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Form 990

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Terminated

☐ Amended return

☐ Application pending

C Name of organization

SHEBOYGAN AND PLYMOUTH AREA UNITED WAY INC

Doing Business As

Number and street (or P O box if mail is not delivered to street address)

PO BOX 906

Room/suite

City or town, state or country, and ZIP + 4

SHEBOYGAN, WI 530820906

F Name and address of principal officer

WILLIAM WEISSERT

PO BOX 906

SHEBOYGAN, WI 530820906

H(a) Is this a group return for affiliates?

☐ Yes ☒ No

H(b) Are all affiliates included?

☐ Yes ☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number

I Tax-exempt status

☒ 501(c)(3) ☐ 501(c) () ☐ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website:

WWW SAUW ORG

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation

1953

M State of legal domicile

WI

Part I

Summary

Activities & Governance	<div>1</div> <div>Briefly describe the organization's mission or most significant activities</div> <div>A PHILANTHROPIC ORGANIZATION THAT ADDRESSES THE MOST CRITICAL HEALTH AND HUMAN SERVICE NEEDS OF THE COMMUNITY</div>
	<div>2</div> <div>Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets</div>
	<div>3</div> <div>Number of voting members of the governing body (Part VI, line 1a)</div> <div>21</div>
	<div>4</div> <div>Number of independent voting members of the governing body (Part VI, line 1b)</div> <div>21</div>
	<div>5</div> <div>Total number of individuals employed in calendar year 2011 (Part V, line 2a)</div> <div>12</div>
	<div>6</div> <div>Total number of volunteers (estimate if necessary)</div> <div>330</div>
	<div>7a</div> <div>Total unrelated business revenue from Part VIII, column (C), line 12</div> <div>0</div>
	<div>7b</div> <div>Net unrelated business taxable income from Form 990-T, line 34</div> <div>0</div>
Revenue	<div>8</div> <div>Contributions and grants (Part VIII, line 1h)</div>
	<div>9</div> <div>Program service revenue (Part VIII, line 2g)</div>
	<div>10</div> <div>Investment income (Part VIII, column (A), lines 3, 4, and 7d)</div>
	<div>11</div> <div>Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</div>
	<div>12</div> <div>Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)</div>
Expenses	<div>13</div> <div>Grants and similar amounts paid (Part IX, column (A), lines 1–3)</div>
	<div>14</div> <div>Benefits paid to or for members (Part IX, column (A), line 4)</div>
	<div>15</div> <div>Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)</div>
	<div>16a</div> <div>Professional fundraising fees (Part IX, column (A), line 11e)</div>
	<div>b</div> <div>Total fundraising expenses (Part IX, column (D), line 25)</div>
	<div>17</div> <div>Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)</div>
	<div>18</div> <div>Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)</div>
Net Assets or Fund Balances	<div>19</div> <div>Revenue less expenses Subtract line 18 from line 12</div>
	<div>20</div> <div>Total assets (Part X, line 16)</div>
	<div>21</div> <div>Total liabilities (Part X, line 26)</div>
	<div>22</div> <div>Net assets or fund balances Subtract line 21 from line 20</div>

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

2012-07-02

Date

WILLIAM WEISSERT EXECUTIVE DIRECTOR

Type or print name and title

Preparer's signature

KELLY M SCHAFER CPA

Date

Check if self-employed

☐

Preparer's taxpayer identification number (see instructions)

P00282240

Firm's name (or yours if self-employed), address, and ZIP + 4

SCHENCK SC

712 RIVERFRONT DRIVE STE 301

SHEBOYGAN, WI 53081

EIN

39-1173131

Phone no

(920) 458-0341

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2011)

Part III

Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

1

Briefly describe the organization’s mission

PHILANTHROPIC ORGANIZATION THAT ADDRESSES THE MOST CRITICAL HEALTH AND HUMAN SERVICE NEEDS OF THE COMMUNITY

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

If “Yes,” describe these new services on Schedule O

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

If “Yes,” describe these changes on Schedule O

4

Describe the organization’s program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a

(Code) (Expenses \$ 1,787,323 including grants of \$ 1,617,111) (Revenue \$ 30,840)

ALLOTMENTS TO AFFILIATED AGENCIES

4b

(Code) (Expenses \$ including grants of \$) (Revenue \$)

4c

(Code) (Expenses \$ including grants of \$) (Revenue \$)

4d

Other program services (Describe in Schedule O)
















(Expenses \$ including grants of \$) (Revenue \$)

4e

Total program service expenses \$ 1,787,323

Part IV

Checklist of Required Schedules

		Yes	No	
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors(see instructions)? 	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II 	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10		No
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, line10? If "Yes," complete Schedule D, Part VI. 	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. 	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. 	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX. 	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. 	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X. 	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII 	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional 	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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? If "Yes," complete Schedule F, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Part II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III and IV	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		No
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 questions 24b–24d and complete Schedule K. If "No," go to line 25</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34		No
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance			Yes	No
Check if Schedule O contains a response to any question in this Part V <input type="checkbox"/>				
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. .	1a0		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return. .	2a12		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account or securities account)?	4a		No
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		No
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		No
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		No
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?	9a		No
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		No
10	Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b		
11	Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders.	11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state? Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state.	13a		
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b		
c	Enter the aggregate amount of reserves on hand.	13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		

Part VI

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.
Check if Schedule O contains a response to any question 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		
1a	21		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	21
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	Yes
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?	7a	Yes
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body?	8a	Yes
b	Each committee with authority to act on behalf of the governing body?	8b	Yes
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 in Schedule O	9	No

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

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed <input checked="" type="checkbox"/> WI
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input checked="" type="checkbox"/> Own website <input checked="" type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization <input checked="" type="checkbox"/> NANCY COTTAM 2020 ERIE AVENUE SHEBOYGAN, WI 53081 (920) 458-3425

Part VII

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) TOM BELOT PAST PRESIDENT	0 00	X						0	0	0
(2) PAUL H TEN PAS PAST PRESIDENT	0 00	X						0	0	0
(3) JAN ADELMAN BOARD MEMBER	0 00	X						0	0	0
(4) DEBBIE DEGROOT BOARD MEMBER	0 00	X						0	0	0
(5) JIM GALLIMORE BOARD MEMBER	0 00	X						0	0	0
(6) MICHELE GENTINE BOARD MEMBER	0 00	X						0	0	0
(7) MIKE HELMKE BOARD MEMBER	0 00	X						0	0	0
(8) DAN JOSLYN BOARD MEMBER	0 00	X						0	0	0
(9) JERRY JONES BOARD MEMBER	0 00	X						0	0	0
(10) TONY KLOCKOW CPA BOARD MEMBER	0 00	X						0	0	0
(11) ADAM PAYNE BOARD MEMBER	0 00	X						0	0	0
(12) DR CLARK REINKE BOARD MEMBER	0 00	X						0	0	0
(13) LOLA ROEH BOARD MEMBER	0 00	X						0	0	0
(14) TOM STOELB BOARD MEMBER	0 00	X						0	0	0
(15) JEFFREY TRIMBERGER BOARD MEMBER	0 00	X						0	0	0
(16) BETSY ALLES BOARD MEMBER	0 00	X						0	0	0
(17) MARK MAURER BOARD MEMBER	0 00	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 (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) JON SCOTT PRESIDENT	0 00			X				0	0	0
(19) JANET CARTER VICE PRESIDENT	0 00			X				0	0	0
(20) MATT QUASIUS SECRETARY	0 00			X				0	0	0
(21) TOM BRICKLEY TREASURER	0 00			X				0	0	0
(22) WILLIAM WEISSERT EXEC DIR	37 50			X				75,320	0	11,308
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								75,320	0	11,308

2

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

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	No
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>	4	No
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>	5	No

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
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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	2,159,884				
	g	Noncash contributions included in lines 1a-1f \$ _____						
	h	Total. Add lines 1a-1f			2,159,884			
Program Service Revenue			Business Code					
	2a	SERVICE FEE REVENUE	900099	30,840	30,840			
	b							
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f			30,840			
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		19,555			19,555	
	4	Income from investment of tax-exempt bond proceeds . .						
	5	Royalties						
	6a	(i) Real		(ii) Personal				
	b	Less rental expenses						
	c	Rental income or (loss)						
	d	Net rental income or (loss)						
	7a	(i) Securities		(ii) Other				
		947,557						
		949,885						
		-2,328						
	d	Net gain or (loss)		-2,328			-2,328	
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18		a				
	b	Less direct expenses		b				
	c	Net income or (loss) from fundraising events . .						
	9a	Gross income from gaming activities See Part IV, line 19		a				
	b	Less direct expenses		b				
	c	Net income or (loss) from gaming activities . .						
	10a	Gross sales of inventory, less returns and allowances		a				
	b	Less cost of goods sold		b				
c	Net income or (loss) from sales of inventory . .							
Miscellaneous Revenue		Business Code						
11a	RENTAL REVENUE		531120	8,341			8,341	
b								
c								
d	All other revenue							
e	Total. Add lines 11a-11d			8,341				
12	Total revenue. See Instructions			2,216,292	30,840	0	25,568	

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) but are not required to complete columns (B), (C), and (D)

Check if Schedule O contains a response to any question 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 governments and organizations in the United States See Part IV, line 21	1,617,111	1,617,111		
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	75,320	22,596	15,064	37,660
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	203,455	68,354	53,895	81,206
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	30,309	10,002	7,880	12,427
10	Payroll taxes	21,196	6,995	5,511	8,690
11	Fees for services (non-employees)				
a	Management				
b	Legal				
c	Accounting	11,105		11,105	
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion	50,243	14,450	9,975	25,818
13	Office expenses	4,558	1,367	1,595	1,596
14	Information technology				
15	Royalties				
16	Occupancy	12,508	4,003	4,003	4,502
17	Travel	5,322	1,490	1,064	2,768
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	13,223	2,732	4,714	5,777
20	Interest				
21	Payments to affiliates	35,043	13,849	21,194	
22	Depreciation, depletion, and amortization	15,865	2,923	6,847	6,095
23	Insurance	4,871	1,461	974	2,436
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	EQUIPMENT RENTAL AND MA	16,359	4,347	5,432	6,580
b	PROGRAM EXPENSES	14,562	14,562		
c	MISCELLANEOUS	5,406	1,081	1,622	2,703
d	DUES	4,674		4,674	
e					
f	All other expenses	1,174		106	1,068
25	Total functional expenses. Add lines 1 through 24f	2,142,304	1,787,323	155,655	199,326
26	Joint costs. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			677,222	1	808,275
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			1,233,509	3	1,290,391
	4	Accounts receivable, net				4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L				5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment, cost or other basis. Complete Part VI of Schedule D	10a	449,879			
	b	Less: accumulated depreciation	10b	303,859	148,657	10c	146,020
	11	Investments—publicly traded securities			703,099	11	631,859
	12	Investments—other securities. See Part IV, line 11				12	
	13	Investments—program-related. See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)			2,762,487	16	2,876,545
Liabilities	17	Accounts payable and accrued expenses			21,962	17	18,032
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D				21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties				23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D			246,764	25	292,251
	26	Total liabilities. Add lines 17 through 25			268,726	26	310,283
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			487,551	27	438,161
	28	Temporarily restricted net assets			2,006,210	28	2,128,101
	29	Permanently restricted net assets				29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			2,493,761	33	2,566,262
	34	Total liabilities and net assets/fund balances			2,762,487	34	2,876,545

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,216,292
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,142,304
3	Revenue less expenses Subtract line 2 from line 1	3	73,988
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,493,761
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-1,487
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	2,566,262

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
b	Were the organization's financial statements audited by an independent accountant?	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued 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 separated basis		
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?		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A

(Form 990 or 990EZ)

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. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization SHEBOYGAN AND PLYMOUTH AREA UNITED WAY INC	Employer identification number 39-0808471
--	--

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 11, check only one box)

- 1

☐

A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 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 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)
- 10

☐

An organization organized and operated exclusively to test for public safety See**section 509(a)(4).**
- 11

☒

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 that describes the type of supporting organization and complete lines 11e through 11h

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☒

Type III - Other
- e

☐

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f

☐

If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
- g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i)

a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)
- | | Yes | No |
|----------|-----|----|
| 11g(i) | | No |
| 11g(ii) | | No |
| 11g(iii) | | No |
- | (i)
Name of
supported
organization | (ii)
EIN | (iii)
Type of
organization
(described on
lines 1- 9 above
or IRC section
(see instructions)) | (iv)
Is the
organization in
col (i) listed in
your governing
document? | | (v)
Did you notify the
organization in
col (i) of your
support? | | (vi)
Is the
organization in
col (i) organized
in the U S ? | | (vii)
Amount of
support? |
|---|-------------|--|---|----|---|----|--|----|--------------------------------|
| | | | Yes | No | Yes | No | Yes | No | |
| See
Additional
Data Table | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Total | | | | | | | | | 1,617,111 |
- For Paperwork Reduction Act Notice, see the Instructions for Form 990

Cat No 11285F

Schedule A (Form 990 or 990-EZ) 2011

Part II

Support Schedule for Organizations Described in IRC 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	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
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						
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)						
6 Public Support. Subtract line 5 from line 4						

Section B. Total Support						
Calendar year	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions)					12	
13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage						
14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))	14					
15 Public Support Percentage for 2010 Schedule A, Part II, line 14	15					
16a 33 1/3% support test—2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						
b 33 1/3% support test—2010. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						
17a 10%-facts-and-circumstances test—2011. 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 IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization						
b 10%-facts-and-circumstances test—2010. 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 IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization						
18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions						

Part IIIPart III

Support Schedule for Organizations Described in IRC 509(a)(2)
(Complete only if you checked the box on line 9 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11 and 12.)						
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage			
15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15		
16 Public support percentage from 2010 Schedule A, Part III, line 15	16		

Section D. Computation of Investment Income Percentage			
17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17		
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18		
19a 33 1/3% support tests—2011. 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—2010. 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 **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
SHEBOYGAN AND PLYMOUTH AREA UNITED WAY INC

Employer identification number
39-0808471

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

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate 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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may 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 <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

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

1

Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or pleasure)☐ Preservation of an historically importantly land area
☐ Protection of natural habitat☐ Preservation of a certified historic structure
☐ Preservation of open space

2

Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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?

☐ Yes ☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ► _____

7

Amount of expenses incurred in monitoring, inspecting, 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 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

In Part XIV, 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" to Form 990, Part IV, line 8.

1a

If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116, 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) Revenues included in 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 SFAS 116 relating to these items

a

Revenues included in Form 990, Part VIII, line 1

► \$ _____

b

Assets included in Form 990, Part X

► \$ _____

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

Cat No 52283D

Schedule D (Form 990) 2011

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

- 3

Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a

☐ Public exhibition

d

☐ Loan or exchange programs

b

☐ Scholarly research

e

☐ Other

c

☐ Preservation for future generations
- 4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV
- 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" to 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 XIV and complete the following table
- | | |
|----|--------|
| | Amount |
| 1c | |
| 1d | |
| 1e | |
| 1f | |
- 2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No
- b

If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to 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					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2

Provide the estimated percentage of the year end balance held as
- a

Board designated or quasi-endowment
- b

Permanent endowment
- c

Term endowment
- 3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- (i)

unrelated organizations

(ii)

related organizations
- b

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?
- 4

Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. 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		44,425		44,425
b Buildings		331,608	246,443	85,165
c Leasehold improvements				
d Equipment		73,846	57,416	16,430
e Other				
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				146,020

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	2,216,292
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	2,142,304
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	73,988
4	Net unrealized gains (losses) on investments	4	1,785
5	Donated services and use of facilities	5	
6	Investment expenses	6	-3,272
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	-1,487
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	72,501

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	2,214,805
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	1,785
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	1,785
3	Subtract line 2e from line 1	3	2,213,020
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	3,272
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	3,272
5	Total Revenue Add lines 3 and 4c . (This should equal Form 990, Part I, line 12)	5	2,216,292

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	2,142,304
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	2,142,304
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	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c . (This should equal Form 990, Part I, line 18)	5	2,142,304

Part XIV Supplemental Information

Complete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
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Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
SHEBOYGAN AND PLYMOUTH AREA UNITED WAY INC

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

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

OMB No 1545-0047

2011

Open to Public
Inspection

Employer identification number
39-0808471

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 Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2

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

29

3

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

Part III

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Use Schedule I-1 (Form 990) 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 non-cash assistance

Part IV

Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 AFFILIATED AGENCIES OF SHEBOYGAN AND PLYMOUTH AREA UNITED WAY RECEIVED GRANTS TO FUND PROGRAMS THAT PROVIDE NEEDED SERVICES IN COMMUNITY AFFILIATED AGENCIES THAT RECEIVE THESE GRANTS NEED TO PROVIDE DOCUMENTATION TWICE A YEAR ABOUT THEIR PROGRESS PROPERLY ADMINISTERING UNITED WAY FUNDED PROGRAMS AND MEETING THEIR OUTCOMES IN THE REPORTS AGENCIES HAVE TO DOCUMENT THEIR PROGRESS AT MEETING THEIR SERVICE AND FINANCIAL GOALS IN ADDITION, THEY SUBMIT AT THE END OF THE YEAR THEIR FINANCIAL STATEMENTS AND AUDITS WE ALSO REQUIRE DEMOGRAPHIC INFORMATION ABOUT THE CLIENTS OR PATIENTS THAT THEY PROVIDE SERVICE TO THROUGH THE COURSE OF ONE YEAR

Software ID:
Software Version:
EIN: 39-0808471
Name: SHEBOYGAN AND PLYMOUTH AREA UNITED WAY INC

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
211 FOX CITIES	39-0912895	501(C)(3)	11,667				ASSIST ORGANIZATIONS IN CARRYING OUT THEIR GOALS
ALZHEIMER'S ASSOCIATION	39-1350965	501(C)(3)	5,986				ASSIST ORGANIZATIONS IN CARRYING OUT THEIR GOALS
AMERICAN RED CROSS-SHEBOYGAN COUNTY CHAPTER	53-0196605	501(C)(3)	108,503				ASSIST ORGANIZATIONS IN CARRYING OUT THEIR GOALS
BIG BROTHERSBIG SISTERS	39-1102065	501(C)(3)	121,715				ASSIST ORGANIZATIONS IN CARRYING OUT THEIR GOALS
BOY SCOUTS OF AMERICA - BAY LAKES COUNCIL	39-1184320	501(C)(3)	41,621				ASSIST ORGANIZATIONS IN CARRYING OUT THEIR GOALS
BOYS & GIRLS CLUB OF SHEBOYGAN COUNTY	39-1246782	501(C)(3)	97,805				ASSIST ORGANIZATIONS IN CARRYING OUT THEIR GOALS
CAMP EVERGREEN	39-6007027	501(C)(3)	6,747				ASSIST ORGANIZATIONS IN CARRYING OUT THEIR GOALS
CATHOLIC CHARITIES	39-0806321	501(C)(3)	95,250				ASSIST ORGANIZATIONS IN CARRYING OUT THEIR GOALS
CHILDRENS SERVICE SOCIETY OF WISCONSIN	39-0806380	501(C)(3)	67,219				ASSIST ORGANIZATIONS IN CARRYING OUT THEIR GOALS
FAMILY CONNECTIONS INC	39-1688188	501(C)(3)	67,886				ASSIST ORGANIZATIONS IN CARRYING OUT THEIR GOALS
FAMILY RESOURCE CENTER	39-1857835	501(C)(3)	115,484				ASSIST ORGANIZATIONS IN CARRYING OUT THEIR GOALS
FAMILY SERVICE ASSOCIATION	39-0808501	501(C)(3)	110,788				ASSIST ORGANIZATIONS IN CARRYING OUT THEIR GOALS
DELAND RECEIVING HOME	39-6123888	501(C)(3)	3,000				ASSIST ORGANIZATIONS IN CARRYING OUT THEIR GOALS
FORWARD COMMUNITY INVESTMENTS	39-1815578	501(C)(3)	500				ASSIST ORGANIZATIONS IN CARRYING OUT THEIR GOALS
FOSTER GRANDPARENT PROGRAM	39-6004431	501(C)(3)	25,422				ASSIST ORGANIZATIONS IN CARRYING OUT THEIR GOALS
GIRL SCOUTS OF MANITOU COUNCIL INC	39-0920672	501(C)(3)	35,806				ASSIST ORGANIZATIONS IN CARRYING OUT THEIR GOALS
HMONG MUTUAL ASSISTANCE ASSOCIATION	39-1389177	501(C)(3)	27,744				ASSIST ORGANIZATIONS IN CARRYING OUT THEIR GOALS
LUTHERAN SOCIAL SERVICES	39-0816846	501(C)(3)	83,395				ASSIST ORGANIZATIONS IN CARRYING OUT THEIR GOALS
MEALS ON WHEELS OF SHEBOYGAN COUNTY INC	39-1238290	501(C)(3)	66,249				ASSIST ORGANIZATIONS IN CARRYING OUT THEIR GOALS
MENTAL HEALTH ASSOCIATION OF SHEBOYGAN COUNTY	39-1018013	501(C)(3)	110,811				ASSIST ORGANIZATIONS IN CARRYING OUT THEIR GOALS

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PARTNERS FOR COMMUNITY DEVELOPMENT	39-1216413	501(C)(3)	49,350				ASSIST ORGANIZATIONS IN CARRYING OUT THEIR GOALS
RAINBOW KIDS INC	39-1652323	501(C)(3)	15,126				ASSIST ORGANIZATIONS IN CARRYING OUT THEIR GOALS
SAFE HARBOR	39-1690041	501(C)(3)	43,217				ASSIST ORGANIZATIONS IN CARRYING OUT THEIR GOALS
SALVATION ARMY	39-0806889	501(C)(3)	202,722				ASSIST ORGANIZATIONS IN CARRYING OUT THEIR GOALS
SHEBOYGAN COUNTY INTERFAITH ORGANIZATION	39-1654340	501(C)(3)	42,888				ASSIST ORGANIZATIONS IN CARRYING OUT THEIR GOALS
SHEBOYGAN COUNTY YMCA	39-0830271	501(C)(3)	25,000				ASSIST ORGANIZATIONS IN CARRYING OUT THEIR GOALS
SHEBOYGAN AREA COMMUNITY CLINICS INC	26-4321839	501(C)(3)	34,010				ASSIST ORGANIZATIONS IN CARRYING OUT THEIR GOALS
SHEBOYGAN COUNTY CHAMBER OF COMMERCE	39-0610430	501(C)(3)	1,200				ASSIST ORGANIZATIONS IN CARRYING OUT THEIR GOALS

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
SHEBOYGAN AND PLYMOUTH AREA UNITED WAY INC

Employer identification number
39-0808471

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 2	DEBBIE DEGROOT IS A MEMBER OF THE BOARD OF DIRECTORS, SHE IS THE MOTHER OF NOELLE DEGROOT A STAFF MEMBER AND MARKETING SPECIALIST DEBBIE IS NOT THE DIRECT SUPERVISOR OF NOELLE
	FORM 990, PART VI, SECTION A, LINE 6	ALL CURRENT DONORS TO SHEBOYGAN & PLYMOUTH AREA UNITED WAY ARE MEMBERS
	FORM 990, PART VI, SECTION A, LINE 7A	MEMBERS CAN ELECT AT THE ANNUAL MEETING
	FORM 990, PART VI, SECTION A, LINE 7B	BOARD MEMBERS APPROVE DECISIONS MADE BY THE GOVERNING BOARD
	FORM 990, PART VI, SECTION B, LINE 11	BOARD OF DIRECTORS AT ITS JUNE MEETING DELEGATES TO THE FINANCE COMMITTEE THE AUTHORITY TO REVIEW AND APPROVE THE 990 BEFORE IT IS SENT TO THE INTERNAL REVENUE SERVICE. THE COMMITTEE CONVENES IN THE SECOND HALF OF JUNE TO REVIEW THE 990 IN DETAIL AND APPROVE ITS SUBMISSION
	FORM 990, PART VI, SECTION B, LINE 12C	EACH YEAR THE BOARD OF DIRECTORS REVIEWS THE CONFLICT OF INTEREST POLICY AND ACTIVELY DISCUSSES IMPLEMENTATION. EACH MEMBER OF THE BOARD OF DIRECTORS THEN SIGNS A STATEMENT EXPRESSING THEIR SUPPORT FOR THE POLICY AND THAT THEY WILL ABIDE BY IN THE COMING YEAR. AT THE STAFF LEVEL WE REVIEW THE POLICY ONCE A YEAR ASSURING THAT CURRENT FINANCIAL AND ORGANIZATIONAL COMMITMENTS DO NOT VIOLATE THE STATED POLICY OF THE BOARD OF DIRECTORS. WE AS A STAFF ALL SIGN A STATEMENT STATING THAT WE WILL COMPLY WITH THE CONFLICT OF INTEREST POLICY OF THE BOARD OF DIRECTORS.
	FORM 990, PART VI, SECTION B, LINE 15	EACH YEAR THE PERSONNEL AND NOMINATING COMMITTEE OF THE BOARD OF DIRECTORS REVIEWS THE PERFORMANCE OF THE EXECUTIVE DIRECTOR OF THE ORGANIZATION. DURING THAT PERFORMANCE REVIEW COMMITTEE STUDIES THE COMPENSATION OF OTHER EXECUTIVES OF SIMILAR RESPONSIBILITY TO SEE IF THE CURRENT COMPENSATION OF OUR EXECUTIVE DIRECTOR IS COMPARABLE TO MARKET CONDITIONS.
	FORM 990, PART VI, SECTION C, LINE 19	MANY OF THESE DOCUMENTS HAVE BEEN PLACED ON OUR WEB, AND ANY DONOR MAY ASK FOR A COPY TO BE SENT TO THEIR HOME OR EMAIL ADDRESS.
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 1,785 INVESTMENT EXPENSES -3,272 TOTAL TO FORM 990, PART XI, LINE 5 -1,487
	FROM 990, PART XI, LINE 2C	THE BOARD OF DIRECTORS IS RESPONSIBLE FOR OVERSIGHT OF THE AUDIT AND THE SELECTION OF AN INDEPENDENT ACCOUNTANT.
		MEMBERSHIP IN UNITED WAY OF AMERICA CONSTITUTES AN AFFILIATE RELATIONSHIP UNDER THE IRS DEFINITION OF FEDERATED FUNDRAISING AGENCIES AND AS SUCH DUES PAID TO UNITED WAY OF AMERICA BY THE SHEBOYGAN AND PLYMOUTH AREA UNITED WAY ARE REPORTED ON LINE 21 OF FORM 990 PART IX. THE PAYMENT REPORTED HERE IS A QUOTA SUPPORT PAYMENT TO UNITED WAY OF AMERICA FOR WHICH THE SHEBOYGAN AND PLYMOUTH AREA UNITED WAY RECEIVES, AMONG OTHER THINGS, THE RIGHT TO USE THE NATIONAL BRAND IN CHARITABLE ENDEAVORS, NATIONAL ADVOCACY OF ISSUES, MEMBER EDUCATION AND TRAINING, CENTRALIZED CREATION AND SUPPORT FOR MARKETING OF FUNDRAISING CAMPAIGNS, FOSTERING OF RELATIONSHIPS WITH NATIONAL ORGANIZATIONS THAT SUPPORT MULTIPLE MEMBERS, ESTABLISHMENT AND MONITORING OF COMPLIANCE WITH STANDARDS OF ACCOUNTABILITY BY MEMBERS, ESTABLISHMENT OF POLICIES AND PROCESSES THAT IMPROVE OPERATIONAL EFFICIENCIES AMONG MEMBERS, AND PROMOTION OF THE CONCEPT OF LOCAL COMMUNITY IMPACT ON A NATIONAL SCALE.

Additional Data

Software ID:

Software Version:

EIN: 39-0808471

Name: SHEBOYGAN AND PLYMOUTH AREA UNITED WAY INC

Form 990, Schedule A, Part I, Line 11h - Provide the following information about the organizations the organization supports.

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section)	(iv) Is the organization in (i) listed in your governing document?		(v) Did you notify the organization in (i) of your support?		(vi) Is the organization in (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
(A) 211 FOX CITIES	390912895	501(C)(3)		No		No	Yes		11667
(B) ALZHEIMER'S ASSOCIATION	391350965	501(C)(3)		No		No	Yes		5986
(C) AMERICAN RED CROSS-SHEBOYGAN COUNTY CHAPTER	530196605	501(C)(3)		No		No	Yes		108503
(D) BIG BROTHERSBIG SISTERS	391102065	501(C)(3)		No		No	Yes		121715
(E) BOY SCOUTS OF AMERICA-BAY LAKES COUNCIL	391184320	501(C)(3)		No		No	Yes		41621
(F) BOYS AND GIRLS CLUB OF SHEBOYGAN COUNTY	391246782	501(C)(3)		No		No	Yes		97805
(G) CAMP EVERGREEN	396007027	501(C)(3)		No		No	Yes		6747
(H) CATHOLIC CHARITIES	390806321	501(C)(3)		No		No	Yes		95250
(I) CHILDREN'S SERVICE SOCIETY OF WISCONSIN	390806380	501(C)(3)		No		No	Yes		67219
(J) FAMILY CONNECTIONS INC	391688188	501(C)(3)		No		No	Yes		67886
(K) FAMILY RESOURCE CENTERS OF SHEBOYGAN COUNTY	391857835	501(C)(3)		No		No	Yes		115484
(L) FAMILY SERVICE ASSOCIATION	390808501	501(C)(3)		No		No	Yes		110788
(M) FOSTER GRANDPARENT PROGRAM	396004431	501(C)(3)		No		No	Yes		25422
(N) GIRL SCOUTS OF MANITOU COUNCIL INC	390920672	501(C)(3)		No		No	Yes		35806
(O) HMONG MUTUAL ASSISTANCE ASSOCIATION	391389177	501(C)(3)		No		No	Yes		27744
(P) LUTHERAN SOCIAL SERVICES	390816846	501(C)(3)		No		No	Yes		83395
(Q) MEALS ON WHEELS OF SHEBOYGAN COUNTY INC	391238290	501(C)(3)		No		No	Yes		66249
(R) MENTAL HEALTH ASSOCIATION OF SHEBOYGAN COUNTY	391018013	501(C)(3)		No		No	Yes		110811
(S) PARTNERS FOR COMMUNITY DEVELOPMENT	391216413	501(C)(3)		No		No	Yes		49350
(T) RAINBOW KIDS INC	391652323	501(C)(3)		No		No	Yes		15126

Form 990, Schedule A, Part I, Line 11h - Provide the following information about the organizations the organization supports.

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section)	(iv) Is the organization in (i) listed in your governing document?		(v) Did you notify the organization in (i) of your support?		(vi) Is the organization in (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
(U) SAFE HARBOR	391690041	501(C)(3)		No		No	Yes		43217
(V) SALVATION ARMY	390806889	501(C)(3)		No		No	Yes		202722
(W) SHEBOYGAN COUNTY INTERFAITH ORGANIZATION	391654340	501(C)(3)		No		No	Yes		42888
(X) SHEBOYGAN COUNTY YMCA	390830271	501(C)(3)		No		No	Yes		25000
(Y) SHEBOYGAN AREA COMMUNITY CLINICS INC	264321839	501(C)(3)		No		No	Yes		34010
(Z) DELAND RECEIVING HOME	396123888	501(C)(3)		No		No	Yes		3000
(AA) FORWARD COMMUNITY INVESTMENTS	391815578	501(C)(3)		No		No	Yes		500
(AB) SHEBOYGAN COUNTY CHAMBER OF COMMERCE	390610430	501(C)(3)		No		No	Yes		1200

Additional Data

Software ID:

Software Version:

EIN: 39-0808471

Name: SHEBOYGAN AND PLYMOUTH AREA UNITED WAY INC

Form 990, Special Condition Description:

Special Condition Description
