# \*\* PUBLIC DISCLOSURE COPY \*\* Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A F	or the	2022 calendar year, or tax year beginning	and	ending					
<b>3</b> c	heck if	C Name of organization			D Employer identif	ication number			
	Addres	united way of door coun	NTY, INC.						
	Name change	5	,		**-***9879				
	Initial return Final return/	Number and street (or P.0. box if mail is not del PO BOX 223	livered to street address)	Room/suite	E Telephone number 920-746-9645				
	termin ated		ZIP or foreign postal code		G Gross receipts \$	2,952,381.			
	Ameno				H(a) Is this a group r				
	Application	I F Name and address of principal officer: UAD	ON PALMER		for subordinates? Yes X No				
	pendin	SAME AS C ADOVE			<b>H(b)</b> Are all subordinates i	ncluded? Yes No			
		empt status: X 501(c)(3) 501(c) ( )	(insert no.) 4947(a)(1)	or 527	If "No," attach a	a list. See instructions			
	Vebsit				H(c) Group exemption				
K F	orm of		ssociation Other	<b>L</b> Year	of formation: 1961  i	M State of legal domicile: WI			
Pa	rt I	Summary	TINIT (III)		OH DOOD GO	TINDY DYTODO			
é		Briefly describe the organization's mission or most TO BUILD A COMMUNITY WHERI							
Jano			ntinued its operations or dispos						
Activities & Governance		Number of voting members of the governing body			3	13			
Go		Number of independent voting members of the gov				13			
Š		Total number of individuals employed in calendar y				14			
itie		Total number of volunteers (estimate if necessary)				182			
ctiv		Total unrelated business revenue from Part VIII, co				0.			
4		Net unrelated business taxable income from Form				0.			
					Prior Year	Current Year			
Ф	8	Contributions and grants (Part VIII, line 1h)			2,453,669.	2,836,026.			
enn					86,644.	64,417.			
Revenue		Investment income (Part VIII, column (A), lines 3, 4,			51,781.				
_		Other revenue (Part VIII, column (A), lines 5, 6d, 8c			5,271.				
		Total revenue - add lines 8 through 11 (must equal			2,597,365. 384,000.	2,913,090. 1,629,527.			
			rants and similar amounts paid (Part IX, column (A), lines 1-3)						
		Benefits paid to or for members (Part IX, column (A		<u>0.</u> 389,367.	456,507.				
ses		Salaries, other compensation, employee benefits (F Professional fundraising fees (Part IX, column (A), li		0.	0.				
Expenses		Total fundraising expenses (Part IX, column (D), line	0 - 1	03.					
Ext		Other expenses (Part IX, column (A), lines 11a-11d,	· -		388,066.	527,804.			
		Total expenses. Add lines 13-17 (must equal Part I)			1,161,433.	2,613,838.			
		Revenue less expenses. Subtract line 18 from line			1,435,932.	299,252.			
t Assets or I Id Balances I				Ве	ginning of Current Year	End of Year			
sets alan	20	Total assets (Part X, line 16)			2,560,691.	2,759,095.			
t As Id B					26,452.	157,144.			
		Net assets or fund balances. Subtract line 21 from	line 20		2,534,239.	2,601,951.			
	rt II	Signature Block	in alcoding a second position and advise						
	•	Ities of perjury, I declare that I have examined this return, t, and complete. Declaration of preparer (other than office			•	y knowleage and belief, it is			
iue,	COLLEC	., and complete. Declaration of preparer (other than office	er) is based oil all lillorillation of wi	iicii preparei	lias any knowledge.				
Sigr	,	Signature of officer			Date				
Her		JASON PALMER, PRESIDENT							
		Type or print name and title							
		Print/Type preparer's name	Preparer's signature		Date Check [	PTIN			
Paid			JEFFREŸ DVORACHI	EK 1	1/06/23 self-emplo				
rep	arer	•	LLP			*-***2608			
Jse Only   Firm's address ONE EAST WALDO BOULEVARD, SUITE 5									
		MANITOWOC, WI 542	20-2912		Phone no. 9 2	0.684.7128			
Mav	the IF	RS discuss this return with the preparer shown abo	ve? See instructions			X Yes No			

Га	Object if October the Occopation and a second phonoments	
_	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission: UNITED WAY OF DOOR COUNTY EXISTS TO BUILD A COMMUNITY WHERE ALL PEOP	T.F
	CAN ACHIEVE THEIR FULL POTENTIAL THROUGH EDUCATION, FINANCIAL	<u> </u>
	STABILITY AND HEALTHY LIFESTYLES.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
		X No
	If "Yes," describe these new services on Schedule O.	
3		X 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 are required to report the amount of grants and allocations to others, the total expenses, a	nd
	revenue, if any, for each program service reported.	
4a		<u>556.</u> )
	THIS IS A LOCAL UNITED WAY ORGANIZATION WHICH PROVIDES RESOURCES TO	
	LOCAL NON-PROFIT ORGANIZATIONS AND VARIOUS COMMUNITY INITIATIVES.	
4b	(Code:) (Expenses \$	)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$	
70	(Code) (Liveride #	
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$ ) (Revenue \$ )	
4e	Total program service expenses 2,321,721.	

# Form 990 (2022) UNITED WAY OF DOOR COUNTY, INC. 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)?		37	
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
С	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		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	3			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
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 and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			٦,
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			,,
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			<sub>v</sub>
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		v	
46	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			<b>.</b>
••	complete Schedule G, Part III	19		X
20a		20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		v	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	L

Form 990 (2022) UNITED WAY OF DOOR COUNTY, INC.
Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			,,,
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
<b>2</b> 5a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25a		x
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I  Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	25a		21
b	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
		25b		x
26	Schedule L, Part I  Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	230		<u> </u>
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			\ <sub>3,7</sub>
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	254		
36	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	35b		
30		36		x
37	If "Yes," complete Schedule R, Part V, line 2  Did the organization conduct more than 5% of its activities through an entity that is not a related organization	-30		<del></del>
0.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	<u> </u>		
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	000	

Form 990 (2022) UNITED WAY OF DOOR COUNTY, INC.

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

			Yes	No			
<b>2</b> a	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	_	37				
_	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	37			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X			
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on 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	1		x			
h	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		^			
D	If "Yes," enter the name of the foreign country  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).						
52		5a		х			
b		5b		X			
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c					
	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 as charitable contributions?	6a		X			
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).						
а	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		X			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b					
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required						
	to file Form 8282?	7c		X			
d	If "Yes," indicate the number of Forms 8282 filed during the year						
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X			
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	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8					
9	Sponsoring organizations maintaining donor advised funds.						
a Did the sponsoring organization make any taxable distributions under section 4966?							
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9a 9b					
10	Section 501(c)(7) organizations. Enter:						
а	Initiation fees and capital contributions included on Part VIII, line 12						
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities						
11	Section 501(c)(12) organizations. Enter:						
а	Gross income from members or shareholders						
b	Gross income from other sources. (Do not net amounts due or paid to other sources against						
	amounts due or received from them.)						
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a					
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	-					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	10-					
а	Is the organization licensed to issue qualified health plans in more than one state?	13a					
h	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.  Enter the amount of reserves the organization is required to maintain by the states in which the						
b	organization is licensed to issue qualified health plans						
С	Enter the amount of reserves on hand						
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х			
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b					
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or						
	excess parachute payment(s) during the year?	15	<u> </u>	х			
	If "Yes," see the instructions and file Form 4720, Schedule N.						
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х			
	If "Yes," complete Form 4720, Schedule O.						
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities						
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17					
	If "Yes," complete Form 6069.						

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Section A. Governing Body and Management   Section A. Governing Body and Wanagement   Section A. Governing Body and Wanagement   Section A. Governing Body at the end of the tax year   Section A. Governing body delegated broad authority to an executive committee or similar committee, spilain on Schedule 0.   Section A. Government   Section		Check if Schedule O contains a response or note to any line in this Part VI			X				
the rather the number of voting members of the governing body, of this governing body, of this governing body, of this governing body, of this governing body delegated broad authority to an excutive committee or similar committee, explain or Schedule 0.  b Enter the number of voting members included on line 1a, above, who are independent  Did any officer, director, trustee, or key employee?  2 Not any officer, director, trustee, or key employee?  3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?  4 Did the organization become aware during the year of a significant changes to its governing documents since the prior Form 990 was filed?  4 Did the organization have members, stockholders, or other persons who had the power to decid or appoint one or more members of the governing body?  5 Did the organization have members, stockholders, or other persons who had the power to decid or appoint one or more members of the governing body?  5 Did was any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons often than the governing body?  5 Did the organization thave members, stockholders, or other persons who had the power to decid or appoint one or more members of the governing body?  5 Did the organization committee with authority to act on behalf of the governing body?  5 Each committee with authority to act on behalf of the governing body?  6 Each committee with authority to act on behalf of the governing body?  8 In the way officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at 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 by before filing the form?  5 Did the organization have written policies and procedures governi	Sec								
the rather the number of voting members of the governing body, of this governing body, of this governing body, of this governing body, of this governing body delegated broad authority to an excutive committee or similar committee, explain or Schedule 0.  b Enter the number of voting members included on line 1a, above, who are independent  Did any officer, director, trustee, or key employee?  2 Not any officer, director, trustee, or key employee?  3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?  4 Did the organization become aware during the year of a significant changes to its governing documents since the prior Form 990 was filed?  4 Did the organization have members, stockholders, or other persons who had the power to decid or appoint one or more members of the governing body?  5 Did the organization have members, stockholders, or other persons who had the power to decid or appoint one or more members of the governing body?  5 Did was any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons often than the governing body?  5 Did the organization thave members, stockholders, or other persons who had the power to decid or appoint one or more members of the governing body?  5 Did the organization committee with authority to act on behalf of the governing body?  5 Each committee with authority to act on behalf of the governing body?  6 Each committee with authority to act on behalf of the governing body?  8 In the way officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at 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 by before filing the form?  5 Did the organization have written policies and procedures governi				Yes	No				
If there are material differences in voting rights among members of the governing body eligible to real subtrivity to an executive committee or similar committee, explain on Schedule 0.  b Enter the number of voting members included on line 1a, above, who are independent  2 Did any officer, director, fustees, or key employee have a family relationship or a business relationship with any other officer, director, fustees, or key employee have a family relationship or a business relationship with any other officer, director, fustees, or key employee have a family relationship or a business relationship with any other officer, director, trustees, or key employees to a management company or other pressor?  3 Did the organization make any significant changes to its governing documents since the prior Form 900 was flied?  4 Did the organization have members as stockholders?  5 Did the organization have members as stockholders?  6 Did the organization have members as stockholders?  7 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?  5 An early operance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  5 An early operance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  8 Did the organization independences of the engine led or written actions undetaken during the year by the following:  8 The governing body?  9 Section B. Politices (This Section B. Progressis and progressis of the pr	1a	Enter the number of voting members of the governing body at the end of the tax year	3						
be Enter the number of voting members included on line 1a, above, who are independent 1 13 2 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 have a family relationship or a business relationship with any other officer, director, trustees, or key employee have a family relationship or a business relationship with any other officer, directors, trustees, or key employees to a management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? 3 X X 4 Did the organization become aware during the year of a significant diversion of the organizations seeds? 5 X 5 Did the organization have members or stockholders? 5 Did the organization have members or stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 5 Did the organization nave members of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 6 Did the organization ontemporamously document the meetings held or written actions undertaken during the year by the following: 6 X X 5 Did the organization ontemporamously document the meetings held or written actions undertaken during the year by the following: 6 X X 5 Did the organization ontemporamously document the meetings held or written actions undertaken during the year by the following: 6 X X 5 Did the organization that the governing body? 7 Did the organization on									
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on Schedule O how this was done									
13		,	12c	Х					
14 Did the organization have a written document retention and destruction policy?  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?  15 The organization's CEO, Executive Director, or top management official  15 The organization's CEO, Executive Director, or top management official  15 The organization's CEO, Executive Director, or top management official  15 The organization follow a riber process on Schedule O. See instructions.  16 Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  16 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?  16 Section C. Disclosure  17 List the states with which a copy of this Form 990 is required to be filed WI  18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.  20 State the name, address, and telephone number of the person who possesses the organization's books and records  21 AMY KOHNLE - 920-746-9645	13								
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?  The organization's CEO, Executive Director, or top management official  Dother officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  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  16a									
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State the name, address, and telephone number of the person who possesses the organization's books and records $\frac{1}{2}$ AMY KOHNLE - $920-746-9645$	13		u mian	oidi					
AMY KOHNLE - 920-746-9645	20								
	20								
		57 N 3RD AVE, STURGEON BAY, WI 54235-0223							

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

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

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A)  Name and title	(B) Average	(C) Position (do not check more than one					(D) Reportable		<b>(E)</b> Reportable	<b>(F)</b> Estimated	
	hours per week	box	box, unless peofficer and a		rson i	s both	n an	compensation from	compensation from related	amount of other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations	
(1) AMY KOHNLE	60.00	1									
EXECUTIVE DIRECTOR				Х				83,808.	0.	9,667.	
(2) PATTI VICKMAN	3.00	3,7								0	
OIRECTOR (3) DENISE STILLMAN	3.00	Х						0.	0.	0.	
DIRECTOR	3.00	Х						0.	0.	0.	
(4) JIM HONIG	3.00	^						0.	0.	<u></u>	
DIRECTOR	3.00	х						0.	0.	0.	
(5) PAULA CUMMINGS	3.00	21						· ·	•	•	
DIRECTOR		Х						0.	0.	0.	
(6) PETER KERWIN	3.00								-		
DIRECTOR		Х						0.	0.	0.	
(7) ANDY ANDERSON	2.00										
DIRECTOR		Х						0.	0.	0.	
(8) ROSEMARY STUEBI	2.00										
DIRECTOR		Х						0.	0.	0.	
(9) DARREN VOIGT	2.00										
DIRECTOR		Х						0.	0.	0.	
(10) SPENCER FEIVOR	2.00	l								_	
DIRECTOR	4 00	Х						0.	0.	0.	
(11) HEIDI NEUBAUER	4.00	ļ		l						•	
PAST PRESIDENT	6 00	Х		Х				0.	0.	0.	
(12) MISSY ALLEN	6.00	3,7		,,						0	
TREASURER	6.00	Х		Х				0.	0.	0.	
(13) JASON PALMER PRESIDENT	6.00	Х		х				0.	0.	0.	
(14) SUSAN JOHNSON	4.00	Λ		^				0.	0.	0.	
SECRETARY	4.00	Х		х				0.	0.	0.	
										•	
		-									

232007 12-13-22 Form **990** (2022)

\*\*-\*<u>\*\*9879</u>

ral	t VII Section A. Officers, Directors, Trus		oloy	ees,			ghes	t C		,				
	(A) Name and title	(B) Average	ge (C) Position (do not check more tha				one	<b>(D)</b> Reportable	<b>(E)</b> Reportable		(F) Estimat		ed	
		hours per week	box	, unle	ss per	rson i	is both or/trus	n an	compensation	compensation		ar	nount	of
		(list any	_	T					from the	from related organization		com	other pensa	tion
		hours for	r director				ted		organization	(W-2/1099-MIS				
		related organizations	ustee c	truste		يو	bensa		(W-2/1099-MISC/	1099-NEC)		_	janizat	
		below	Individual trustee or	Institutional trustee	_	Key employee	st con	in 1	1099-NEC)				d relat anizati	
		line)	Indivi	Instit	Officer	Key er	Highest compensated employee	Former						
	Subtotal								83,808.		0.		9,6	
	Total from continuation sheets to Part VI Total (add lines 1b and 1c)								83,808.		0.			
2	Total number of individuals (including but n								eceived more than \$100,	000 of reportable	)			
	compensation from the organization												Yes	0 No
3	Did the organization list any <b>former</b> officer,	director, trust	ee. k	cev e	lame	ove	e. or	hia	nhest compensated emp	lovee on	[		103	140
	line 1a? If "Yes," complete Schedule J for s											3		Х
4	For any individual listed on line 1a, is the su	ım of reportabl	e cc	mpe	ensa	tion	and	oth	ner compensation from t	ne organization				
_	and related organizations greater than \$150											4		Х
5	Did any person listed on line 1a receive or a rendered to the organization? If "Yes." com	•				•			•			5		Х
Sec	tion B. Independent Contractors	ipiete deriedan	<i>.</i> 0 /	01 30	acii ,	<i>J</i> C/3	.011							
1	Complete this table for your five highest co										oensat	ion fr	om	
	the organization. Report compensation for	the calendar ye	ear e	endir	ng w	ith c	or wi	thin T		ear.			~\	
	(A) Name and business	address	N	ONE	3				(B) Description of s	ervices	С		C) nsatio	n
	Total number of independent contractors (i	ncluding but n	ot lir	niter	d to	thos	se lie	ted	above) who received mo	ore than				
_	\$100,000 of compensation from the organic		J. III			_	)	.54						

		Check if Schedule O contains a response	or note to any lin	e in this Part VIII			
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	( <b>D</b> ) Revenue excluded from tax under sections 512 - 514
တ တ	1 a	Federated campaigns 1a					
ant		Membership dues 1b					
P G		Fundraising events 1c	24,006.				
ffs, r A		Related organizations 1d					
nia Big		Government grants (contributions) 1e 1,	381,826.				
Sir		All other contributions, gifts, grants, and					
uti her	•	similar amounts not included above $1f \mid 1$ ,	430,194.				
g ţ	a	Noncash contributions included in lines 1a-1f	7,026.				
Contributions, Gifts, Grants and Other Similar Amounts	_	Total. Add lines 1a-1f		2,836,026.			
<u> </u>		Total / Ida miles Ta Ti	Business Code	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
o l	2 a	STRIDE PROGRAMMING	900099	64,417.	64,417.		
Program Service Revenue	b			,	. ,		
Ser	c						
am Svel	d		_				
Be	e						
Pro	f	All other program service revenue					
		Total. Add lines 2a-2f		64,417.			
	3	Investment income (including dividends, intere	est, and				
		other similar amounts)		23,436.			23,436.
	4	Income from investment of tax-exempt bond p					
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a					
	b	Less: rental expenses 6b					
	С	Rental income or (loss) 6c					
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a 1,039.					
	b	Less: cost or other basis					
nue		and sales expenses 7b 0.					
Ver	С	Gain or (loss) 7c 1,039.		1 222			
å		Net gain or (loss)	·····	1,039.			1,039.
Other Revenue	8 a	Gross income from fundraising events (not including \$ 24,006. of					
		contributions reported on line 1c). See					
		Part IV, line 18	27,324.				
	b	Less: direct expenses 8b					
		Net income or (loss) from fundraising events	, , , , , , ,	-11,967.			-11,967.
		Gross income from gaming activities. See		, , , , , , , , , , , , , , , , , , , ,			,
		Part IV, line 19 9a					
	b	Less: direct expenses 9b					
		Net income or (loss) from gaming activities	<u> </u>				
		Gross sales of inventory, less returns					
		and allowances 10a	a				
	b	Less: cost of goods sold 10					
		Net income or (loss) from sales of inventory					
			<b>Business Code</b>				
sno •	11 a	MISCELLANEOUS		139.	139.		
Miscellaneous Revenue	b						
eve	С						
Aisc B	d	All other revenue					
_	е	Total. Add lines 11a-11d		139.			
	12	Total revenue. See instructions		2,913,090.	64,556.	0.	12,508.

## 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).

Secu	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon			ipiete column (A).	
Do	not include amounts reported on lines 6b,	(A)	(B)	(C)	_ (D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		'		
	and domestic governments. See Part IV, line 21	1,629,527.	1,629,527.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	83,808.	30,171.	39,390.	14,247.
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	314,090.	231,686.	56,941.	25,463.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	28,323.	18,639.	6,857.	2,827. 3,023.
10	Payroll taxes	30,286.	19,931.	7,332.	3,023.
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting	7,925.		7,925.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	8,597.		8,597.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion	22,101.	14,544.	5,352.	2,205. 2,295.
13	Office expenses	25,577.	15,135.	8,147.	2,295.
14	Information technology	11,142.	7,333.	2,697.	1,112.
15	Royalties				
16	Occupancy	11,158.	7,252.	2,802.	1,104.
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	- 110			
19	Conferences, conventions, and meetings	5,112.	3,360.	1,242.	510.
20	Interest	10 000		12 252	
21	Payments to affiliates	13,873.	F 485	13,873.	
22	Depreciation, depletion, and amortization	7,864.	5,175.	1,904.	785.
23	Insurance	5,481.	3,607.	1,327.	547.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.)	20F 204	22F 261	10 020	30 005
a	IMPACT INITIATIVES BAD DEBT EXPENSE	385,384.	335,361.	19,038.	30,985.
b	BAD DEBL EXPENSE	23,590.		23,590.	
C					
d	All ables a superior				
	All other expenses Add lines 1 through 24s	2,613,838.	2,321,721.	207,014.	85,103.
25	Total functional expenses. Add lines 1 through 24e	4,U13,030.	4,341,141.	201,014.	03,103.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
	11 IOIIOWING SOF 30-2 (MSC 300-120)				Form <b>990</b> (2022)

Form 990 (2022)
Part X Balance Sheet

Par	rt X	Balance Sheet					
		Check if Schedule O contains a response or	note to any lir	ne in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	688,010.	1	1,080,397.		
	2	Savings and temporary cash investments			165,498.	2	175,613.
	3	Pledges and grants receivable, net			251,149.	3	192,938.
	4	Accounts receivable, net		4	10,593.		
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, su	bstantial con	tributor, or 35%			
		controlled entity or family member of any of t		5			
χ	6	Loans and other receivables from other disqu					
		under section 4958(f)(1)), and persons describ	bed in sectior	n 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			8		
As	9	Prepaid expenses and deferred charges			5,250.	9	23,721.
	10a	Land, buildings, and equipment: cost or othe					
		basis. Complete Part VI of Schedule D	10a	139,274.			
	b	Less: accumulated depreciation	10b	42,696.	91,592.	10c	96,578.
	11	Investments - publicly traded securities	10,725.	11	10,489.		
	12	Investments - other securities. See Part IV, Iir	1,345,283.	12	1,165,443.		
	13	Investments - program-related. See Part IV, lii		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		3,184.	15	3,323.	
	16	Total assets. Add lines 1 through 15 (must e			2,560,691.	16	2,759,095.
	17	Accounts payable and accrued expenses			26,452.	17	157,144.
	18	Grants payable		18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple	te Part IV of S	Schedule D		21	
Se	22	Loans and other payables to any current or for	ormer officer,	director,			
Liabilities		trustee, key employee, creator or founder, su	bstantial con	tributor, or 35%			
iab		controlled entity or family member of any of t	hese persons	·		22	
_	23	Secured mortgages and notes payable to un	•	······		23	
	24	Unsecured notes and loans payable to unrela	ated third part	ties		24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on li	· ·	•			
		of Schedule D			26 452	25	1
	26			T7	26,452.	26	157,144.
S		Organizations that follow FASB ASC 958, o	check here	X			
ce		and complete lines 27, 28, 32, and 33.			1 640 026		1 600 710
alar	27	Net assets without donor restrictions			1,648,036.	27	1,628,719.
Ä	28	Net assets with donor restrictions			886,203.	28	973,232.
ŭ		Organizations that do not follow FASB ASC	C 958, check	here			
F		and complete lines 29 through 33.					
ts c	29	Capital stock or trust principal, or current fun				29	
SSe	30	Paid-in or capital surplus, or land, building, or				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated			2 524 220	31	2 601 051
Š	32	Total net assets or fund balances			2,534,239.	32	2,601,951.
	33	Total liabilities and net assets/fund balances			2,560,691.	33	2,759,095.

Form **990** (2022)

Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,91				
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,61	3,8	38.		
3	Revenue less expenses. Subtract line 2 from line 1	3		9,2			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))						
5							
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
	coluṃn (B))	10	2,60	1,9	<u>51.</u>		
Pa	rt XIII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII				X		
				Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.						
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?						
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		2b	X			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,					
	consolidated basis, or both:						
	X Separate basis Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the						
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X			
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.					
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the						
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a	X	<u> </u>		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	<u>X</u>	Щ_		
			Form	990	(2022)		

#### SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

UNITED WAY OF DOOR COUNTY,

**Employer identification number** 

\*\*-\*\*\*9879 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: 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). X 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

#### Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II

(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.)

Sec	Section A. Public Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")	799,582.	818,934.	1130596.	2449826.	2836026.	8034964.		
2	Tax revenues levied for the organ-						_		
	ization'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	799,582.	818,934.	1130596.	2449826.	2836026.	8034964.		
	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)						1473867.		
6	Public support. Subtract line 5 from line 4.						6561097.		
	etion B. Total Support						00020070		
	Calendar year (or fiscal year beginning in) (a) 2018 (b) 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total								
	Amounts from line 4	799,582.	818,934.	1130596.	2449826.	2836026.	8034964.		
	Gross income from interest,	733,3020	020,3020		21130100	20000201			
Ü	dividends, payments received on								
	securities loans, rents, royalties,								
	and income from similar sources	3,623.	3,325.	2,312.	15,752.	23,436.	48,448.		
9	Net income from unrelated business	3,023.	3,323.	2,312.	13,732.	23,430.	10,110.		
9									
	activities, whether or not the								
10	Other income. Do not include gain						-		
10	Other income. Do not include gain								
	or loss from the sale of capital	5,872.	5,506.	3,127.	2,532.	139.	17,176.		
	assets (Explain in Part VI.)	3,012.	3,300.	5,127.	2,332.	137.	8100588.		
	<b>Total support.</b> Add lines 7 through 10					12	42,791.		
	Gross receipts from related activities, First 5 years. If the Form 990 is for the	•	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	iourth or fifth town			42,731.		
13	organization, check this box and <b>stor</b>	· ·		•		. , , ,			
Sec	ction C. Computation of Publi			•••••					
	Public support percentage for 2022 (I			column (f))		14	81.00 %		
	Public support percentage from 2021					15	72.55 %		
	<b>33 1/3% support test - 2022.</b> If the o								
104	stop here. The organization qualifies					ore, erreer true ber	77		
b	<b>33 1/3% support test - 2021.</b> If the o		•						
~	and <b>stop here.</b> The organization qual					or more, ericeit un			
17a	10% -facts-and-circumstances test								
	and if the organization meets the fact								
	meets the facts-and-circumstances te			=	•	viriow the organiz			
h	10% -facts-and-circumstances test	~		*					
~	more, and if the organization meets the						. 5, 5 0.		
	organization meets the facts-and-circu				-				
18	Private foundation. If the organization		-						

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

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

Se	ction A. Public Support		•				
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(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 per-						
	formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization'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						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	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						
(	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support		T				,
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b,						
	whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						<u> </u>
14	First 5 years. If the Form 990 is for the	-			•		
0-	check this box and stop here						
	ction C. Computation of Publi			. (5)		T .= T	
	Public support percentage for 2022 (I			.,,		15	%
	Public support percentage from 2021 ction D. Computation of Inves					16	%
				10 l (f)		47	0/
	Investment income percentage for 20					17	<u>%</u>
	Investment income percentage from					18	7 is not
198	33 1/3% support tests - 2022. If the						
	more than 33 1/3%, check this box ar						L
k	33 1/3% support tests - 2021. If the						
00	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	in ala not check a	DOX on line 14, 198	a, or 190, check th	iis box and see ins	structions	

# Part IV | Supporting Organizations

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

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

Yes No  1 2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b				
1			Yes	No
2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b				
2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b				
2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b		1		
3a  3b  3c  4a  4b  4c  5a  5b  5c  6  7  8  9a  9b  9c  10a  10b		-		
3a  3b  3c  4a  4b  4c  5a  5b  5c  6  7  8  9a  9b  9c  10a  10b				
3a  3b  3c  4a  4b  4c  5a  5b  5c  6  7  8  9a  9b  9c  10a  10b				
3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b		2		
3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b				
3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b		3a		
3c				
3c				
3c		2h		
4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b		SD		
4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b		-		
4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b		3c		
4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b				
4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b		4a		
4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b				
4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b				
4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b		4h		
5a 5b 5c 6 7 8 9a 9b 9c 10a 10b		710		
5a 5b 5c 6 7 8 9a 9b 9c 10a 10b				
5a 5b 5c 6 7 8 9a 9b 9c 10a 10b				
5a 5b 5c 6 7 8 9a 9b 9c 10a 10b				
5b 5c 6 7 8 9a 9b 9c 10a 10b		4c		
5b 5c 6 7 8 9a 9b 9c 10a 10b				
5b 5c 6 7 8 9a 9b 9c 10a 10b				
5b 5c 6 7 8 9a 9b 9c 10a 10b				
5b 5c 6 7 8 9a 9b 9c 10a 10b				
5b 5c 6 7 8 9a 9b 9c 10a 10b		_		
5c 6 7 8 9a 9b 9c 10a 10b		5a		
5c 6 7 8 9a 9b 9c 10a 10b				
6 7 8 9a 9b 9c 10a 10b		5b		
7 8 9a 9b 9c 10a		5c		
7 8 9a 9b 9c 10a				
7 8 9a 9b 9c 10a		6		
9a 9b 9c 10a		0		
9a 9b 9c 10a				
9a 9b 9c 10a				
9a 9b 9c 10a		7		
9a 9b 9c 10a				
9a 9b 9c 10a		8		
9b 9c 10a				
9b 9c 10a				
9b 9c 10a		92		
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10b				
10b		10a		
		10h		
	ulc		n 000\	აიაი

Par	t IV	Supporting Organizations (continued)			
		•		Yes	No
11	Has th	he organization accepted a gift or contribution from any of the following persons?			
а		son who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	-	elow, the governing body of a supported organization?	11a		
b		illy member of a person described on line 11a above?	11b		
		6 controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	1.2		
·		in Part VI.	11c		
Sec	tion E	3. Type I Supporting Organizations			
		71 11 0 0		Yes	No
1	Did th	ne governing body, members of the governing body, officers acting in their official capacity, or membership of one or		103	140
•		supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		ors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
		ively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
		ization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	1		
2		orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
2		ne organization operate for the benefit of any supported organization other than the supported			
		ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
		how providing such benefit carried out the purposes of the supported organization(s) that operated,	_		
Sec	super tion (	vised, or controlled the supporting organization.  C. Type II Supporting Organizations	2		
		5. Type it capporating organizations		V	NI -
_	14/			Yes	No
1		a majority of the organization's directors or trustees during the tax year also a majority of the directors			
		stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		nagement of the supporting organization was vested in the same persons that controlled or managed			
202	the su	upported organization(s).  D. All Type III Supporting Organizations	1		
366	LIOII L	5. All Type III Supporting Organizations			
				Yes	No
1		ne organization provide to each of its supported organizations, by the last day of the fifth month of the			
	-	ization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	•	(ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	-	ization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organ	ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	,	ganization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By rea	ason of the relationship described on line 2, above, did the organization's supported organizations have a			
	•	cant voice in the organization's investment policies and in directing the use of the organization's			
	incom	ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	suppo	orted organizations played in this regard.	3		
Sec	tion E	E. Type III Functionally Integrated Supporting Organizations			
1	Check	k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	Щ	The organization satisfied the Activities Test. Complete line 2 below.			
b		The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	Ш	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins	truction	s).	
2	Activit	ties Test. <b>Answer lines 2a and 2b below.</b>		Yes	No
а	Did su	ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the su	upported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those	supported organizations and explain how these activities directly furthered their exempt purposes,			
	how t	he organization was responsive to those supported organizations, and how the organization determined			
	that th	nese activities constituted substantially all of its activities.	2a		
b	Did th	ne activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one o	r more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part \	the reasons for the organization's position that its supported organization(s) would have engaged in			
		activities but for the organization's involvement.	<b>2</b> b		
3		t of Supported Organizations. <b>Answer lines 3a and 3b below.</b>			
а	Did th	ne organization have the power to regularly appoint or elect a majority of the officers, directors, or			
		es of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	За		
b		ne organization exercise a substantial degree of direction over the policies, programs, and activities of each			
		supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi:	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	ov. 20, 1970 ( explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu		•	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrated	d Type III supporting orga	nization (see
	instructions).			•

Schedule A (Form 990) 2022

	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continu	ıod)	J G / J Tage /
	ion D - Distributions	(a)(o) capporang crga	THE CONTINUE	<i>ieu)</i>	Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	Our one rour
2	Amounts paid to perform activity that directly furthers exemp	<u> </u>			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2022	ıs	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
a	From 2017				
b	From 2018				
<u> </u>	From 2019				
d	From 2020				
<u>e</u>	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2022 distributable amount				
i_	Carryover from 2017 not applied (see instructions)				
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
<u>a</u>	Applied to underdistributions of prior years				
	Applied to 2022 distributable amount				
<u> </u>	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in <b>Part VI.</b> See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
_8_	Breakdown of line 7:				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
d	Excess from 2021				

Schedule A (Form 990) 2022

e Excess from 2022

### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

OMB No. 1545-0047

Inspection

Name of the organization

UNITED WAY OF DOOR COUNTY, INC.

**Employer identification number** \*\*-\*\*\*9879

Pai	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, lin.		imilar Funds o	or Accoun	ts. Complete if the
	organization answered Tee Sitt offit 600, Fart IV, IIII	(a) Donor advise	d funds	<b>(b)</b> Fun	ds and other accounts
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in v		ld in donor advise	d 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 a				
	for charitable purposes and not for the benefit of the donor of	r donor advisor, or for any	y other purpose c	onferring	
	impermissible private benefit?				
Par	t II Conservation Easements. Complete if the org	ganization answered "Yes	s" on Form 990, P	art IV, line 7.	
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	_		
	Preservation of land for public use (for example, recreated	tion or education)	Preservation of	a historically	important land area
	Protection of natural habitat		Preservation of	a certified his	storic structure
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribu	ition in the form o	of a conserva	
	day of the tax year.				Held at the End of the Tax Year
а	Total number of conservation easements			2a	
b					
С	Number of conservation easements on a certified historic stru			2c	
d	Number of conservation easements included in (c) acquired a				
	historic structure listed in the National Register			2d	
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or to	erminated by the	organization	during the tax
	year				
4	Number of states where property subject to conservation eas				
5	Does the organization have a written policy regarding the per		ion, handling of		
	violations, and enforcement of the conservation easements it				Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, an	a enforcing conse	ervation ease	ments during the year
7	Amount of avances incurred in manitaring increasing hand	lling of violations, and ant	iavaina aanaamiati		to duving the year
7	Amount of expenses incurred in monitoring, inspecting, hand	illing of violations, and em	ording conservati	on easemen	is during the year
8	Does each conservation easement reported on line 2(d) above	a satisfy the requirement	s of soction 170/h	\(\(\(\D\)\(i\)	
0					Yes No
9	and section 170(h)(4)(B)(ii)?  In Part XIII, describe how the organization reports conservation				
9	balance sheet, and include, if applicable, the text of the footn				
	organization's accounting for conservation easements.	lote to the organization's	ililailciai stateillei	ilis illai desc	indes trie
Par	t III Organizations Maintaining Collections of	Art, Historical Trea	asures, or Oth	ner Simila	r Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.			
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its reve	enue statement an	nd balance sh	neet works
	of art, historical treasures, or other similar assets held for pub	olic exhibition, education,	or research in fur	therance of p	oublic
	service, provide in Part XIII the text of the footnote to its finan	ncial statements that desc	cribes these items	S	
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its revenue	statement and ba	alance sheet	works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or	research in furthe	erance of put	olic service,
	provide the following amounts relating to these items:				
	(i) Revenue included on Form 990, Part VIII, line 1				\$
					\$
2	If the organization received or held works of art, historical trea			gain, provide	)
	the following amounts required to be reported under FASB A			- • •	
а	Revenue included on Form 990, Part VIII, line 1				\$
b	Assets included in Form 990, Part X				\$

Sche		WAY OF DOOF						9879		age 2
Pai	t III   Organizations Maintaining C	collections of Art	, Historical Tre	asures, or O	ther S	imilar As	sets	(contin	ued)	
3	Using the organization's acquisition, accessi	on, and other records	s, check any of the f	ollowing that ma	ake signi	ificant use c	of its			
	collection items (check all that apply):									
а	Public exhibition	d	Loan or exc	hange program						
b	Scholarly research	е	Other							
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	how they further th	e organization's	exempt	t purpose in	Part X	III.		
5	During the year, did the organization solicit of	or receive donations o	of art, historical treas	ures, or other si	milar as	sets				
	to be sold to raise funds rather than to be ma	aintained as part of th	ne organization's co	lection?				Yes		No
Pai	t IV Escrow and Custodial Arran	gements. Comple	ete if the organizatio	n answered "Yes	s" on Fo	orm 990, Pa	rt IV, lir	ne 9, or		
	reported an amount on Form 990, Pa	rt X, line 21.								
1a	Is the organization an agent, trustee, custod	ian or other intermedi	ary for contributions	or other assets	not inc	luded				
	on Form 990, Part X?							Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the foll	lowing table:							
								Amount		
С	Beginning balance					1c				
d	Additions during the year					1d				
е	Distributions during the year					1e				
f	Ending balance					1f				
2a	Did the organization include an amount on F							Yes		No
	If "Yes," explain the arrangement in Part XIII.				•		—			ĺ
_	t V Endowment Funds. Complete									
	<u>'</u>	(a) Current year	(b) Prior year	(c) Two years ba		Three years	back	(e) Four	years	back
1a	Beginning of year balance	1,345,283.	126,218.	119,2	27.	96,	065.	. ,	103,	835.
b	Contributions	46,435.	1,192,705.	,	00.		184.			460.
c	Net investment earnings, gains, and losses	-215,539.	31,718.	12,3	09.	18,				009.
d			,	,						483.
e	Other expenditures for facilities						+			
E		10,736.	5,358.	4,8	10					
	and programs	20,,000		,	08.		747.			738.
	Administrative expenses	1,165,443.	1,345,283.			119,	<del></del>			065.
g	End of year balance  Provide the estimated percentage of the current percentage of the current percentage.		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·			227.		,	••••
2	·	92.9000	% (iiile 19, coluitiit (a)	) Helu as.						
a	Board designated or quasi-endowment  Permanent endowment 7.1000		_%							
b		%								
С		%								
0-	The percentages on lines 2a, 2b, and 2c sho	•		al a alua i a i a ka u a al .	£ 41					
за	Are there endowment funds not in the posse	ession of the organiza	tion that are neid ar	ia administered	for the			٢	Yes	No
	organization by:							0-13	X	NO
	(i) Unrelated organizations							3a(i)	^	v
	(ii) Related organizations							3a(ii)		X
	If "Yes" on line 3a(ii), are the related organiza							3b		
4	Describe in Part XIII the intended uses of the		wment funds.							
Pai	t VI Land, Buildings, and Equipm		D 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	5 000 D		40				
	Complete if the organization answere		1	<u> </u>			<del></del>			
	Description of property	(a) Cost or of basis (investment)		or other (other)		umulated eciation	(	(d) Bool	k value	e
1a	Land									
b	Buildings									
С	Leasehold improvements		10	2,234.		0,447.		81	L,78	37.
d	Equipment		3	7,040.	2	2,249.		14	1,79	91.

Schedule D (Form 990) 2022

96,578.

e Other.

d Equipment

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

Part VII	Investments - Other Securities.	on Forms 000. Book IV. line of	dh Can Farra 000 Part V line 10	y .
(-) December	Complete if the organization answered "Yes"			- <b>f</b>
	tion of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	or-year market value
(1) Financia				
	held equity interests			
(3) Other	NEETCIAI INMEDECM IN			
	NEFICIAL INTEREST IN			
	OR COUNTY COMMUNITY UNDATION	1,165,443.	END-OF-YEAR MARKET	777 T T T T
	UNDATION	1,100,440.	END-OF-IEAR MARKET	VALUE
(D)				
(E)				
(F)				
(G)				
(H)	a) must squal Form 000 Port V sol (P) line 19	1,165,443.		
	n) must equal Form 990, Part X, col. (B) line 12.) Investments - Program Related.	1,100,440.		
T dit Viii	Complete if the organization answered "Yes"	on Form 990 Part IV line 1	1c See Form 990 Part X line 13	
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b	) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.			
	Complete if the organization answered "Yes"		1d. See Form 990, Part X, line 15.	
	(a)	Description		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Part X	mn (b) must equal Form 990, Part X, col. (B) line Other Liabilities.	<u>: 15.)                                    </u>		
FaitA	Complete if the organization answered "Yes"	on Form 990 Part IV line 1	1e or 11f See Form 990 Part X line 25	
1.	(a) Description of liability	0111 01111 000,1 01111, 11110 1	10011111000101111000,1 41171, 1111020.	(b) Book value
	eral income taxes			( )
(2)	crai income taxes			
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	mn (b) must equal Form 990, Part X, col. (B) line	25.)		
+	, , <del></del>	,		

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the X organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

32,187.

2,613,838.

4c

Sche	edule D (Form 990) 2022 UNITED WAY OF DOOR COUNTY, I				***9879	Page 4
Pai	rt XI Reconciliation of Revenue per Audited Financial Statement	s Witl	h Revenue per Ret	turn.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total revenue, gains, and other support per audited financial statements			1	2,739	<u>,754.</u>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a	-231,540.			
b	Donated services and use of facilities	2b	51,100.			
С	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIII.)	2d	15,701.			
е	Add lines 2a through 2d			2e	-164	
3	Subtract line 2e from line 1			3	2,904	<u>,493.</u>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	8,597.			
b	Other (Describe in Part XIII.)	4b				
С	Add lines 4a and 4b			4c	8 ,	<u>,597.</u>
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	2,913,	,090 <b>.</b>
Pa	rt XII Reconciliation of Expenses per Audited Financial Statemen	its Wi	th Expenses per R	letur	n.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total expenses and losses per audited financial statements			1	2,672	<u>,042.</u>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2a	51,100.			
b	Prior year adjustments	2b				
С	Other losses	2c				
d	Other (Describe in Part XIII.)	2d	39,291.			
е	Add lines 2a through 2d			2e		<u>,391.</u>
3	Subtract line 2e from line 1			3	2,581	<u>,651.</u>
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	8,597.			
h	Other (Describe in Part VIII.)	4h	23 590.			

Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line 18.) Part XIII Supplemental Information.

c Add lines 4a and 4b

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

#### PART V, LINE 4:

THE SPECIFIC OBJECTIVES OF THE ENDOWMENT FUND ARE TO CREATE AND MAINTAIN PERMANENT FUNDS IN WHICH THE INCOME CAN BE USED FOR THE EXCLUSIVE BENEFIT OF UNITED WAY OF DOOR COUNTY, INC. AND TO SUPPORT THE RELATED PROGRAMS AND ACTIVITIES CONSISTENT WITH THE GOALS IMPLIED IN THE MISSION STATEMENT.

#### PART X, LINE 2:

U.S. GAAP REQUIRES MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN BY THE ORGANIZATION AND RECOGNIZE A TAX LIABILITY (ASSET) IF THE ORGANIZATION HAS TAKEN AN UNCERTAIN TAX POSITION THAT MORE LIKELY THAN NOT WOULD NOT BE SUSTAINED UPON EXAMINATION BY A TAXING AUTHORITY. MANAGEMENT HAS ANALYZED THE TAX POSITIONS TAKEN BY THE ORGANIZATION, AND HAS CONCLUDED THAT AS OF

### SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

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

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization Employer identification number \*\*-\*\*\*9879 UNITED WAY OF DOOR COUNTY, Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. а Mail solicitations Solicitation of non-government grants Internet and email solicitations b Solicitation of government grants Phone solicitations Special fundraising events С g d In-person solicitations 2 a 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 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-F7, lines 1 and 6b. List events with gross receipts greater than \$5,000

		of fundraising event contributions and gro	oss income on Form 990	-EZ, lines 1 and 6b. List e	vents with gross receipt	s greater than \$5,000.
			(a) Event #1	<b>(b)</b> Event #2	(c) Other events	(d) Total events
			SECOND	SWING INTO		(add col. (a) through
			CHANCE PROM	SUMMER	3	' ' ' '
			(event type)	(event type)	(total number)	col. <b>(c)</b> )
Revenue						
eve	1	Gross receipts	24,240.	15,710.	11,380.	51,330.
ď					-	
	2	Less: Contributions	11,235.	5,151.	7,620.	24,006.
			•		•	
	3	Gross income (line 1 minus line 2)	13,005.	10,559.	3,760.	27,324.
		, , , , , , , , , , , , , , , , , , , ,	•		•	
	4	Cash prizes				
	5	Noncash prizes				
es						
SUS.	6	Rent/facility costs				
Direct Expenses						
ct E	7	Food and beverages	2,742.	10,337.	4,847.	17,926.
ji	-		•	,	•	•
_	8	Entertainment	3,000.	1,200.		4,200.
	9	Other direct expenses	5,198.		8,072.	17,165.
	10		9 in column (d)		•	39,291.
		Net income summary. Subtract line 10 from li				-11,967.
Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than				•		
		\$15,000 on Form 990-EZ, line 6a.				
-			(a) Pingo	(b) Pull tabs/instant	(a) Other geming	(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
eve						
Ж	1	Gross revenue				
S	2	Cash prizes				
Expenses						
ф	3	Noncash prizes				
Ĥ						
Direct	4	Rent/facility costs				
Δ						
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No	No	
	7	Direct expense summary. Add lines 2 through	5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
		ter the state(s) in which the organization condu				
		the organization licensed to conduct gaming ac				Yes No
b	If "	No," explain:				
	_					
	_					
		ere any of the organization's gaming licenses re	· · · · · · · · · · · · · · · · · · ·		ear?	Yes No
b	If "	Yes," explain:				
	_					

Sch	edule G (Form 990) 2022 UNITED WAY OF DOOR COUNTY, INC.	***9879	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	No
	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 conducted in:		
	The organization's facility	13a	%
	An outside facility	13b	
		130	70
14	Enter 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	olf "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 of the third party:		
Ī	The foot state and address of the time party.		
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
	bliecto/follicei Employee muependent contractor		
	Mandatory distributions:		
а	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 to be distributed to other exempt organizations or spent in the		
	organization's own exempt activities during the tax year \$		
Pa	Tt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	rt III, lines 9,	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		

232083 10-27-22 Schedule G (Form 990) 2022

Schedule G	(Form 990)	UNITED	WAY	OF	DOOR	COUNTY,	INC.	**-***9879	Page 4
Part IV	(Form 990) Supplemental Infor	mation (con:	tinued)			•			
		,	,						

#### SCHEDULE I (Form 990)

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

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

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Attach to Form 990.

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

Name of the organization **Employer identification number** \*\*-\*\*\*9879 UNITED WAY OF DOOR COUNTY, INC. Part I **General Information on Grants and Assistance** 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 1 X Yes criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of 1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of (e) Amount of (a) Description of (h) Purpose of grant valuation (book, or government (if applicable) cash grant noncash noncash assistance or assistance FMV, appraisal, assistance other) BIG BROTHERS BIG SISTERS 1345 W MASON ST \*\*-\*\*\*4696 501C3 8,000. 0 FINANCIAL ASSISTANCE GREEN BAY, WI 54303 FAMILY SERVICES 300 CROOKS ST \*\*-\*\*\*7320 501C3 GREEN BAY, WI 54301 43,000 0. FINANCIAL ASSISTANCE HELP OF DOOR COUNTY 219 GREEN BAY RD, SUITE 1 \*\*-\*\*\*1181 501C3 STURGEON BAY, WI 54235 40,000 0. FINANCIAL ASSISTANCE BOYS AND GIRLS CLUB OF DOOR COUNTY PO BOX 579 \*\*-\*\*\*8359 501C3 STURGEON BAY WI 54235 33 000 0. FINANCIAL ASSISTANCE NORTHERN DOOR CHILDREN'S CENTER 266 JUDITH BLAZER DRIVE FINANCIAL \*\*-\*\*\*6566 501C3 SISTER BAY, WI 54234 80 000 0. ASSISTANCE/REMODEL DOOR TRAN 1300 EGG HARBOR RD, SUITE 124 STURGEON BAY, WI 54235 \*\*-\*\*\*3933 501C3 10 000 0 FINANCIAL ASSISTANCE 21. 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

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

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

Part II Continuation of Grants and Other	Assistance to Doi	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	JOTJ Fay
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALCOHOL AND OTHER DRUG COALITION							
PO BOX 223							
STURGEON BAY, WI 54235	**-***9879	501C3	8,000.	0.			FINANCIAL ASSISTANCE
DOOR COUNTY MEDICAL CENTER							
FOUNDATION - 1843 MICHIGAN ST -							
STURGEON BAY, WI 54235	**-***9104	501C3	31,000.	0.			FINANCIAL ASSISTANCE
WASHINGTON ISLAND COMMUNITY HEALTH							
PO BOX 277							
WASHINGTON ISLAND, WI 54246	**-***9104	501C3	6,000.	0.			FINANCIAL ASSISTANCE
WE ARE HORE ING							
WE ARE HOPE, INC 1300 EGG HARBOR RD, SUITE 124							
STURGEON BAY, WI 54235	**-***3509	501C3	37,500.	0.			FINANCIAL ASSISTANCE
			07,000	· ·			
LAKESHORE CAP, INC. OF WISCONSIN							
702 STATE STREET							
MANITOWOC, WI 54220	**-***4392	501C3	30,000.	0.			FINANCIAL ASSISTANCE
PARTITION FOR GUILDREN AND							
PARTNERSHIP FOR CHILDREN AND FAMILIES - PO BOX 223 - STURGEON							
BAY, WI 54235	**-***9879	501C3	30,000.	0.			FINANCIAL ASSISTANCE
2.1.2 , 11.2 0.1200	3073		00,000	· ·			
STRIDE							
PO BOX 223							
STURGEON BAY, WI 54235	**-***9879	501C3	40,000.	0.			FINANCIAL ASSISTANCE
CHILD CARE INITIATIVE (PROGRAM OF							
UNITED WAY OF DOOR COUNTY( - 57 N 3RD AVE - STURGEON BAY, WI 54235	** <sub>-</sub> ***9879	50103	10,000.	0.			FINANCIAL ASSISTANCE
SAD IIVE STORGEON DAT, WI 34233	3079	50103	10,000.	0.			TIMINGTUD VOSTSTANCE
DOOR COMMUNITY CHILD DEVELOPMENT							
CENTER - 1743 EGG HARBOR RD -							FINANCIAL ASSISTANCE/NEV
STURGEON BAY, WI 54235	**-***9684	501C3	1,091,527.	0.			CHILD CARE FACILITY

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV,	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
					appraisal, other)		
SOCIETY OF ST. VINCENT DE PAUL							
303 3RD ST	**-***3265	504.50					
ALGOMA, WI 54201	**-**3265	50103	6,000.	0.			FINANCIAL ASSISTANCE
COUNTY OF DOOR							
421 NEBRASKA ST	** ***						
STURGEON BAY, WI 54235	**-***5686		7,775.	0.			PROGRAMMING
DOOR COUNTY HOUSING PARTNERSHIP							
PO BOX 342	** ***			_			
BAILEYS HARBOR, WI 54202	**-***6806	501C3	80,000.	0.			PURCHASE OF LAND

Part III Grants and Other Assistance to Domestic Individuals  Part III can be duplicated if additional space is needed.	. Complete il tile	organization answe	ned res diritims	30,1 art 1v, iii ie 22.						
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance					
		-								
Part IV Supplemental Information. Provide the information req	uired in Part I, lin	e 2; Part III, column	(b); and any other ac	Iditional information.						
PART I, LINE 2:										
NONPROFIT ORGANIZATIONS THAT SERVE	DOOR COU	NTY RESIDE	ENTS CAN AP	PLY FOR						
FUNDING ON AN ANNUAL BASIS. THE P										
DOOR COUNTY RESIDENTS. A COMMITTE	E OF VOLU	NTEERS REV	IEWS THE A	PPLICATIONS						
AND INTERVIEWS REPRESENTATIVES FROM	M THE ORG	ANIZATIONS	S, IN ORDER	TO						
DETERMINE THE AMOUNT OF FUNDING TH	E ORGANIZ	ATION WILI	RECEIVE.	IF AN						
ORGANIZATION RECEIVES A GRANT THEY	ARE REQU	IRED TO SU	JBMIT A MID	-YEAR (JUNE)						
REPORT AND AN END OF YEAR REPORT.	FUNDS AR	E PAID MON	THLY TO TH	E RECIPIENT						
ORGANIZATIONS. IF AT ANY POINT PAYMENTS NEED TO BE STOPPED, THEY ARE AND										

### SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

2022 Open to Public Inspection

OMB No. 1545-0047

Name of the organization

UNITED WAY OF DOOR COUNTY, INC.

Employer identification number \*\*-\*\*\*9879

FORM 990,	PART I,	LINE 1, DE	SCRIPTION (	OF ORGANIZA	MOITA	MISSION:	
POTENTIAL	THROUGH	EDUCATION,	FINANCIAL	STABILITY	AND	HEALTHY	
LIFESTYLES	S.						

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

THE 990 IS REVIEWED BY THE EXECUTIVE COMMITTEE PRIOR TO FILING.

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

IN ADDITION TO SIGNING FORMS ANNUALLY, FORMS ARE REVIEWED QUARTERLY BY THE EXECUTIVE DIRECTOR. IF SHE IS AWARE OF ANY CHANGES THAT NEED TO BE MADE, A NEW FORM IS COMPLETED AND SIGNED BY THE APPROPRIATE PERSON. THE EXECUTIVE DIRECTOR ATTENDS ALL BOARD AND COMMITTEE MEETINGS AND REMINDS DIRECTORS OF CONFLICTS OF INTEREST DURING DISCUSSIONS AND VOTING. BOARD MEMBERS THEN EXCUSE THEMSELVES FROM THE DISCUSSION AND ABSTAIN FROM VOTING AS APPROPRIATE.

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

STANDARD PERFORMANCE REVIEW FORMS AND YEARLY MEASURABLE GOALS ARE REVIEWED ON AN ANNUAL BASIS. STAFF ARE REVIEWED BY THE EXECUTIVE DIRECTOR. THE EXECUTIVE DIRECTOR RECOMMENDS A PAY INCREASE TO THE BOARD OF DIRECTORS, WHO VOTE TO APPROVE OR DISAPPROVE THE RECOMMENDATIONS. THE EXECUTIVE DIRECTOR IS REVIEWED BY THE BOARD PRESIDENT AND OTHER MEMBERS OF THE EXECUTIVE COMMITTEE. THE EXECUTIVE COMMITTEE RECOMMENDS A PAY INCREASE TO THE BOARD OF DIRECTORS, WHO VOTE TO APPROVE OR DISAPPROVE THE RECOMMENDATION. NO PAY INCREASE RECOMMENDATION IS TO EXCEED THE BUDGETED AMOUNT. EVERY THREE YEARS, RATES OF PAY ARE COMPARED WITH OTHER UNITED WAYS IN THE NATION.

Schedule O (Form 990) 2022 Page 2 Name of the organization **Employer identification number** \*\*-\*\*\*9879 UNITED WAY OF DOOR COUNTY, INC. FORM 990, PART VI, SECTION C, LINE 19: ALL DOCUMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST. THE FINANCIAL REPORT IS ALSO REVIEWED AT THE ANNUAL MEETING PART XII, LINE 2C EXPLANATION THE ORGANIZATION HAS A COMMITTEE THAT ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT AND SELECTION OF AN INDEPENDENT AUDITOR. THE PROCESS HAS NOT CHANGED FROM PRIOR YEARS.