	r Assets	(continu	ed)
3	Using the organization's acquisition, accession	on, and other record	ls, check	any of the	following that	t make sig	gnificant ι	use of its		
	collection items (check all that apply):									
а	Public exhibition	c			hange progra					
b	Scholarly research	e	• 🗌 (Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	llections and explai	n how the	ey further th	ne organizatio	on's exem	npt purpo	se in Part	XIII.	
5	During the year, did the organization solicit or	receive donations	of art, his	torical treas	sures, or othe	er similar	assets		_	
_	to be sold to raise funds rather than to be ma				llection?				Yes	No
Par	t IV Escrow and Custodial Arrang		ete if the	organizatic	n answered	"Yes" on	Form 990	, Part IV,	ine 9, or	
	reported an amount on Form 990, Par									
1a	Is the organization an agent, trustee, custodia		•					_	-	
	on Form 990, Part X?							L	Yes	No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fo	llowing ta	ıble:						
									Amount	
С	Beginning balance									
d	Additions during the year									
е	Distributions during the year									
f	Ending balance								7	
	Did the organization include an amount on Fo						ty?	L	Yes	No
Par	If "Yes," explain the arrangement in Part XIII.						•			
1 41	t V Endowment Funds. Complete if								(-) [
4	Pasinging of your balance	(a) Current year	(b) Pi	rior year	(c) Two yea	rs dack	(a) Three y	ears dack	(e) Four y	ears dack
1a 5	Beginning of year balance									
D	Contributions									
C A	Net investment earnings, gains, and losses									
a	Grants or scholarships									
е	Other expenditures for facilities									
4	and programs									
1	Administrative expenses End of year balance									
g 2	Provide the estimated percentage of the curre	ant year and balanc	l e (line 1a	column (a)) held as:					
2	Board designated or quasi-endowment		%	, column (a	jj neiu as.					
a h	Permanent endowment	%	/0							
c		%								
U	The percentages on lines 2a, 2b, and 2c should be a should be should be a should be a should be a should be should be a should	-								
3a	Are there endowment funds not in the posses	· · · · ·	ation that	are held ar	nd administer	ed for th	e organiza	ation		
ou	by:						o organiza			'es No
	(i) Unrelated organizations								3a(i)	
	(ii) Related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organizat								3b	
4	Describe in Part XIII the intended uses of the									
Par	t VI Land, Buildings, and Equipme									
	Complete if the organization answered	I "Yes" on Form 990	D, Part IV,	line 11a. S	See Form 990	, Part X, I	line 10.			
	Description of property	(a) Cost or o basis (investr		• •	t or other (other)		ccumulate preciation	ed	(d) Book	value
1a	Land									
	Buildings									
	Leasehold improvements									
	Equipment				9,905.		6,4	04.	3	,501.
	Other									
	Add lines 1a through 1e. (Column (d) must ed		X. colum	n (B). line 1	0c.)				3	,501.

Schedule D (Form 990) 2020

Schedule D (Fo	orm 990) 2020	ONTIED	WAI	Оr	TOMNDED	æ	NOVOPEE	
Schodulo D (Ec	orm 000) 2020	UNTTED	WAY	OF	LOWNDES	~~	NOXUBEE	

Part VII Investments - Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (a) Description of security or category (including name of security) (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) Financial derivatives (2) Closely held equity interests (3) Other (A) (B) (C) (D) (E) (F) (G) (H) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ►

Part IX Other Assets.

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

	(a) Description	(b) Book value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990. Part X. col. (B) line 15.)	
Part	X Other Liabilities.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.	
1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	PAYROLL LIABILITIES	2,869.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

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

art XIII 🔜 🔀

2,869.

Schedule D (Form 990) 2020

(9)

Sche	dule D (Form 990) 2020 UNITED WAY OF LOWNDES &	NOXUBEE	64-05679	87 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial State	ments With Reven	ue per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.		
1	Total revenue, gains, and other support per audited financial statements		1 9	02,299.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
с	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d			0.
3	Subtract line 2e from line 1			02,299.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines 4a and 4b			0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			02,299.
Pa	t XII Reconciliation of Expenses per Audited Financial Stat	ements With Exper	nses per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.		
1	Total expenses and losses per audited financial statements		1 9	20,107.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
с	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1			20,107.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines 4a and 4b			0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.,			20,107.
Pa	rt XIII Supplemental Information.			

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

PART X, LINE 2:

ASC TOPIC 740, INCOME TAXES, PROVIDES GUIDANCE ON FINANCIAL STATEMENT
RECOGNITION AND MEASUREMENT OF TAX POSITIONS TAKEN, OR EXPECTED TO BE
TAKEN, IN TAX RETURNS. ASC TOPIC 740 REQUIRES AN EVALUATION OF TAX
POSITIONS TO DETERMINE IF THE TAX POSITIONS WILL MORE LIKELY THAN NOT BE
SUSTAINABLE UPON EXAMINATION BY THE APPROPRIATE TAX AUTHORITY. THE
ORGANIZATION, AT DECEMBER 31, 2020, HAD NO UNCERTAIN TAX POSITIONS THAT
QUALIFY FOR RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS. THE
ORGANIZATION FILES AN ANNUAL FORM 990 WITH THE INTERNAL REVENUE SERVICE,
AND ITS TAX RETURNS FOR THE YEAR 2017 AND SUBSEQUENT YEARS REMAIN SUBJECT
TO EXAMINATION BY TAX AUTHORITIES.

Part AIII Supplemental Information (continued)	

SCHEDULE I	G	arants and Oth	er Assistan	ce to Organ	izations.		OMB No. 1545-0047
(Form 990)	Go	vernments, an ete if the organization	d Individual	s in the Ŭni	ted States		2020
Department of the Treasury	Comp		Attach to For		(IV, IIIC 2 I OI 22.		Open to Public
Internal Revenue Service		Go to www.ir	s.gov/Form990 fo	r the latest inform	nation.		Inspection
Name of the organization	AY OF LOWN	DES & NOXUBI	EE				Employer identification number $64 - 0567987$
Part I General Information on Grants							
1 Does the organization maintain records criteria used to award the grants or as		•		• • • •	•		
2 Describe in Part IV the organization's p	rocedures for monit	oring the use of grant	funds in the United	States.			
Part II Grants and Other Assistance to	o Domestic Organiz	zations and Domestic	Governments. C	complete if the orga	anization answered "	es" on Form 990, Part	IV, line 21, for any
recipient that received more than	<u>1 \$5,000. Part II can</u>	be duplicated if addition	onal space is need	ed.	(C) Mathead of	Т	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
AMERICAN RED CROSS							PROVIDE COMMUNITY SUPPORT
220 5TH STREET NORTH							FOR ORGANIZATION'S
COLUMBUS, MS 39701	53-0196605	501(C)(3)	37,000.	0.			PROGRAMS
BOY SCOUTS OF AMERICA - PUSHMATAHA COUNCIL - 420 31ST AVENUE NORTH -							PROVIDE COMMUNITY SUPPORT FOR ORGANIZATION'S
COLUMBUS, MS 39705	64-0334268	501(C)(3)	18,000.	0.			PROGRAMS
BOYS & GIRLS CLUB OF THE GOLDEN TRIANGLE – 911 LYNN LANE – STARKVILLE, MS 39760	26-2695696	501(C)(3)	52,926.	0.			PROVIDE COMMUNITY SUPPORT FOR ORGANIZATION'S PROGRAMS
CONTACT HELPLINE 1001 MAIN STREET COLUMBUS, MS 39701	51-0194729	501(C)(3)	49,000.	0.			PROVIDE COMMUNITY SUPPORT FOR ORGANIZATION'S PROGRAMS
LOWNDES COUNTY COUNCIL ON AGING 161 MAPLE STREET COLUMBUS, MS 39702	64-0527731	501(C)(3)	51,000.	0.			PROVIDE COMMUNITY SUPPORT FOR ORGANIZATION'S PROGRAMS
4-H CLUB FOUNDATION OF MISSISSIPP 501 SEVENTH STREET NORTH COLUMBUS, MS 39701	64-6023591	501(C)(3)	14,002.	0.			PROVIDE COMMUNITY SUPPORT FOR ORGANIZATION'S PROGRAMS
2 Enter total number of section 501(c)(3)	and government or	ganizations listed in the	e line 1 table			•	······ • ·····
3 Enter total number of other organization		-	······				······
LHA For Paperwork Reduction Act Notic	e, see the Instructi	ons for Form 990.					Schedule I (Form 990) 2020

UNITED WAY OF LOWNDES & NOXUBEE Schedule I (Form 990)

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
HELPING HANDS 223 22ND STREET COLUMBUS, MS 39701	64-0771503	501(C)(3)	40,550.	0.			PROVIDE COMMUNITY SUPPORT FOR ORGANIZATION'S PROGRAMS
GIRL SCOUTS - HEART OF THE SOUTH 220 5TH STREET NORTH COLUMBUS, MS 39701	13-1624016	501(C)(3)	9,000.	0.			PROVIDE COMMUNITY SUPPORT FOR ORGANIZATION'S PROGRAMS
SALVATION ARMY 2219 MAIN STREET COLUMBUS, MS 39701	63-0288866	501(C)(3)	30,000.	0.			PROVIDE COMMUNITY SUPPORT FOR ORGANIZATION'S PROGRAMS
YMCA 602 2ND AVENUE NORTH COLUMBUS, MS 39701	64-6025994	501(C)(3)	65,000.	0.			PROVIDE COMMUNITY SUPPORT FOR ORGANIZATION'S PROGRAMS
COLUMBUS AIR FORCE BASE YOUTH CENTER - 386 IMES STREET, BUILDING #348 - COLUMBUS AFB, MS 39710-0000	64-0365393	501(C)(3)	5,000.	0.			PROVIDE COMMUNITY SUPPORT FOR ORGANIZATION'S PROGRAMS
SALLY KATE WINTERS HOME 317 NORTH DIVISION STREET WEST POINT, MS 39773	64-0761099	501(C)(3)	12,260.	0.			PROVIDE COMMUNITY SUPPORT FOR ORGANIZATION'S PROGRAMS
THE FATHER'S CHILD MINISTRY 104 BRICKERTON STREET COLUMBUS, MS 39701	43-2045285	501(C)(3)	15,676.	0.			PROVIDE COMMUNITY SUPPORT FOR ORGANIZATION'S PROGRAMS
SAFE HAVEN P.O. BOX 5354 COLUMBUS, MS 39704	64-0702475	501(C)(3)	11,676.	0.			PROVIDE COMMUNITY SUPPORT FOR ORGANIZATION'S PROGRAMS
LAST HOUSE ON THE BLOCK P.O. BOX 304 COLUMBUS, MS 39703	32-0378686	501(C)(3)	10,000.	0.			PROVIDE COMMUNITY SUPPORT FOR ORGANIZATION'S PROGRAMS

Schedule I (Form 990)

64-0567987 Page 1

Schedule I (Form 990) UNITED WAY OF LOWNDES & NOXUBEE Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

Т

(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
NOXUBEE COUNTY DIABETES COALITION P.O. BOX 213 MACON, MS 39341-0213	27-3218697	501(C)(3)	5,000.	0.			PROVIDE COMMUNITY SUPPORT FOR ORGANIZATION'S PROGRAMS

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64-0567987 Page 1

Т

Schedule I (Form 990)

Schedule I (Form 990) 2020 UNITED WAY OF LOWNDES & NOXUBEE

 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.
 Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

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

Page 2

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047 2020

Open to Public

Inspection

Department of the Treasury
Internal Revenue Service

Part I

1

2 3

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Real estate - Residential

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

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

Name of the organization UNITED WAY OF LOWNDES & NOXUBEE

Employer	identification number
6	4-0567987

	т <u>понн</u>			01 000/00/
t I Types of Property				
	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
Art - Works of art				
Art - Historical treasures				
Art - Fractional interests				
Books and publications				
Clothing and household goods				
Cars and other vehicles				
Boats and planes				
Intellectual property				
Securities - Publicly traded				
Securities - Closely held stock				
Securities - Partnership, LLC, or				
trust interests				
Securities - Miscellaneous				
Qualified conservation contribution -				
Historic structures				
Qualified conservation contribution - Other				

16	Real estate - Commercial								
17	Real estate - Other								
18	Collectibles								
19	Food inventory								
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other (CHRISTMAS GIF)	Х	850	40	,674.	PURCHASED \	/ALUI	3	
26	Other ► ()								
27	Other 🕨 ()								
28	Other 🕨 (
29	Number of Forms 8283 received by the organizat	tion during th	ne tax year for co	ontributions					
	for which the organization completed Form 8283,	, Part V, Dor	ee Acknowledge	ement	29			0	
								Yes	No
30a	During the year, did the organization receive by c	ontribution a	any property repo	orted in Part I, lines	s 1 throug	h 28, that it			
	must hold for at least three years from the date of	f the initial c	ontribution, and	which isn't require	d to be us	sed for			
	exempt purposes for the entire holding period?						30a		<u>X</u>
b	If "Yes," describe the arrangement in Part II.								
31	Does the organization have a gift acceptance poli	licy that requ	iires the review o	f any nonstandard	contribut	ions?	31		X
32a	Does the organization hire or use third parties or	related orga	nizations to solic	it, process, or sell	noncash				
	contributions?						32a		<u>X</u>
b	If "Yes," describe in Part II.								
33	If the organization didn't report an amount in colu	umn (c) for a	type of property	for which column	(a) is cheo	ked,			
	describe in Part II.								
			·			<u> </u>		000	~~~~

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

Schedule M (Form 990) 2020 UNITED WAY OF LOWNDES & NOXUBEE

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

SCHEDULE M, PART I, COLUMN (B):

PART 1, COLUMN (B) REPRESENTS AN ESTIMATE OF THE NUMBER OF ITEMS

CONTRIBUTED.

SCHEDULE O

(Form 990 or 990-EZ)

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



UNITED WAY OF LOWNDES & NOXUBEE

64-0567987

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

OUR COMMUNITY.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

ANNUAL FAN DRIVE; PARTNERING WITH LOCAL BUSINESSES FOR COAT AND BLANKET

DRIVES IN THE WINTER; FAMILYWIZE PRESCRIPTION ASSISTANCE; EMERGENCY

FOOD AND SHELTER GRANT PROGRAM; PARTICIPATING WITH THE LOWNDES COUNTY

EMERGENCY MANAGEMENT AGENCY FOR DISASTER RESPONSE PREPARATIONS; AND

CONDUCTING VARIOUS COMMUNITY PARTICIPATION EVENTS, SUCH AS DAY OF

SERVICE, DAY OF GIVING, DAY OF ACTION, AND MAKE A DIFFERENCE DAY.

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

FORM 990 IS REVIEWED BY THE EXECUTIVE DIRECTOR AND TREASURER. THE

GOVERNING BOARD OF THE ORGANIZATION REVIEWS FROM 990 ALONG WITH FINANCIAL

STATEMENTS AT FIRST MEETING SUBSEQENT TO DATE FILED.

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

THIS IS PART OF THE ORGANIZATION'S PERSONNEL GUIDE AND IS MONITORED

THROUGHOUT THE YEAR.

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

ALL INFORMATION IS MADE AVAILABLE TO PUBLIC UPON REQUEST

FORM 990 PART XII, LINE 2C

THE EXECUTIVE COMMITTEE IS RESPONSIBLE FOR SELECTING THE INDEPENDENT

AUDITOR AND FOR OVERSEEING THE SERVICES PROVIDED.

Schedule O (Form 990 or 9	990-EZ) 2020					Page 2
Name of the organization	יייייייייייי	WAX 01		ייימיזעסא	D	Employer identification number 64-0567987
	UNITED	WAY OF	F LOWNDES	& NOXUBE	Ľ	64-056/98/

(Rev. January 2020)

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.*

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or	Name of exempt organization or other filer, see instruct	ctions.		Taxpaye	r identification n	umber (TIN)				
print										
File by the										
due date for filing your return. See	$P_{\rm H}$ P.O. BOX 266									
instructions.	City, town or post office, state, and ZIP code. For a for COLUMBUS, MS 39703	oreign addı	ress, see instructions.							
Enter the	Return Code for the return that this application is for (file	e a separat	e application for each return)			0 1				
Application	on	Return	Application			Return				
Is For		Code	Is For			Code				
Form 990	or Form 990-EZ	01	Form 990-T (corporation)			07				
Form 990	BL	02	Form 1041-A			08				
Form 472	0 (individual)	03	Form 4720 (other than individual)			09				
Form 990	-PF	04	Form 5227			10				
Form 990	-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11				
Form 990	-T (trust other than above)	06	Form 8870			12				
Teleph If the c If this i box ▶ [I I rec the ■[2 If th []	noks are in the care of ▶ 223 22ND STREET one No. ▶ $662 - 328 - 0943$	in the Uni Group Exe and atta NOVEN anization's , an heck reasc	Fax No. ▶ ted States, check this box	f this is fo all memb	or the whole grou ers the extension npt organization 	n is for.				
	is application is for Forms 990-BL, 990-PF, 990-T, 4720,	or 6069, e	enter the tentative tax, less		•	0.				
	nonrefundable credits. See instructions.	onte: ar	refundable credite and	<u>3a</u>	\$	0.				
	is application is for Forms 990-PF, 990-T, 4720, or 6069					0.				
	mated tax payments made. Include any prior year overp			<u>3b</u>	\$	0.				
	ance due. Subtract line 3b from line 3a. Include your pa	•			*	0.				
	ng EFTPS (Electronic Federal Tax Payment System). See If you are going to make an electronic funds withdrawal ns.			3c 153-EO an	I					

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2020)