

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2018

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 2018 calendar year, or tax year beginning **APR 1, 2018** and ending **MAR 31, 2019**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization UNITED WAY FOX CITIES INC		D Employer identification number 39-0912895
	Doing business as		E Telephone number 920-954-7210
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	1455 MIDWAY ROAD		G Gross receipts \$ 9,462,219.
	City or town, state or province, country, and ZIP or foreign postal code MENASHA, WI 54952		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
F Name and address of principal officer: PETER KELLY SAME AS C ABOVE		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			If "No," attach a list. (see instructions)
J Website: WWW.UNITEDWAYFOXCITIES.ORG			H(c) Group exemption number ▶
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1993	M State of legal domicile: WI

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE ORGANIZATION IS FOCUSED ON IDENTIFYING AND ADDRESSING CRITICAL HEALTH AND HUMAN SERVICE NEEDS		
	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	21
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	21
	5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	36
	6 Total number of volunteers (estimate if necessary)	6	1350
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 38	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	9,275,839.	9,056,049.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	188,407.	184,174.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	101,817.	221,907.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	9,566,063.	9,462,130.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	7,105,122.	6,804,301.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	1,499,213.	1,656,609.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 768,509.	0.	0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	837,368.	1,130,619.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	9,441,703.	9,591,529.
19 Revenue less expenses. Subtract line 18 from line 12	124,360.	-129,399.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	14,650,777.	14,477,438.
	22 Net assets or fund balances. Subtract line 21 from line 20	5,370,584.	5,349,937.
		9,280,193.	9,127,501.

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		
	PETER KELLY, PRESIDENT/CEO 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
	KIMBERLY ANDERSON	KIMBERLY ANDERSON	02/07/20	<input type="checkbox"/>	P00188889
Firm's name ▶ CLIFTONLARSONALLEN LLP			Firm's EIN ▶ 41-0746749		
Firm's address ▶ 8215 GREENWAY BOULEVARD, SUITE 600 MIDDLETON, WI 53562			Phone no. 608-662-8600		

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 [X]

1 Briefly describe the organization's mission: TO IMPROVE LIVES BY BRINGING DIVERSE PEOPLE TOGETHER TO BUILD A STRONGER, MORE CARING COMMUNITY FOR EVERYONE.

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 [X] No

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 7,242,648. including grants of \$ 6,700,079.) (Revenue \$ 38,746.) COMMUNITY DEVELOPMENT: UNITED WAY FOX CITIES' RESOURCES ARE TARGETED TO IMPACT COMMUNITY NEED IN FOUR AREAS: PROVIDING BASIC NEEDS AND SELF-SUFFICIENCY, DEVELOPING CHILDREN AND YOUTH, STRENGTHENING FAMILIES, AND PROMOTING HEALTH, HEALING AND CRISIS INTERVENTION. VOLUNTEERS WITHIN EACH OF THE FOUR IMPACT AREAS ALONG WITH VARIOUS OTHER COMMITTEES HELPED TO ENSURE THAT UNITED WAY MAKES A DIFFERENCE BY CONTRIBUTING OVER 1,300 HOURS OF THEIR TIME THROUGHOUT THE YEAR. UNITED WAY FOX CITIES IS INVESTING NEARLY 6 MILLION DOLLARS IN VARIOUS NON-PROFIT PROGRAMS AND INITIATIVES WHICH HELP TO SERVE CLOSE TO 125,000 INDIVIDUALS. UNITED WAY FOX CITIES PARTNERS WITH OTHER AGENCIES TO CREATE INITIATIVES THAT ADDRESS CRITICAL GAPS IN SERVICES.

4b (Code:) (Expenses \$ 213,873. including grants of \$) (Revenue \$) UNITED WAY 2-1-1 SERVES RESIDENTS OF TEN COUNTIES WHO REQUIRE HELP TO FIND THE APPROPRIATE COMMUNITY SERVICE TO ADDRESS THEIR NEEDS. 2-1-1 SERVES AS A HUB IN TIMES OF DISASTER BY PROVIDING INFORMATION DURING RECOVERY AND RELIEF EFFORTS. FROM APRIL 1, 2018 TO MARCH 31, 2019, A TOTAL OF 12,427 CALLS WERE HANDLED, AND CALL SPECIALISTS MADE 24,030 REFERRALS. THE ONLINE DATABASE OF PROGRAM SERVICES AT 211NOW.ORG ALSO PROVIDES RESIDENTS WITH AN OPPORTUNITY TO ACCESS LOCAL RESOURCES. REQUESTS FOR BASIC NEEDS SERVICES OF FOOD, CLOTHING, SHELTER AND UTILITIES AND TRANSPORTATION RESULTED IN 44% OF THE TOTAL CALL VOLUME. CALLS RELATED TO HEALTH CARE WERE AT 9%, MENTAL HEALTH AND SUBSTANCE ABUSE WERE AT 10% AND THOSE RELATED TO INCOME WERE AT 6%.

4c (Code:) (Expenses \$ 179,340. including grants of \$) (Revenue \$) WEIGHT OF THE FOX VALLEY (WOTFV) IS A THREE-COUNTY PARTNERSHIP OF LOCAL GOVERNMENTS, PRIVATE SECTOR AND NON-PROFIT LEADERS, AND COMMUNITY MEMBERS WORKING TOGETHER TO CREATE A COMMUNITY WHERE HEALTHY EATING, ACTIVE LIVING, AND SOCIAL ENGAGEMENT ARE ENGRAINED IN THE CULTURE AND ARE THE COMMUNITY NORM. THIS HAPPENS THROUGH COLLABORATION AND COMMITMENT FROM MANY DIVERSE AND INFLUENTIAL PARTNERS AND COMMUNITY MEMBERS, WORKING TOGETHER TO CREATE A CULTURE OF HEALTHY LIVING IN CALUMET, OUTAGAMIE, AND WINNEBAGO COUNTIES OF WISCONSIN. CHANGING CULTURE WILL HAPPEN THROUGH COMMUNITY CHANGE EFFORTS, BASED ON PROVEN METHODS, THAT ARE AIMED AT CHANGING POLICIES AT ORGANIZATIONAL, LOCAL, AND REGIONAL LEVELS TO PRIORITIZE HEALTH, CHANGING SYSTEMS TO INSTILL AND PROMOTE HEALTHY LIVING, AND CHANGING THE ENVIRONMENT TO INSPIRE AND

4d Other program services (Describe in Schedule O.) (Expenses \$ 428,537. including grants of \$ 104,222.) (Revenue \$)

4e Total program service expenses 8,064,398.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question number, Yes, No. Rows 22-38 covering various organizational requirements.

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

Table with 3 columns: Question number, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, 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 in Schedule O. See instructions.

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (21), 1b (21), 2 (X), 3 (X), 4 (X), 5 (X), 6 (X), 7a (X), 7b (X), 8a (X), 8b (X), 9 (X).

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

Table with 3 columns: Question, Yes, No. Rows include 10a (X), 10b, 11a (X), 11b, 12a (X), 12b (X), 12c (X), 13 (X), 14 (X), 15a (X), 15b (X), 16a (X), 16b.

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.
19 Describe in 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 PETER KELLY - 920-954-7210 1455 MIDWAY ROAD, MENASHA, WI 54952

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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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 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			
(1) JIM KOTEK DIRECTOR	0.50	X					0.	0.	0.	
(2) LAURIE BUTZ CHAIR	5.00	X		X			0.	0.	0.	
(3) CHRISTOPHER LEE TREASURER / FINANCE CHAIR	5.00	X		X			0.	0.	0.	
(4) MIKE HOCHHOLZER CHAIR COMMUNITY IMPACT COU	4.00	X					0.	0.	0.	
(5) DOUG MADEL DIRECTOR	0.50	X					0.	0.	0.	
(6) IMRAN ANDRABI DIRECTOR	0.50	X					0.	0.	0.	
(7) JEFF CURTIN VICE-CHAIR / GOVERNANCE	5.00	X		X			0.	0.	0.	
(8) KIM BASSETT DIRECTOR	0.50	X					0.	0.	0.	
(9) MICHAEL KOEL DIRECTOR	0.50	X					0.	0.	0.	
(10) JOHN KRAUSE DIRECTOR	0.50	X					0.	0.	0.	
(11) MARK THILBEAULT DIRECTOR	0.50	X					0.	0.	0.	
(12) LARRY WRIGHT DIRECTOR	0.50	X					0.	0.	0.	
(13) TERRY ZASTROW DIRECTOR	0.50	X					0.	0.	0.	
(14) CHRIS VANDERHEYDEN DIRECTOR	0.50	X					0.	0.	0.	
(15) MONICA HILT DIRECTOR	0.50	X					0.	0.	0.	
(16) ANDREW HILT DIRECTOR	0.50	X					0.	0.	0.	
(17) JASON SCHULIST DIRECTOR	0.50	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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			
(18) DAVE MORTON VICE-CHAIR COMMUNITY IMPAC	4.00	X						0.	0.	0.
(19) TOM RIORDAN DIRECTOR	0.50	X						0.	0.	0.
(20) DUSTIN MCCLONE DIRECTOR	0.50	X						0.	0.	0.
(21) JILL WAGNER-KELLY DIRECTOR	0.50	X						0.	0.	0.
(22) PETER KELLY PRESIDENT / CEO	50.00			X				156,170.	0.	26,343.
(23) DOUGLAS COLLINS VICE PRESIDENT FINANCE & A	45.00			X				77,584.	0.	6,171.
1b Sub-total								233,754.	0.	32,514.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								233,754.	0.	32,514.

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, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
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	1 a Federated campaigns	1a 48,960.						
	b Membership dues	1b						
	c Fundraising events	1c						
	d Related organizations	1d						
	e Government grants (contributions)	1e						
	f All other contributions, gifts, grants, and similar amounts not included above	1f 9,007,089.						
	g Noncash contributions included in lines 1a-1f: \$	201,535.						
	h Total. Add lines 1a-1f	▶ 9,056,049.						
Program Service Revenue	2 a _____	Business Code						
	b _____							
	c _____							
	d _____							
	e _____							
	f All other program service revenue							
	g Total. Add lines 2a-2f	▶						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	▶ 162,481.				162,481.		
	4 Income from investment of tax-exempt bond proceeds	▶						
	5 Royalties	▶						
	6 a Gross rents	(i) Real	(ii) Personal					
		b Less: rental expenses						
		c Rental income or (loss)						
		d Net rental income or (loss)	▶					
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
		21,782.						
		b Less: cost or other basis and sales expenses	0.					89.
		c Gain or (loss)	21,782.					-89.
	d Net gain or (loss)	▶ 21,693.				21,693.		
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a						
		b Less: direct expenses	b					
		c Net income or (loss) from fundraising events	▶					
9 a Gross income from gaming activities. See Part IV, line 19	a							
	b Less: direct expenses	b						
	c Net income or (loss) from gaming activities	▶						
10 a Gross sales of inventory, less returns and allowances	a							
	b Less: cost of goods sold	b						
	c Net income or (loss) from sales of inventory	▶						
Miscellaneous Revenue		Business Code						
11 a MISCELLANEOUS	900099	183,161.				183,161.		
b SERVICE FEES	900099	38,746.	38,746.					
c _____								
d All other revenue								
e Total. Add lines 11a-11d	▶	221,907.						
12 Total revenue. See instructions	▶	9,462,130.	38,746.	0.		367,335.		

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	6,804,301.	6,804,301.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	266,269.	75,518.	158,798.	31,953.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,074,739.	498,114.	268,945.	307,680.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	61,607.	27,970.	17,588.	16,049.
9 Other employee benefits	156,476.	54,024.	49,040.	53,412.
10 Payroll taxes	97,518.	43,941.	30,017.	23,560.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	15,250.		15,250.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	40,382.		40,382.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	262,113.	230,532.	29,705.	1,876.
12 Advertising and promotion	88,347.	6,621.	15,197.	66,529.
13 Office expenses	63,994.	36,971.	13,237.	13,786.
14 Information technology				
15 Royalties				
16 Occupancy	93,749.	34,140.	31,392.	28,217.
17 Travel	95,633.	31,383.	11,130.	53,120.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	15,974.	6,679.	6,184.	3,111.
20 Interest				
21 Payments to affiliates	113,441.	51,081.	32,898.	29,462.
22 Depreciation, depletion, and amortization	55,346.	24,906.	16,050.	14,390.
23 Insurance	21,255.	2,680.	17,026.	1,549.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a BAD DEBT EXPENSE	109,446.			109,446.
b NON-PROFIT DEVELOPMENT	69,848.	69,848.		
c INVENTORY ADJ/THEFT LOS	53,322.	53,322.		
d DUES AND SUBSCRIPTIONS	6,501.	4,303.	1,073.	1,125.
e All other expenses	26,018.	8,064.	4,710.	13,244.
25 Total functional expenses. Add lines 1 through 24e	9,591,529.	8,064,398.	758,622.	768,509.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	998,930.	1	1,123,048.
	2 Savings and temporary cash investments	80,671.	2	99,481.
	3 Pledges and grants receivable, net	4,335,786.	3	3,872,475.
	4 Accounts receivable, net	232,477.	4	263,956.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	220,831.	8	217,260.
	9 Prepaid expenses and deferred charges	21,875.	9	21,826.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,684,830.		
	b Less: accumulated depreciation	10b 663,460.	1,044,249.	10c 1,021,370.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11	7,495,135.	12	7,626,175.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	220,823.	15	231,847.
16 Total assets. Add lines 1 through 15 (must equal line 34)	14,650,777.	16	14,477,438.	
Liabilities	17 Accounts payable and accrued expenses	691,146.	17	735,714.
	18 Grants payable	4,679,438.	18	4,614,223.
	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 current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	5,370,584.	26	5,349,937.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	8,337,962.	27	8,196,055.
	28 Temporarily restricted net assets	395,986.	28	374,219.
	29 Permanently restricted net assets	546,245.	29	557,227.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	9,280,193.	33	9,127,501.	
34 Total liabilities and net assets/fund balances	14,650,777.	34	14,477,438.	

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	9,462,130.
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,591,529.
3	Revenue less expenses. Subtract line 2 from line 1	3	-129,399.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	9,280,193.
5	Net unrealized gains (losses) on investments	5	-23,293.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	9,127,501.

Part XII Financial Statements and Reporting

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

- 1 Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain in 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 in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form 990 (2018)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization **UNITED WAY FOX CITIES INC** Employer identification number **39-0912895**

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	8998940.	8898570.	9269653.	9275839.	9056049.	45499051.
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	8998940.	8898570.	9269653.	9275839.	9056049.	45499051.
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)						7414009.
6 Public support. Subtract line 5 from line 4.						38085042.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4	8998940.	8898570.	9269653.	9275839.	9056049.	45499051.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	35,192.	61,836.	104,529.	134,959.	162,481.	498,997.
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.)	89,944.	98,427.	107,603.	101,817.	221,907.	619,698.
11 Total support. Add lines 7 through 10						46617746.
12 Gross receipts from related activities, etc. (see instructions)					12	

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	81.70 %
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	81.96 %

16a 33 1/3% support test - 2018. 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

b 33 1/3% support test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10% -facts-and-circumstances test - 2018. 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

b 10% -facts-and-circumstances test - 2017. 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

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

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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2018. 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 - 2017. 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 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of 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 (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 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>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <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 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

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 government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% 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 .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 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).		

Schedule A (Form 990 or 990-EZ) 2018

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

Part VI

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

Multiple horizontal lines for supplemental information.

Schedule B

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2018

Name of the organization

UNITED WAY FOX CITIES INC

Employer identification number

39-0912895

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

Name of organization UNITED WAY FOX CITIES INC	Employer identification number 39-0912895
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ <u>460,153.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ <u>1,010,225.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization UNITED WAY FOX CITIES INC	Employer identification number 39-0912895
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
2	DIAPERS FOR DIAPER BANK _____ _____ _____	\$ 125,656.	03/06/19
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization UNITED WAY FOX CITIES INC	Employer identification number 39-0912895
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

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

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization UNITED WAY FOX CITIES INC	Employer identification number 39-0912895
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures ▶ \$ _____
- 3 Volunteer hours for political campaign activities _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. **Schedule C (Form 990 or 990-EZ) 2018**

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures														
e	Total exempt purpose expenditures (add lines 1c and 1d)														
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)														
h	Subtract line 1g from line 1a. If zero or less, enter -0-														
i	Subtract line 1f from line 1c. If zero or less, enter -0-														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?														

Yes No

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		561.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?		X	
j Total. Add lines 1c through 1i			561.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

PART II-B, LINE 1, LOBBYING ACTIVITIES:

STAFF VISITS WITH STAFF OF STATE SENATOR ROGER ROTH AND STATE

REPRESENTATIVES TUSLER, STUCK, HINZ AND MURPHY REGARDING LONG-TERM

SUSTAINABILITY OF 2-1-1 AND IMPORTANCE OF EARLY CHILDHOOD EDUCATION

INCLUDING SUPPORT FOR LITERACY EFFORTS.

Part IV Supplemental Information (continued)

STAFF VISIT TO CAPITOL HILL, MET WITH STAFF FOR CONGRESSMAN PAUL RYAN,
SENATORS TAMMY BALDWIN AND RON JOHNSON REGARDING REQUEST TO SUPPORT THE
BI-PARTISAN SENATE LANGUAGE FOR SNAP BENEFITS IN FARM BILL; CHARITABLE
GIVING INCENTIVES WERE REDUCED IN NEW TAX LAW, EXPAND THE CHARITABLE
GIVING DEDUCTION TO ALL TAXPAYERS; COMBINED FEDERAL CAMPAIGN, CONCERN
FOR DRAMATIC DECREASE IN SUPPORT, MET WITH JOHNSON COMMITTEE STAFF TO
DISCUSS .

STAFF MET CONGRESSMAN MIKE GALLAGHER AND GLENN GROTHMAN TO DISCUSS SNAP
FOOD BENEFIT, FEDERAL POVERTY LEVEL AND CHARITABLE DEDUCTION CHANGES.

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

2018

Open to Public Inspection

Name of the organization UNITED WAY FOX CITIES INC Employer identification number 39-0912895

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: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, lines 2a-2d, number of modified easements, states where located, monitoring policy, staff hours, expenses, and reporting requirements.

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: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include reporting requirements for art and historical treasures, and amounts for revenue and assets.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2018

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 are a 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 programs
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	949,429.	823,292.	618,772.	637,825.	472,766.
b Contributions	11,322.	38,556.	113,161.	24,656.	155,164.
c Net investment earnings, gains, and losses	6,028.	100,520.	103,104.	-34,619.	17,329.
d Grants or scholarships					
e Other expenditures for facilities and programs	13,562.	12,939.	11,745.	9,090.	7,434.
f Administrative expenses					
g End of year balance	953,217.	949,429.	823,292.	618,772.	637,825.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 24.83 %
 - b Permanent endowment 57.93 %
 - c Temporarily restricted endowment 17.24 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|-----|----|
| (i) unrelated organizations | X | |
| (ii) related organizations | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | | |
- 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		15,000.		15,000.
b Buildings		1,256,306.	355,426.	900,880.
c Leasehold improvements				
d Equipment		413,524.	308,034.	105,490.
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) ▶ 1,021,370.

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) BENEFICIAL INTEREST IN		
(B) ASSETS AT COMMUNITY		
(C) FOUNDATION	7,626,175.	END-OF-YEAR MARKET VALUE
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	7,626,175.	

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

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

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (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	8,822,039.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-23,293.	
b	Donated services and use of facilities	2b	38,800.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	15,507.	
3	Subtract line 2e from line 1	3	8,806,532.	
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	40,382.	
b	Other (Describe in Part XIII.)	4b	615,216.	
c	Add lines 4a and 4b	4c	655,598.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	9,462,130.	

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	8,974,731.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	38,800.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	89.	
e	Add lines 2a through 2d	2e	38,889.	
3	Subtract line 2e from line 1	3	8,935,842.	
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	40,382.	
b	Other (Describe in Part XIII.)	4b	615,305.	
c	Add lines 4a and 4b	4c	655,687.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	9,591,529.	

Part XIII Supplemental Information.

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

PART V, LINE 4:

LEGACY OF CARING FUND - ESTABLISHED BY THE ORGANIZATION'S BOARD OF DIRECTORS USING A PRIOR UNRESTRICTED DONATION AND DESIGNATING THE NET INCOME TO BE USED TO SUPPORT HEALTH AND HUMAN SERVICE PROGRAMS IN THE FOX VALLEY

ADMINISTRATIVE ENDOWMENT FUND - ESTABLISHED BY THE ORGANIZATION'S BOARD OF DIRECTORS USING A PRIOR DONATION RESTRICTED BY THE DONOR TO PROVIDE FOR THE LONG-TERM FUNDING OF THE ORGANIZATION'S ADMINISTRATIVE AND OPERATING EXPENSES

IMPACT AREA ENDOWMENT FUND - ESTABLISHED BY THE ORGANIZATION'S BOARD OF DIRECTORS USING A PRIOR UNRESTRICTED DONATION AND DESIGNATING THE NET INCOME TO BE USED TO PROVIDE FUNDING FOR IDENTIFIED IMPACT AREAS

Part XIII Supplemental Information (continued)

PART X, LINE 2:

UNITED WAY FOX CITIES, INC. IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. HOWEVER, INCOME FROM CERTAIN ACTIVITIES NOT DIRECTLY RELATED TO THE ORGANIZATION'S TAX-EXEMPT PURPOSE IS SUBJECT TO TAXATION ON UNRELATED BUSINESS INCOME. IN ADDITION, THE ORGANIZATION QUALIFIES FOR THE CHARITABLE CONTRIBUTION DEDUCTION UNDER SECTION 170(B)(1)(A) AND HAS BEEN CLASSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION. THE ORGANIZATION IS ALSO EXEMPT FROM WISCONSIN INCOME TAXES.

PENALTIES AND INTEREST ASSESSED BY INCOME TAXING AUTHORITIES ARE INCLUDED IN MANAGEMENT AND GENERAL EXPENSES, IF APPLICABLE. THE ORGANIZATION HAD NO INTEREST AND PENALTIES RELATED TO INCOME TAXES FOR THE FISCAL YEAR ENDED MARCH 31, 2019.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

ALLOCATIONS FUNDED THROUGH DESIGNATIONS	615,305.
LOSS ON SALE OF ASSETS INCLUDED ON PART VIII, LINE 7D	-89.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	615,216.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

LOSS ON SALE OF ASSETS INCLUDED ON PART VIII, LINE 7D	89.
---	-----

PART XII, LINE 4B - OTHER ADJUSTMENTS:

ALLOCATIONS FUNDED THROUGH DESIGNATIONS	615,305.
---	----------

**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

2018

**Open to Public
Inspection**

Name of the organization **UNITED WAY FOX CITIES INC** Employer identification number **39-0912895**

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
ADVOCAP, INC. 181 E. NORTH WATER STREET NEENAH, WI 54956	39-1053365	501(C)3	50,471.	0.			PROGRAM OPERATING COST
AIDS RESOURCE CENTER OF WISCONSIN 103 E. WASHINGTON STREET APPLETON, WI 54911	39-1534049	501(C)3	63,665.	0.			PROGRAM OPERATING COST
AMERICAN CANCER SOCIETY WI 1324 FOREST AVE #420 STATEN ISLAND, NY 10302	81-4561048	501(C)3	5,105.	0.			PROGRAM OPERATING COST
AMERICAN RED CROSS IN NORTHEAST WISCONSIN - 515 S. WASHBURN STREET, SUITE 201 - OSHKOSH, WI 54904	53-0196605	501(C)3	104,826.	0.			PROGRAM OPERATING COST
APPLETON PUBLIC LIBRARY 100 N APPLETON ST APPLETON, WI 54911	39-6005381	501(C)1	15,000.	0.			PROGRAM OPERATING COST
STEP INDUSTRIES INC. 1010 STROHMEYER DRIVE NEENAH, WI 54956	39-1417716	501(C)3	35,000.	0.			PROGRAM OPERATING COST

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **58.**
- 3** Enter total number of other organizations listed in the line 1 table **0.**

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

Schedule I (Form 990) (2018)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BEST FRIENDS OF NEENAH - MENASHA, INC. - 181 E. NORTH WATER STREET, STE. 225 - NEENAH, WI 54956	39-1260017	501(C)3	154,685.	0.			PROGRAM OPERATING COST
BIG BROTHERS BIG SISTERS OF THE FOX VALLEY REGION, INC. - 160 SOUTH BADGER AVE. - APPLETON, WI 54914	39-6103907	501(C)3	168,365.	0.			PROGRAM OPERATING COST
BOYS' & GIRLS' BRIGADE ASSOCIATION 109 WEST COLUMBIAN AVE. NEENAH, WI 54956	39-0813396	501(C)3	31,518.	0.			PROGRAM OPERATING COST
BOYS & GIRLS CLUBS FOX VALLEY, INC. - 160 SOUTH BADGER AVE. - APPLETON, WI 54914	39-1225709	501(C)3	550,001.	0.			PAGE TURNERS - LITERACY TUTORING, STAR, OTHER PROGRAM OPERATING COSTS
BAY-LAKES COUNCIL, INC. BOY SCOUTS OF AMERICA - PO BOX 267 - APPLETON, WI 54912-0267	39-1184320	501(C)3	8,925.	0.			PROGRAM OPERATING COST
BRIDGES CHILD ENRICHMENT CENTER 803 EAST COLLEGE AVE. APPLETON, WI 54911	39-1340963	501(C)3	144,480.	0.			PROGRAM OPERATING COST
CAP SERVICES, INC. 17 PARK PLACE, SUITE 950 APPLETON, WI 54914	39-1080897	501(C)3	103,178.	0.			PROGRAM OPERATING COST
CATALPA HEALTH 442 N. WESTHILL BLVD. APPLETON, WI 54914	39-0812532	501(C)3	164,105.	0.			PROGRAM OPERATING COST
CATHOLIC CHARITIES, DIOCESE OF GREEN BAY, INC. - 214 E. SUMMER STREET - APPLETON, WI 54911	39-0808438	501(C)3	96,939.	0.			PROGRAM OPERATING COST

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COVEY, INC 363 BROAD STREET SUITE 120 OSHKOSH, WI 54903	39-6026845	501(C)3	40,000.	0.			PROGRAM OPERATING COST
CHILD CARE RESOURCE & REFERRAL, INC. - 1001 WEST KENNEDY AVE. - KIMBERLY, WI 54136	39-1606155	501(C)3	76,256.	0.			PROGRAM OPERATING COST
CHRISTINE ANN DOMESTIC ABUSE SERVICES, INC. - 1416 S. COMMERCIAL STREET, STE. A - NEENAH, WI 54956	39-1441770	501(C)3	104,764.	0.			PROGRAM OPERATING COST
COMMUNITY FAMILY RESOURCE CENTER 330 W. HICKORY STREET SEYMOUR, WI 54165	39-6017468	501(C)3	29,503.	0.			PROGRAM OPERATING COST
COMMUNITY FOUNDATION FOR THE FOX VALLEY REGION - 4455 W. LAWRENCE STREET - APPLETON, WI 54914	39-1548450	501(C)3	25,000.	0.			NONPROFIT LEADERSHIP PROGRAM OPERATING COST
FAMILY SERVICES OF NORTHEAST WI 300 CROOKS ST GREEN BAY, WI 54301	39-0827320	501(C)3	518,868.	7,948.			PROGRAM OPERATING COST & DIAPERS FOR DISTRIBUTION
FINANCIAL INFORMATION AND SERVICE CENTER, INC. (FISC) - 1800 APPLETON ROAD - MENASHA, WI 54952	39-6698981	501(C)3	193,390.	0.			PROGRAM OPERATING COST
LSS FOUNDATION INC. 6737 W. WASHINGTON STREET WEST ALLIS, WI 53214	39-1242451	501(C)3	85,227.	0.			FOX VALLEY MEMORY PROJECT PROGRAM OPERATING COST
FOX VALLEY LITERACY COUNCIL INC. 130 EAST FRANKLIN STREET APPLETON, WI 54911	39-1682277	501(C)3	110,500.	0.			PROGRAM OPERATING COST

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY EARLY LEARNING CENTER 313 S. STATE STREET APPLETON, WI 54911	47-1117143	501(C)3	36,810.	0.			PROGRAM OPERATING COST
CITY OF MENASHA HEALTH DEPARTMENT 126 W WISCONSIN AVE NEENAH, WI 54956	39-6005525	501(C)1	48,975.	0.			PROGRAM OPERATING COST
FRIENDSHIP PLACE 220 NORTH COMMERCIAL STREET NEENAH, WI 54956	39-2029900	501(C)3	114,835.	0.			PROGRAM OPERATING COST
GIRL SCOUTS OF THE NORTHWEST GREAT LAKES, INC. - 4693 NORTH LYNNDALE DRIVE - APPLETON, WI 54913	39-0816897	501(C)3	135,782.	0.			PROGRAM OPERATING COST
HARBOR HOUSE DOMESTIC ABUSE PROGRAMS, INC. - 720 WEST FIFTH STREET - APPLETON, WI 54914	39-1870927	501(C)3	200,499.	0.			ECONOMIC ADVOCACY FOR SURVIVORS & OTHER PROGRAM OPERATING COSTS
SAMARITAN COUNSELING CENTER OF THE FOX VALLEY, INC - 1478 KENWOOD DRIVE - MENASHA, WI 54952	39-1214216	501(C)3	57,500.	0.			PROGRAM OPERATING COST
ST. VINCENT DE PAUL SOCIETY OF APPLETON INC - 1924 W COLLEGE AVE - APPLETON, WI 54914	39-1032282	501(C)3	24,000.	0.			BED PROGRAM OPERATING COST
LEGAL ACTION OF WISCONSIN 201 WEST WALNUT STREET, STE. 203 GREEN BAY, WI 54303	39-1077192	501(C)3	75,000.	0.			PROGRAM OPERATING COST
LUTHERAN SOCIAL SERVICES OF WISCONSIN & UPPER MICHIGAN, INC. - 3003 NORTH RICHMOND STREET, #A - APPLETON, WI 54911	39-0816846	501(C)3	228,035.	0.			PROGRAM OPERATING COST

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MENASHA JOINT SCHOOL DISTRICT 328 6TH ST MENASHA, WI 54952	39-6003366	501(C)1	74,118.	0.			EVEN START FAMILY LITERACY PROGRAM OPERATING COST
NATIONAL ALLIANCE ON MENTAL ILLNESS (NAMI) FOX VALLEY - 516 WEST 6TH STREET - APPLETON, WI 54911	39-1545497	501(C)3	122,570.	0.			PROGRAM OPERATING COST
NEENAH - MENASHA DIAL-A-RIDE 211 WALNUT STREET NEENAH, WI 54956	39-6005543	501(C)3	8,500.	0.			PROGRAM OPERATING COST
N.E.W. MENTAL HEALTH CONNECTION PO BOX 374 APPLETON, WI 54912	45-2657700	501(C)3	90,000.	0.			STUDY OF TEEN SUICIDE-RELATED BEHAVIORS
NEW LONDON UNITED WAY P.O. BOX 104 NEW LONDON, WI 54961	39-1587610	501(C)3	6,551.	0.			PROGRAM OPERATING COST
NON-PROFIT AFFORDABLE HOUSING BASED RENTAL SERVICES - 3020 EAST WINSLOW AVE. - APPLETON, WI 54911	39-1652869	501(C)3	17,992.	0.			PROGRAM OPERATING COST
OSHKOSH AREA UNITED WAY, INC. 36 BROAD STREET, SUITE 100 OSHKOSH, WI 54901	39-1017908	501(C)3	19,481.	0.			PROGRAM OPERATING COST
HOUSING PARTNERSHIP OF THE OX CITIES, INC. - 605 E. HANCOCK STREET - APPLETON, WI 54911	39-1582471	501(C)3	292,449.	0.			PROGRAM OPERATING COST
REACH COUNSELING SERVICES, INC. 1370 SOUTH COMMERCIAL STREET NEENAH, WI 54956	39-1292277	501(C)3	198,385.	0.			PROGRAM OPERATING COST

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SEXUAL ASSAULT CRISIS CENTER-FOX CITIES, INC. - 35 PARK PLACE, SUITE 100 - APPLETON, WI 54914	39-1309331	501(C)3	122,241.	0.			PROGRAM OPERATING COST
SOAR FOX CITIES 375 WINNEBAGO AVE. MENASHA, WI 54952	75-3202931	501(C)3	279,753.	0.			PROGRAM OPERATING COST
UNITED WAY OF PORTAGE COUNTY 1100 CENTERPOINT DRIVE SUITE 302 STEVENS POINT, WI 54481	39-0831152	501(C)3	5,007.	0.			PROGRAM OPERATING COST
UNITED WAY OF SHAWANO COUNTY, INC. P.O. BOX 31 SHAWANO, WI 54166	39-1099657	501(C)3	11,445.	0.			PROGRAM OPERATING COST
VALLEY PACKAGING INDUSTRIES, INC. 2730 ROEMER ROAD APPLETON, WI 54915	39-0921632	501(C)3	374,987.	3,767.	BOOK	DIAPERS	PROGRAM OPERATING COST & DIAPERS FOR DISTRIBUTION
VALLEY TRANSIT - THE CONNECTOR INITIATIVE - 801 SOUTH WHITMAN AVE. - APPLETON, WI 54914	39-6005381	501(C)3	50,000.	0.			PROGRAM OPERATING COST
VILLA HOPE, INC. 613 NORTH DIVISION STREET APPLETON, WI 54911	23-7088971	501(C)3	19,000.	0.			PROGRAM OPERATING COST
YMCA FOX CITIES 218 EAST LAWRENCE STREET APPLETON, WI 54911	39-0806191	501(C)3	614,276.	0.			PROGRAM OPERATING COST
YOUTH GO, INC. 213 NICOLET BLVD NEENAH, WI 54956	39-1137233	501(C)3	207,900.	0.			PROGRAM OPERATING COST

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GREATER BERLIN UNITED WAY PO BOX 28 BERLIN, WI 54923	39-1680913	501(C)3	5,221.	0.			WISHING WELL OF GREEN LAKE COUNTY
BROWN COUNTY UNITED WAY 1245 MAIN STREET GREEN BAY, WI 54301	39-0806299	501(C)3	12,657.	0.			PROGRAM OPERATING COST
PARTNERSHIP COMMUNITY HEALTH CENTER - 1814 APPLETON ROAD - MENASHA, WI 54952	39-1884820	501(C)3	146,775.	0.			PROGRAM OPERATING COST
ST JOSEPH FOOD PROGRAM INC 1465A OPPORTUNITY WAY MENASHA, WI 54952	39-1822486	501(C)3	20,000.	19,080.	BOOK	DIAPERS	BACKPACK FOOD ASSISTANCE PROGRAM & DIAPERS FOR DISTRIBUTION
THE SALVATION ARMY - FOX CITIES 130 E NORTH ST APPLETON, WI 54911	13-2923701	501(C)3	0.	18,570.	BOOK	DIAPERS	DIAPERS FOR DISTRIBUTION
CALUMET COUNTY PUBLIC HEALTH 206 COURT STREET CHILTON, WI 53014		501(C)1	0.	7,024.	BOOK	DIAPERS	DIAPERS FOR DISTRIBUTION
WINNEBAGO COUNTY HEALTH DEPT WIC 220 WASHINGTON AVE PO BOX 2187 OSHKOSH, WI 54903		501(C)1	0.	14,414.	BOOK	DIAPERS	DIAPERS FOR DISTRIBUTION

Schedule I (Form 990)

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 non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

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

PART I, LINE 2:

PARTNER AGENCIES ARE REQUIRED TO SIGN AN AGENCY AGREEMENT WHICH REQUIRES SUBMISSION OF PROGRAM OUTCOMES AND ANNUAL AUDITED FINANCIAL STATEMENTS. THE PROGRAMS ARE DIVIDED INTO FOUR IMPACT AREAS WHERE VOLUNTEERS MONITOR OUTCOMES. ANOTHER GROUP OF VOLUNTEERS, ALL CPA'S, REVIEW PARTNER AGENCIES FINANCIAL STATEMENTS. IN A SEPARATE GRANT FUND CALLED FOCUSED FUNDING, A VOLUNTEER COMMITTEE REVIEWS AND RECOMMENDS GRANT AWARDS TO THE COMMUNITY IMPACT COUNCIL FOR REVIEW AND APPROVAL. AGENCIES APPROVED FOR THESE GRANTS ARE REQUIRED TO SIGN THE AGENCY AGREEMENT AND COMPLETE AN ANNUAL REPORT

Part IV Supplemental Information

WHICH INCLUDES OUTCOMES. UNITED WAY FOX CITIES ALSO PROVIDES FUNDING FOR INITIATIVES. THE AGENCIES PROVIDING THE SERVICES ARE REQUIRED TO SIGN A MEMORANDUM OF UNDERSTANDING AND PERIODICALLY REPORT PROGRESS TO THE IMPACT AREA VOLUNTEERS.

Multiple horizontal lines for supplemental information.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2018

Open to Public Inspection

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

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

▶ Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

UNITED WAY FOX CITIES INC

Employer identification number

39-0912895

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2018

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) PETER KELLY PRESIDENT / CEO	(i)	147,209.	0.	8,961.	25,648.	695.	182,513.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2018

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 **UNITED WAY FOX CITIES INC** Employer identification number **39-0912895**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications	X		21,774.	
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (DIAPERS)	X	706,506	153,973.	COST
26 Other ▶ (EVENTS)	X	5	13,648.	COST
27 Other ▶ (PUBLICATIONS)	X	6	5,613.	COST
28 Other ▶ (COLLATERAL)	X	4	2,606.	COST

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

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

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

PART I, OTHER TYPES OF PROPERTY:

LICENSING

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTIONS = 1

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 2580.

(D) METHOD OF DETERMINING REVENUE: COST

MISCELLANEOUS

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTIONS = 2

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 1341.

(D) METHOD OF DETERMINING REVENUE: COST

SCHEDULE M, PART I, COLUMN (B):

DIAPERS ARE NUMBER OF ITEMS AND ALL OTHERS ARE NUMBER OF CONTRIBUTIONS.

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

2018

Open to Public
Inspection

Name of the organization

UNITED WAY FOX CITIES INC

Employer identification number

39-0912895

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

IN THE FOX CITIES. THE ORGANIZATION SEEKS TO IMPROVE LIVES BY CREATING
LASTING CHANGES IN THE COMMUNITY CONDITIONS.

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

SUPPORT HEALTHY LIVING. INCORPORATING SPECIAL EMPHASIS ON CHILDREN,
FAMILIES, AND OUR MOST VULNERABLE POPULATIONS, WILL HELP TO ENSURE THAT
ALL COMMUNITY MEMBERS HAVE THE OPPORTUNITY TO LIVE LONGER, BETTER,
HEALTHIER, AND HAPPIER.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

THE EMERGENCY FOOD AND SHELTER PROGRAM (EFSP) WAS CREATED BY CONGRESS
IN 1983 TO HELP MEET THE NEEDS OF HUNGRY AND HOMELESS PEOPLE THROUGHOUT
THE UNITED STATES BY ALLOCATING FEDERAL FUNDS FOR THE PROVISION OF FOOD
AND SHELTER. UNITED WAY'S ROLE IS TO STAFF THE DISTRIBUTION OF THESE
FUNDS IN COLLABORATION WITH PRIMARY SERVICE PROVIDERS. UNITED WAY FOX
CITIES WORKS WITH TWO LOCAL VOLUNTEER EFSP BOARDS TO DISTRIBUTE FUNDING
TO OUTAGAMIE, CALUMET AND WINNEBAGO.

EXPENSES \$ 2,002. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

UNITED WAY FOX CITIES' YOUTH BOARD IS COMPOSED OF ABOUT 28 ACTIVE
STUDENT MEMBERS FROM 7 AREA HIGH SCHOOLS. THE PURPOSE OF THE YOUTH
BOARD IS TO EDUCATE AND INCREASE YOUTH AWARENESS, IMPROVE UNDERSTANDING
OF UNITED WAY, VOLUNTEER OPPORTUNITIES, COMMUNITY NEEDS AND SERVICES.

THE PURPOSE IS ALSO TO ASSIST YOUTH IN DEVELOPING LEADERSHIP SKILLS AND
PHILANTHROPIC VALUES. THE YOUTH BOARD IS RESPONSIBLE FOR AWARDING A

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

Schedule O (Form 990 or 990-EZ) (2018)

Name of the organization UNITED WAY FOX CITIES INC	Employer identification number 39-0912895
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LIMITED NUMBER OF GRANTS TO YOUTH-ORIENTED PROGRAMS IN THE FOX CITIES.

DURING THE PAST FISCAL YEAR, THE YOUTH BOARD AWARDED \$8,000 IN GRANTS THROUGH TWO GRANT CYCLES. IN ADDITION TO PERFORMING COMMUNITY SERVICE, YOUTH BOARD MEMBERS HELPED TO COORDINATE AND CARRYOUT A SUCCESSFUL 2019 TEEN SYMPOSIUM THAT ATTRACTED 279 NINTH GRADERS FROM 16 AREA HIGH SCHOOLS, 25 ADULT SCHOOL ADVISORS, 16 ADULT VOLUNTEERS, 55 STUDENT VOLUNTEERS AND 26 COMMUNITY AGENCIES AS PART OF THE COMMUNITY RESOURCE FAIR. THE FOCUS OF THE DAYLONG EVENT WAS ON LEADERSHIP SKILL DEVELOPMENT.

EXPENSES \$ 33,879. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

UNITED WAY'S PATH (PROVIDING ACCESS TO HEALING) FOR STUDENTS IS A SCHOOL-BASED PROGRAM DESIGNED TO IMPROVE ACCESS TO MENTAL HEALTH SERVICES AND THERAPY FOR CHILDREN AND YOUTH WHO ARE UNABLE TO OBTAIN CARE ELSEWHERE IN THE COMMUNITY. THE CONNECTOR, A TRANSPORTATION INITIATIVE, ADDRESSES THE NEEDS OF INDIVIDUALS WITH LOWER INCOMES RELYING ON PUBLIC TRANSPORTATION FOR EMPLOYMENT. THE EXPANDED GEOGRAPHIC AREAS AND OPERATING HOURS SERVE INDIVIDUALS WORKING 2ND AND 3RD SHIFTS. THE FOX CITIES DIAPER BANK COLLECTS, STORES, AND DISTRIBUTES DIAPERS TO STRUGGLING LOW-INCOME FAMILIES.

EXPENSES \$ 27,830. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

DIAPER BANK PROGRAM - THE MISSION OF THE DIAPER BANK IS TO IMPROVE LIVES BY ASSISTING FAMILIES WITH DIAPER AND FAMILY HYGIENE NEEDS.

EXPENSES \$ 157,544. INCLUDING GRANTS OF \$ 104,222. REVENUE \$ 0.

THE WORKFORCE ENGAGEMENT COMMUNITY SERVICES PROGRAM IS DESIGNED TO INCREASE THE AWARENESS AND INVOLVEMENT OF ORGANIZED LABOR IN COMMUNITY

Name of the organization UNITED WAY FOX CITIES INC	Employer identification number 39-0912895
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SERVICES. ORGANIZED LABOR HAS A WORKING RELATIONSHIP WITH UNITED WAY THAT SPANS A 60+ YEAR HISTORY. EMERGENCY ASSISTANCE THROUGH COMMUNITY RESOURCES IS OFFERED TO UNION MEMBERS IN TIME OF LAYOFFS, STRIKES, OR DISASTERS. SEMINARS FOR THE UNEMPLOYED ARE OFFERED PROVIDING INFORMATION ON AVAILABLE RESOURCES, LOCATIONS OF SERVICES, AND PROGRAM ELIGIBILITY.

EXPENSES \$ 58,222. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

HWPP - HEALTHY KIDS MEAL

EXPENSES \$ 25,132. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

AMERICORPS: WEIGHT OF THE FOX VALLEY AMERICORPS PROGRAM IS A FEDERALLY FUNDED SERVICE PROGRAM THAT BEGAN IN 2017, AND ENGAGES MEMBERS IN SERVICE TO EXPAND AND ENHANCE EFFORTS TO CREATE A COMMUNITY WHERE HEALTHY EATING AND ACTIVE LIVING ARE ENGRAINED IN THE CULTURE AND ARE THE COMMUNITY NORM. AMERICORPS MEMBERS IMPACT THE FOX VALLEY COMMUNITY OF CALUMET, OUTAGAMIE, AND WINNEBAGO COUNTIES BY INCREASING CAPACITY AND RESOURCES AT PARTNER ORGANIZATIONS. MEMBERS EDUCATE, CREATE, IMPLEMENT, AND PROMOTE ACTIVITIES AND PROGRAMS REGARDING PHYSICAL ACTIVITY AND HEALTHY EATING TO FOX VALLEY YOUTH AND ADULTS. IN 2018-19, EIGHT AMERICORPS MEMBERS WERE ENROLLED TO SERVE AT EIGHT PARTNER ORGANIZATIONS TO CREATE A HEALTHY COMMUNITY. WEIGHT OF THE FOX VALLEY AMERICORPS IS FUNDED THROUGH THE CORPORATION FOR NATIONAL & COMMUNITY SERVICE.

EXPENSES \$ 123,928. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 1:

THERE SHALL BE AN EXECUTIVE COMMITTEE WHICH SHALL CONSIST OF THE OFFICERS

Name of the organization UNITED WAY FOX CITIES INC	Employer identification number 39-0912895
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OF THE CORPORATION. THE BOARD CHAIR MAY APPOINT UP TO TWO (2) ADDITIONAL BOARD MEMBERS TO SERVE ON THE EXECUTIVE COMMITTEE. THE IMMEDIATE PAST CHAIR OF THE EXECUTIVE COMMITTEE SHALL BE AN EX-OFFICIO MEMBER OF THE EXECUTIVE COMMITTEE AND BOARD OF DIRECTORS. THE EXECUTIVE COMMITTEE SHALL HAVE, AND MAY EXERCISE, THE POWERS OF THE BOARD OF DIRECTORS IN THE INTERIM BETWEEN BOARD MEETINGS. ANY ACTION TAKEN BY THE EXECUTIVE COMMITTEE SHALL BE REPORTED TO THE BOARD OF DIRECTORS AT THE NEXT BOARD MEETING. A MAJORITY OF THE EXECUTIVE COMMITTEE SHALL CONSTITUTE A QUORUM FOR THE TRANSACTION OF BUSINESS AT ANY MEETING OF THE EXECUTIVE COMMITTEE.

THE EXECUTIVE COMMITTEE WILL ANNUALLY REVIEW THE PERFORMANCE OF THE PRESIDENT/C.E.O. AND MANAGE ALL MATTERS RELATIVE TO THE SALARY AND BENEFITS OF THE PRESIDENT/C.E.O.

FORM 990, PART VI, SECTION A, LINE 6:

MEMBERS ARE DEFINED AS THOSE PERSONS, FIRMS, ASSOCIATIONS, CORPORATIONS, AGENCIES AND ORGANIZATIONS HAVING CONTRIBUTED FINANCIALLY TO UNITED WAY FOX CITIES, INC. ("CORPORATION"). THOSE PERSONS, FIRMS, ASSOCIATIONS, CORPORATIONS, AGENCIES AND ORGANIZATIONS THAT HAVE CONTRIBUTED FINANCIALLY TO THE CORPORATION ARE GRANTED MEMBERSHIP EXCEPTING WHERE SAID "CONTRIBUTING MEMBER" HAS NOT CONTRIBUTED FINANCIALLY TO THE CORPORATION FOR A PERIOD OF MORE THAN TWELVE MONTHS.

FORM 990, PART VI, SECTION A, LINE 7A:

EACH MEMBER SHALL HAVE ONE VOTE LIMITED TO THE ELECTION OF DIRECTORS AT THE ANNUAL MEETING OF THE CORPORATION AND WHICH MUST BE EXERCISED IN PERSON AND CANNOT BE CAST BY PROXY.

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

Name of the organization UNITED WAY FOX CITIES INC	Employer identification number 39-0912895
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BEFORE FILING THE FORM 990, THE ORGANIZATION WILL ELECTRONICALLY SUBMIT THE FORM 990 TO THE BOARD OF DIRECTORS SO THAT THEY MAY REVIEW AND SOLICIT QUESTIONS AND/OR COMMENTS.

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

AFTER THE CODE OF ETHICS HAS BEEN REVIEWED BY THE PRESIDENT/CEO OF UNITED WAY FOX CITIES, A COPY IS PASSED OUT TO ALL EMPLOYEES, BOARD MEMBERS AND OTHER VOLUNTEERS. EACH ARE REQUIRED TO SIGN THE FORM INDICATING THEY WILL ABIDE BY THE CODE OF ETHICS AND AT THE SAME TIME ARE REQUIRED TO SIGN A CONFLICT OF INTEREST DISCLOSURE FORM. THE ORGANIZATION MAINTAINS A FILE OF ALL THE SIGNED FORMS. BOARD MEMBERS ARE REQUIRED TO ABSTAIN FROM VOTING ON ISSUES WHERE THERE WOULD BE A CONFLICT OF INTEREST WHILE EMPLOYEES ARE NOT ALLOWED TO BE ON THE BOARD OF AGENCIES.

FORM 990, PART VI, SECTION B, LINE 15:

THE ANNUAL REVIEW PROCESS OF THE CEO INCLUDES A STUDY OF THE SALARY AND BENEFITS OF COMPARABLE ORGANIZATIONS. THE EXECUTIVE COMMITTEE REVIEWS THE "UNITED WAY HUMAN CAPITAL STUDY - EXECUTIVE SALARY REPORT" AS WELL AS THE LABOR DEPARTMENT'S "US BUREAU OF LABOR AND STATISTICS 3RD QUARTER STAFF SALARIES MULTIPLIER". THE COMMITTEE ANNUALLY CONDUCTS THE CEO'S REVIEW AND APPROVES THE GOALS AND OBJECTIVES FOR THE NEXT PERFORMANCE PERIOD. AFTER REVIEWING THIS INFORMATION, THE EXECUTIVE COMMITTEE RECOMMENDS THE SALARY FOR THE CEO.

THE CEO CONDUCTS THE EVALUATION OF THE VP, FINANCE AND ADMINISTRATION. THE CEO REVIEWS THE NON-EXECUTIVE SALARY SURVEY FROM THE UNITED WAY WORLDWIDE WHICH IS RELATED TO METRO II UNITED WAY'S IN THE MIDWEST REGION TO ASSURE THAT THE COMPENSATION LEVEL IS APPROPRIATE.

Name of the organization UNITED WAY FOX CITIES INC	Employer identification number 39-0912895
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FORM 990, PART VI, SECTION C, LINE 19:

UNITED WAY FOX CITIES POSTS THE ANNUAL AUDITED FINANCIAL STATEMENTS, THE FORM 990, THE CODE OF ETHICS AND THE BY-LAWS ON THEIR WEBSITE. COPIES OF THESE DOCUMENTS WILL BE PROVIDED TO THE PUBLIC UPON REQUEST.

FORM 990, PART XII, LINE 2C:

THE ORGANIZATION DID NOT CHANGE ITS OVERSIGHT PROCESS OR THE PROCESS USED TO SELECT AN INDEPENDENT ACCOUNTANT DURING THE CURRENT YEAR.