

Return of Organization Exempt From Income Tax

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

2020

Department of the Treasury
Internal Revenue Service

▶ 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.

Open to Public Inspection

A For the 2020 calendar year, or tax year beginning 01/01, 2020, and ending 12/31, 20 20

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

C Name of organization UNITED WAY OF PORTAGE COUNTY INC
 Doing business as _____
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
1100 Centerpoint Drive Suite 302
 City or town, state or province, country, and ZIP or foreign postal code
Stevens Point, WI, 54481

D Employer identification number
39-0831152

E Telephone number
715-341-6740

F Name and address of principal officer: Kim Angell
1100 Centerpoint Drive, Stevens Point, WI 54481

G Gross receipts \$ 4,099,782

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

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

J Website: ▶ www.unitedwaypoco.org

K Form of organization: Corporation Trust Association Other ▶ _____

L Year of formation: 1975 **M** State of legal domicile: WI

Part I Summary

| | | | | |
|-----------------------------|--|--|----------------------------------|---------------------|
| Activities & Governance | 1 | Briefly describe the organization's mission or most significant activities: <u>The United Way of Portage County brings people and resources together to achieve measurable results that improve people's lives and strengthen our community.</u> | | |
| | 2 | Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. | | |
| | 3 | Number of voting members of the governing body (Part VI, line 1a) | 3 | 30 |
| | 4 | Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 30 |
| | 5 | Total number of individuals employed in calendar year 2020 (Part V, line 2a) | 5 | 12 |
| | 6 | Total number of volunteers (estimate if necessary) | 6 | 0 |
| | 7a | Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 0 |
| b | Net unrelated business taxable income from Form 990-T, Part I, line 11 | 7b | 0 | |
| Revenue | 8 | Contributions and grants (Part VIII, line 1h) | Prior Year | Current Year |
| | 9 | Program service revenue (Part VIII, line 2g) | <u>3,642,834</u> | <u>4,042,032</u> |
| | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | <u>0</u> | <u>0</u> |
| | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | <u>49,213</u> | <u>57,732</u> |
| | 12 | Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | <u>1,311</u> | <u>18</u> |
| Expenses | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1–3) | <u>3,693,358</u> | <u>4,099,782</u> |
| | 14 | Benefits paid to or for members (Part IX, column (A), line 4) | <u>2,233,571</u> | <u>2,883,710</u> |
| | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) | <u>0</u> | <u>0</u> |
| | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | <u>734,771</u> | <u>701,247</u> |
| | b | Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>413,442</u> | <u>0</u> | <u>0</u> |
| | 17 | Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) | <u>394,707</u> | <u>358,518</u> |
| | 18 | Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) | <u>3,363,049</u> | <u>3,943,475</u> |
| Net Assets or Fund Balances | 19 | Revenue less expenses. Subtract line 18 from line 12 | <u>330,309</u> | <u>156,307</u> |
| | 20 | Total assets (Part X, line 16) | Beginning of Current Year | End of Year |
| | 21 | Total liabilities (Part X, line 26) | <u>6,602,515</u> | <u>6,805,684</u> |
| | 22 | Net assets or fund balances. Subtract line 21 from line 20 | <u>276,261</u> | <u>323,123</u> |
| | | | <u>6,326,254</u> | <u>6,482,561</u> |

Part II Signature Block

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

Sign Here ▶ Signature of officer _____ Date _____
 ▶ Kim Angell, President
 Type or print name and title

Paid Preparer Use Only

| | | | | |
|----------------------------|----------------------|------|---|------|
| Print/Type preparer's name | Preparer's signature | Date | Check <input type="checkbox"/> if self-employed | PTIN |
| Firm's name ▶ | Firm's EIN ▶ | | | |
| Firm's address ▶ | Phone no. | | | |

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

United Way of Portage County brings people and resources together to achieve measurable results that improve people's lives and strengthen 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? Yes No

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

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

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

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

4a (Code:) (Expenses \$ 3,151,853 including grants of \$ 2,866,805) (Revenue \$ 36,000)

Community Impact Programs: United Way of Portage County will focus on three key areas of Community Impact: Education, Financial Stability and Health. The United Way Vision of these focus areas include: Education - From prenatal through young adulthood, (cradle to career), education provides the basis for individual development, advances an inclusive and culturally diverse mindset, supports transition to family-sustaining employment, and builds a strong community. Financial Stability - Financial security and capability is vital to supporting individual and family life, maintaining employment, achieving career aspirations, and building assets for the future. Health - Good mental and physical health is fundamental to an individual's capacity to enjoy their lives, provide for their families, contribute to society, and realize their dreams. A healthy community is built upon a foundation of health equity that fosters safe, stable, and nurturing relationships for all community members. In order to fulfill these visions, United Way of Portage County supports 28 local nonprofit organization programs and initiatives, including its own Learn for Life Program. A collaboration between United Way of Portage County and Portage County schools, the program is designed to help increase reading achievement in the community. In addition, United Way of Portage County supports three investment teams that
(Continued on Schedule O, Statement 2)

4b (Code:) (Expenses \$ 76,907 including grants of \$) (Revenue \$ 35,494)

Volunteer Center: United Way of Portage County's Volunteer Center matched 1,516 people to volunteer opportunities in 2018, providing more than \$50,000 worth of volunteer service. Through its VolunteersRock.org website, the Volunteer Center connected people to hundreds of local volunteer opportunities, including those with Project Fresh Start and Make a Difference Day. Research shows that when more people volunteer, the benefits and impact on the community are measureable. In 2018, the Volunteer Center continues to offer Strategic Volunteer Opportunities at area employer businesses. The Volunteer Center works with local businesses to help them promote employees using their Volunteer Time Off.

4c (Code:) (Expenses \$ 26,633 including grants of \$) (Revenue \$ 1,270)

Learn for Life. : In this program, United Way matches trained volunteer tutors with third grade students in need of help with their reading skills. They work together on the student's reading proficiency for a minimum of 30 minutes per week during the school year. The program is in place in nearly all Portage County schools. During the summer school session in the Stevens Point School District, students going into third grade and students going into fourth grade who need help with their reading proficiency are served in the program for the duration of the six week summer school session. The program puts United Way one step closer to its goal of helping children succeed.

4d Other program services (Describe on Schedule O.) See Schedule O, Statement 3

(Expenses \$ 59,692 including grants of \$ 0) (Revenue \$ 2,000)

4e Total program service expenses **▶** 3,315,085

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

| | Yes | No |
|---|-----------|----|
| 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | 1a | 13 |
| b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | 1b | 0 |
| c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 1c | ✓ |

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No checkboxes. Includes questions 2a through 16 regarding employee reporting, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

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

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|--|--|-----------------------|---------|--------------|------------------------------|---------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| Susan Wilcox Executive Director | 45.00 | | | | ✓ | ✓ | 109,641 | 0 | 18,790 | |
| Rachelle Hanson Director of Finance | 45.00 | | | | ✓ | | 62,478 | 0 | 21,721 | |
| Eva Donohoo Director | 1.00 | ✓ | | | | | 0 | 0 | 0 | |
| Amy Eddy Director | 1.00 | ✓ | | | | | 0 | 0 | 0 | |
| Dan Mahoney Director | 1.00 | ✓ | | | | | 0 | 0 | 0 | |
| Cherrie Pavelec-Marti Director | 1.00 | ✓ | | | | | 0 | 0 | 0 | |
| Elisha Robinson Director | 1.00 | ✓ | | | | | 0 | 0 | 0 | |
| Ray Ackerlund Director | 1.00 | ✓ | | | | | 0 | 0 | 0 | |
| Jody Kohl Director | 1.00 | ✓ | | | | | 0 | 0 | 0 | |
| Mary Berard Director | 1.00 | ✓ | | | | | 0 | 0 | 0 | |
| Dan Ault Director | 1.00 | ✓ | | | | | 0 | 0 | 0 | |
| Craig Gerlach Director | 1.00 | ✓ | | | | | 0 | 0 | 0 | |
| Joe Kinsella Vice President | 2.00 | ✓ | | ✓ | | | 0 | 0 | 0 | |
| Heather Wynne Director | 0.00 | ✓ | | | | | 0 | 0 | 0 | |

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|------------------------------|--|--|-----------------------|-------------------------------------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| Russ Wysocki Director | 1.00 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| Sue Wille Treasurer | 4.00 | <input checked="" type="checkbox"/> | | <input checked="" type="checkbox"/> | | | | 0 | 0 | 0 |
| Nick Inman Director | 1.00 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| Craig Helgeson Director | 1.00 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| Craig Aittama Director | 1.00 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| Ralph Locher Director | 1.00 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| Doug Ballweg Director | 1.00 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| Sara Brish Director | 1.00 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| Renee Carlson Director | 1.00 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| Paul Gwidt Director | 1.00 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| Andrew Halverson Director | 1.00 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| Alex Okray Drive Chair | 6.00 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| Tina Peters Director | 1.00 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| Don Scaffidi Director | 1.00 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-------------------------------------|-------------------------------------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| Suzanne Rathe Director | 1.00 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| Bob Smith Director | 1.00 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| Kim Angell President | 4.00 | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | | 0 | 0 | 0 |
| Tim Cooper Past President | 2.00 | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | | 0 | 0 | 0 |
| 1b Subtotal | | | | | | | | 172,119 | 0 | 40,511 |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | | | |
| d Total (add lines 1b and 1c) | | | | | | | | 172,119 | 0 | 40,511 |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 1

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

Section B. Independent Contractors

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

| (A) Name and business address | (B) Description of services | (C) Compensation |
|----------------------------------|--------------------------------|---------------------|
| None | | |
| | | |
| | | |
| | | |
| | | |

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

Part VIII Statement of Revenue

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

| | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 | |
|---|--|---|----------------------|--|--------------------------------------|---|---|
| Contributions, Gifts, Grants and Other Similar Amounts | 1a | Federated campaigns | 1a 7,856 | | | | |
| | b | Membership dues | 1b 0 | | | | |
| | c | Fundraising events | 1c 0 | | | | |
| | d | Related organizations | 1d 0 | | | | |
| | e | Government grants (contributions) | 1e 167,200 | | | | |
| | f | All other contributions, gifts, grants, and similar amounts not included above | 1f 3,866,976 | | | | |
| | g | Noncash contributions included in lines 1a-1f | 1g \$ 36,600 | | | | |
| | h | Total. Add lines 1a-1f ▶ | | 4,042,032 | | | |
| | Program Service Revenue | | | Business Code | | | |
| 2a | | ----- | | | | | |
| b | | ----- | | | | | |
| c | | ----- | | | | | |
| d | | ----- | | | | | |
| e | | ----- | | | | | |
| f | | All other program service revenue | | 0 | 0 | 0 | |
| g | Total. Add lines 2a-2f ▶ | | 0 | | | | |
| Other Revenue | 3 | Investment income (including dividends, interest, and other similar amounts) ▶ | | 57,732 | 57,732 | 0 | 0 |
| | 4 | Income from investment of tax-exempt bond proceeds ▶ | | 0 | 0 | 0 | 0 |
| | 5 | Royalties ▶ | | 0 | 0 | 0 | 0 |
| | 6a | Gross rents | (i) Real | | | | |
| | | | (ii) Personal | | | | |
| | | | 6a | | | | |
| | b | Less: rental expenses | 6b | | | | |
| | c | Rental income or (loss) | 6c | 0 | 0 | | |
| | d | Net rental income or (loss) ▶ | | | | | |
| | 7a | Gross amount from sales of assets other than inventory | (i) Securities | | | | |
| | | | (ii) Other | | | | |
| | | | 7a | | | | |
| | b | Less: cost or other basis and sales expenses | 7b | | | | |
| | c | Gain or (loss) | 7c | 0 | 0 | | |
| | d | Net gain or (loss) ▶ | | | | | |
| | 8a | Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c). See Part IV, line 18 | 8a | | | | |
| | b | Less: direct expenses | 8b | | | | |
| | c | Net income or (loss) from fundraising events . . . ▶ | | | | | |
| | 9a | Gross income from gaming activities. See Part IV, line 19 | 9a | | | | |
| | b | Less: direct expenses | 9b | | | | |
| c | Net income or (loss) from gaming activities . . . ▶ | | | | | | |
| 10a | Gross sales of inventory, less returns and allowances | | | | | | |
| | | | | | | | |
| | | 10a | | | | | |
| b | Less: cost of goods sold | 10b | | | | | |
| c | Net income or (loss) from sales of inventory . . . ▶ | | | | | | |
| Miscellaneous Revenue | | | Business Code | | | | |
| | 11a | ----- | | | | | |
| | b | ----- | | | | | |
| | c | ----- | | | | | |
| | d | All other revenue | | 18 | 18 | 0 | 0 |
| e | Total. Add lines 11a-11d ▶ | | 18 | | | | |
| 12 | Total revenue. See instructions ▶ | | 4,099,782 | 57,750 | 0 | 0 | |

Part IX Statement of Functional Expenses

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

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|---|---|-----------------------|---------------------------------|--|-----------------------------|
| 1 | Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | 2,883,710 | 2,883,710 | | |
| 2 | Grants and other assistance to domestic individuals. See Part IV, line 22 | 0 | 0 | | |
| 3 | Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | 0 | 0 | | |
| 4 | Benefits paid to or for members | 0 | 0 | | |
| 5 | Compensation of current officers, directors, trustees, and key employees | 354,493 | 144,608 | 101,686 | 108,199 |
| 6 | Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | 198,764 | 92,321 | 11,023 | 95,420 |
| 7 | Other salaries and wages | 16,126 | 6,168 | 9,958 | 0 |
| 8 | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 28,052 | 12,013 | 5,715 | 10,324 |
| 9 | Other employee benefits | 62,864 | 25,315 | 15,793 | 21,756 |
| 10 | Payroll taxes | 40,948 | 17,509 | 8,797 | 14,642 |
| 11 | Fees for services (nonemployees): | | | | |
| a | Management | 0 | 0 | 0 | 0 |
| b | Legal | 0 | 0 | 0 | 0 |
| c | Accounting | 9,284 | 0 | 9,284 | 0 |
| d | Lobbying | 0 | 0 | 0 | 0 |
| e | Professional fundraising services. See Part IV, line 17 | 0 | | | 0 |
| f | Investment management fees | 0 | 0 | 0 | 0 |
| g | Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) | 6,267 | 1,945 | 925 | 3,397 |
| 12 | Advertising and promotion | 7,877 | 100 | 126 | 7,651 |
| 13 | Office expenses | 63,493 | 32,424 | 7,634 | 23,435 |
| 14 | Information technology | 32,847 | 20,457 | 4,962 | 7,428 |
| 15 | Royalties | 0 | 0 | 0 | 0 |
| 16 | Occupancy | 37,110 | 15,892 | 7,560 | 13,658 |
| 17 | Travel | 1,753 | 230 | 181 | 1,342 |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | 0 | 0 | 0 | 0 |
| 19 | Conferences, conventions, and meetings | 2,257 | 432 | 659 | 1,166 |
| 20 | Interest | 0 | 0 | 0 | 0 |
| 21 | Payments to affiliates | 56,088 | 24,070 | 11,332 | 20,686 |
| 22 | Depreciation, depletion, and amortization | 12,874 | 5,513 | 2,623 | 4,738 |
| 23 | Insurance | 6,972 | 1,928 | 3,387 | 1,657 |
| 24 | Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| a | <u>Donated Goods & Services</u> | 95,790 | 25,195 | 0 | 70,595 |
| b | <u>Licenses & Fees</u> | 18,203 | 3,662 | 12,479 | 2,062 |
| c | <u>Recognition Awards</u> | 5,453 | 679 | 403 | 4,371 |
| d | <u>Equipment Maintenance & Auto</u> | 2,250 | 914 | 421 | 915 |
| e | All other expenses | 0 | | | |
| 25 | Total functional expenses. Add lines 1 through 24e | 3,943,475 | 3,315,085 | 214,948 | 413,442 |
| 26 | Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) | | | | |

Part X Balance Sheet

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

| | | (A) Beginning of year | | (B) End of year |
|---|--|--------------------------|-----------|--------------------|
| Assets | 1 Cash—non-interest-bearing | 1,619,569 | 1 | 1,737,613 |
| | 2 Savings and temporary cash investments | 2,937,659 | 2 | 3,087,196 |
| | 3 Pledges and grants receivable, net | 1,718,870 | 3 | 1,609,273 |
| | 4 Accounts receivable, net | 25,608 | 4 | 55,998 |
| | 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | 0 | 5 | 0 |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) | 0 | 6 | 0 |
| | 7 Notes and loans receivable, net | 0 | 7 | 0 |
| | 8 Inventories for sale or use | 0 | 8 | 0 |
| | 9 Prepaid expenses and deferred charges | 18,002 | 9 | 14,743 |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 212,177 | | |
| | b Less: accumulated depreciation | 172,894 | | |
| | 11 Investments—publicly traded securities | | 11 | |
| | 12 Investments—other securities. See Part IV, line 11 | 230,650 | 12 | 261,578 |
| | 13 Investments—program-related. See Part IV, line 11 | | 13 | |
| | 14 Intangible assets | | 14 | |
| | 15 Other assets. See Part IV, line 11 | | 15 | |
| 16 Total assets. Add lines 1 through 15 (must equal line 33) | 6,602,515 | 16 | 6,805,684 | |
| Liabilities | 17 Accounts payable and accrued expenses | 69,793 | 17 | 114,018 |
| | 18 Grants payable | | 18 | |
| | 19 Deferred revenue | | 19 | |
| | 20 Tax-exempt bond liabilities | | 20 | |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| | 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 22 | |
| | 23 Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D | 206,468 | 25 | 209,105 |
| | 26 Total liabilities. Add lines 17 through 25 | 276,261 | 26 | 323,123 |
| Net Assets or Fund Balances | Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33. | | | |
| | 27 Net assets without donor restrictions | 2,888,139 | 27 | 2,677,506 |
| | 28 Net assets with donor restrictions | 3,438,115 | 28 | 3,805,055 |
| | Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33. | | | |
| | 29 Capital stock or trust principal, or current funds | | 29 | |
| | 30 Paid-in or capital surplus, or land, building, or equipment fund | | 30 | |
| | 31 Retained earnings, endowment, accumulated income, or other funds | | 31 | |
| 32 Total net assets or fund balances | 6,326,254 | 32 | 6,482,561 | |
| 33 Total liabilities and net assets/fund balances | 6,602,515 | 33 | 6,805,684 | |

Part XI Reconciliation of Net Assets

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

| | | | |
|-----------|--|-----------|-----------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 4,099,782 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 3,943,475 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 156,307 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 6,326,254 |
| 5 | Net unrealized gains (losses) on investments | 5 | 0 |
| 6 | Donated services and use of facilities | 6 | 0 |
| 7 | Investment expenses | 7 | 0 |
| 8 | Prior period adjustments | 8 | 0 |
| 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 | 6,482,561 |

Part XII Financial Statements and Reporting

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

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

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

Name of the organization

UNITED WAY OF PORTAGE COUNTY INC

Employer identification number

39-0831152

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

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

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

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ► | (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.") | 3,260,351 | 3,310,336 | 3,296,072 | 3,354,942 | 3,888,920 | 17,110,621 |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 Total. Add lines 1 through 3 | 3,260,351 | 3,310,336 | 3,296,072 | 3,354,942 | 3,888,920 | 17,110,621 |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | 4,235,545 |
| 6 Public support. Subtract line 5 from line 4 | | | | | | 12,875,076 |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
|---|-----------|-----------|-----------|-----------|-----------|--------------------------|
| 7 Amounts from line 4 | 3,260,351 | 3,310,336 | 3,296,072 | 3,354,942 | 3,888,920 | 17,110,621 |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 47,817 | 50,654 | 54,902 | 49,214 | 57,732 | 260,319 |
| 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 | | | | | | 17,370,940 |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | |
| 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here | | | | | | <input type="checkbox"/> |

Section C. Computation of Public Support Percentage

| | | |
|--|-----------|-------------------------------------|
| 14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) | 14 | 74.12 % |
| 15 Public support percentage from 2019 Schedule A, Part II, line 14 | 15 | 72.83 % |
| 16a 33 1/3% support test—2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| b 33 1/3% support test—2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | <input checked="" type="checkbox"/> |
| 17a 10%-facts-and-circumstances test—2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| b 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions | | <input type="checkbox"/> |

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

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

Section A. Public Support

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

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |
| 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/> | | | | | | |

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

- 19a 33 1/3% support tests—2020.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- b 33 1/3% support tests—2019.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

| | Yes | No |
|--|----------|----|
| 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? 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 | |

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

| | | |
|---|-----------|--|
| 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). | | |
| a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below. | | |
| b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below. | | |
| c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions). | | |
| 2 Activities Test. Answer lines 2a and 2b below. | | |
| a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? 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. | 2a | |
| 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. | 2b | |
| 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 . | 3a | |
| 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. | 3b | |

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

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

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

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

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

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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization: UNITED WAY OF PORTAGE COUNTY INC; Employer identification number: 39-0831152

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

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

Table with 3 columns: Line number, Description, Held at the End of the Tax Year. Includes questions 1-9 regarding conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Line number, Description, Amount. Includes questions 1a-2 regarding collections of art and historical treasures.

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

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

Part IV Escrow and Custodial Arrangements.

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

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

Part V Endowment Funds.

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

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|---|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | 351,873 | 303,035 | 322,422 | 285,929 | 266,935 |
| b Contributions | 196,720 | 6,200 | 3,750 | 50 | 295 |
| c Net investment earnings, gains, and losses | 48,145 | 58,081 | 7,931 | 36,443 | 20,199 |
| d Grants or scholarships | 0 | 0 | 0 | 0 | 0 |
| e Other expenditures for facilities and programs | 32,743 | 15,443 | 15,206 | 0 | 1,500 |
| f Administrative expenses | 0 | 0 | 0 | 0 | 0 |
| g End of year balance | 563,995 | 351,873 | 318,897 | 322,422 | 285,929 |

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

- a** Board designated or quasi-endowment 0 %
- b** Permanent endowment 100 %
- c** Term endowment 0 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** Unrelated organizations
- (ii)** Related organizations

| | Yes | No |
|---------------|--------------------------|-------------------------------------|
| 3a(i) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3a(ii) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3b | <input type="checkbox"/> | <input type="checkbox"/> |

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | 0 | 0 | 0 | 0 |
| b Buildings | 0 | 0 | 0 | 0 |
| c Leasehold improvements | 0 | 0 | 0 | 0 |
| d Equipment | 180,347 | 0 | 142,156 | 38,191 |
| e Other | 31,830 | 0 | 30,738 | 1,092 |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) | | | | 39,283 |

Part VII Investments—Other Securities.

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

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

Part VIII Investments—Program Related.

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

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

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 | 0 |
| (2) Donor Designations | 209,105 |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) | 209,105 |

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

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

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

| | | | | |
|----------|--|-----------|----------|--------------------|
| 1 | Total revenue, gains, and other support per audited financial statements | | 1 | 3,890,676 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | |
| a | Net unrealized gains (losses) on investments | 2a | 0 | |
| b | Donated services and use of facilities | 2b | 0 | |
| c | Recoveries of prior year grants | 2c | 0 | |
| d | Other (Describe in Part XIII.) | 2d | 0 | |
| e | Add lines 2a through 2d | | | 2e 0 |
| 3 | Subtract line 2e from line 1 | | | 3 3,890,676 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | 0 | |
| b | Other (Describe in Part XIII.) | 4b | 209,106 | |
| c | Add lines 4a and 4b | | | 4c 209,106 |
| 5 | Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.) | | | 5 4,099,782 |

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

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

| | | | | |
|----------|---|-----------|----------|--------------------|
| 1 | Total expenses and losses per audited financial statements | | 1 | 3,734,369 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | |
| a | Donated services and use of facilities | 2a | 0 | |
| b | Prior year adjustments | 2b | 0 | |
| c | Other losses | 2c | 0 | |
| d | Other (Describe in Part XIII.) | 2d | 0 | |
| e | Add lines 2a through 2d | | | 2e 0 |
| 3 | Subtract line 2e from line 1 | | | 3 3,734,369 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | 0 | |
| b | Other (Describe in Part XIII.) | 4b | 209,106 | |
| c | Add lines 4a and 4b | | | 4c 209,106 |
| 5 | Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.) | | | 5 3,943,475 |

Part XIII Supplemental Information.

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

Schedule D, Part V, Line 4 - Schedule D, Part V, Line 4 - The income generated by the endowment will be used to support 28 local nonprofit organization programs, community initiatives and emerging community needs in the area of health and human services.

Schedule D, Part XI, Line 4b - Contributions, designations to other non-profits, including other United Ways.

Schedule D, Part XII, Line 4b - Contributions designated to other non-profits, including other United Ways.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization

UNITED WAY OF PORTAGE COUNTY INC

Employer identification number

39-0831152

Part I General Information on Grants and Assistance

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

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

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|---|----------------|--|---------------------------------|--|--|--|---|
| (1) <u>Sch I, Stmt 1</u> | | | | | | | |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| (5) | | | | | | | |
| (6) | | | | | | | |
| (7) | | | | | | | |
| (8) | | | | | | | |
| (9) | | | | | | | |
| (10) | | | | | | | |
| (11) | | | | | | | |
| (12) | | | | | | | |

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 25
- 3** Enter total number of other organizations listed in the line 1 table ▶ 0

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

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

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

Schedule I, Part I, Line 2 - All recipient of grant funds must report at least annual a financial statement for the program that received the grant. In addition, they need to report program outcomes, with comparison to planned outcomes. The grant recipient must provide a detail explanation of its program, including services delivered, a case for the need for the program, success stories, demographics of the population served, such as: gender, household income, race, etc.

Description of Grants and Other Assistance to Governments and Organizations in the United States

| | | Recipient EIN | Amt. of cash grant | Amt. of non- cash asst. |
|--------------------------------|--|---------------|-----------------------|----------------------------|
| Name and address | Big Brothers Big Sisters of Central Wisconsin Inc 1000A Division Street Stevens Point, WI 54481 | 39-2039959 | 164,688 | 0 |
| IRC code section | 501(c)(3) | | | |
| Method of valuation | | | | |
| Desc. of Non-Cash Asst. | | | | |
| Purpose of grant | Community Based Match Program-based mentoring matches volunteers (ages 16 and up) with children ages 6 to 17 years in one-to-one mentoring relationships. Volunteers are enrolled by trained professional staff to determine the best child for the match. School based mentoring (site-based mentoring) is an option in which a volunteer mentor meets with a child at the same time each week at a school or other designated site. They may meet before, during or after school, and may have a combined academic and recreational focus. | | | |
| Name and address | Boys & Girls Club of Portage County Inc 1007 Ellis Street PO Box 171 Stevens Point, WI 54481 | 73-1630506 | 255,299 | 0 |
| IRC code section | 501(c)(3) | | | |
| Method of valuation | | | | |
| Desc. of Non-Cash Asst. | | | | |
| Purpose of grant | Program provides youth development and guidance in five core areas, Character and leadership development, arts, sports, fitness and recreation, health and life skills, and education and career. The grant supported programming in Stevens Point, Plover, Almond Bancroft, and Rosholt | | | |
| Name and address | Boy Scouts of America Somoset Council 3511 Camp Phillips Road Weston, WI 54476 | 39-0813397 | 25,280 | 0 |
| IRC code section | 501(c)(3) | | | |
| Method of valuation | | | | |
| Desc. of Non-Cash Asst. | | | | |
| Purpose of grant | The Boy Scouts provide Portage County youth with three comprehensive youth development programs in order to develop character, citizenship, and mental and physical fitness. Cub Scouting: Boy Scouting and Venturing. | | | |
| Name and address | Children's Hospital of Wisconsin 1466 Water Street Stevens Point, WI 54481 | 39-0836380 | 510,058 | 0 |
| IRC code section | 501(c)(3) | | | |
| Method of valuation | | | | |
| Desc. of Non-Cash Asst. | | | | |
| Purpose of grant | Children's Hospital of Wisconsin Child and Family Counseling Program provides counseling services to all residents of Portage County on a sliding fee basis. Their Family Outreach and Support Services program provides a combination of support services to parents. Parenting classes for parents of children birth to 12 and parenting classes for parents of teens are offered. The program also provides voluntary in home parent education programs for families. This program provides extra help for parents caring for their children and connects families to services and support within the | | | |

community.

| | | | | |
|--------------------------------|--|------------|---------|---|
| Name and address | CAP Services Inc 5499 Hwy 10 E Stevens Point, WI 54482 | 39-1080897 | 511,648 | 0 |
| IRC code section | 501(c)(3) | | | |
| Method of valuation | | | | |
| Desc. of Non-Cash Asst. | | | | |
| Purpose of grant | The Family Crisis Center operates 24 hour crisis counseling and shelter to victims of domestic violence. The Center also offers support groups to help families identify long term strategies to eliminate the violence and its causes. The Ministry Dental Clinic is designed to serve patients with Badgercare or Medicaid health coverage. The Skills Enhancement Program is designed to provide part time educational and skills training opportunities for individuals working in low wage jobs. The Mental Health Navigator offers mental health patients help in assessing mental health care and information, facilitating adherence to treatment plans, providing consistent emotional support and promoting community connection through participation in support groups, classes, etc. The Uplift Program promotes the educational success of Hmong children and parents through a family literacy model. The VITA Program provides free tax help for low to moderate income residents. | | | |
| Name and address | Girl Scouts of the Northwestern Great Lakes 4693 N Lyndale Appleton, WI 54913 | 39-1016314 | 36,491 | 0 |
| IRC code section | 501(c)(3) | | | |
| Method of valuation | | | | |
| Desc. of Non-Cash Asst. | | | | |
| Purpose of grant | The Girl Scout leadership experience systematically prepares girls to become leaders of their own lives and of our community through outcomes and learning based programs designed specifically for girls. | | | |
| Name and address | Meals on Wheels 41 Park Ridge Drive Suite B Stevens Point, WI 54481 | 39-1364268 | 89,012 | 0 |
| IRC code section | 501(c)(3) | | | |
| Method of valuation | | | | |
| Desc. of Non-Cash Asst. | | | | |
| Purpose of grant | Meals on Wheels provides home delivered to the homebound, frail, chronically ill, convalescent elderly, or disabled persons in the Stevens Point area. | | | |
| Name and address | Aging & Disability Resource Center of Portage County 1519 Water Street Stevens Point, WI 54481 | 39-6005731 | 96,115 | 0 |
| IRC code section | 501(c)(3) | | | |
| Method of valuation | | | | |
| Desc. of Non-Cash Asst. | | | | |
| Purpose of grant | The Aging & Disability Resource Center Nutrition Program delivers meals to homebound older adults in Portage County. The meal delivery not only provides well balanced nutritious meals but also an important daily check on the well being of the recipient. The Aging and Disability Resource Center Adult Day Center provides supervised activities and programming for isolated, medically frail, cognitively impaired, or physically disabled older adults. Volunteer Caregivers provides a variety of services to elderly and disabled Portage County residents, including transportation, shopping, friendly visiting, letter writing, reading, yard work, news on disc, and senior home repairs. The Health Promotions Program assists adults, age 55 and | | | |

older, in maintaining their independence through participation in prevention programs and volunteer activities.

| | | | | |
|--------------------------------|--|------------|---------|---|
| Name and address | Stevens Point Child Safety Center 52 Sunset Boulevard Stevens Point, WI 54481 | 93-0828679 | 28,291 | 0 |
| IRC code section | 501(c)(3) | | | |
| Method of valuation | | | | |
| Desc. of Non-Cash Asst. | | | | |
| Purpose of grant | The Child Passenger Safety Association ensures the right of every child to protection from injury or death while being transported in a motor vehicle. They provide education programs on car seat and seat belt safety. | | | |
| Name and address | Salvation Army 1600 Briggs Street Stevens Point, WI 54481 | 36-2167910 | 189,910 | 0 |
| IRC code section | 501(c)(3) | | | |
| Method of valuation | | | | |
| Desc. of Non-Cash Asst. | | | | |
| Purpose of grant | The Salvation Army Hope Center assists needy families and individuals with shelter, food, clothing, and other emergency needs. | | | |
| Name and address | Stevens Point Area YMCA 1000 Division Street Stevens Point, WI 54481 | 39-1102612 | 303,407 | 0 |
| IRC code section | 501(c)(3) | | | |
| Method of valuation | | | | |
| Desc. of Non-Cash Asst. | | | | |
| Purpose of grant | The YMCA Scholarship Assistance Program allows at risk youth and adults from low income households to join the YMCA on a sliding scale fee basis. The Adaptive Recreation Program offers special programs to people with varying disabilities, including Special Olympics sports, swimming lessons, exercise programs, arts and crafts, and more. The Youth and Teen Program focuses on providing participants with a safe environment, positive adult role models, and encourage character development and leadership skills. The Child Care Youth Scholarship Program awards scholarships on a sliding scale fee to low income and at risk families participating in full day child care, before and after school child care, preschool programs, and summer camp programs, so they benefit from quality, affordable, and accessible child care. | | | |
| Name and address | United Way of Marathon County 705 South 24th Avenue Wausau, WI 54401 | 39-0935496 | 47,940 | 0 |
| IRC code section | 501(c)(3) | | | |
| Method of valuation | | | | |
| Desc. of Non-Cash Asst. | | | | |
| Purpose of grant | United Way of Marathon County provides a call center for non-emergency information and referral services. People can access this service by dialing 211. United Ways 211 is here to help answer questions and connect people to existing community services, such as financial assistance, counseling, services for youth or elderly, volunteer opportunities, and much more. | | | |

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

- ▶ **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

Employer identification number

UNITED WAY OF PORTAGE COUNTY INC

39-0831152

Part I Types of Property

| | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d) Method of determining noncash contribution amounts |
|----|-------------------------------|--|--|--|
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| 28 | | | | |

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

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

Description of Other Types of Property

| | | lines on Part I | Contributions | Revenues |
|---------------------------------------|----------------------------|-----------------|---------------|----------|
| Description | School Supplies | Yes | 1000 | 13,250 |
| Method of determining revenues | Average price in store | | | |
| Description | Raffle Prize | Yes | 2 | 10,000 |
| Method of determining revenues | Cost Value | | | |
| Description | Sweepstake prize purchases | Yes | 7 | 13,350 |
| Method of determining revenues | Cost value | | | |

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization

UNITED WAY OF PORTAGE COUNTY INC

Employer identification number

39-0831152

Form 990, Part VI, Section B, Line 11b - The Form 990 is completed by the Director of Finance and reviewed by the United Way of Portage County's independent public accountant. The form is then given to each member of the United Way's Finance Committee for their review. The Form 990 is then sent to all the members of the Board of Directors, who then at the next Board meeting take action to approve filing of the Form 990 with the IRS.

Form 990, Part VI, Section B, Line 12c - Annually, Board members, staff, and volunteers are required to sign a conflict of interest policy. The policies are reviewed by the Executive Director and the Governance committee, and they decide whether a conflict exists that requires further action.

Form 990, Part VI, Section B, Line 15 - The Executive Director, national, central Wisconsin, and local salary surveys are reviewed by the organization's Human Resource Committee. The Committee makes a recommendation to the Executive Committee of the Board for their approval. The entire Board then approves the Budget, along with the requirement to vote separately on the Executive Director's salary. For the Director of Finance, national, central Wisconsin, and local salary surveys are reviewed by the Executive Director and the Human Resource Committee. The Human Resource Committee recommends to the Board of Directors an overall dollar amount of salary increase to be distributed among the Director of Finance, and other staff of the organization. The Board of Directors then has the authority to distribute the overall increase among the staff of the organization based on their individual performances. This process was last done in 2020 for the Executive Director and the Director of Finance.

Form 990, Part VI, Section C, Line 19 - All Policies, audits, and 990's are available for review at the United Way's office upon request. The most recent annual audit and Form 990 are also available on our website.

Reasonable Cause Explanations

Explanation

Independent accountant was not able to complete audited financials by due date.

First Program Service Accomplishments Description

Description

identify specific priorities in each area and devise strategies to affect community change. Included in Community Impact is the United Way of Portage County's In-A-Fix and Diaper Drive Programs. The In-A-Fix program provides monetary assistance for car repairs and/or tire repair and replacement for income eligible individuals who are employed and living in Portage County. Assistance is limited to \$500 per calendar year while funds last. The Diaper Drive program fills a need many local agencies identified as a top issue facing struggling families-not being able to provide their children with diapers. This can often result in health issues for infants and toddlers whose diapers are not changed as frequently as they should.

Other Program Services Accomplishments

| Activity Code | Description | Expense | Grants | Revenue |
|---------------|--|---------------|----------|--------------|
| | 2-1-1 Program: By providing one central easy-to-remember phone number (2-1-1), United Way's 2-1-1 program connects individuals with the most appropriate community-based health and human service resources for their specific situations. These individuals are often unaware of these programs, so by asking questions that arise in everyday situations or during hard times, they can become connected to any of the more than 600 programs listed in the Portage County 2-1-1 directory. Available 24 hours a day, seven days a week, this free and confidential service is available to all Portage County residents. In addition, the service helps reduce misdirected calls to other organizations such as health and human services, police department, library, and city hall. By reducing non-crisis calls to police dispatch, 2-1-1 helps reserve these resources for emergency calls. | 9,092 | 0 | 0 |
| | Early Years Collaborative Mission - The Portage County Community Partnership for Children is a public/private partnership, working collectively to build a community system that promotes positive outcomes prenatally through age five, preparing children for lifelong success. Vision - All Portage county children will be safe, healthy and ready for kindergarten. Community Outcomes - Reduce child abuse and neglect; improve child health; promote optimal child development; strengthen families. | 50,600 | 0 | 2,000 |
| Total: | | 59,692 | 0 | 2,000 |