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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
UNITED WAY OF PORTAGE COUNTY INC

Doing Business As

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

1100 Centerpoint DriveSuite 302

City or town, state or country, and ZIP + 4
Stevens Point, WI 54481

F Name and address of principal officer
Ronald Skrenes
1830 Hamilton Ct
Plover, WI 54467

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.unitedwaypoco.org

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1975

M State of legal domicile WI

Part I	Summary																																																				
Activities & Governance	<div><div>1</div><div>Briefly describe the organization's mission or most significant activities</div><div>The United Way of Portage County inspires people to work together to improve lives and build stronger communities</div></div>																																																				
	<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>																																																				
Revenue	<table><tr><td>3</td><td>34</td></tr><tr><td>4</td><td>34</td></tr><tr><td>5</td><td>15</td></tr><tr><td>6</td><td>1,700</td></tr><tr><td>7a</td><td>0</td></tr><tr><td>7b</td><td>0</td></tr></table>	3	34	4	34	5	15	6	1,700	7a	0	7b	0																																								
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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

Ronald Skrenes President

2012-03-22

Date

Paid Preparer's Use Only

Preparer's signature

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

Date

Check if self-employed ☐

Preparer's taxpayer identification number (see instructions)

EIN

Phone no

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

The United Way of Portage County inspires people to work together to improve lives and build stronger communities

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

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

3

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

If "Yes," describe these changes on Schedule O

4

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations 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 \$ 2,138,290 including grants of \$ 1,931,868) (Revenue \$ 0)

Community Impact Program Through the Community Impact program, United Way of Portage County is creating opportunities for a better life for all. By focusing on the basic things needed for a good life, the program brings people and resources together to address the most critical human care issues facing the community. The organization provides financial support for 34 local nonprofit organizations and special initiatives that address emerging needs. Volunteer teams focused on basic needs, self-sufficiency and strong families identify specific priorities in each area and devise strategies to affect community change on these issues.

4b

(Code) (Expenses \$ 148,636 including grants of \$) (Revenue \$ 77,274)

Volunteer Center The Volunteer Center gives community members the pathways to find and develop their personal pursuit for meaningful, active roles in addressing community issues. The Volunteer Center offers opportunities and connections for community members to apply their skills and interests in making a difference in Portage County through volunteerism. The Volunteer Center also has a key focus on helping organizations with their volunteer programs so that they may be able to focus on their direct services. The Volunteer Center through agency assistance provides resources such as volunteer recruitment, risk management resources, training and orienting volunteers, large scale volunteer project management that heightens the quality of experiences community members will have.

4c

(Code) (Expenses \$ 59,617 including grants of \$ 0) (Revenue \$ 0)

2-1-1 Program 2-1-1 provides centralized information and referral to human service programs, government agencies, and community organizations. By connecting people in need to the right program(s) to address their situation, 2-1-1 efficiently and effectively helps people navigate the extensive network of services available. In addition, it reduces misdirected calls to other organizations like health and human services, the police department, the library and city hall. By reducing non-crisis calls to police dispatch, 2-1-1 helps reserve these resources for emergency calls.

(Code) (Expenses \$ 20,856 including grants of \$) (Revenue \$ 20,299)

Volunteer Caregivers of Portage County Volunteer Caregivers of Portage County helps enable the elderly and people with disabilities maintain their independence, dignity and quality of life by complementing the care they are presently receiving and providing support to those without other arrangements. By matching community volunteers with individuals who need help, Volunteer Caregivers of Portage County provides essential services efficiently and effectively through a centralized connection point. Services provided by volunteers through the program include transportation, shopping, assistance with daily living skills, minor home repair, yard work, snow shoveling, newspaper on disc and friendly visitation.

4d

Other program services (Describe in Schedule O)

(Expenses \$ 20,856 including grants of \$ 0) (Revenue \$ 20,299)









4e

Total program service expenses \$ 2,367,399

Form 990 (2011)

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	Yes
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? 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	Yes
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	Yes	
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					
Check if Schedule O contains a response to any question in this Part V <input type="checkbox"/>					
		Yes	No		
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. .	1a	0		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes		
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return. .	2a	15		
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	Yes		
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	Yes		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes		
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			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
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			
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			
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		
1b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	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?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?		No
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?		No
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	The governing body?	Yes	
8b	Each committee with authority to act on behalf of the governing body?	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		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?		No
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	Yes	
11b	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	Yes	
12b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	Yes	
13	Did the organization have a written whistleblower policy?	Yes	
14	Did the organization have a written document retention and destruction policy?	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?		
15a	The organization's CEO, Executive Director, or top management official	Yes	
15b	Other officers or key employees of the organization	Yes	
15c	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?		No
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed
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 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. Michael Onan 1100 Centerpoint Drive Suite 302 Stevens Point, WI 54481 (715) 254-2184

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

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 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

[illegible]

Part VII

1b	Sub-Total	▼			
c	Total from continuation sheets to Part VII, Section A	▼			
d	Total (add lines 1b and 1c)	▼	122,000	0	23,758

2 Total number of individuals (including but not limited to those listed in Item 1) 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	32,849					
	b	Membership dues	1b	0					
	c	Fundraising events	1c	9,750					
	d	Related organizations	1d	0					
	e	Government grants (contributions)	1e	0					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	2,707,779					
	g	Noncash contributions included in lines 1a-1f \$ 69,526							
	h	Total. Add lines 1a-1f						2,750,378	
Program Service Revenue	2a		Business Code						
	b								
	c								
	d								
	e								
	f	All other program service revenue							
	g	Total. Add lines 2a-2f			0				
	Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		14,333	14,333	0	0	
4		Income from investment of tax-exempt bond proceeds . .		0	0	0	0		
5		Royalties		0	0	0	0		
6a				(i) Real	(ii) Personal				
b		Less rental expenses							
c		Rental income or (loss)		0	0				
d		Net rental income or (loss)							
7a				(i) Securities	(ii) Other				
b		Less cost or other basis and sales expenses							
c		Gain or (loss)		0	0				
d		Net gain or (loss)							
8a		Gross income from fundraising events (not including \$ 9,750 of contributions reported on line 1c) See Part IV, line 18		a	25,858	10,026		0	10,026
		Less direct expenses		b	15,832				
		Net income or (loss) from fundraising events . .							
9a		Gross income from gaming activities See Part IV, line 19		a					
		Less direct expenses		b					
		Net income or (loss) from gaming activities . .							
10a	Gross sales of inventory, less returns and allowances		a						
	Less cost of goods sold		b						
	Net income or (loss) from sales of inventory . .								
Miscellaneous Revenue			Business Code						
11a	Fee for inclusion in Volunteer Recognition Newspaper Insert		812900	875	875	0	0		
	Volunteer Training programs		812900	870	870	0	0		
	All other revenue			259	259	0	0		
	Total. Add lines 11a-11d				2,004				
12	Total revenue. See Instructions			2,776,741	16,337	0	10,026		

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	2,042,570	2,042,570		
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	143,958	46,230	63,097	34,631
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0
7	Other salaries and wages	213,214	100,190	23,632	89,392
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	0	0	0	0
9	Other employee benefits	36,613	14,557	8,956	13,100
10	Payroll taxes	23,907	9,847	5,791	8,269
11	Fees for services (non-employees)				
a	Management	0	0	0	0
b	Legal	0	0	0	0
c	Accounting	4,700	0	4,700	0
d	Lobbying	0	0	0	0
e	Professional fundraising See Part IV, line 17	0			0
f	Investment management fees	0	0	0	0
g	Other	22,222	21,799	423	0
12	Advertising and promotion	3,785	1,000	12	2,773
13	Office expenses	39,401	19,182	6,440	13,779
14	Information technology	24,581	12,641	4,827	7,113
15	Royalties	0	0	0	0
16	Occupancy	38,129	15,159	9,327	13,643
17	Travel	2,700	723	277	1,700
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19	Conferences, conventions, and meetings	5,918	800	313	4,805
20	Interest	0	0	0	0
21	Payments to affiliates	28,420	11,299	6,952	10,169
22	Depreciation, depletion, and amortization	14,551	5,785	3,559	5,207
23	Insurance	4,814	1,664	2,153	997
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	Event related expenses	176	70	0	106
b	Recognition and awards expense	3,067	988	106	1,973
c	Donated Goods expense	69,526	62,795	0	6,731
d	Banking and other financial services fees	3,896	0	3,868	28
e					
f	All other expenses	2,148	100	1,210	838
25	Total functional expenses. Add lines 1 through 24f	2,728,296	2,367,399	145,643	215,254
26	Joint costs. Check here <input 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			599,962	1	726,537
	2	Savings and temporary cash investments			1,656,739	2	1,931,512
	3	Pledges and grants receivable, net			1,558,024	3	1,182,684
	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			11,880	9	7,035
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	123,092			
	b	Less: accumulated depreciation	10b	90,311	41,409	10c	32,781
	11	Investments—publicly traded securities				11	
	12	Investments—other securities. See Part IV, line 11			154,258	12	147,139
	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)			4,022,272	16	4,027,688
Liabilities	17	Accounts payable and accrued expenses			32,034	17	41,375
	18	Grants payable			21,770	18	8,949
	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			214,701	25	188,583
	26	Total liabilities. Add lines 17 through 25			268,505	26	238,907
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			1,412,061	27	1,272,837
	28	Temporarily restricted net assets			2,341,706	28	2,515,944
	29	Permanently restricted net assets			0	29	0
	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			3,753,767	33	3,788,781
	34	Total liabilities and net assets/fund balances			4,022,272	34	4,027,688

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	2,776,741
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,728,296
3	Revenue less expenses Subtract line 2 from line 1	3	48,445
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,753,767
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-13,431
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	3,788,781

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 type="checkbox"/> Separate basis <input checked="" 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 UNITED WAY OF PORTAGE COUNTY INC	Employer identification number 39-0831152
--	--

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

The organization is not a private foundation because it is (For lines 1 through 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 Se**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)		
11g(ii)		
11g(iii)		

(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	
Total									

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 (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.")	2,300,764	2,744,189	2,710,218	2,567,785	2,762,408	13,085,364
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0		0
3 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0		0
4 Total. Add lines 1 through 3	2,300,764	2,744,189	2,710,218	2,567,785	2,762,408	13,085,364
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)						2,684,363
6 Public Support. Subtract line 5 from line 4						10,401,001

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	2,300,764	2,744,189	2,710,218	2,567,785	2,762,408	13,085,364
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	91,137	52,619	89,295	43,599	14,333	290,983
9 Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0			0
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets	0	0	0			0
11 Total support (Add lines 7 through 10)						13,376,347

12 Gross receipts from related activities, etc (See instructions)

120

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	77 757 %
15 Public Support Percentage for 2010 Schedule A, Part II, line 14	15	82 292 %

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)

Supplemental Financial Statements

Department of the Treasury
Internal Revenue Service

OMB No 1545-0047

2011

Open to Public Inspection

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.

Name of the organization
UNITED WAY OF PORTAGE COUNTY INC

Employer identification number
39-0831152

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" 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>Yes</div> <div>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>Yes</div> <div>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)

Protection of natural habitat

Preservation of open space

Preservation of an historically importantly land area

Preservation of a certified historic structure

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

\$

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

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part 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	154,258	147,991	67,833	91,166
b	Contributions	0	100	66,333	0
c	Investment earnings or losses	-4,254	8,926	15,177	-21,831
d	Grants or scholarships	0	0	0	0
e	Other expenditures for facilities and programs	0	0	0	0
f	Administrative expenses	2,865	2,759	1,352	1,502
g	End of year balance	147,139	154,258	147,991	67,833

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶ 94 %

b

Permanent endowment ▶ 6 %

c

Term endowment ▶ 0 %

3a

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

(i) unrelated organizations

3a(i)

Yes

No

(ii) related organizations

3a(ii)

No

b

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

3b

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	0	0		0
b Buildings	0	0	0	0
c Leasehold improvements	0	0	0	0
d Equipment	0	98,537	71,059	27,478
e Other	0	24,555	19,252	5,303
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				32,781

Schedule D (Form 990) 2011

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	2,776,741
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	2,728,296
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	48,445
4	Net unrealized gains (losses) on investments	4	0
5	Donated services and use of facilities	5	0
6	Investment expenses	6	0
7	Prior period adjustments	7	0
8	Other (Describe in Part XIV)	8	-13,431
9	Total adjustments (net) Add lines 4 - 8	9	-13,431
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	35,014

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	2,617,374
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	0
b	Donated services and use of facilities	2b	13,385
c	Recoveries of prior year grants	2c	0
d	Other (Describe in Part XIV)	2d	15,832
e	Add lines 2a through 2d	2e	29,217
3	Subtract line 2e from line 1	3	2,588,157
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	0
b	Other (Describe in Part XIV)	4b	188,584
c	Add lines 4a and 4b	4c	188,584
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	2,776,741

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return			
1	Total expenses and losses per audited financial statements	1	2,568,929
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	13,385
b	Prior year adjustments	2b	0
c	Other losses	2c	0
d	Other (Describe in Part XIV)	2d	15,832
e	Add lines 2a through 2d	2e	29,217
3	Subtract line 2e from line 1	3	2,539,712
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	0
b	Other (Describe in Part XIV)	4b	188,584
c	Add lines 4a and 4b	4c	188,584
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	2,728,296

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
SchD_P05_S00_L04	Schedule D, Part V, Line 4	Income and principal will be used and applied to meet special needs or to fund new initiatives in our community
SchD_P11_S00_L08	Schedule D, Part XI, Line 8	When the Volunteer Caregivers of Portage County program moved from being part of United Way of Portage County to being part of Portage County Health and Human Services United Way of Portage County transferred contributions designated to the program to Portage County Health and Human Services
SchD_P12_S00_L02d	Schedule D, Part XII, Line 2d	Direct expenses of fundraising events
SchD_P12_S00_L04b	Schedule D, Part XII, Line 4b	Contributions designated to other non-profit organizations, including other United Ways
SchD_P13_S00_L02d	Schedule D, Part XIII, Line 2d	These are direct expenses related to fundraising events
SchD_P13_S00_L04b	Schedule D, Part XIII, Line 4b	Contributions designated to other non-profit organizations, including other United Ways

Additional Data

Software ID: 11000129
Software Version: v1.00
EIN: 39-0831152
Name: UNITED WAY OF PORTAGE COUNTY INC

Form 990, Special Condition Description:

Special Condition Description

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services
(Code) (Expenses \$ 20,856 including grants of \$) (Revenue \$ 20,299) Volunteer Caregivers of Portage County Volunteer Caregivers of Portage County helps enable the elderly and people with disabilities maintain their independence, dignity and quality of life by complementing the care they are presently receiving and providing support to those without other arrangements By matching community volunteers with individuals who need help, Volunteer Caregivers of Portage County provides essential services efficiently and effectively through a centralized connection point Services provided by volunteers through the program include transportation, shopping, assistance with daily living skills, minor home repair, yard work, snow shoveling, newspaper on disc and friendly visitation

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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			
Lorraine Avery Director	5	X						0	0	0
John Baehr Director	5	X						0	0	0
Dave Bakken Director	5	X						0	0	0
Dan Beighley Director	5	X						0	0	0
Dennis Brown Director	5	X						0	0	0
Kris Dragan Director	5	X						0	0	0
Fred Eichmiller Director	5	X						0	0	0
Chuck Fehring Director	5	X						0	0	0
Azaelia Garcia Director	5	X						0	0	0
Mark Hilliker Director	0	X						0	0	0
Michael Hurst Director	5	X						0	0	0
Pam Jewell Director	5	X						0	0	0
Clifford King Director	5	X						0	0	0
Joe Kinsella Director	5	X						0	0	0
Dave McHone Director	5	X						0	0	0
Joe Meshak Director	5	X						0	0	0
Tina Peters Director	5	X						0	0	0
Dennis Peterson Co-Campaign Drive Chair	4	X						0	0	0
Sharon Peterson Co-Campaign Drive Chair	4	X						0	0	0
Ray Przybelski Director	5	X						0	0	0
Wendy Rheinschmidt Director	5	X						0	0	0
Kevin Ruder Director	5	X						0	0	0
Chris Sadler Director	5	X						0	0	0
Dennis Schenk Director	5	X						0	0	0
Shannon Semmerling Director	5	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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			
Marti Sowka Director	5	X						0	0	0
James Weishan Director	5	X						0	0	0
BJ Welling Director	5	X						0	0	0
Pat Wesenberg Director	5	X						0	0	0
Jonathan Whitford Director	5	X						0	0	0
David Worth Director	5	X						0	0	0
Cheri Karch President	4			X				0	0	0
Ron Skrenes Vice President	1			X				0	0	0
Sandy Peterson Treasurer	1			X				0	0	0
Susan Wilcox Executive Director	45				X			76,500	0	12,039
Michael Onan Director of Finance	45				X			45,500	0	11,719

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19,
or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization
UNITED WAY OF PORTAGE COUNTY INC

Employer identification number
39-0831152

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1

Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a

☐ Mail solicitations

b

☐ Internet and e-mail solicitations

c

☐ Phone solicitations

d

☐ In-person solicitations

e

☐ Solicitation of non-government grants

f

☐ Solicitation of government grants

g

☐ Special fundraising events

2a

Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes ☐ No

b

If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total ▶						

3

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

Revenue			(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
			Campaign Kickoff Duathlon	Walleye Tournament	2	(Add col (a) through col (c))
			(event type)	(event type)	(total number)	
	1	Gross receipts	23,603	5,200	6,805	35,608
	2	Less Charitable contributions	9,750	0	0	9,750
Direct Expenses	3	Gross income (line 1 minus line 2)	13,853	5,200	6,805	25,858
	4	Cash prizes	0	0	0	0
	5	Non-cash prizes	742	0	0	742
	6	Rent/facility costs	0	0	79	79
	7	Food and beverages	1,217	0	1,918	3,135
	8	Entertainment	0	0	0	0
	9	Other direct expenses	11,349	0	527	11,876
	10	Direct expense summary Add lines 4 through 9 in column (d)				(15,832)
	11	Net income summary Combine lines 3 and 10 in column (d)				10,026

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
						(Add col (a) through col (c))
Direct Expenses	1	Gross revenue				
	2	Cash prizes				
	3	Non-cash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	7	Direct expense summary Add lines 2 through 5 in column (d)				()
	8	Net gaming income summary Combine lines 1 and 7 in column (d)				

9 Enter the state(s) in which the organization operates gaming activities

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," Explain

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," Explain

- 11

Does the organization operate gaming activities with nonmembers?

Yes

No
- 12

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

Yes

No

13

Indicate the percentage of gaming activity operated in

a	The organization's facility	13a
b	An outside facility	13b

14

Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name

Address

15a

Does the organization have a contract with a third party from whom the organization receives gaming revenue?

Yes

No

b

If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$

c

If "Yes," enter name and address

Name

Address

16

Gaming manager information

Name

Gaming manager compensation

\$

Description of services provided

Director/officer

Employee

Independent contractor

17

Mandatory distributions

a

Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

Yes

No

b

Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$

Part IV

Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
------------	-----------------	-------------

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
UNITED WAY OF PORTAGE COUNTY 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
39-0831152

Part I

General Information on Grants and Assistance

- 1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No
- 2

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

Grants and Other Assistance to 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 ▶

19

3

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

0

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
SchI_P01_S00_L02	Schedule I, Part I, Line 2	United Way completes an annual review of every program. During this process we review client demographics for those served and program outcomes for the most recent calendar year, as well as program budgets, staffing, Form 990's, audit reports, etc. All program informatino is compared with prior year data in order to discuss trends.

Software ID: 11000129
Software Version: v1.00
EIN: 39-0831152
Name: UNITED WAY OF PORTAGE COUNTY 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
Achievement Center Early Intervention Program Inc1640 West River Drive Stevens Point, WI 54481	39-1471862	501(c)(3)	108,966	0			The Achievement Center serves Portage County children ages birth to three who are experiencing development delay or disability in communication, cognition, social/emotional or motor development
Advocates for the Developmentally DisabledPO Box 1042 Stevens Point, WI 54481	39-1649855	501(c)(3)	27,748				Portage County Advocates for the Developmentally Disabled initiates and supports one-to-one relationships between disabled adults and community volunteers, and provides information and awareness of the needs of the disabled

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
North Central WI Chapter of the American Red Cross3057 Michigan Avenue Stevens Point, WI 54481	39-1223069	501(c)(3)	122,508				Blood Services - American Red Cross (ARC) Blood Services conducts 65 days of blood drives each year ARC is mandated to ensure adequate and stable blood supply, and nationally it provides 50% of the blood supply 2 Emergency Services - American Red Cross Emergency Services assists area residents to prevent and prepare for emergencies through educational presentations and disaster related classes It provides short term immediate response to area disaster victims with food, clothing and shelter
Big Brothers Big Sisters of Central Wisconsin Inc 3262 Church Street Suite 2 Stevens Point, WI 54481	39-2039959	501(c)(3)	143,910				1 Community Based Match Program - based mentoring matches volunteers (ages 16 and up) with children ages 6 to 17 years in one-to-one mentoring relationships Volunteers are enrolled by trained professional staff to determine the best child for the "match" 2 School Based Mentoring - Site-Based Mentoring is an option in which a volunteer mentor meets with a child at the same time each week at a school or other designated site They may meet before, during or after school, and may have a combined academic and recreational focus

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
Boys & Girls Club of Portage County Inc1007 Ellis Street PO Box 171 Stevens Point, WI 54481	73-1630506	501(c)(3)	109,380				Programming provides youth development and guidance in five core areas, Character and leadership development, arts, sports, fitness and recreation, health and life skills, and education and career
Boy Scouts of America Samoset Council3511 Camp Phillips Road Weston, WI 54476	39-0813397	501(c)(3)	38,295				The Boy Scouts provide Portage County youth with three comprehensive youth development programs in order to develop character, citizenship, and mental and physical fitness - 1) Cub Scouting, 2) Boy Scouting and 3) Venturing

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
CAP Services Inc 5499 Hwy 10 E Stevens Point, WI 54481	39-1080897	501(c)(3)	374,665				1 Family Crisis Center - operates 24-hour crisis counseling and shelter to victims of domestic violence The Center also offers support groups to help families identify long-term strategies to eliminate the violence and its causes 2 Ministry Dental Center - The Ministry Dental Center is designed to serve patients with Badgercare or Medicaid health coverage 3 Hmong Project - The Refugee Project works to identify ongoing needs of the Hmong community, educate the community about Hmong history and culture, educate Hmong residents about American culture and values, and assist in their integration into the community 4 Skills Enhancement Program - This project is designed to provide part-time educational and skills training opportunities for individuals working in low-wage jobs
Children's Service Society of Wisconsin1201 Water Street Ste C Stevens Point, WI 54481	39-0806380	501(c)(3)	46,043				Children's Service Society of Wisconsin's Child and Family Counseling Program provides counseling services to all residents of Portage County on a sliding fee basis

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
Community Industries Corporation41 Park Ridge Drive Stevens Point, WI 54481	39-1053839	501(c)(3)	142,997				Community Industries Corporation offers services to enhance opportunities for people with disabilities to participate in community life as valued workers, neighbors and family members 1 Respite - The Respite Program provides coordination of the process to recruit, screen and train respite care providers for families of developmentally disabled household members 2 Supported Employment - The Supported Employment Program helps Portage County residents with a disability to find and secure jobs in integrated work environments that may allow opportunity for advancement, better wages and benefits
Epilepsy Foundation of Central and Northeast Wisconsin1004 First Street No 5 Stevens Point, WI 54481	39-1383657	501(c)(3)	24,165				1 Education & Awareness - Epilepsy education and awareness provides both public and professional education to aid recognition of different types of seizures, appropriate seizures first aid, epilepsy treatment options, and promotion of greater understanding and acceptance of persons with this condition 2 Direct Client Services - Direct client services promote health, independence and opportunity for children and adults with seizure disorders to improve self-sufficiency and quality of life

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Girl Scouts of the Northwestern Great LakesPO Box 9425 Green Bay, WI 54308	39-1016314	501(c)(3)	52,437				The Girl Scout leadership experience systematically prepares girls to become leaders of their own lives and of our communities through outcomes and learning theory-based programs designed specifically for girls
Meals on Wheels 3057 A Michigan Avenue Stevens Point, WI 54481	39-1364268	501(c)(3)	65,027				grant Meals on Wheels provides home delivered meals to the homebound, frail, chronically ill, convalescent elderly, or disabled persons in the Stevens Point area

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Family Connections in Portage County Inc2607 Post Road Ste 1 Stevens Point, WI 54481	39-1031024	501(c)(3)	72,180				Family Resources Centers - The FRC offers weekly playgroups, single-session workshops & multisession parenting classes, family fun events, a warmline & lending library of books, tapes, games, videos & equipment
Portage County Child Passenger Safety52 Sunset Boulevard Stevens Point, WI 54481	93-0828679	501(c)(3)	36,008				The Child Passenger Safety Association (PCCPSA) ensures the right of every child to protection from injury or death while being transported in a motor vehicle PCCPSA provides education programs on car seat and seat belt safety

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Portage County Literacy Council 102 Main Street Suite 104 Stevens Point, WI 54481	39-1594748	501(c)(3)	36,996				The Literacy Council offers free, confidential one-to-one tutoring to adults who need help with reading, writing, and basic math skills, and/or English as a second language
Salvation Army 1600 Briggs Street Stevens Point, WI 54481	36-2167910	501(c)(3)	135,000				The Salvation Army Hope Center assists needy families and individuals with shelter, food, clothing and other emergency needs

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Stevens Point Area YMCA1000 Division Street Stevens Point, WI 54481	39-1102612	501(c)(3)	276,000				1 Scholarship Assistance - This program allows atrisk youth and adults from low income households to join the YMCA on a sliding scale fee basis 2 Adaptive Recreation - The YMCA offers special programs to people with varying disabilities, including Special Olympics sports, swimming lessons, exercise programs, arts & crafts, and more 3 Youth & Teen Program - YMCA Teen Programs focus on providing participants with a safe environment, positive adult role models and encourage character development and leadership skills 4 Child Care Youth Scholarship Program - Scholarship funds are awarded on a sliding scale fee basis to low income and at-risk families participating in full-day child care, before and after school child care, preschool programs, and summer camp programs so they benefit from quality, affordable and accessible child care
Aging & Disability Resource Center of Portage County 1519 Water Street Stevens Point, WI 54481	39-6005731	Portage County	104,657				1 Holly Shoppe - The Holly Shoppe provides older adults with opportunity to supplement their incomes from sales of handiwork created at home In doing so they are able to stay active and productive with meaningful endeavors 2 Rural Delivered Meals - The Aging & Disability Resource Center Nutrition Program delivers meals to homebound older adults in Portage County The meal delivery not only provides well-balanced nutritious meals but also an important daily check on the well-being of the recipient 3 Adult Day Center - The Aging & Disability Resource Center Adult Day Center provides supervised activities and programming for isolated, medically frail, cognitively impaired or physically disabled older adults

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United Way of Marathon County 137 River Drive Wausau, WI 54403	39-0935496	501(c)(3)	46,828				We contract with United Way of Marathon County to provide a call center for non-emergency information and referral services. People can access this service by dialing 2-1-1. United Way's 2-1-1 is here to help answer questions and connect people to existing community services such as financial assistance, counseling, services for youth or elderly, volunteer opportunities and much more.

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
UNITED WAY OF PORTAGE COUNTY INC

Employer identification number
39-0831152

Part I Types of Property

	(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
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 ► (<u>School Supplies</u>)	X	45,000	62,795	Average sale price in stores
26 Other ► (<u>Paint</u>)	X	1	980	Retail value
27 Other ► (<u>Food for fitness event</u>)	X	1	100	Retail value
28 Other ► (<u>Various prizes for event/sweepstakes</u>)	X	14	4,886	Estimated retail value
Other ► (<u>Leather Chair</u>)	X	1	765	Retail value
29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement	29			0
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a			No
b If "Yes," describe the arrangement in Part II				
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31	Yes		
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?	32a			No
b If "Yes," describe in Part II				
33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II				

Part III

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
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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 UNITED WAY OF PORTAGE COUNTY INC	Employer identification number 39-0831152
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Identifier	Return Reference	Explanation
F990_P06_S0A_L02	Form 990, Part VI, Section A, Line 2	Both husband and wife of one couple are voting members on our Board of Directors
F990_P06_S0B_L11b	Form 990, Part VI, Section B, Line 11b	The Form 990 is completed by the Director of Finance and reviewed by United Way of Portage County's independent public accountant. Then the Form 990 is given to each member of United Way's Finance Committee for their review. The Form 990 is then sent to all members of the Board of Directors, who then at the next Board meeting take action to approve filing of the Form 990 with the IRS.
F990_P06_S0B_L12c	Form 990, Part VI, Section B, Line 12c	Annually, Board members, staff and volunteers are required to sign a Conflict of Interest Policy. The policies are reviewed by the Executive Director and the Governance Committee, and they decide whether a conflict exists that requires further action.
F990_P06_S0B_L15	Form 990, Part VI, Section B, Line 15	For the Executive Director, National, Central Wisconsin, and local salary surveys are reviewed by the organization's Human Resources Committee. The Committee makes a recommendation to the Executive Committee of the Board for their approval. The entire Board then approves the Budget that includes the Executive Director's salary. For the Director of Finance, National, Central Wisconsin and local salary surveys are reviewed by the Executive Director, who then recommends a salary to the Human Resources Committee. The Human Resources Committee then recommends a salary that is included in the overall Budget for the full Board of Director's approval. These processes were last gone through in the fourth quarter of 2011 to determine salary adjustments effective January 1, 2012.
F990_P06_S0C_L19	Form 990, Part VI, Section C, Line 19	All policies, audits and 990's are available for review at our office upon request. Annual audits and 990's are also available on our website.
F990_P11_S00_L05	Form 990, Part XI, Line 5	The other changes in net assets were reserves restricted for use by the Volunteer Caregivers of Portage County program that moved from United Way of Portage County to the Portage County Health and Human Services Department. These reserves were transferred to PCHHS when the program moved.