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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)	OMB No 1545-0047 2011 Open to Public Inspection
	▶ The organization may have to use a copy of this return to satisfy state reporting requirements	

A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011				D Employer identification number	
B Check if applicable ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending		C Name of organization UNITED WAY MANITOWOC COUNTY INC		39-1099039	
		Doing Business As		E Telephone number (920) 682-8888	
		Number and street (or P O box if mail is not delivered to street address) 1704 MEMORIAL DRIVE		Room/suite	
		City or town, state or country, and ZIP + 4 MANITOWOC, WI 54220		G Gross receipts \$ 621,607	
		F Name and address of principal officer LAURIE CRAWFORD 1704 MEMORIAL DRIVE MANITOWOC, WI 54220		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.UNITEDWAYMANITOWOCCOUNTY.ORG					
K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶			L Year of formation 1930		M State of legal domicile WI

Part I		Summary	
Activities & Governance	1 Briefly describe the organization's mission or most significant activities UNITED WAY MANITOWOC COUNTY ENVISIONS A COMMUNITY WHERE ALL INDIVIDUALS AND FAMILIES ACHIEVE THEIR POTENTIAL THROUGH EDUCATION, INCOME STABILITY AND HEALTHY LIVES WE IMPROVE QUALITY OF LIFE THROUGH VOLUNTEER AND RESOURCE DEVELOPMENT, PARTNERSHIP BUILDING AND ADVOCACY WE ARE AN INTERACTIVE GROUP OF DIVERSE PERSONS WHO SHARE A COMMON INTEREST OF IMPROVING THE QUALITY OF LIFE WE ARE ACCOUNTABLE FOR THE STEWARDSHIP OF DONATED RESOURCES WE STRIVE TO BE TRANSPARENT IN EVERYTHING WE DO WE DEVELOP AND NURTURE PARTNERSHIPS, MATCHING RESOURCES WITH NEEDS OUR STEADFAST BELIEF IN PERSONAL ACCOUNTABILITY CULTIVATES AN ENVIRONMENT OF CONSISTENT AND RELIABLE DECISION MAKING HONESTY, RESPECT AND FAIRNESS GUIDE OUR DECISION MAKING PROCESS AT ALL LEVELS WE SUPPORT AN ENVIRONMENT THAT PROMOTES CARING BEHAVIOR, BUILDS SELF ESTEEM, CREATES PRODUCTIVE CITIZENS, IMPROVES HEALTH AND PROVIDES EXPECTATIONS AND BOUNDARIES WE ESTABLISH GOALS, BASED ON COMMUNITY NEEDS, THAT RESULT IN MEANINGFUL CHANGE		
	2 Check this box ☒ if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	16
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	16
	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	7
	6 Total number of volunteers (estimate if necessary)	6	839
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	827,006	597,994
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0	0
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	9,784	6,038
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	9,341	1,670
		846,131	605,702
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	591,008	633,710
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	162,375	171,782
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	1,004
	b Total fundraising expenses (Part IX, column (D), line 25) ☒ 68,603		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	88,962	84,042
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	842,345	890,538
	19 Revenue less expenses Subtract line 18 from line 12	3,786	-284,836
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	1,757,272	1,465,372
	21 Total liabilities (Part X, line 26)	71,231	49,901
	22 Net assets or fund balances Subtract line 21 from line 20	1,686,041	1,415,471

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			2012-06-25 Date	
	LAURIE CRAWFORD EXECUTIVE DIRECTOR Type or print name and title				
Paid Preparer's Use Only	Preparer's signature	CHAD ZELLER CPA	Date	Check if self-employed ☐	Preparer's taxpayer identification number (see instructions) P00758039
	Firm's name (or yours if self-employed), address, and ZIP + 4	SCHENCK SC 100 MARITIME DRIVE SUITE 2B MANITOWOC, WI 542206805			EIN 39-1173131
					Phone no (920) 684-5500

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

UNITED WAY MANITOWOC COUNTY ENVISIONS A COMMUNITY WHERE ALL INDIVIDUALS AND FAMILIES ACHIEVE THEIR POTENTIAL THROUGH EDUCATION, INCOME STABILITY AND HEALTHY LIVES WE IMPROVE QUALITY OF LIFE THROUGH VOLUNTEER AND RESOURCE DEVELOPMENT, PARTNERSHIP BUILDING AND ADVOCACY WE ARE AN INTERACTIVE GROUP OF DIVERSE PERSONS WHO SHARE A COMMON INTEREST OF IMPROVING THE QUALITY OF LIFE WE ARE ACCOUNTABLE FOR THE STEWARDSHIP OF DONATED RESOURCES WE STRIVE TO BE TRANSPARENT IN EVERYTHING WE DO WE DEVELOP AND NURTURE PARTNERSHIPS, MATCHING RESOURCES WITH NEEDS OUR STEADFAST BELIEF IN PERSONAL ACCOUNTABILITY CULTIVATES AN ENVIRONMENT OF CONSISTENT AND RELIABLE DECISION MAKING HONESTY, RESPECT AND FAIRNESS GUIDE OUR DECISION MAKING PROCESS AT ALL LEVELS WE SUPPORT AN ENVIRONMENT THAT PROMOTES CARING BEHAVIOR, BUILDS SELF ESTEEM, CREATES PRODUCTIVE CITIZENS, IMPROVES HEALTH AND PROVIDES EXPECTATIONS AND BOUNDARIES WE ESTABLISH GOALS, BASED ON COMMUNITY NEEDS, THAT RESULT IN MEANINGFUL CHANGE

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 \$ 713,149 including grants of \$) (Revenue \$)

THE PURPOSE OF UNITED WAY IS TO WORK IN PARTNERSHIP WITH OTHER ORGANIZATIONS, INCLUDING NON-PROFITS, BUSINESS, EDUCATION, GOVERNMENT, AND OTHER UNITED WAYS TO IDENTIFY AND DEVELOP SOLUTIONS TO ADDRESSING PRIORITY HEALTH AND HUMAN SERVICE NEEDS IN OUR COMMUNITY THROUGH A COMMUNITY IMPACT FUNDING MODEL, WE RAISE AND DISTRIBUTE FUNDS TO AGENCY PROGRAMS THAT CAN BEST ADDRESS THOSE NEEDS

4b

(Code) (Expenses \$ 10,000 including grants of \$) (Revenue \$)

THE VENTURE GRANT PROCESS ENCOURAGES AND PROMOTES INNOVATIVE APPROACHES IN ADDRESSING NEEDS WITHIN UNITED WAY IMPACT AREAS VENTURE GRANTS PROVIDE FUNDING FOR EMERGING AND UNMET NEEDS, PROVIDE FLEXIBILITY IN TRYING NEW APPROACHES WITH DEFINED OUTCOMES, SHORTEN TIMEFRAMES FOR RECEIVING FUNDS, AND PROVIDE A TIME-LIMITED GRANT

4c

(Code) (Expenses \$ 7,800 including grants of \$) (Revenue \$)

2-1-1 IS A FREE AND CONFIDENTIAL INFORMATION AND REFERRAL RESOURCE, AN EASY TO REMEMBER PHONE NUMBER THAT CONNECTS INDIVIDUALS WITH RESOURCES IN OUR COMMUNITY 2-1-1 OFFERS INFORMATION ON A BROAD RANGE OF SERVICES, INCLUDING RENT ASSISTANCE, FOOD BANKS, AFFORDABLE HOUSING, HEALTH RESOURCES, CHILD CARE, AFTER-SCHOOL PROGRAMS, ELDERLY CARE, FINANCIAL LITERACY, FLU SHOT CLINICS, AND JOB TRAINING PROGRAMS

4d

Other program services (Describe in Schedule O)

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

4e

Total program service expenses

\$ 730,949

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.	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	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.		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.		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.		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.		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.		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.		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.		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.	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.	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.		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.		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.		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.		No
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.	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	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.	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?		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.		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.		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.		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.		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.	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.		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H.		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.		

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	Yes	
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 ☐					
				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	
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. .			2a	7
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	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f	
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?		No
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	
	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	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. ☒ Own website ☒ Another's website ☒ 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.	Laurie Crawford 1704 Memorial Drive Manitowoc, WI 54220 (920) 682-8888

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) JONATHAN BURNS - TERM ENDS 2014 BOARD CHAIR/PRESIDENT	2.00	X		X				0	0	0
(2) PEGGY PITZ - TERM ENDS 2013 FIRST VICE CHAIR - PLANNING/SECOND VICE CHAIR	1.50	X		X				0	0	0
(3) MARK BURBEY TREASURER	2.00	X		X				0	0	0
(4) ATTORNEY JACK CASHMAN CORPORATE COUNSEL	1.50	X		X				0	0	0
(5) MARY MAURER - TERM ENDS 2014 BOARD MEMBER	1.30	X						0	0	0
(6) KATHY KOTAJARVI - TERM ENDED 2011 - PAST BOARD MEMBER	1.30	X						0	0	0
(7) KRISTIN KRACAW - TERM ENDS 2012 BOARD MEMBER	1.30	X						0	0	0
(8) JOE MROTEK - TERM ENDS 2012 BOARD MEMBER	1.30	X						0	0	0
(9) TOM MURPHY - TERM ENDS 2012 BOARD MEMBER	1.30	X						0	0	0
(10) MIKE ORCHEKOWSKI - TERM ENDS 2012 - BOARD MEMBER	1.30	X						0	0	0
(11) PAUL KIEFFER - TERM ENDS 2012 BOARD MEMBER	1.30	X						0	0	0
(12) SUSIE MARESH - TERM ENDS 2013 BOARD MEMBER	1.30	X						0	0	0
(13) TONY AND LISA BURGARINO CAMPAIGN CHAIR	1.50	X						0	0	0
(14) SUBASH ANBU - TERM ENDS 2013 BOARD MEMBER	1.30	X						0	0	0
(15) RIDGE SCHOTT - TERM ENDS 2012 BOARD MEMBER	1.30	X						0	0	0
(16) TARA ANSORGE - TERM ENDS 2014 BOARD CHAIR/PRESIDENT	1.30	X						0	0	0
(17) RICHARD NITSCH - TERM ENDS 2014 BOARD MEMBER	1.30	X						0	0	0

Form 990 (2011)

Part VII

1b	Sub-Total	▼			
c	Total from continuation sheets to Part VII, Section A	▼			
d	Total (add lines 1b and 1c)	▼	60,000	0	9,568

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	2,139			
	b	Membership dues	1b				
	c	Fundraising events	1c	6,887			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	588,968			
	g	Noncash contributions included in lines 1a-1f \$ 6,053					
	h	Total. Add lines 1a-1f					
Program Service Revenue	2a		Business Code				
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f					
	Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		8,313		
4		Income from investment of tax-exempt bond proceeds . .					
5		Royalties					
6a		Gross rents	(i) Real (ii) Personal				
b		Less rental expenses					
c		Rental income or (loss)					
d		Net rental income or (loss)					
7a		Gross amount from sales of assets other than inventory	(i) Securities (ii) Other	1,955 800			
b		Less cost or other basis and sales expenses		1,998 3,032			
c		Gain or (loss)		-43 -2,232			
d		Net gain or (loss)		-2,275			-2,275
8a		Gross income from fundraising events (not including \$ 6,887 of contributions reported on line 1c) See Part IV, line 18	a	9,958	-917		-917
b		Less direct expenses	b	10,875			
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	SERVICE FEE REVENUE	900099	1,955	1,955			
b	SALES REVENUE	900099	632	632			
c							
d	All other revenue						
e	Total. Add lines 11a-11d			2,587			
12	Total revenue. See Instructions			605,702	2,587	0	5,121

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	633,710	633,710		
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	69,569	40,350	9,740	19,479
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	74,090	18,471	39,283	16,336
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	9,906	2,461	5,908	1,537
10	Payroll taxes	18,217	6,641	7,109	4,467
11	Fees for services (non-employees)				
a	Management				
b	Legal				
c	Accounting	6,113		6,113	
d	Lobbying				
e	Professional fundraising See Part IV, line 17	1,004			1,004
f	Investment management fees				
g	Other				
12	Advertising and promotion	147		12	135
13	Office expenses	25,212	7,699	6,257	11,256
14	Information technology				
15	Royalties				
16	Occupancy	13,563	5,363	4,898	3,302
17	Travel	2,743	1,085	991	667
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	4,821	1,656	401	2,764
20	Interest				
21	Payments to affiliates	9,560	5,736	956	2,868
22	Depreciation, depletion, and amortization	17,013	6,727	6,144	4,142
23	Insurance	1,532	606	553	373
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	BANK, CREDIT CARD FEES	1,252	0	1,252	0
b	DUES, SUBSCRIPTIONS	1,121	444	404	273
c	MISCELLANEOUS	965	0	965	0
d					
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	890,538	730,949	90,986	68,603
26	Joint costs. Check here ☒ 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			132,770	1	63,331
	2	Savings and temporary cash investments			628,147	2	689,999
	3	Pledges and grants receivable, net			717,682	3	414,563
	4	Accounts receivable, net			0	4	725
	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			2,008	9	3,135
	10a	Land, buildings, and equipment, cost or other basis. Complete Part VI of Schedule D	10a	416,133			
	b	Less: accumulated depreciation	10b	177,514	218,128	10c	238,619
	11	Investments—publicly traded securities				11	
	12	Investments—other securities. See Part IV, line 11			58,000	12	55,000
	13	Investments—program-related. See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			537	15	0
	16	Total assets. Add lines 1 through 15 (must equal line 34)			1,757,272	16	1,465,372
Liabilities	17	Accounts payable and accrued expenses			10,982	17	12,293
	18	Grants payable			60,249	18	37,608
	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				25	
	26	Total liabilities. Add lines 17 through 25			71,231	26	49,901
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ☒ and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			820,936	27	859,377
	28	Temporarily restricted net assets			810,105	28	501,094
	29	Permanently restricted net assets			55,000	29	55,000
	Organizations that do not follow SFAS 117, check here ☐ 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			1,686,041	33	1,415,471
	34	Total liabilities and net assets/fund balances			1,757,272	34	1,465,372

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	605,702
2	Total expenses (must equal Part IX, column (A), line 25)	2	890,538
3	Revenue less expenses Subtract line 2 from line 1	3	-284,836
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,686,041
5	Other changes in net assets or fund balances (explain in Schedule O)	5	14,266
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	1,415,471

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 ☐ Cash ☒ Accrual ☐ Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		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 ☐ Separate basis ☒ Consolidated basis ☐ 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 MANITOWOC COUNTY INC	Employer identification number 39-1099039
---	--

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	(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.")	905,202	1,486,037	891,953	827,006	597,994	4,708,192
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	905,202	1,486,037	891,953	827,006	597,994	4,708,192
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)						80,532
6 Public Support. Subtract line 5 from line 4						4,627,660

Section B. Total Support						
Calendar year	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	905,202	1,486,037	891,953	827,006	597,994	4,708,192
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	21,233	22,681	6,083	9,784	11,068	70,849
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	12,985	15,061	23,461	18,600	12,545	82,652
11 Total support (Add lines 7 through 10)						4,861,693
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 95 190 %
15	Public Support Percentage for 2010 Schedule A, Part II, line 14	15 95 360 %
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

Additional Data

Software ID:
Software Version:
EIN: 39-1099039
Name: UNITED WAY MANITOWOC COUNTY INC

Form 990, Special Condition Description:

Special Condition Description

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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 MANITOWOC COUNTY INC

Employer identification number
39-1099039

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? ☐ Yes ☐ No	
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 ☐ Yes ☐ No	

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

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	322,399	295,594	236,494	320,607
b	Contributions	8,818		8,440	
c	Investment earnings or losses	-5,323	30,236	54,184	-81,092
d	Grants or scholarships				
e	Other expenditures for facilities and programs				
f	Administrative expenses	3,681	3,431	3,524	3,021
g	End of year balance	322,213	322,399	295,594	236,494

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶ 97 200 %

b

Permanent endowment ▶ 2 620 %

c

Term endowment ▶ 0 180 %

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)

☐ Yes

☐

b

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

3b

☐ Yes

☐

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				
b Buildings		341,451	138,710	202,741
c Leasehold improvements				
d Equipment		74,682	38,804	35,878
e Other				
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				238,619

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	605,702
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	890,538
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-284,836
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	14,266
9	Total adjustments (net) Add lines 4 - 8	9	14,266
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-270,570

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	601,609
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	26,359
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	26,359
3	Subtract line 2e from line 1	3	575,250
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	
b	Other (Describe in Part XIV)	4b	30,452
c	Add lines 4a and 4b	4c	30,452
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	605,702

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return			
1	Total expenses and losses per audited financial statements	1	872,179
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	26,359
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	26,359
3	Subtract line 2e from line 1	3	845,820
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	44,718
c	Add lines 4a and 4b	4c	44,718
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	890,538

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
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	THE ENDOWMENT TRUST FUND IS ORGANIZED EXCLUSIVELY FOR CHARITABLE PURPOSES FOR UNITED WAY MANITOWOC COUNTY, INC , WITHIN THE MEANING OF SECTION 501(C)3, WITH NO PART OF THE NET EARNINGS DISTRIBUTABLE TO ITS MEMBERS, TRUSTEES, OFFICERS OR OTHER PRIVATE PERSONS
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	THE ORGANIZATION HAS ADOPTED GUIDANCE FOR ACCOUNTING FOR UNCERTAINTIES IN INCOME TAXES WHICH IS PART OF FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) ACCOUNTING STANDARDS CODIFICATION (ASC) 740-10, INCOME TAXES. THIS GUIDANCE INCREASES THE RELEVANCY AND COMPARABILITY OF FINANCIAL REPORTING BY CLARIFYING THE WAY ORGANIZATIONS ACCOUNT FOR UNCERTAINTIES IN INCOME TAXES FOR TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN. IT MAKES RECOGNITION AND MEASUREMENT MORE CONSISTENT AS WELL AS OFFERING CLEAR CRITERIA FOR SUBSEQUENTLY RECOGNIZING, DERECOGNIZING AND MEASURING SUCH TAX POSITIONS FOR FINANCIAL STATEMENT PURPOSES.
PART XI, LINE 8 - OTHER ADJUSTMENTS		NET DESIGNATIONS ADJUSTMENT 14,266
PART XII, LINE 4B - OTHER ADJUSTMENTS		DONOR DESIGNATED FUNDS 30,452
PART XIII, LINE 4B - OTHER ADJUSTMENTS		DONOR DESIGNATED FUNDS 44,718

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 MANITOWOC COUNTY INC

Employer identification number
39-1099039

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.

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50083H Schedule G (Form 990 or 990-EZ) 2011

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.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		<u>GLOW GOLF</u> (event type)	<u>AWARDS DINNER</u> (event type)	 (total number)	(Add col (a) through col (c))
Revenue	1	Gross receipts	14,020	2,825	16,845
	2	Less Charitable contributions	6,887		6,887
	3	Gross income (line 1 minus line 2)	7,133	2,825	9,958
Direct Expenses	4	Cash prizes	380		380
	5	Non-cash prizes	2,900		2,900
	6	Rent/facility costs		659	659
	7	Food and beverages	744	2,211	2,955
	8	Entertainment			
	9	Other direct expenses	2,646	1,337	3,983
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶			(10,877)
	11	Net income summary Combine lines 3 and 10 in column (d). ▶			-919

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.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
					(Add col (a) through col (c))
Revenue	1	Gross revenue			
	2	Cash prizes			
Direct Expenses	3	Non-cash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ 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
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Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
UNITED WAY MANITOWOC 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
39-1099039

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 ▶

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 GRANTS FOR PROGRAM AND GENERAL OPERATING COSTS ARE RESTRICTED GRANTS MADE TO AGENCIES IN SUPPORT OF THE COSTS ASSOCIATED WITH A SPECIFIC PROGRAM THAT IT OPERATES OR FOR GENERAL OPERATIONS THE UNITED WAY IMPACT COMMITTEE BIANNUALLY REVIEWS THE ACCOMPLISHMENTS OF FUNDED PROGRAMS, INCLUDING USE OF ALLOCATED FUNDS AND PROGRESS TOWARD OUTCOMES DURING THE APPLICATION PROCESS AND PRIOR TO DETERMINING FUNDING, THE COMMITTEE MAY REQUEST AGENCY PRESENTATIONS TO CLARIFY INFORMATION OR ADDRESS ANY CONCERNS THE IMPACT APPLICATION REQUIRES THAT AGENCIES PROVIDE FINANCIAL/BUDGET INFORMATION SPECIFIC TO THE PROGRAM FOR WHICH FUNDS ARE BEING REQUESTED THIS ALLOWS THE COMMITTEE TO OBTAIN A CLEAR PICTURE FOR HOW FUNDS ARE BEING USED IN ADDITION TO STANDARD BUDGET/FINANCIAL REPORTING, WE REQUIRE AGENCIES TO SIGN A STATEMENT OF AGREEMENT THAT SETS EXPECTATIONS FOR BOTH PARTIES GRANTEES UNDERGO SCREENING PRIOR TO DISTRIBUTION OF FUNDING WHICH INCLUDES VERIFICATION OF COMPLIANCE WITH THE PROVISIONS OF THE PARTIOT ACT AND VERIFICATION OF CURRENT STATUS AS AN IRS CODE SECTION 501(C)(3) NONPROFIT ORGANIZATION ADDITIONALLY, GRANTEES MUST SIGN AN ANTI-TERRORISM COMPLIANCE AND CHARITABLE STATUS FORM ATTESTING THAT ALL UNITED WAY FUNDS AND DONATIONS WILL BE USED IN COMPLIANCE WITH ALL APPLICABLE ANTI-TERRORIST LAWS, STATUTES, AND EXECUTIVE ORDERS AND CERTIFY THAT THE ORGANIZATION IS ELIGIBLE TO RECEIVE CHARITABLE CONTRIBUTIONS AS DEFINED UNDER SECTION 170 (C) OF THE INTERNAL REVENUE CODE ORGANIZATIONS RECEIVING DONOR DESIGNATED CONTRIBUTIONS UNDERGO SCREENING PRIOR TO DISTRIBUTION OF FUNDING WHICH INCLUDES VERIFICATION OF COMPLIANCE WITH THE PROVISIONS OF THE PARTIOT ACT AND VERIFICATION OF CURRENT STATUS AS AN IRS CODE SECTION 501(C)(3) NONPROFIT ORGANIZATION ADDITIONALLY, GRANTEES MUST SIGN AN ANTI-TERRORISM COMPLIANCE AND CHARITABLE STATUS FORM ATTESTING THAT ALL UNITED WAY FUNDS AND DONATIONS WILL BE USED IN COMPLIANCE WITH ALL APPLICABLE ANTI-TERRORIST LAWS, STATUTES, AND EXECUTIVE ORDERS AND CERTIFY THAT THE ORGANIZATION IS ELIGIBLE TO RECEIVE CHARITABLE CONTRIBUTIONS AS DEFINED UNDER SECTION 170 (C) OF THE INTERNAL REVENUE CODE

Software ID:

Software Version:

EIN: 39-1099039

Name: UNITED WAY MANITOWOC 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
4-H CAMP TAPAWINGO915 W TAPAWINGO RD MISHICOT,WI 54228	39-1132088	501(C)(3)	6,200				DONOR DESIGNATED FOR PROGRAM COSTS, PROGRAM OPERATING COSTS
AMERICAN RED CROSS205 N 8TH STREET MANITOWOC,WI 54220	53-0196605	501(C)(3)	50,000				DONOR DESIGNATED FOR PROGRAM COSTS, PROGRAM OPERATING COSTS
ASSOCIATION FOR THE DEVELOPMENTALLY DISABLED4932 SOUTH 10TH STREET MANITOWOC,WI 54221	39-1646092	501(C)(3)	12,500				DONOR DESIGNATED FOR PROGRAM COSTS, PROGRAM OPERATING COSTS
VISITING NURSE ASSOCIATION AURORA HEALTH CARE5300 MEMORIAL DRIVE MANITOWOC,WI 54220	39-0806180	501(C)(3)	5,500				DONOR DESIGNATED FOR PROGRAM COSTS, PROGRAM OPERATING COSTS
BOY SCOUTS OF AMERICA BAY LAKES COUNCIL BSA2555 NORTHERN ROAD PO BOX 267 APPLETON,WI 549120267	22-1576300	501(C)(3)	20,000				DONOR DESIGNATED FOR PROGRAM COSTS, PROGRAM OPERATING COSTS
BIG BROTHERS BIG SISTERS OF MANITOWOC COUNTY 810 WASHINGTON STREET MANITOWOC,WI 542204528	39-1196384	501(C)(3)	56,000				DONOR DESIGNATED FOR PROGRAM COSTS, PROGRAM OPERATING COSTS
CATHOLIC CHARITIES 206 NORTH 8TH STREET MANITOWOC,WI 54220	39-0808438	501(C)(3)	42,000				DONOR DESIGNATED FOR PROGRAM COSTS, PROGRAM OPERATING COSTS
DOMESTIC VIOLENCE CENTER1127 SOUTH 22ND STREET MANITOWOC,WI 54220	39-1354763	501(C)(3)	110,280				DONOR DESIGNATED FOR PROGRAM COSTS, PROGRAM OPERATING COSTS, GENERAL OPERATING COSTS
FAMILY CONNECTIONS2508 SOUTH 8TH STREET SHEBOYGAN,WI 53081	39-1688188	501(C)(3)	10,000				DONOR DESIGNATED FOR PROGRAM COSTS, PROGRAM OPERATING COSTS
GIRL SCOUTS OF MANITOU COUNCIL 5212 WINDWARD COURT SHEBOYGAN,WI 53083	39-0920672	501(C)(3)	20,296				DONOR DESIGNATED FOR PROGRAM COSTS, PROGRAM OPERATING COSTS, GENERAL OPERATING COSTS
HOLY FAMILY MEMORIAL RSVP VOLUNTEER CENTER SEXUAL ASSAULT RESOURCE CENTER 2300 WESTERN AVE PO BOX 1450 MANITOWOC,WI 542211450	39-0806395	501(C)(3)	50,000				DONOR DESIGNATED FOR PROGRAM COSTS, PROGRAM OPERATING COSTS
LAKESHORE CAP INC 702 STATE STREET PO BOX 2315 MANITOWOC,WI 542212315	39-1214392	501(C)(3)	75,000				DONOR DESIGNATED FOR PROGRAM COSTS, PROGRAM OPERATING COSTS
LEGAL ACTION OF WI INC201 WEST WALNUT STREET SUITE 203 GREEN BAY,WI 54301	39-1077192	501(C)(3)	10,000				PROGRAM OPERATING COSTS
LUTHERAN SOCIAL SERVICES721 PARK STREET MANITOWOC,WI 54220	39-0816746	501(C)(3)	28,100				DONOR DESIGNATED FOR PROGRAM COSTS, PROGRAM OPERATING COSTS, GENERAL OPERATING COSTS
YMCA OF MANITOWOCTWO RIVERS205 MARITIME DRIVE PO BOX 471 MANITOWOC,WI 542210471	39-1028773	501(C)(3)	25,000				DONOR DESIGNATED FOR PROGRAM COSTS, PROGRAM OPERATING COSTS
MARCO SERVICES INC 1114 SOUTH 11TH STREET MANITOWOC,WI 54220	39-1291807	501(C)(3)	20,347				DONOR DESIGNATED FOR PROGRAM COSTS, PROGRAM OPERATING COSTS, GENERAL OPERATING COSTS
THE SALVATION ARMY 411 NORTH 6TH STREET PO BOX 1867 MANITOWOC,WI 542211867	39-0806889	501(C)(3)	61,072				DONOR DESIGNATED FOR PROGRAM COSTS, PROGRAM OPERATING COSTS, GENERAL OPERATING COSTS
2-1-1 UNITED WAY FOX CITIES INC1455 MIDWAY ROAD MENASHA,WI 54952	39-0912895	501(C)(3)	7,800				COMMUNITY COLLABORATION
HOLY FAMILY MEMORIAL - ADULT READ2300 WESTERN AVE PO BOX 1450 MANITOWOC,WI 542211450	39-0806395	501(C)(3)	10,000				PROGRAM OPERATING COSTS
UNITED WAY MANITOWOC COUNTY INC ENDOWMENT TRUST1704 MEMORIAL DRIVE MANITOWOC,WI 54220	39-6407991	501(C)(3)	8,818				GENERAL OPERATING COST

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 MANITOWOC COUNTY INC

Employer identification number

39-1099039

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	THE FORM 990 IS REVIEWED BY OUR INDEPENDENT AUDITORS, AUDIT CHAIR AND UNITED WAY OPERATIONS MANAGER THE OPERATIONS MANAGER DISTRIBUTES THE FORM 990 TO THE FINANCE-AUDIT COMMITTEE, GIVING THEM AN OPPORTUNITY TO REVIEW THE INFORMATION AND PREPARE ANY QUESTIONS PRIOR TO THE AUDITORS PRESENTING TO THE COMMITTEE AFTER THE FINANCE-AUDIT COMMITTEE HAS APPROVED THE 990, IT IS DISTRIBUTED TO THE UNITED WAY BOARD OF DIRECTORS FOR REVIEW AT THE BOARD MEETING, THE FORM 990 IS PRESENTED BY THE AUDIT CHAIR IF THERE ARE ANY MORE QUESTIONS NEEDING CLARIFICATION OR SUPPORTING DOCUMENTATION, THE OPERATIONS MANAGER WILL FOLLOW UP WITH APPROPRIATE DOCUMENTATION

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	ALL BOARD AND COMMITTEE MEMBERS MUST SUBMIT A SIGNED CONFLICT OF INTEREST STATEMENT PRIOR TO PARTICIPATING IN BOARD AND/OR COMMITTEE MEETINGS. THESE STATEMENTS ARE FILED AT THE LOCAL UNITED WAY ON MEMORIAL DRIVE AND ARE AVAILABLE UPON REQUEST TO ANY BOARD OR COMMITTEE MEMBER. PRIOR TO ASSIGNING DUTIES FOR ANY UNITED WAY ACTIVITY, THE CHAIR OF THE COMMITTEE DISCUSSES POTENTIAL CONFLICTS OF INTEREST BY WORKING CLOSELY WITH THE UNITED WAY EXECUTIVE DIRECTOR. CONFLICTS OF INTEREST ARE AVOIDED BY PROPERLY DELEGATING TASKS AND MONITORING COMMITTEE OUTCOMES.

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	PERFORMANCE EVALUATIONS OF THE EXECUTIVE DIRECTOR SHALL BE PERFORMED JOINTLY BY THE BOARD CHAIR AND PERSONNEL COMMITTEE CHAIR THE EVALUATION WILL BE BASED ON THE ACCOMPLISHMENT OF GOALS AND OBJECTIVES SET JOINTLY BY THE BOARD OF DIRECTORS AND THE EXECUTIVE DIRECTOR AND THE STANDARDS SET BY THE JOB DESCRIPTION PERFORMANCE MANAGEMENT PLANS ARE REQUIRED OF THE OPERATIONS MANAGER, OFFICE ASSISTANT AND SPECIAL EVENTS COORDINATOR, AND ARE EVALUATED BY THE EXECUTIVE DIRECTOR THE EVALUATIONS WILL BE BASED ON THE ACCOMPLISHMENT OF GOALS AND OBJECTIVES SET JOINTLY BY THE EXECUTIVE DIRECTOR, THE EMPLOYEES AND THE STANDARDS SET BY THE JOB DESCRIPTION PERFORMANCE MANAGEMENT PLANS ARE EVALUATED QUARTERLY, AND ANY RECOMMENDATIONS FOR SALARY OR BENEFIT ADJUSTMENTS OCCURS ANNUALLY AFTER THE ANNIVERSARY DATE AN ANALYSIS FOR SIMILAR POSITIONS WITHIN THE GEOGRAPHIC AREA AND THE REVIEW OF MERIT ARE THE MAIN DETERMINANTS TO COMPENSATION THE RECOMMENDATION IS THEN BROUGHT TO THE BOARD OF DIRECTORS FOR A VOTE

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	THE DOCUMENTS ARE AVAILABLE BY REQUEST, FOR REVIEW AT THE UNITED WAY OFFICE ON MEMORIAL DRIVE

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET DESIGNATIONS ADJUSTMENT 14,266 TOTAL TO FORM 990, PART XI, LINE 5 14,266

Identifier	Return Reference	Explanation
SELECTION OF INDEPENDENT ACCOUNTANT	FORM 990, PART XII, LINE 12C, INFORMATION ON OVERSIGHT OF AUDIT AND	THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
UNITED WAY MANITOWOC COUNTY INC

Employer identification number
39-1099039

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
(1) UNITED WAY MANITOWOC COUNTY INC ENDOWMENT TRUST PO BOX 2345 MANITOWOC, WI 542212345 39-6407991	CHARITABLE TRUST ADMINISTERED SOLELY FOR THE UNITED WAY MANITOWOC COUNTY INC	WI	501(C)(3)	7	BOARD OF DIRECTORS		No

Part III

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

Part V

Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III or IV

1

During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a

Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity

b

Gift, grant, or capital contribution to related organization(s)

c

Gift, grant, or capital contribution from related organization(s)

d

Loans or loan guarantees to or for related organization(s)

e

Loans or loan guarantees by related organization(s)

f

Sale of assets to related organization(s)

g

Purchase of assets from related organization(s)

h

Exchange of assets with related organization(s)

i

Lease of facilities, equipment, or other assets to related organization(s)

j

Lease of facilities, equipment, or other assets from related organization(s)

k

Performance of services or membership or fundraising solicitations for related organization(s)

l

Performance of services or membership or fundraising solicitations by related organization(s)

m

Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

n

Sharing of paid employees with related organization(s)

o

Reimbursement paid to related organization(s) for expenses

p

Reimbursement paid by related organization(s) for expenses

q

Other transfer of cash or property to related organization(s)

r

Other transfer of cash or property from related organization(s)

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]

Part VII

Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation	
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