

** PUBLIC DISCLOSURE COPY **

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)

2021

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 **2021** calendar year, or tax year beginning **APR 1, 2021** and ending **MAR 31, 2022**

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 Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1455 MIDWAY ROAD City or town, state or province, country, and ZIP or foreign postal code MENASHA, WI 54952 F Name and address of principal officer: PETER GIANOPOULOS SAME AS C ABOVE	D Employer identification number 39-0912895 E Telephone number 920-954-7210 G Gross receipts \$ 10,306,475. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number ▶
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		
J Website: ▶ WWW.UNITEDWAYFOXCITIES.ORG		
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

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 19
4	Number of independent voting members of the governing body (Part VI, line 1b)	4 19
5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5 54
6	Total number of volunteers (estimate if necessary)	6 1400
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a 0.
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b 0.
8	Contributions and grants (Part VIII, line 1h)	Prior Year 10,172,044. Current Year 9,930,381.
9	Program service revenue (Part VIII, line 2g)	0. 0.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	359,469. 305,710.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	53,541. 66,433.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	10,585,054. 10,302,524.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	6,618,666. 7,240,067.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0. 0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,791,589. 2,254,051.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0. 0.
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 794,394.	
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	933,514. 1,057,560.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	9,343,769. 10,551,678.
19	Revenue less expenses. Subtract line 18 from line 12	1,241,285. -249,154.
20	Total assets (Part X, line 16)	Beginning of Current Year 15,826,764. End of Year 16,186,120.
21	Total liabilities (Part X, line 26)	4,898,558. 5,601,933.
22	Net assets or fund balances. Subtract line 21 from line 20	10,928,206. 10,584,187.

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 PETER GIANOPOULOS, PRESIDENT/CEO Type or print name and title	Date _____			
Paid Preparer Use Only	Print/Type preparer's name COURTNEY ADER	Preparer's signature COURTNEY ADER	Date 02/13/23	Check if self-employed <input type="checkbox"/>	PTIN P01278271
	Firm's name ▶ CLIFTONLARSONALLEN LLP	Firm's EIN ▶ 41-0746749		Phone no. 920-231-5890	
	Firm's address ▶ 1660 OSHKOSH AVE, SUITE 200 OSHKOSH, WI 54902				

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 \$ 7,641,549. including grants of \$ 6,969,702.) (Revenue \$ 46,089.) COMMUNITY DEVELOPMENT: UNITED WAY FOX CITIES' RESOURCES ARE TARGETED TO IMPACT COMMUNITY NEED IN THREE AREAS: HEALTH, EDUCATION AND FINANCIAL STABILITIY. VOLUNTEERS WITHIN EACH OF THE THREE IMPACT COMMITTEES ALONG WITH VARIOUS OTHER COMMITTEES HELPED TO ENSURE THAT UNITED WAY MAKES A DIFFERENCE BY CONTRIBUTING OVER 1,000 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 \$ 270,365. including grants of \$ 270,365.) (Revenue \$) DIAPER BANK PROGRAM - THE MISSION OF THE DIAPER BANK IS TO IMPROVE LIVES BY ASSISTING FAMILIES WITH DIAPER AND FAMILY HYGIENE NEEDS.

4c (Code:) (Expenses \$ 306,673. 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, 2021 TO MARCH 31, 2022, A TOTAL OF 16,702 CALLS WERE HANDLED, AND CALL SPECIALISTS MADE 24,135 REFERRALS. REQUESTS FOR HEALTHCARE/COVID 19 RESULTED IN 25% OF THE TOTAL CALL VOLUME, CALLS RELATED TO HOUSING/SHELTER WERE 22%, MENTAL HEALTH AND ADDICTIONS WERE 12% AND THOSE RELATED TO GOVERNMENT AND LEGAL WERE AT 8% OF THE TOTAL CALL VOLUME.

4d Other program services (Describe on Schedule O.) (Expenses \$ 521,709. including grants of \$) (Revenue \$)

4e Total program service expenses 8,740,296.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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 17 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 on Schedule O. See instructions.

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a		19
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b		19
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **WI**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **PETER GIANOPOULOS - 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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) PETER GIANOPOULOS PRESIDENT / CEO	50.00			X			137,969.	0.	4,913.	
(2) JULIE HANUSA DIRECTOR OF FINANCE AND ACCOUNTING	45.00			X			66,683.	0.	17,535.	
(3) JUDY BASEMAN DIRECTOR	0.50	X					0.	0.	0.	
(4) JEFF CURTIN FORMER CHAIR	5.00	X		X			0.	0.	0.	
(5) IMRAN ANDRABI DIRECTOR	0.50	X					0.	0.	0.	
(6) DUSTIN MCCLONE CHAIR	5.00	X		X			0.	0.	0.	
(7) JAKE RUATTI DIRECTOR	0.50	X					0.	0.	0.	
(8) MICHAEL KOEL DIRECTOR	0.50	X					0.	0.	0.	
(9) BRENTON TEELING DIRECTOR	0.50	X					0.	0.	0.	
(10) MICHAEL BERGMANN DIRECTOR	0.50	X					0.	0.	0.	
(11) NICOLE MERTES DIRECTOR	0.50	X					0.	0.	0.	
(12) JUSTIN BLOUNT DIRECTOR	0.50	X					0.	0.	0.	
(13) TIM HOFF DIRECTOR	0.50	X					0.	0.	0.	
(14) SUE VANDEN BROEK DIRECTOR	0.50	X					0.	0.	0.	
(15) KIM BASSETT VICE-CHAIR/GOVERNANCE	5.00	X		X			0.	0.	0.	
(16) JOHN BERE DIRECTOR	0.50	X					0.	0.	0.	
(17) AMY VAN STRATEN TREASURER/FINANCE CHAIR	5.00	X		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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) MIKE RIEGSECKER DIRECTOR	0.50	X					0.	0.	0.	
(19) WENDY ROSPLOCH DIRECTOR	0.50	X					0.	0.	0.	
(20) KIMBERLY BARRETT DIRECTOR	0.50	X					0.	0.	0.	
(21) DAVID VOSS, III DIRECTOR	0.50	X					0.	0.	0.	
1b Subtotal							204,652.	0.	22,448.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							204,652.	0.	22,448.	

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

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		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)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	60,318.				
	1 b	Membership dues					
	1 c	Fundraising events					
	1 d	Related organizations					
	1 e	Government grants (contributions)					
	1 f	All other contributions, gifts, grants, and similar amounts not included above	9,870,063.				
	1 g	Noncash contributions included in lines 1a-1f	\$ 246,039.				
	1 h	Total. Add lines 1a-1f		9,930,381.			
Program Service Revenue	2 a						
	2 b						
	2 c						
	2 d						
	2 e						
	2 f	All other program service revenue					
	2 g	Total. Add lines 2a-2f					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		149,248.		149,248.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(i) Real				
			(ii) Personal				
	6 b	Less: rental expenses					
	6 c	Rental income or (loss)					
	6 d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	160,413.			
			(ii) Other				
	7 b	Less: cost or other basis and sales expenses	0.	3,951.			
7 c	Gain or (loss)	160,413.	-3,951.				
7 d	Net gain or (loss)		156,462.		156,462.		
8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18						
8 b	Less: direct expenses						
8 c	Net income or (loss) from fundraising events						
9 a	Gross income from gaming activities. See Part IV, line 19						
9 b	Less: direct expenses						
9 c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances						
10 b	Less: cost of goods sold						
10 c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a	SERVICE FEES	900099	46,089.	46,089.		
	11 b	MISCELLANEOUS	900099	20,344.		20,344.	
	11 c						
	11 d	All other revenue					
	11 e	Total. Add lines 11a-11d		66,433.			
12	Total revenue. See instructions		10,302,524.	46,089.	0.	326,054.	

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	7,240,067.	7,240,067.		
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	279,829.	84,133.	158,262.	37,434.
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	1,534,870.	786,043.	402,667.	346,160.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	82,705.	37,611.	19,414.	25,680.
9 Other employee benefits	224,172.	104,308.	61,616.	58,248.
10 Payroll taxes	132,475.	64,841.	39,429.	28,205.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	37,779.		37,779.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	51,534.		51,534.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	168,050.	134,868.	32,883.	299.
12 Advertising and promotion	151,981.	17,611.	24,580.	109,790.
13 Office expenses	35,998.	16,750.	8,050.	11,198.
14 Information technology				
15 Royalties				
16 Occupancy	135,335.	48,138.	57,061.	30,136.
17 Travel	77,070.	6,148.	9,464.	61,458.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	13,456.	3,926.	7,330.	2,200.
20 Interest				
21 Payments to affiliates	153,570.	74,410.	42,256.	36,904.
22 Depreciation, depletion, and amortization	70,926.	36,527.	18,795.	15,604.
23 Insurance	21,507.	3,279.	17,343.	885.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a SUPPLIES	48,183.	31,905.	14,820.	1,458.
b MISCELLANEOUS	34,454.	7,002.	4,654.	22,798.
c NON-PROFIT DEVELOPMENT	31,090.	31,090.		
d LICENSING	18,345.	7,479.	7,244.	3,622.
e All other expenses	8,282.	4,160.	1,807.	2,315.
25 Total functional expenses. Add lines 1 through 24e	10,551,678.	8,740,296.	1,016,988.	794,394.
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 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)		(B)
		Beginning of year		End of year
Assets	1 Cash - non-interest-bearing	763,029.	1	660,521.
	2 Savings and temporary cash investments	67,286.	2	28,603.
	3 Pledges and grants receivable, net	4,076,024.	3	4,246,168.
	4 Accounts receivable, net	271,394.	4	387,159.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	279,589.	8	240,114.
	9 Prepaid expenses and deferred charges	24,956.	9	35,361.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,820,805.		
	b Less: accumulated depreciation	10b 813,487.	1,001,265.	10c 1,007,318.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11	9,044,311.	12	9,268,277.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	298,910.	15	312,599.
16 Total assets. Add lines 1 through 15 (must equal line 33)	15,826,764.	16	16,186,120.	
Liabilities	17 Accounts payable and accrued expenses	836,984.	17	1,030,127.
	18 Grants payable	4,061,574.	18	4,571,806.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	4,898,558.	26	5,601,933.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	9,419,543.	27	8,805,245.
	28 Net assets with donor restrictions	1,508,663.	28	1,778,942.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	10,928,206.	32	10,584,187.
33 Total liabilities and net assets/fund balances	15,826,764.	33	16,186,120.	

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	10,302,524.
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,551,678.
3	Revenue less expenses. Subtract line 2 from line 1	3	-249,154.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	10,928,206.
5	Net unrealized gains (losses) on investments	5	-94,865.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	10,584,187.

Part XII Financial Statements and Reporting

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

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

Form 990 (2021)

SCHEDULE A
(Form 990)

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

2021

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).)
- 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 on 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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	9275839.	9056049.	9383492.	10172044.	9930381.	47817805.
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	9275839.	9056049.	9383492.	10172044.	9930381.	47817805.
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)						5877297.
6 Public support. Subtract line 5 from line 4.						41940508.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	9275839.	9056049.	9383492.	10172044.	9930381.	47817805.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	134,959.	162,481.	161,058.	140,402.	149,248.	748,148.
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.)	56,793.	183,161.	19,968.	18,830.	20,344.	299,096.
11 Total support. Add lines 7 through 10						48865049.
12 Gross receipts from related activities, etc. (see instructions)					12	203,333.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))	14	85.83 %
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	83.97 %
16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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 on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2021. 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 - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
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).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</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 on 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 on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
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 on lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described on line 11a above?		
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</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 on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <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 governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <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 on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <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 lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" 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 (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2021		
a	From 2016		
b	From 2017		
c	From 2018		
d	From 2019		
e	From 2020		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2021 distributable amount		
i	Carryover from 2016 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2021 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2021 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2022. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2017		
b	Excess from 2018		
c	Excess from 2019		
d	Excess from 2020		
e	Excess from 2021		

Schedule A (Form 990) 2021

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

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

MISCELLANEOUS

2017 AMOUNT: \$ 56,793.

2018 AMOUNT: \$ 183,161.

2019 AMOUNT: \$ 19,968.

2020 AMOUNT: \$ 18,830.

2021 AMOUNT: \$ 20,344.

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2021

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), 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), 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).

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
<u>1</u>	<hr/> <hr/> <hr/>	\$ <u>508,962.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>	<hr/> <hr/> <hr/>	\$ <u>958,929.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>	<hr/> <hr/> <hr/>	\$ <u>300,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>	<hr/> <hr/> <hr/>	\$ <u>225,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<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 _____ _____ _____	\$ 193,525.	04/07/21
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

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	

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

2021

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 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

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

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

Table with 2 columns: Revenue, Assets. Rows include: 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. 1b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2021

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

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

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| 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	1,226,876.	879,656.	953,217.	949,429.	823,292.
b Contributions	41,629.	38,350.	20,000.	11,322.	38,556.
c Net investment earnings, gains, and losses	17,545.	318,643.	-83,548.	6,028.	100,520.
d Grants or scholarships					
e Other expenditures for facilities and programs	11,479.	9,773.	10,013.	13,562.	12,939.
f Administrative expenses					
g End of year balance	1,274,571.	1,226,876.	879,656.	953,217.	949,429.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 22.7100 %
 - b Permanent endowment 51.1707 %
 - c Term endowment 26.1191 %
- 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? <input type="checkbox"/> | 3b | |
- 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		1,292,820.	453,157.	839,663.
c Leasehold improvements				
d Equipment		500,677.	360,330.	140,347.
e Other		12,308.		12,308.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,007,318.

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	9,268,277.	END-OF-YEAR MARKET VALUE
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	9,268,277.	

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

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

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

1	Total revenue, gains, and other support per audited financial statements		1	9,650,520.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-94,865.	
b	Donated services and use of facilities	2b	44,582.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	-50,283.	
3	Subtract line 2e from line 1	3	9,700,803.	
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	51,534.	
b	Other (Describe in Part XIII.)	4b	550,187.	
c	Add lines 4a and 4b	4c	601,721.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	10,302,524.	

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	9,994,539.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	44,582.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	3,951.	
e	Add lines 2a through 2d	2e	48,533.	
3	Subtract line 2e from line 1	3	9,946,006.	
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	51,534.	
b	Other (Describe in Part XIII.)	4b	554,138.	
c	Add lines 4a and 4b	4c	605,672.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	10,551,678.	

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 (IRC). 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 UNDER SECTION 509(A)(1). 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, 2022.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

ALLOCATIONS FUNDED THROUGH DESIGNATIONS	554,138.
LOSS ON SALE OF ASSETS INCLUDED ON PART VIII, LINE 7D	-3,951.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	550,187.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

LOSS ON SALE OF ASSETS INCLUDED ON PART VIII, LINE 7D	3,951.
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PART XII, LINE 4B - OTHER ADJUSTMENTS:

ALLOCATIONS FUNDED THROUGH DESIGNATIONS	554,138.
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**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

2021

**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 noncash 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	51,583.	0.			PROGRAM OPERATING COST
VIVENT HEALTH 103 E. WASHINGTON STREET APPLETON, WI 54911	39-1534049	501(C)3	61,969.	0.			PROGRAM OPERATING COST
AMERICAN RED CROSS IN NORTHEAST WISCONSIN - 515 S. WASHBURN STREET, SUITE 201 - OSHKOSH, WI 54904	53-0196605	501(C)3	98,873.	0.			PROGRAM OPERATING COST
APPLETON PUBLIC LIBRARY 100 N APPLETON ST APPLETON, WI 54911	39-6005381	501(C)1	53,109.	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	320,546.	0.			PROGRAM OPERATING COST
BOYS' & GIRLS' BRIGADE ASSOCIATION 109 WEST COLUMBIAN AVE. NEENAH, WI 54956	39-0813396	501(C)3	30,380.	0.			PROGRAM OPERATING COST

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **68.**

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) 2021

Schedule I (Form 990)

UNITED WAY FOX CITIES INC

39-0912895

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOYS & GIRLS CLUBS FOX VALLEY, INC. - 160 SOUTH BADGER AVE. - APPLETON, WI 54914	39-1225709	501(C)3	406,927.	0.			PROGRAM OPERATING COST
BRIDGES CHILD ENRICHMENT CENTER 803 EAST COLLEGE AVE. APPLETON, WI 54911	39-1340963	501(C)3	147,201.	0.			PROGRAM OPERATING COST
CAP SERVICES, INC. 17 PARK PLACE, SUITE 950 APPLETON, WI 54914	39-1080897	501(C)3	105,449.	0.			PROGRAM OPERATING COST
CATALPA HEALTH 442 N. WESTHILL BLVD. APPLETON, WI 54914	39-0812532	501(C)3	406,880.	0.			PROGRAM OPERATING COST
CATHOLIC CHARITIES, DIOCESE OF GREEN BAY, INC. - 214 E. SUMMER STREET - APPLETON, WI 54911	39-0808438	501(C)3	112,875.	0.			PROGRAM OPERATING COST
COVEY, INC 363 BROAD STREET SUITE 120 OSHKOSH, WI 54903	39-6026845	501(C)3	21,945.	0.			PROGRAM OPERATING COST
CHILD CARE RESOURCE & REFERRAL, INC. - 1001 WEST KENNEDY AVE. - KIMBERLY, WI 54136	39-1606155	501(C)3	70,659.	0.			PROGRAM OPERATING COST
CHRISTINE ANN DOMESTIC ABUSE SERVICES, INC. - 1416 S. COMMERCIAL STREET, STE. A - NEENAH, WI 54956	39-1441770	501(C)3	106,076.	0.			PROGRAM OPERATING COST
COMMUNITY FAMILY RESOURCE CENTER 330 W. HICKORY STREET SEYMOUR, WI 54165	39-6017468	501(C)3	29,533.	0.			PROGRAM OPERATING COST

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UNITED WAY FOX CITIES INC

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAMILY SERVICES OF NORTHEAST WI 1810 APPLETON ROAD MENASHA, WI 54952	39-0827320	501(C)3	557,462.	0.			PROGRAM OPERATING COST & DIAPERS FOR DISTRIBUTION
FINANCIAL INFORMATION AND SERVICE CENTER, INC. (FISC) - 1800 APPLETON ROAD - MENASHA, WI 54952	39-6698981	501(C)3	188,494.	0.			PROGRAM OPERATING COST
FOX VALLEY LITERACY COUNCIL INC. 130 EAST FRANKLIN STREET APPLETON, WI 54911	39-1682277	501(C)3	106,186.	0.			PROGRAM OPERATING COST
CITY OF MENASHA HEALTH DEPARTMENT 126 W WISCONSIN AVE NEENAH, WI 54956	39-6005525	501(C)1	50,738.	0.			PROGRAM OPERATING COST
FRIENDSHIP PLACE 220 NORTH COMMERCIAL STREET NEENAH, WI 54956	39-2029900	501(C)3	112,743.	0.			PROGRAM OPERATING COST
GIRL SCOUTS OF THE NORTHWEST GREAT LAKES, INC. - 4693 NORTH LYNNDALE DRIVE - APPLETON, WI 54913	39-0816897	501(C)3	125,495.	0.			PROGRAM OPERATING COST
HARBOR HOUSE DOMESTIC ABUSE PROGRAMS, INC. - 720 WEST FIFTH STREET - APPLETON, WI 54914	39-1870927	501(C)3	184,238.	0.			PROGRAM OPERATING COST
SAMARITAN COUNSELING CENTER OF THE FOX VALLEY, INC - 1205 PROVINCE TER - MENASHA, WI 54952	39-1214216	501(C)3	253,925.	0.			PROGRAM OPERATING COST
LEGAL ACTION OF WISCONSIN 201 WEST WALNUT STREET, STE. 203 GREEN BAY, WI 54303	39-1077192	501(C)3	70,875.	0.			PROGRAM OPERATING COST

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UNITED WAY FOX CITIES INC

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LUTHERAN SOCIAL SERVICES OF WISCONSIN & UPPER MICHIGAN, INC. - 3003 NORTH RICHMOND STREET, #A - APPLETON, WI 54911	39-0816846	501(C)3	35,317.	0.			PROGRAM OPERATING COST
NATIONAL ALLIANCE ON MENTAL ILLNESS (NAMI) FOX VALLEY - 516 WEST 6TH STREET - APPLETON, WI 54911	39-1545497	501(C)3	119,303.	0.			PROGRAM OPERATING COST
NEENAH - MENASHA DIAL-A-RIDE 211 WALNUT STREET NEENAH, WI 54956	39-6005543	501(C)3	8,274.	0.			PROGRAM OPERATING COST
NON-PROFIT AFFORDABLE HOUSING BASED RENTAL SERVICES - 3020 EAST WINSLOW AVE. - APPLETON, WI 54911	39-1652869	501(C)3	17,513.	0.			PROGRAM OPERATING COST
OSHKOSH AREA UNITED WAY, INC. 36 BROAD STREET, SUITE 100 OSHKOSH, WI 54901	39-1017908	501(C)3	18,872.	0.			PROGRAM OPERATING COST
SEXUAL ASSAULT CRISIS CENTER-FOX CITIES, INC. - 35 PARK PLACE, SUITE 100 - APPLETON, WI 54914	39-1309331	501(C)3	145,507.	0.			PROGRAM OPERATING COST
SOAR FOX CITIES 375 WINNEBAGO AVE. MENASHA, WI 54952	75-3202931	501(C)3	275,077.	0.			PROGRAM OPERATING COST
UNITED WAY OF SHAWANO COUNTY, INC. P.O. BOX 31 SHAWANO, WI 54166	39-1099657	501(C)3	13,636.	0.			PROGRAM OPERATING COST
VALLEY PACKAGING INDUSTRIES, INC. 2730 ROEMER ROAD APPLETON, WI 54915	39-0921632	501(C)3	421,320.	0.			PROGRAM OPERATING COST

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UNITED WAY FOX CITIES INC

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
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	18,355.	0.			PROGRAM OPERATING COST
YMCA FOX CITIES 218 EAST LAWRENCE STREET APPLETON, WI 54911	39-0806191	501(C)3	584,888.	0.			PROGRAM OPERATING COST
YOUTH GO, INC. 213 NICOLET BLVD NEENAH, WI 54956	39-1137233	501(C)3	206,639.	0.			PROGRAM OPERATING COST
BROWN COUNTY UNITED WAY 1245 MAIN STREET GREEN BAY, WI 54301	39-0806299	501(C)3	11,001.	0.			PROGRAM OPERATING COST
PARTNERSHIP COMMUNITY HEALTH CENTER - 1814 APPLETON ROAD - MENASHA, WI 54952	39-1884820	501(C)3	142,864.	0.			PROGRAM OPERATING COST
ST JOSEPH FOOD PROGRAM INC 1465A OPPORTUNITY WAY MENASHA, WI 54952	39-1822486	501(C)3	38,035.	17,887.	BOOK	DIAPERS, ADULT CARE, & FEM CARE	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.	16,409.	BOOK	DIAPERS, ADULT CARE, FEM CARE, WIPES	DIAPERS FOR DISTRIBUTION
CALUMET COUNTY PUBLIC HEALTH 206 COURT STREET CHILTON, WI 53014		501(C)1	0.	19,441.	BOOK	DIAPERS, ADULT CARE, FEM CARE, WIPES	DIAPERS FOR DISTRIBUTION

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UNITED WAY FOX CITIES INC

39-0912895

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WINNEBAGO COUNTY HEALTH DEPT WIC 211 N. COMMERCIAL STREET NEENAH, WI 54956	39-6005760	501(C)1	0.	8,223.	BOOK	DIAPERS, FEM CARE, WIPES & ADULT CARE & ADULT CARE	DIAPERS FOR DISTRIBUTION
HOPE CENTER 1316 W. LAWRENCE STREET APPLETON, WI 54914	39-1601304	501(C)3	0.	21,323.	BOOK	DIAPERS, FEM CARE, WIPES & ADULT CARE	DIAPERS FOR DISTRIBUTION
PILLARS INC. 605 E. HANCOCK STREET APPLETON, WI 54911	39-1582471	501(C)3	338,682.	0.			PROGRAM OPERATING COST
BABYCARE OF THE SHEBOYGAN EVANGELICAL FREE CHURCH - 1514 SAEMANN AVE - SHEBOYAN, WI 53014	39-1423642	501(C)3	0.	11,594.	BOOK	DIAPERS, WIPES	DIAPERS FOR DISTRIBUTION
FOX VALLEY MEMORY PROJECT 1800 APPLETON ROAD MENASHA, WI 54952	39-1242451	501(C)3	80,178.	0.			PROGRAM OPERATING COST
FOX VALLEY VETERANS COUNCIL 2 N SYSTEMS DR APPLETON, WI 54914	27-1009699	501(C)3	38,601.	0.			DONOR DESIGNATED FOR PROGRAM COST
LOVE LIFE MINISTRY EAST & WEST 505 CLINTON ST GREEN BAY, WI 54303	46-2838859	501(C)3	0.	6,179.	BOOK	DIAPERS	DIAPERS FOR DISTRIBUTION
UNITED WAY OF MILWAUKEE 225 W VINE ST MILWAUKEE, WI 53212	39-0806190	501(C)3	0.	14,183.	BOOK	DIAPERS	DIAPERS FOR DISTRIBUTION
APRICITY 1010 STROHMEYER DR NEENAH, WI 54956	39-1229161	501(C)3	15,000.	0.			PROGRAM OPERATING COST

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UNITED WAY FOX CITIES INC

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CASA 1500 N CASALONA DR STE 200 APPLETON, WI 54913	46-0740362	501(C)3	41,946.	0.			PROGRAM OPERATING COST
COMMUNITY CLOTHES CLOSET 1465B OPPORTUNITY WAY MENASHA, WI 54952	39-1394270	501(C)3	10,000.	0.			PROGRAM OPERATING COST
FIRST FIVE FOX VALLEY 1001 W KENNEDY AVE STE C KIMBERLY, WI 54136	85-3772281	501(C)3	68,310.	0.			PROGRAM OPERATING COST
GOODWILL 1800 APPLETON ROAD MENASHA, WI 54952	39-1144913	501(C)3	17,000.	0.			PROGRAM OPERATING COST
NEW MENTAL HEALTH CONNECTION PO BOX 374 APPLETON, WI 54912	45-2657700	501(C)3	81,000.	0.			PROGRAM OPERATING COST
MEDICAL COLLEGE OF WICON SIN 8701 WATERTOWN PLAN RD MILWAUKEE, WI 53226	39-0806261	501(C)3	15,000.	0.			PROGRAM OPERATING COST
REACH COUNSELING SERVICES, INC. 1370 SOUTH COMMERCIAL STREET NEENAH, WI 54956	39-1292277	501(C)3	213,630.	0.			PROGRAM OPERATING COST
REBUILDING TOGETHER 100 W COLLEGE AVE APPLETON, WI 54911	39-2013200	501(C)3	25,000.	0.			PROGRAM OPERATING COST
ST VINCENT DE PAUL 1924 W COLLEGE AVE APPLETON, WI 54914	39-1032282	501(C)3	20,000.	31,542.	BOOK	DIAPERS, ADULT CARE, FEM CARE, WIPES	PROGRAM OPERATING COST

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UNITED WAY FOX CITIES INC

39-0912895

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VOLUNTEER CENTER OF EAST CENTAL WI 2616 S ONEIDA ST APPLETON, WI 54915	39-1765162	501(C)3	25,000.	0.			PROGRAM OPERATING COST
WORLD RELIEF 510 E WISCONSIN AVE APPLETON, WI 54911	23-6393344	501(C)3	20,000.	0.			PROGRAM OPERATING COST
DIAPER DEPOT AND MORE 2313 ROOSEVELT RD KENOSHA, WI 53143	80-0657785	501(C)3	0.	6,435.	BOOK	DIAPERS	PROGRAM OPERATING COST
MILWAUKEE DIAPER MISSION 9600 S FRANKLIN DR FRANKLIN, WI 53132	85-2354816	501(C)3	0.	24,773.	BOOK	DIAPERS	PROGRAM OPERATING COST
OUTAGAMIE CTY WIC 320 S WALNUT ST APPLETON, WI 54911	39-6005724	501(C)1	0.	8,414.	BOOK	DIAPERS & WIPES	PROGRAM OPERATING COST
PARENT CONNECTION 1810 APPLETON RD MENASHA, WI 54952	39-0827320	501(C)3	0.	19,577.	BOOK	DIAPERS, ADULT CARE, FEM CARE, WIPES	PROGRAM OPERATING COST
BABIES & BEYOND OF WI, INC 1974 S STOUGHTON MADISON, WI 53716	39-1419746	501(C)3	0.	15,008.	BOOK	DIAPERS	PROGRAM OPERATING COST
SALVATION ARMY (CHILTON) 16 EAST MAIN STREET CHILTON, WI 53014	13-2923701	501(C)3	0.	8,803.	BOOK	DIAPERS, ADULT CARE, FEM CARE, WIPES	PROGRAM OPERATING COST

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 M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2021

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		7,595.	COST
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	875,722	210,843.	COST
26	Other ▶ (EVENTS)		X	3	21,150.	COST
27	Other ▶ (VIDEO)		X	1	6,450.	COST
28	Other ▶ ()					

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

	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.

SCHEDULE M, PART I, COLUMN (B):

THE NUMBER OF CONTRIBUTIONS IS REPORTED FOR VIDEO AND EVENTS. THE
NUMBER OF ITEMS CONTRIBUTED IS REPORTED FOR DIAPERS.

**SCHEDULE O
(Form 990)**

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 Form 990-EZ.

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

OMB No. 1545-0047

2021

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 4D, OTHER PROGRAM SERVICES:

AMERICORPS: BE WELL FOX VALLEY'S 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
RESOURCE AT PARTNER ORGANIZATIONS. MEMBERS EDUCATE, IMPLEMENT
AND PROMOTE ACTIVITIES AND PROGRAMS REGARDING PHYSICAL ACTIVITY AND
HEALTHY EATING TO THE FOX VALLEY YOUTH AND ADULTS. IN 2021-22, 15
AMERICORPS MEMBERS WERE ENROLLED TO SERVE AT 10 PARTNER ORGANIZATIONS
TO CREATE A HEALTHY COMMUNITY. BE WELL FOX VALLEY AMERICORPS IS FUNDED
THROUGH THE CORPORATION FOR NATIONAL & SERVICE.
EXPENSES \$ 191,348. 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.

UNITED WAY FOX CITIES' YOUTH BOARD IS COMPOSED OF 27 ACTIVE STUDENTS
MEMBERS FROM 7 AREA HIGH SCHOOLS. THE PURPOSE OF THE YOUTH BOARD IS TO

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

Schedule O (Form 990) 2021

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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 LIMITED NUMBER OF GRANTS TO YOUTH-ORIENTED PROGRAMS IN THE FOX CITIES. DURING THE PAST FISCAL YEAR, THE YOUTH BOARD AWARD \$8,018 IN GRANTS THROUGH TWO GRANT CYCLES.

EXPENSES \$ 20,263. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

THE EMERGENCY FOOD & 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 ROLL IS TO STFF 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 COUNTIES.

EXPENSES \$ 2,128. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

VOLUNTEER ENGAGEMENT- UNITED WAY FOX CITIES ENGAGES COMMUNITY MEMBERS YEAR-ROUND IN VARIOUS ONE-TIME VOLUNTEER ACTIVITIES (E.G.. DIAPER REPACKS, BOOK PACKING ETC.) AND ONGOING VOLUNTEER ROLES (E.G. COMMITTEES, BOARD OF DIRECTORS, DONOR NETWORKS, ETC.), DRIVING COMMUNITY IMPACT THROUGH VOLUNTEER AND ENGAGEMENT ACTIVITIES.

EXPENSES \$ 52,533. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

BE WELL FOX VALLEY (BWFV) IS A THREE-COUNTY PARTNERSHIP OF LOCAL GOVERNMENTS, PRIVATE SECTOR AND NON-PROFIT LEADERS, EDUCATION, PHILANTHROPY AND THE FAITH COMMUNITY WORKING TOGETHER TO CREATE A

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COMMUNITY WHERE ALL PEOPLE HAVE THE OPPORTUNITY TO LIVE LONGER,
 HEALTHIER, AND HAPPIER. THIS HAPPENS THROUGH COLLABORATION AND
 COMMITMENT FROM MANY DIVERSE AND INFLUENTIAL PARTNERS AND COMMUNITY
 MEMBERS, WORKING TOGETHER TO ADVANCE A CULTURE OF HEALTH AND WELL-BEING
 FOR PEOPLE LIVING IN CALUMET, OUTAGAMIE, AND WINNEBAGO COUNTIES OF
 WISCONSIN. OUR GOALS ARE TO CREATE HEALTHY LOCAL SETTINGS THAT PROMOTE
 HEALTHY CHOICES AND BEHAVIORS, A VIBRANT REGIONAL FOOD SYSTEM, A
 COHESIVE AND CONNECTED MULTI-MODAL NETWORK THAT PROVIDES TRANSPORTATION
 AND RECREATION, INCLUSIVE PUBLIC SPACES THAT FOSTER SOCIAL CONNECTION,
 AND COMMUNITY-CLINICAL PARTNERSHIPS THAT HELP PREVENT AND MANAGE
 CHRONIC DISEASE. CHANGING CULTURE WILL HAPPEN THROUGH STRONG
 PARTNERSHIPS, ALIGNING WORK TO MAXIMIZE THE VALUE OF COMMUNITY
 RESOURCES, PRIORITIZING EQUITABLE SOLUTIONS, IMPLEMENTING CO-BENEFIT
 SOLUTIONS, AND EMPLOYING INNOVATIVE STRATEGIES TO REACH PEOPLE IN WAYS
 THAT ARE MEANINGFUL AND INSPIRING TO THEM, AND USING DATA TO INFORM
 INITIATIVES AND MAKE ADJUSTMENTS FOR MAXIMUM IMPACT.

EXPENSES \$ 251,289. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

LIFE STUDY-IT'S A COLLECTION INITIATIVES TO PRESENT A SNAPSHOT OF
 SOCIO-ECONOMIC CONDITIONS IN THE AREA. UNITED WAY FOX CITIES PARTNERS
 WITH THE COMMUNITY FOUNDATION FOR THE FOX VALLEY REGION AND THE FOX
 CITIES CHAMBER OF COMMERCE.

EXPENSES \$ 4,148. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

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

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

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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. MEMBERS ELECT THE MEMBERS OF THE GOVERNING BODY.

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

BEFORE FILING THE FORM 990, THE ORGANIZATION WILL ELECTRONICALLY SUBMIT IT TO THE BOARD OF DIRECTORS SO THAT THEY MAY REVIEW AND SOLICIT QUESTIONS AND/OR COMMENTS.

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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 DIRECTOR OF FINANCE AND ACCOUNTING. 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.

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

UNITED WAY FOX CITIES POSTS THE ANNUAL AUDITED FINANCIAL STATEMENTS, THE

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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.

PART XII, LINE 2C EXPLANATION

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

Form **8868**
(Rev. January 2022)

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

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

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

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

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

Type or print	Name of exempt organization or other filer, see instructions. UNITED WAY FOX CITIES INC	Taxpayer identification number (TIN) 39-0912895
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 1455 MIDWAY ROAD	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. MENASHA, WI 54952	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

PETER GIANOPOULOS

• The books are in the care of ▶ **1455 MIDWAY ROAD - MENASHA, WI 54952**

Telephone No. ▶ **920-954-7210** Fax No. ▶ _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **FEBRUARY 15, 2023**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year _____ or
 ▶ tax year beginning **APR 1, 2021**, and ending **MAR 31, 2022**.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

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

Form **8868** (Rev. 1-2022)