WEGNER CPAS LLP 2921 LANDMARK PL STE 300 MADISON, WI 53713-4236

> UNITED WAY OF WASHINGTON COUNTY, INC. 321 N MAIN STREET, 305 WEST BEND, WI 53095

hhimihilmhhmhhhmh

			** PUBLIC DISCLOSURE COPY * Return of Organization Exempt From		OMB No. 1545-0047
For	" 9	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (0000
1 011			Do not enter social security numbers on this form as it may		Open to Public
		f the Treasury nue Service	Go to www.irs.gov/Form990 for instructions and the late	-	Inspection
AF	or the	e 2022 calend	ar year, or tax year beginning $ m JUL1$, 2022 and ending	<u>JUN 30, 2023</u>	
B c a	heck if pplicable	e: C Name o	forganization	D Employer identification	ion number
X	Addres		ED WAY OF WASHINGTON COUNTY, INC.		
	Name change		usiness as	23-7281696	5
	Initial		and street (or P.O. box if mail is not delivered to street address) Room/s	uite E Telephone number	
	Final return/		N MAIN STREET 305	(262) 338-	-3821
	termin- ated	City or t	own, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	1,979,585.
	Ameno	MEDI	BEND, WI 53095	H(a) Is this a group retu	
	Applic tion pendin		nd address of principal officer: KRISTIN BRANDNER	for subordinates?	Yes X No
	-	SAME	AS C ABOVE	H(b) Are all subordinates inclu	
		empt status:		527 If "No," attach a lis	
	Vebsit		UNITEDWAYOFWASHINGTONCOUNTY.ORG	H(c) Group exemption r	
	orm of art I	Summarv	X Corporation Trust Association Other L	Year of formation: 1936 M S	tate of legal domicile: W J
ГС		,			
e			e the organization's mission or most significant activities: TO IMPRO	VE LIVES AND CC	MMUNLIY
Governance			ONS IN MEASURABLE AND LASTING WAYS.		
ern		Check this bo			s. 18
ğ			ting members of the governing body (Part VI, line 1a)		18
			of individuals employed in calendar year 2022 (Part V, line 2a)		5
Activities &			of volunteers (estimate if necessary)		489
ž			d business revenue from Part VIII, column (C), line 12		0.
Ă			business taxable income from Form 990-T, Part I, line 11		0.
	~	riot annoiated		Prior Year	Current Year
	8	Contributions	and grants (Part VIII, line 1h)	1,681,452.	1,889,796.
Revenue			ce revenue (Part VIII, line 2g)	0.	0.
eve		•	come (Part VIII, column (A), lines 3, 4, and 7d)	534.	4,288.
č			(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	69,493.	75,003.
			- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,751,479.	1,969,087.
	13	Grants and si	nilar amounts paid (Part IX, column (A), lines 1-3)	1,127,258.	1,289,203.
	14	Benefits paid	to or for members (Part IX, column (A), line 4)	0.	0.
ŝ	15	Salaries, othe	r compensation, employee benefits (Part IX, column (A), lines 5-10)	357,856.	331,743.
Expenses	16a	Professional f	undraising fees (Part IX, column (A), line 11e)	0.	0.
e dx	b		ing expenses (Part IX, column (D), line 25) 247, 320.		
Ш	17	Other expense	es (Part IX, column (A), lines 11a-11d, 11f-24e)	264,252.	261,444.
	18	Total expense	s. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,749,366.	1,882,390.
		Revenue less	expenses. Subtract line 18 from line 12	2,113.	86,697.
t Assets or d Balances				Beginning of Current Year	End of Year
sset	20	Total assets (I		1,606,302.	2,103,032.
at As			(Part X, line 26)	517,986.	903,509.
			fund balances. Subtract line 21 from line 20	1,088,316.	1,199,523.
	art II			terrente condite di la contra di la	and a data and to the first the
Und	er pena	ittes of perjury,	I declare that I have examined this return, including accompanying schedules and sta	tements, and to the best of my kr	owiedge and belief, it is

true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any	knowledge.

Sign	Signature of officer			Date
Here	CARRIE KASUBASKI, TREASUR	ER		
	Type or print name and title			
	Print/Type preparer's name	Preparer's signature	Date	
Paid	JENNY TARKOWSKI, CPA	JENNY TARKOWSKI,		
Preparer	Firm's name WEGNER CPAS LLP			Firm's EIN 39-0974031
Use Only	Firm's address 2921 LANDMARK PL	STE 300		
	MADISON, WI 53713	-4236		Phone no. (608) 274-4020
May the IF	RS discuss this return with the preparer shown ab	ove? See instructions		X Yes No
232001 12-1	3-22 LHA For Paperwork Reduction Act Noti	ce, see the separate instructions	5.	Form 990 (2022)

	990 (2022) UNITED WAY OF WASHINGTON COUNTY, INC. 23-7281696 Page 2 t III Statement of Program Service Accomplishments
Fai	
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	MOBILIZE THE CARING POWER OF WASHINGTON COUNTY TO IMPROVE LIVES AND
	COMMUNITY CONDITIONS IN MEASURABLE AND LASTING WAYS.
2	Did the organization undertake any significant program services during the year which were not listed on the
2	
	prior Form 990 or 990-EZ? Yes X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
3	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.
4	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
40	revenue, if any, for each program service reported. (Code:) (Expenses \$ 1,006,857. including grants of \$ 1,006,857.) (Revenue \$ 0.)
4a	(Code:) (Expenses \$1,006,857 including grants of \$1,006,857) (Revenue \$0) ANNUAL SUSTAINABLE FUNDING - THE ORGANIZATION RAISES AND DISTRIBUTES
	FUNDS TO PRIORITIZED HUMAN SERVICE PROGRAMS AT 20 SOCIAL SERVICE
	AGENCIES BASED ON IDENTIFIED IMPACT AREAS AND PROGRAM OUTCOMES. THE
	ORGANIZATION COLLABORATES WITH OTHER AGENCIES AND COMMUNITY PARTNERS TO
	HELP ADDRESS WASHINGTON COUNTY NEEDS.
	IEEE ADDRESS WASHINGION COUNTI NEEDS.
44	(Code:) (Expenses \$ 495,729. including grants of \$ 282,346.) (Revenue \$ 0.)
4b	(Code:) (Expenses \$495,729. including grants of \$282,346.) (Revenue \$0.) COMMUNITY IMPACT - THE ORGANIZATION IS COMMITTED TO SUPPORTING PROGRAMS
	AND INITIATIVES THAT PROVIDE COMMUNITY SOLUTIONS AND DELIVER MEASURABLE
	RESULTS. GOALS AND OBJECTIVES ARE BASED ON CURRENT COMMUNITY NEEDS AND
	ALIGNED WITH KEY COUNTY-WIDE PRIORITIES. MENTAL HEALTH HAS BEEN
	IDENTIFIED AS A TOP LOCAL NEED. UNITED WAY IS FUNDING TWO NEW PROGRAMS
	FOCUSED ON YOUTH TO INCREASE ACCESS TO COUNSELING AND GROUP SESSION
	SERVICES.
	SERVICES.
4c	
40	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4 -1	Other program complete (Deceribe on Schedule O)
4d	Other program services (Describe on Schedule O.)
4 -	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses 1,502,586.
4e	Total program service expenses 1,502,586. Form 990 (2022)
232002	2 12-13-22 ?

Form 990 (2022)				WASHINGTON	COUNTY,	INC.
Part IV Checklist of Re	equired Sc	hedule	es			

-	•		Vee	Ne
4	In the examination deperihed in eastion $F(1/q)(2)$ or $4Q(7/q)(1)$ (other than a private foundation)?		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	1	х	
0	If "Yes," complete Schedule A	2	X	
2	Is the organization required to complete <i>Schedule B</i> , <i>Schedule of Contributors</i> ? See instructions	2	- 23	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	2		х
	public office? If "Yes," complete Schedule C, Part I	3		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			х
-	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	-		v
•	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			v
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		v
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			v
-	Schedule D, Part III	8		<u> </u>
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?			37
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		37	
	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, VII, 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	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes, " complete			
	Schedule D, Parts XI and XII	12a	X	
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		<u> </u>
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				
	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			
	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		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. 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			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		<u>X</u>
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	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			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
232003	3 12-13-22	Form	990	(2022)

232003 12-13-22

Form	990	(2022)
1 01111	000	

			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
b	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? 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? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? //			
	"Yes," complete Schedule L, Part IV	28c		x
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			
	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? 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?			
	Note: All Form 990 filers are required to complete Schedule O	38	х	
Pa				
	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 1a 20		_	
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0	1		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1		
-	(gambling) winnings to prize winners?	1c		
232004	↓ 12-13-22		990	(2022)
	4			. –/

Form	990 (2022) UNITED WAY OF WASHINGTON COUNTY, INC. t V Statements Regarding Other IRS Filings and Tax Compliance (continued)	23-7281	696	P	_{age} 5
				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a 5			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ns?	2b	Х	
			3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule		3b		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a				37
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?	<u>4a</u>		X
D	If "Yes," enter the name of the foreign country				
52	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year?	tion?	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 th				
		g	6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributi				
	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 set	vices provided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as required			
	to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fc		7g		<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza		7h		
8	Sponsoring organizations maintaining donor advised funds. 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.		0-		
a h			9a 9b		
ь 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter:		90		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
а	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against		1		
	amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the	1 1			
	organization is licensed to issue qualified health plans	13b	-		
С	Enter the amount of reserves on hand	13c			37
14a			14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune		45		х
	excess parachute payment(s) during the year?		15		<u>л</u>
16	If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		x
16	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 ac	tivities			
.,	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Yes," complete Form 6069.				
232005	12-13-22		Form	990	(2022)
	F				

5

10571109 788028 14455.5AU01

Form 990	(2022)
----------	--------

UNITED WAY OF WASHINGTON COUNTY, INC.

23-7281696 Page 6

51

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. X

Check if Schedule O contains a response or note to any line in this Part VI	
Section A. Governing Body and Management	

			Yes	1
	Enter the number of voting members of the governing body at the end of the tax year 1a18			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
	Enter the number of voting members included on line 1a, above, who are independent 1b 18			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			l
_	officer, director, trustee, or key employee?	2		╀
	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?	3		╀
	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		╀
	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		╀
	Did the organization have members or stockholders?	6		∔
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	-		
	more members of the governing body?	7a		╉
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		
•				t
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	0-	х	I
	The governing body?	8a	X	+
	Each committee with authority to act on behalf of the governing body?	8b	~	+
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? <i>If "Yes." provide the names and addresses on Schedule O</i>	9		
bect	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		N -	т
			Yes	╡
	Did the organization have local chapters, branches, or affiliates?	10a		╡
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		4
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	ļ
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			1
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	4
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	1
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	Х	1
13	Did the organization have a written whistleblower policy?	13	Х	1
14	Did the organization have a written document retention and destruction policy?	14	Х	
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?			1
	The organization's CEO, Executive Director, or top management official	15a	Х	
	Other officers or key employees of the organization	15b		ſ
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			T
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			1
	taxable entity during the year?	16a		T
	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			t
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			I
	exempt status with respect to such arrangements?	16b		I
	ion C. Disclosure			
	List the states with which a copy of this Form 990 is required to be filed			
	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 onlv)	availa	b
	for public inspection. Indicate how you made these available. Check all that apply.	;/		2
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finan	cial	
	statements available to the public during the tax year.			
	State the name, address, and telephone number of the person who possesses the organization's books and records			
20	KRISTIN BRANDNER - (262) 338-3821			
	KRIDIIN DIANDNER (202) 550 5021			
	321 N MAIN STREET STE 305, WEST BEND, WI 53095			

Section A. Officers, Directors, Trustees, K 1a Complete this table for all persons require									with or within the organ	vization's tax you
 List all of the organization's current official 										
Enter -0- in columns (D), (E), and (F) if no comp										
 List all of the organization's current key 	employees, if any	/. Se	e th	e ins	struc	ctior	ns fo	r definition of "key empl	oyee."	
• List the organization's five current highe										
who received reportable compensation (box 5 \$100,000 from the organization and any relate		6 0	f For	m 1	099.	-MIS	SC, a	and/or box 1 of Form 10	99-NEC) of more than	
 List all of the organization's former offic 		es. a	nd h	iahe	est c	om	oens	ated employees who re	ceived more than \$100	0.000 of
reportable compensation from the organizatio	n and any related	orga	Iniza	ation	IS.	-				
• List all of the organization's former dire									or or trustee of the org	anization,
more than \$10,000 of reportable compensation See the instructions for the order in which to I				ia ar	ny re	elate	a or	ganizations.		
Check this box if neither the organizatio	•			tion	000		t	ad any aurrant officar di	raatar ar truataa	
(A)	(B)	orga	niza		<u>C)</u>	nper	ISale	(D)	(E)	(F)
Name and title	Average				ition	ı		Reportable	Reportable	Estimated
Name and the	hours per				more rson i			compensation	compensation	amount of
	week				lirecto			from	from related	other
	(list any	ector						the	organizations	compensatior
	hours for	or dire	e			ited		organization	(W-2/1099-MISC/	from the
	related	Istee	truste		æ	pens		(W-2/1099-MISC/	1099-NEC)	organization
	organizations below	ndividual trustee or director	Institutional trustee		Key employee	Highest compensated employee		1099-NEC)		and related organizations
	line)	ndivid	nstitut	Officer	ey em	lighes mploy	Former			organizations
(1) KRISTIN BRANDNER	40.00	-	-		Ť		<u> </u>			
CHIEF EXECUTIVE OFFICER				х				118,905.	0.	228
(2) DAVE UELMEN	2.00	-							_	_
PRESIDENT		х		X				0.	0.	0
(3) JIM SCHWALEN	2.00									
VICE PRESIDENT		Х		X		<u> </u>		0.	0.	0
(4) SANDRA GIERNOTH	2.00								0	0
SECRETARY		Х		X				0.	0.	0
(5) CARRIE KASUBASKI	2.00	v							0	0
TREASURER	2 00	Х		X		<u> </u>		0.	0.	0
<pre>(6) SHELLY WAALA PRESIDENT (THRU FEB 2023)</pre>	2.00	x		x				0.	0.	0
(7) DAN BARANEK	1.00	Δ		<u> </u>				0.	0.	0
DIRECTOR	1.00	x						0.	0.	0
(8) JULIE DISCOLL	1.00	Λ				-			0.	0
DIRECTOR	1.00	x						0.	0.	0
(9) JULIE GEYER	1.00							Ŭ.		•
DIRECTOR		х						0.	0.	0
(10) SUE GUTJAHR	1.00									
DIRECTOR		х						0.	0.	0
(11) DOMINIC LADD	1.00									
DIRECTOR		Х						0.	0.	0
(12) RIC LEITHEISER	1.00									
DIRECTOR		Х						0.	0.	0
(13) JIM STOMMEL	1.00									
DIRECTOR		Х						0.	0.	0
(14) KAREN BIALAS	1.00									
DIRECTOR (FROM MAR 2023)	1 00	Х			-	_	 	0.	0.	0
(15) ANDY HETEBRUEG	1.00						1			_
DIRECTOR (FROM MAR 2023)	1 00	Х		<u> </u>	-	<u> </u>	<u> </u>	0.	0.	0
(16) MICHAEL HOFFMAN	1.00	v							0.	_
DIRECTOR (FROM MAR 2023) (17) JENNY NIKOLAI	1.00	Х		-	-	\vdash	-	0.	U•	0
DIRECTOR (FROM MAR 2023)	1.00	x					1	0.	0.	0
232007 12-13-22	<u> </u>	17		I	L	1	I	0.	0.	Form 990 (202

7

 Form 990 (2022)
 UNITED WAY OF WASHINGTON COUNTY, INC.
 23-7

 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

10571109 788028 14455.5AU01

2022.05000 UNITED WAY OF WASHINGTON 14455.51

23-7281696

Page 7

	Y OF WA	SH	IN	GT	ON	C	DU	NTY, INC.	23-728	16	96 F	Page 8
Part VII Section A. Officers, Directors, Trus		oloye	ees,			hest	C	ompensated Employee	s (continued)			
(A)	(B)			(C				(D)	(E)		(F)	
Name and title	Average		not ch		nore tl	han or		Reportable	Reportable		Estimat	
	hours per week					s both /truste		compensation from	compensation from related		amount other	
	(list any	ctor						the	organizations		compensa	
	hours for	r dire			ŀ	ted		organization	(W-2/1099-MISC/		from th	ne
	related	stee o	trustee			pensa		(W-2/1099-MISC/	1099-NEC)		organiza	
	organizations below	ual tru	ional 1		ploye	t com		1099-NEC)			and relator	
	line)	Individual trustee or director	nstitutional trustee	Officer	key employee	Highest compensated employee	Former				organizat	10115
(18) JOE PICHLER	1.00		_		<u>×</u>	<u>+ 0</u>						
DIRECTOR (FROM MAR 2023)		Х						0.	0	•		0.
(19) MARY SIMON	1.00											
DIRECTOR (FROM MAR 2023)		Х						0.	0	•		0.
(20) KARA WAGGONER	1.00											•
DIRECTOR (FROM MAR 2023)	1 0 0	Х			_			0.	0	•		0.
(21) HAILEY NENONEN DIRECTOR (THRU FEB 2023)	1.00	х						0.	0			0.
(22) PRUDY PICK HWAY	1.00	Δ			_			0.	0	•		0.
DIRECTOR (THRU FEB 2023)	1.00	х						0.	0			0.
(23) DAREN SIEVERS	1.00								Ŭ	•		<u> </u>
DIRECTOR (THRU FEB 2023)		х						0.	0			0.
				_	\rightarrow					+		
1b Subtotal	·							118,905.	0	•	2	28.
c Total from continuation sheets to Part VI								0.	0			0.
d Total (add lines 1b and 1c)								118,905.	0	•	2	28.
2 Total number of individuals (including but n	ot limited to th	ose	listeo	d ab	ove)	who	re	eceived more than \$100,	000 of reportable			4
compensation from the organization											Yes	 No
2 Did the exception list and former officer	director truct							hast componented own		Г	res	NO
3 Did the organization list any former officer,	-		•	•			•	• •			3	x
line 1a? If "Yes," complete Schedule J for setFor any individual listed on line 1a, is the su											3	
and related organizations greater than \$150										E	4	x
5 Did any person listed on line 1a receive or a	,		•									
rendered to the organization? If "Yes," com	plete Schedule	e J fo	or su	ch p	berso	on		-			5	X
Section B. Independent Contractors												
1 Complete this table for your five highest con	•	•							· ·	satio	on from	
the organization. Report compensation for t	he calendar ye	ear e	ndin	g wi	th oi	r witi	nin T		ear.		(0)	
(A) Name and business	address	NC	ONE	:				(B) Description of s	services	Со	(C) mpensatio	on
				_								
							+					
							╡					
2 Total number of independent contractors (in	•	ot lin	nited	to t	-		ed	above) who received me	ore than			
\$100,000 of compensation from the organiz	ation				0					-	orm 990	(2022)

232008 12-13-22

	n 990 (WASHING	FON COUNTY	, INC.	23-7281	696 Page 9
Pa	rt VII	Statement of Revenue					
		Check if Schedule O contains a response	or note to any lin		(B)	(C)	
				(A) Total revenue	(B) Related or exempt	Unrelated	(D) Revenue excluded
				Total Total	function revenue		from tax under
							sections 512 - 514
nts nts	1 a	Federated campaigns 1a	73,345.				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b					
S, C	С	Fundraising events 1c	9,450.				
Gift lar	d	Related organizations 11					
ini,	е	Government grants (contributions) 1e					
tior sr S	f	All other contributions, gifts, grants, and					
ibu			807,001.				
d C	g	Noncash contributions included in lines 1a-1f	9,487.				
an	h	Total. Add lines 1a-1f	1	1,889,796.			
			Business Code				
e	2 a						
e vi	b						
Se Se	С						
am eve	d						ļ
Program Service Revenue	е						L
Ъ	f	All other program service revenue					
	g	Total. Add lines 2a-2f					
	3	Investment income (including dividends, intere	est, and				
		other similar amounts)		4,288.			4,288.
	4	Income from investment of tax-exempt bond p	proceeds				
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a 6,300.					
	b	Less: rental expenses 6b 2,958.					
	с	Rental income or (loss) 6c 3,342.					
	d	Net rental income or (loss)		3,342.			3,342.
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a					
	b	Less: cost or other basis					
ne		and sales expenses 7b					
venue	с	Gain or (loss)					
a	d	Net gain or (loss)					
Other Re	8 a	Gross income from fundraising events (not					
Gt		including \$ 9,450. of					
		contributions reported on line 1c). See					
		Part IV, line 18	23,132.				
	b	Less: direct expenses 8b	7,540.				
		Net income or (loss) from fundraising events		15,592.			15,592.
	9 a	Gross income from gaming activities. See					
		Part IV, line 19 9a	ı				
	b	Less: direct expenses 9b					
		Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns					
		and allowances 10	a				
	b	Less: cost of goods sold 10	b				
		Net income or (loss) from sales of inventory					
			Business Code				
suo é	11 a	RECOVERY OF BAD DEBT	900099	46,818.			46,818.
ane	b						
eve	с						
Miscellaneous Revenue	d	All other revenue	900099	9,251.			9,251.
2	е	Total. Add lines 11a-11d		56,069.			
	12	Total revenue. See instructions		1,969,087.	0.	0.	
23200	9 12-13-	22					Form 990 (2022)

rm 990 (ź				-	WASHINGTON	C
art IX	Statement	of Functional I	Expen	ses		

For P

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a response or note to any line in this Part IX										
Do	not include amounts reported on lines 6b,	(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	1,289,203.	1,289,203.								
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	122,643.	30,661.	61,321.	30,661.						
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	178,624.	99,153.	4,446.	75,025.						
8	Pension plan accruals and contributions (include	-	-	-	-						
	section 401(k) and 403(b) employer contributions)										
9	Other employee benefits	7,429.	3,201.	1,622.	2,606.						
10	Payroll taxes	23,047.	3,201. 9,931.	1,622. 5,031.	2,606. 8,085.						
11	Fees for services (nonemployees):			·	•						
	Management										
b		500.		500.							
с	Accounting	22,814.		22,814.							
d											
е											
f	Investment management fees										
g											
-	column (A), amount, list line 11g expenses on Sch 0.)	20,273.	7,095.	7,096.	6,082.						
12	Advertising and promotion	8,943.	7,095. 3,845.		6,082. 5,098. 35,016.						
13	Office expenses	55,704.	13,478.	7,210.	35,016.						
14	Information technology	18,742.	7,908.	4,160.	6,674.						
15	Royalties										
16	Occupancy	40,917.	20,721.	7,242.	12,954.						
17	Travel	2,741.	1,157.	608.	976.						
18	Payments of travel or entertainment expenses										
	for any federal, state, or local public officials										
19	Conferences, conventions, and meetings	14,985.	850.	447.	13,688.						
20	Interest										
21	Payments to affiliates										
22	Depreciation, depletion, and amortization	4,841.	4,045.	452.	344.						
23	Insurance	8,100.	2,303.	3,853.	1,944.						
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.)										
а	CAMPAIGN SUPPLIES	40,285.			40,285.						
b	DUES AND SUBSCRIPTIONS	20,944.	8,837.	4,648.	7,459.						
с											
d											
е	All other expenses	1,655.	198.	1,034.	423.						
25	Total functional expenses. Add lines 1 through 24e	1,882,390.	1,502,586.	132,484.	247,320.						
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)										
23201	0 12-13-22	10			Form 990 (2022)						

10

10571109 788028 14455.5AU01

376,106. 240,615. 3 3 Pledges and grants receivable, net 4 4 Accounts receivable, net 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 6 Loans and other receivables from other disgualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net 7 7 Assets 8 Inventories for sale or use 8 8,922. 9,911. 9 Prepaid expenses and deferred charges 9 **10a** Land, buildings, and equipment: cost or other 248,429. basis. Complete Part VI of Schedule D _____ 10a 9,579. 234,421. 10c Investments - publicly traded securities 11 11 Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 14 14 Intangible assets 180,512. 548,244. 15 15 Other assets. See Part IV, line 11 1,606,302. 2,103,032. 16 16 **Total assets.** Add lines 1 through 15 (must equal line 33) 26,286. 29,436. Accounts payable and accrued expenses 17 17 488,939. 18 502,091. 18 Grants payable 1,500. 12,300. 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Secured mortgages and notes payable to unrelated third parties 23 23 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 517,986. 26 903,509 26 Total liabilities. Add lines 17 through 25 X Organizations that follow FASB ASC 958, check here Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 1,088,316. 27 1,199,523. 27 Net assets without donor restrictions Net assets with donor restrictions 28 28

UNITED WAY OF WASHINGTON COUNTY, INC. 23-7281696 Page 11 Part X | Balance Sheet

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

Cash - non-interest-bearing

Savings and temporary cash investments

(B)

End of year

10,911.

923,439.

(A)

Beginning of year

1,166,624.

50.

1

2

	24	
1,261.	25	359,682

Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 30 31 Retained earnings, endowment, accumulated income, or other funds 31 1,199,523. 1,088,316. Total net assets or fund balances 32 32 1,606,302. 2,103,032. 33 33 Total liabilities and net assets/fund balances

Form 990 (2022)

1

2

Form	990 (2022) UNITED WAY OF WASHINGTON COUNTY, INC.	23-72	81696	Pag	_{je} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,969		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,882		
3	Revenue less expenses. Subtract line 2 from line 1	3		,69	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,088	, 31	16.
5	Net unrealized gains (losses) on investments	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	24	, 51	10.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
_	column (B))	10	1,199	, 52	<u>23.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		-		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a		<u> </u>
	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	e 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	e audit,			
	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 Sch	edule O.			
3a	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
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2022)

232012 12-13-22

SCHE	DULE A		Dublic Obe						OMB No. 1545-0047	
(Form 99	90)		Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section							
		Co		47(a)(1) nonexempt cha			or a section		2022	
	of the Treasury		At	ttach to Form 990 or Fo	rm 990-E	Ζ.			Open to Public	
Internal Reve			Go to www.irs.gov/	Form990 for instruction	is and the	e latest inf	ormation.		Inspection	
Name of	the organizati								identification number	
Dort I	Boscon	UNIT for Public (ED WAY OF	WASHINGTON CO	JUNTY	, INC.			3-7281696	
Part I				(All organizations must c			ee instruction	IS.		
			,	For lines 1 through 12, cl	,	,				
				on of churches described		on 170(b)(1	l)(A)(i).			
2				Attach Schedule E (Form			•			
3	•	•		anization described in se njunction with a hospital				VIII) Entor	the beenitel's name	
4	city, and state	÷	ation operated in col	njunction with a nospital	described	Sectio			the hospital s hame,	
5		-	or the benefit of a co	llege or university owned	or operat	ed by a do	vernmentalu	nit describe	d in	
•	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				nental unit described in	section 17	70(b)(1)(A)	(v).			
7 X				ntial part of its support fr			. ,	ne general p	oublic described in	
	-		omplete Part II.)		U			0		
8	A community	trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Parl	: II.)					
9	An agricultura	al research org	ganization described	in section 170(b)(1)(A)(i	x) operate	ed in conju	nction with a	land-grant	college	
	or university of	or a non-land-g	grant college of agric	ulture (see instructions).	Enter the i	name, city	, and state of	the college	or	
	university:									
10	An organizati	on that norma	Illy receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, and	gross receipts from	
				t to certain exceptions; a						
				(less section 511 tax) fro	m busines	sses acqui	red by the org	anization a	fter June 30, 1975.	
			mplete Part III.)		_					
	-	-	-	vely to test for public sat	•					
12	-	-	-	vely for the benefit of, to	-			-	-	
			-	d in section 509(a)(1) o					neck the box on	
a [-	-	• •	f supporting organizatior upervised, or controlled		-		-	nivina	
a			-	gularly appoint or elect a	• • • •	-				
		0	complete Part IV, Se		majority c				pporting	
b	¬ ~		-	or controlled in connect	ion with it:	s supporte	d organizatio	n(s). bv hav	ina	
			-	anization vested in the sa			-		-	
			t complete Part IV,		·					
c 🗌	Type III fur	nctionally inte	grated. A supportin	g organization operated	in connect	tion with, a	nd functional	ly integrate	d with,	
	its supporte	ed organizatio	n(s) (see instructions). You must complete F	Part IV, Se	ections A,	D, and E.			
d 🗌	Type III no	n-functionally	y integrated. A supp	orting organization oper	ated in co	nnection w	ith its suppo	ted organiz	ation(s)	
	that is not f	unctionally int	egrated. The organiz	ation generally must sati	sfy a distr	ibution rec	uirement and	l an attentiv	eness	
_	-			nplete Part IV, Sections						
e		•		written determination from			Туре I, Туре	II, Type III		
				nally integrated supportir					[
	er the number	••	•							
	(i) Name of supp		n about the supporte (ii) EIN	d organization(s). (iii) Type of organization	(iv) Is the orga	anization listed	(v) Amount o	f monetary	(vi) Amount of other	
	organization			(described on lines 1-10	Yes	ing document? No	support (see ir		support (see instructions)	
				above (see instructions))	100					
_										

Total

Schedule A (Form 990) 2022 UNITED WAY OF WASHINGTON COUNTY, INC. 23-7281696 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1820431.	1615698.	1714614.	1681452.	1889796.	8721991.
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	1820431.	1615698.	1714614.	1681452.	1889796.	8721991.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						<u>591,777.</u>
	Public support. Subtract line 5 from line 4.						8130214.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	1820431.	1615698.	1714614.	1681452.	1889796.	8721991.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	27,032.	25,271.	26,543.	13,704.	10,588.	103,138.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	10,631.					10,631.
11	Total support. Add lines 7 through 10						8835760.
12	Gross receipts from related activities,	etc. (see instructio	ons)			12	246,842.
13	First 5 years. If the Form 990 is for th	ne organization's fir	st, second, third, t	fourth, or fifth tax y	ear as a section 5	01(c)(3)	
	organization, check this box and stop						
Sec	ction C. Computation of Publi						
14	Public support percentage for 2022 (I	ine 6, column (f), d	ivided by line 11, c	olumn (f))		14	92.01 %
15	Public support percentage from 2021	Schedule A, Part	II, line 14			15	<u>92.35 %</u>
	33 1/3% support test - 2022. If the c					ore, check this bo	k and
	stop here. The organization qualifies	as a publicly suppo	orted organization				X
b	33 1/3% support test - 2021. If the c	organization did no	t check a box on I	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			
17a	10% -facts-and-circumstances test	- 2022. If the org	anization did not o	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10% o	or more,
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop he	re. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported o	rganization		
b	10% -facts-and-circumstances test	- 2021. If the org	anization did not o	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets th	-					
	organization meets the facts-and-circu						
18	Private foundation. If the organization						<u></u> .
			·				(Form 990) 2022

Schedule A (Form 9				WASHINGTON		INC.	23-7281696	Page 3			
Part III Suppo	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.)

Sec	Suon A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	2 (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						
7a	Amounts included on lines 1, 2, and						
b	3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	2 (f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	he organization's fi	rst, second, third, t	fourth, or fifth tax	year as a section 5	01(c)(3) orgai	nization,
Sec	check this box and stop here						<u></u>
	Public support percentage for 2022 (column (f))		15	%
16	Public support percentage from 2021	1 Schedule A, Part	III, line 15			16	%
Sec	ction D. Computation of Inves	stment Income					
	Investment income percentage for 2					17	%
	Investment income percentage from						%
19a	33 1/3% support tests - 2022. If the						line 17 is not
	more than 33 1/3%, check this box a	-	-				
b	33 1/3% support tests - 2021. If the	-					
	line 18 is not more than 33 1/3%, che			-		-	ation
20	Private foundation. If the organization	on did not check a	box on line 14, 19;	a, or 19b, check tl	his box and see ins		
23202	23 12-09-22		15			Schee	dule A (Form 990) 2022

1

2

3a

3b

Yes No

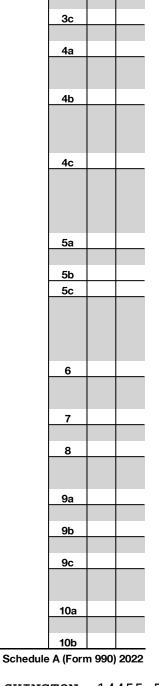
Part IV Supporting Organizations

(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.)

232024 12-09-22



16

Schedule A (Form 990) 2022 UNITED WAY OF WASHINGTON COUNTY, INC. 23-7281696 Page 5

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	ction B. Type I Supporting Organizations			
			Yes	No

1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the		
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	
2	Did the organization operate for the benefit of any supported organization other than the supported		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in		
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,		
	supervised, or controlled the supporting organization.	2	
Sec	tion C. Type II Supporting Organizations		

		 Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		
	or management of the supporting organization was vested in the same persons that controlled or managed		

Se	ction D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard	3		

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the	method that the organization u	sed to satisfy the Integral Par	t Test during the vear	(see instructions).
---	---------------------------	--------------------------------	---------------------------------	------------------------	---------------------

a 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.
---	--	-------------------------	---------------------------------	---------------------------------------

The organizatior	supported a governm	nental entity. Describ	e in Part VI how	you supported a	governmental entity	(see instructions	s).
	The organizatior	The organization supported a governr	The organization supported a governmental entity. Describe	The organization supported a governmental entity. Describe in Part VI how	The organization supported a governmental entity. Describe in Part VI how you supported a	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions

2 Activities Test. Answer lines 2a and 2b below.

the supported organization(s)

- **a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.**

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.* 232025 12-09-22

3b | | Schedule A (Form 990) 2022

2a

2b

3a

Yes No

10571109 788028 14455.5AU01

2022.05000 UNITED WAY OF WASHINGTON 14455.51

17

Sche	dule A (Form 990) 2022 UNITED WAY OF WASHINGTON			23-7281696 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	Orga	inizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying t	rust or	n Nov. 20, 1970 (<i>explai</i>	n in Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must c	omplet	te Sections A through E	·
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):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
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-functionally	integra	ated Type III supporting	organization (see

instructions).

Schedule A (Form 990) 2022

232026 12-09-22

UNITED WAY OF WASHINGTON C	COUNTY, INC.
----------------------------	--------------

		WASHINGTON COL			3-7281696 Page 7
Par		a)(3) Supporting Orga	inizations (continu	ued)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	S	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 (<i>describe in</i> Part VI). See instructions.			6	
_7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	e 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	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2022	าร	(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				
а	From 2017				
b	From 2018				
с	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	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: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
C	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 Part VI. 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				
	Excess from 2021				
е	Excess from 2022				

Schedule A (Form 990) 2022

232027 12-09-22

Schedule A	(Form 990) 2022	UNITED	WAY OF	WASHIN	GTON C	OUNTY ,	INC.	23-728169	D Page 8
Part VI	Supplemental I Part IV, Section A, li line 1; Part IV, Sectio Section D, lines 5, 6 (See instructions.)	nformation. Pro nes 1, 2, 3b, 3c, 4b, on D, lines 2 and 3; , and 8; and Part V,	vide the expl 4c, 5a, 6, 9a Part IV, Secti Section E, lir	anations requi a, 9b, 9c, 11a, ⁻ on E, lines 1c, nes 2, 5, and 6.	red by Part I 11b, and 11c 2a, 2b, 3a, a . Also comple	I, line 10; Par c; Part IV, Sec and 3b; Part V ete this part f	t II, line 17a or stion B, lines 1 /, line 1; Part \ or any addition	17b; Part III, line 12; and 2; Part IV, Secti /, Section B, line 1e; I nal information.	on C, Part V,
	(See instructions.)								
232028 12-09-2	22							Schedule A (Forn	n 990) 202
				20					

223451 11-15-22

Schedule of Contributors

DISCLOSURE COPY **

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2022

Employer identification number

5		
	UNITED WAY OF WASHINGTON COUNTY, INC.	23-7281696
Organization type (che	ck one):	
Filers of:	Section:	
Form 990 or 990-EZ	\fbox 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
, ,	on is covered by the General Rule or a Special Rule. 1(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	le. See instructions.
General Rule		

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set in the set of the parts unless to the set of the parts unless the set of the parts unless to the set of the parts unless the set of the parts unless to the set of the parts unless the set of the

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2022)

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 X Person Payroll 59,200. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 2 X Person Payroll 73,070. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 3 Person Χ Payroll 54,933. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 4 X Person Payroll Noncash 50,000. \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 5 X Person Payroll 101,500. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 6 X Person Payroll 73,178. Noncash \$ (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

10571109 788028 14455.5AU01

UNITED WAY OF WASHINGTON COUNTY, INC.

Employer identification number

Page 2

23-7281696

^{223452 11-15-22}

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

UNITED WAY OF WASHINGTON COUNTY, INC.

Name of organization

Page 3

Employer identification number

23-7281696

14455.51

	B (Form 990) (2022) rganization			Page 4 Employer identification number			
Name of o	ganzaton						
UNITE Part III	D WAY OF WASHINGTON COU Exclusively religious, charitable, etc., contribut		-222	23-7281696			
Partin	from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional) through (e) and the following line charitable, etc., contributions of \$1,000	entry. For organizations				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Descr	ription of how gift is held			
F		(e) Transfer o	gift				
	Transferee's name, address, a	nd ZIP + 4	Relationship of tran	sferor to transferee			
(a) No.		[
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Descr	ription of how gift is held			
	(e) Transfer of gift						
-	Transferee's name, address, a	nd ZIP + 4	Relationship of tran	isferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desci	ription of how gift is held			
		(e) Transfer o	gift				
-	Transferee's name, address, a	nd ZIP + 4	Relationship of tran	sferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held			
-		(e) Transfer o	gift				
-	Transferee's name, address, a	nd ZIP + 4	Relationship of tran	sferor to transferee			
223454 11-15	-22			Schedule B (Form 990) (2022)			

10571109 788028 14455.5AU01

SCHEDULE D	Sup
(Form 990)	Con

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.



Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number 23 7281696

	UNITED WAY OF WASHINGTON COUNTY, INC.	23-7281696
Pa	t I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Ac	counts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line 6.	
	(a) Donor advised funds	b) Funds 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 writing that the assets held in donor advised fund	ls
	are the organization's property, subject to the organization's exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used or	
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferri	
	impermissible private benefit?	
Pa	t II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV,	line 7.
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
		rically important land area
	Protection of natural habitat	
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a cor	nservation easement on the last
	day of the tax year.	Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
	Number of conservation easements on a certified historic structure included in (a)	2c
	Number of conservation easements included in (c) acquired after July 25,2006, and not on a	
	historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organized	zation during the tax
	year	C C
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation	n easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation eas	sements during the year
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)((i)
	and section 170(h)(4)(B)(ii)?	Yes No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement	ent and
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that	at describes the
	organization's accounting for conservation easements.	
Pa	t III Organizations Maintaining Collections of Art, Historical Treasures, or Other S	imilar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and bala	ince sheet works
	of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtheran	ce of public
	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.	
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance	sheet works of
	art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance	of public service,
	provide the following amounts relating to these items:	
	(i) Revenue included on Form 990, Part VIII, line 1	\$
	(ii) Assets included in Form 990, Part X	<u> </u>
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, p	provide
	the following amounts required to be reported under FASB ASC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1	\$
b	Assets included in Form 990, Part X	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 232051 09-01-22

14455.51

26 2022.05000 UNITED WAY OF WASHINGTON

		AY OF WASH					23-72			_{age} 2
Par	t III Organizations Maintaining Co	llections of Art	, Historical	Freasures,	or Othe	er Simila	ar Asset	S (contir	ued)	
3	Using the organization's acquisition, accession	n, and other records	, check any of t	he following th	nat make s	significant	use of its			
	collection items (check all that apply):									
а	Public exhibition	d	Loan or	exchange pro	gram					
b	Scholarly research	е	Other							
с	Preservation for future generations									
4	Provide a description of the organization's coll	ections and explain	how they furthe	er the organiza	ation's exe	mpt purp	ose in Part	XIII.		
5	During the year, did the organization solicit or		-	-						
	to be sold to raise funds rather than to be main		,	,				Yes		No
Par	t IV Escrow and Custodial Arrang									
	reported an amount on Form 990, Part		te il tile el galliz				o, : a ,			
1a	Is the organization an agent, trustee, custodia		ary for contribut	ions or other :	assets not	included				
14	on Form 990, Part X?							Yes		No
h	If "Yes," explain the arrangement in Part XIII a						∟			
U.			owing table.				1	Amount		
								Amoun		
	Beginning balance									
	Additions during the year									
-	Distributions during the year									
t	Ending balance									1
	Did the organization include an amount on For					• • • • •		Yes		No
Par	If "Yes," explain the arrangement in Part XIII. C									
Fai	t V Endowment Funds. Complete if						vooro book	(a) [au		haali
_		(a) Current year	(b) Prior year				years back	(e) Four	,	
1a	Beginning of year balance	124,537.	124,53		12,211.		111,707.		110,	
b	Contributions			-						475.
С	Net investment earnings, gains, and losses	6.	:	.0.	12,316.		504.			461.
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance	124,543.	124,53	37. 1	124,527.		112,211.		111,	707.
2	Provide the estimated percentage of the curre	nt year end balance	(line 1g, colum	n (a)) held as:						
а	Board designated or quasi-endowment	100	_%							
b	Permanent endowment .0000	%								
с	Term endowment .0000 %)								
	The percentages on lines 2a, 2b, and 2c shoul	d equal 100%.								
3a	Are there endowment funds not in the posses		tion that are hel	d and adminis	tered for t	he				
	organization by:	Ũ						ſ	Yes	No
	(i) Unrelated organizations							3a(i)		Х
	(ii) Related organizations							3a(ii)		Х
b	If "Yes" on line 3a(ii), are the related organizati	ons listed as require	ed on Schedule	R?						
4	Describe in Part XIII the intended uses of the c								I	
Par										
	Complete if the organization answered		Part IV. line 11	a. See Form 9	90. Part X	. line 10.				
	Description of property	(a) Cost or ot		ost or other		Accumula	tod	(d) Bool		
	Description of property	basis (investm	• •	sis (other)		epreciatio		(u) 600	value	3
4 -	Land			48,832		oproblatio		1	2 0	32.
	Land			<u>40,032</u> 166,340		2 0	74.		2,40	
	Buildings			100,340	•	٥, ٥	/ 4 •	107	5,40	50.
	Leasehold improvements			10 747	_	10 1	24		<u> </u>	1 2
	Equipment			18,747		10,1	.34.		3,62	
	Other			14,510					1,5:	
Tota	. Add lines 1a through 1e. (Column (d) must eq	ual Form 990, Part >	(, column (B), lin	<u>e 10c.)</u>					1,42	
							Schodule			2022

Schedule D (Form 990) 2022

232052 09-01-22

Schedule [D (Form 990) 2022			OF WASHINGTON	COUNTY,	INC.	23-7281696 Page
Part VII		Other Securit	ies.				
	Complete if the org	anization answere	ed "Yes"	on Form 990, Part IV, line	11b. See Form	990, Part X, line 12)
(a) Descri	ption of security or categ	JOTY (including name o	f security)	(b) Book value	(c) Method	d of valuation: Cost	t or end-of-year market value
(1) Financ	ial derivatives						
	y held equity interests						
(3) Other							
(A)							
(B)							
(C)							
(D)							
(E)							
(F)							
(G)							
(H)							
Total. (Col. Part VII	(b) must equal Form 990 I Investments -	Program Rela	ated.				
			ed "Yes"	on Form 990, Part IV, line			
	(a) Description of	investment		(b) Book value	(c) Method	d of valuation: Cost	t or end-of-year market value
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
	(b) must equal Form 990 Other Assets.), Part X, col. (B) lin	e 13.)				
Part IX	J			are Fourse 000 Doubly line	11d Coo Former		
	Complete il trie org	anization answere		on Form 990, Part IV, line Description	FIIU. See Form	990, Part X, III 15	. (b) Book value
			. ,	MAINDER TRUST			180,579
				S RESPONSE AC			
	ECEIVABLE	SI CORONA	VIKU	S RESPONSE AC	I KEFUND	ADDE CKEDI	13,088
	ECURITY DEP	OGTM					2,153
	PERATING LEA		-0F-1				352,424
	FERALING DEA	ADE KIGHI	-01-	OSE ASSEIS			
(6)							
(7)							
(8)							
				- 15 \			
Part X	umn (b) must equal Fo Other Liabilitie		01. (B) IIN	9 15.)			J40,244
Turtx	J		ed "Yes"	on Form 990, Part IV, line	11e or 11f See	Form 990 Part X	line 25
	1 0	escription of liabil				10m 330, 1 art X,	(b) Book value
<u>1.</u> (1) Eo			ity				
	deral income taxes PERATING LE	ACE LIART	T.T.T.T.T.	FS			359,682
		ADD DIADI	<u> </u>				
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
	., .		• •	e 25.)			
				the text of the footnote t FASB ASC 740, Check h	-		· · · · · · · · · · · · · · · · · · ·

Schedule D (Form 990) 2022

232053 09-01-22

Sche	edule D (Form 990) 2022 UNITED WAY OF WASHINGTON C				7281696 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Stateme	ents With	Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12:	a.			
1	Total revenue, gains, and other support per audited financial statements			1	1,809,971.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b	3,269.		
с					
d	Other (Describe in Part XIII.)	2d	-165,343.		
е	Add lines 2a through 2d			2e	-162,074.
3	Subtract line 2e from line 1			3	1,972,045.
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			
b	Other (Describe in Part XIII.)	4b	-2,958.		
С				4c	-2,958.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	1,969,087.
	· · · · · · · · · · · · · · · · · · ·		_		, ,
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem	ents With	Expenses per F	Retur	n.
Ра	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12:	ents With	Expenses per F		n.
Ра 1	rt XII Reconciliation of Expenses per Audited Financial Statem	a. a.	Expenses per F	Returi	n. 1,698,764.
	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12: Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	a.	Expenses per F		n.
1	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12: Total expenses and losses per audited financial statements	a.	Expenses per F		n.
1	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12: Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	a. 	Expenses per F		n.
1 2 a	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12: Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a 2b 2c	Expenses per F		n.
1 2 a	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12: Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2b 2c	Expenses per F		n.
1 2 a b c	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12: Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	Expenses per F 3,269. -186,895.		n. <u>1,698,764</u> . -183,626.
1 2 b c d	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12: Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	Expenses per F 3,269. -186,895.	1	n.
1 2 b c d e	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12: Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	Expenses per F 3,269. -186,895.	1 2e	n. <u>1,698,764</u> . -183,626.
1 2 b c d 3	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12: Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	2a 2b 2c 2d	Expenses per F 3,269. -186,895.	1 2e	n. <u>1,698,764</u> . -183,626.
1 2 3 4	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12: Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d	Expenses per F 3,269. -186,895.	1 2e	n. <u>1,698,764</u> . -183,626.
1 2 3 4	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12: Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b	2a 2a 2b 2b 2c 2d 2d 2d	Expenses per F	1 2e 3 4c	n. <u>1,698,764.</u> <u>-183,626.</u> <u>1,882,390.</u> 0.
1 2 a b c d e 3 4 a b c 5	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12: Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2a 2b 2b 2c 2d 2d 2d	Expenses per F	1 2e 3	n. <u>1,698,764</u> . -183,626.

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 PURPOSE OF THE FUND WILL BE TO PROVIDE INCOME TO SUPPORT AND

CONTRIBUTE TO THE OPERATION OF THE UNITED WAY AND TO PROVIDE ADDITIONAL

FUNDS TO ENHANCE THE ABILITY OF THE UNITED WAY TO MEET ITS MISSION.

PART XI, LINE 2D - OTHER ADJUSTMENTS:	
CHANGE IN VALUE OF BENEFICIAL INTEREST IN REMAINDER TRUST	24,510.
DONOR DESIGNATIONS	-189,853.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	-165,343.
PART XI, LINE 4B - OTHER ADJUSTMENTS:	
DIRECT EXPENSES REPORTED ON FORM 990, PART VIII, LINE 6B	-2,958.
232054 09-01-22 29	Schedule D (Form 990) 2022
10571109 788028 14455.5AU01 2022.05000 UNITED WAY OF V	WASHINGTON 14455.51

Schedule D (Form 990) 2022 UNITED WAY OF WASHINGTON COUNTY, INC. Part XIII Supplemental Information (continued)	23-7281696 Page 5
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
DONOR DESIGNATIONS	-189,853.
DIRECT EXPENSES REPORTED ON FORM 990, PART VIII, LINE 6B	2,958.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	-186,895.
232055 09-01-22	Schedule D (Form 990) 2022

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	Iraisi	ng or Gaming A	ctiviti	es	OMB No. 1545-0047
(Form 990)		e organization answered "Yes" on organization entered more than \$19				r 19, or	if the	2022
Department of the Treasury Internal Revenue Service	- · ·	Attach to Form 990 o						Open to Public Inspection
Name of the organization		o www.irs.gov/Form990 for instrue	ctions	and th	ne latest information		mplover ide	entification number
5	UNITED WAY OF WASHINGTON COUNTY, INC. 23-72						3-7281	
 a Mail solicitat b Internet and c Phone solicitat d In-person so 2 a Did the organization key employees list 	ions email solicitations tations licitations on have a written o ed in Form 990, Pa highest paid indiv	f Solicita g Special or oral agreement with any individual art VII) or entity in connection with p viduals or entities (fundraisers) pursu	tion of tion of fundra (incluc rofessi	non-g gover aising o ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?	·	Ye a aiser is to b	
(i) Name and addres or entity (func		(ii) Activity	(iii) fundr have c or cor contrib	ustody itrol of	(iv) Gross receipts from activity	tò (or r fur	nount paid etained by) ndraiser I in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No				
Total								
3 List all states in whi or licensing.	ch the organizatio	n is registered or licensed to solicit o	contrib	utions	or has been notified	it is exe	empt from re	egistration

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

Schedule G (Form 990) 2022

232081 10-27-22

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-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		·	(-) Event #1	(IL) Event #0		ots greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events
			GOLF OUTING		NONE	(add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
e						
Revenue	1	Gross receipts	32,582.			32,582.
щ	•					
	2	Less: Contributions	9,450.			9,450.
	3	Gross income (line 1 minus line 2)	23,132.			23,132.
	4	Cash prizes				
	_	New york and the				
s	5	Noncash prizes				
nse	6	Rent/facility costs	6,300.			6,300.
xpe	U		0,000			
벙	7	Food and beverages	931.			931.
Direct Expenses		.				
	8	Entertainment				
	9	Other direct expenses	200			309.
	10	Direct expense summary. Add lines 4 through	۱ 9 in column (d)			7,540.
	11					15,592.
Pa	rt I	• • • • • • • • • • • • •	answered "Yes" on Form	n 990, Part IV, line 19, or r	eported more than	
—		\$15,000 on Form 990-EZ, line 6a.	т			
e			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c)
Revenue						
Be	4					
\dashv	1	Gross revenue				
	2	Cash prizes				
ses	_					
per	3	Noncash prizes				
Direct Expenses						
irec	4					
ρı	-	Rent/facility costs				
_		Rent/facility costs				
_		Rent/facility costs Other direct expenses				
_	5	Other direct expenses	Yes%	Yes%	Yes%	5
_	5		Yes%	└── Yes% └── No	Yes%	6
_	<u>5</u>	Other direct expenses	No	No	No	
_	5	Other direct expenses	No		No	
_	5 6 7	Other direct expenses	No	□ No	□ No	
	<u>5</u>	Other direct expenses	No	□ No	□ No	
	5 6 7 8	Other direct expenses	n 5 in column (d)	No	<u>No</u>	
9	5 6 7 8 Eni	Other direct expenses	No No from line 1, column (d)	No	No	
9 a	5 6 7 8 Ent	Other direct expenses	No 5 in column (d) from line 1, column (d) ucts gaming activities: ctivities in each of these	No No	No	
9 a	5 6 7 8 Ent	Other direct expenses	No 5 in column (d) from line 1, column (d) ucts gaming activities: ctivities in each of these	No No	No	
9 a	5 6 7 8 Ent	Other direct expenses	No 5 in column (d) from line 1, column (d) ucts gaming activities: ctivities in each of these	No No	No	
9 a b	5 7 8 Is t If "	Other direct expenses	No 5 in column (d) from line 1, column (d) ucts gaming activities: ctivities in each of these s	States?	□ No	Yes No
9 a b	5 6 7 8 Is t If "	Other direct expenses	No No from line 1, column (d) from line 1, column (d) from line 1, column (d) icts gaming activities: ctivities in each of these s evoked, suspended, or te	states?	No	Yes No
9 a b	5 6 7 8 Is t If "	Other direct expenses	No No from line 1, column (d) from line 1, column (d) from line 1, column (d) icts gaming activities: ctivities in each of these s evoked, suspended, or te	states?	No	Yes No
9 a b	5 6 7 8 Is t If "	Other direct expenses	No No from line 1, column (d) from line 1, column (d) from line 1, column (d) icts gaming activities: ctivities in each of these s evoked, suspended, or te	states?	No	Yes No

Schedule G (Form 990) 2022	UNITED WAY OF WASHINGTON COUNTY, INC. 23-7281696 Page 3
11 Does the organization co	nduct gaming activities with nonmembers? Yes Description No
	tor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed
	jaming? Yes L No
	of gaming activity conducted in:
	13b 9
	ess of the person who prepares the organization's gaming/special events books and records:
Name	
Address	
Add(035	
15a Does the organization ha	ve a contract with a third party from whom the organization receives gaming revenue?
	t of gaming revenue received by the organization \$ and the amount
of gaming revenue retair c If "Yes," enter name and	
Name	
Address	
16 Gaming manager inform	tion:
5 5	
Name	
0	
Gaming manager compe	nsation \$
Description of services p	ovided
Director/officer	Employee Independent contractor
17 Mandatory distributions:	
	ed under state law to make charitable distributions from the gaming proceeds to
retain the state gaming I b Enter the amount of dist	cense? Yes No
	pt activities during the tax year \$
	I Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b,
15b, 15c, 16, an	17b, as applicable. Also provide any additional information. See instructions.
232083 10-27-22	33 Schedule G (Form 990) 202

Schedule G	(Form 990) Supplemental Infor	UNITED WAY	OF	WASHINGTON	COUNTY,	INC.	23-7281696	Page 4
Part IV	Supplemental Infor	mation (continued)						
232084 04-01-	22						Schedule G (F	orm 990)

SCHEDULE I Grants and Other Assistance to Organizations, (Form 990) Governments, and Individuals in the United States										
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.							2022			
Department of the Treasury Attach to Form 990.										
Internal Revenue Service Go to www.irs.gov/Form990 for the latest information. Inspection										
Name of the organization UNITED WA	Y OF WASH	INGTON COUN	FY, INC.				Employer identification number 23-7281696			
Part I General Information on Grants a	nd Assistance									
1 Does the organization maintain records criteria used to award the grants or assis	stance?				•	•	on X Yes No			
2 Describe in Part IV the organization's pro										
Part II Grants and Other Assistance to recipient that received more than a					anization answered "Y	es" on Form 990, Par	t IV, line 21, for any			
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance			
AMERICAN NATIONAL RED CROSS 819 SCHOENHAAR DRIVE WEST BEND, WI 53090	53-0196605	501(C)(3)	10,000.	0.			GENERAL USE			
BIG BROTHERS BIG SISTERS OF WASHINGTON COUNTY - 103 N MAIN S - WEST BEND, WI 53095	39-1214215	501(C)(3)	82,500.	0.			GENERAL USE			
BOYS AND GIRLS CLUBS OF WASHINGTON COUNTY - 925 N SILVERBROOK DR - WEST BEND, WI 53090	39-1773689	501(C)(3)	130,000.	0.			GENERAL USE			
CASA GUADALUPE EDUCATION CENTER 479 N MAIN ST WEST BEND, WI 53090	20-4483105	501(C)(3)	56,500.	0.			GENERAL USE			
FAMILY SERVICE ASSOCIATION OF SHEBOYGAN INC - 1930 NORTH 8TH STREET - SHEBOYGAN, WI 53081	39-0808501	501(C)(3)	10,000.	0.			GENERAL USE			
DR. JAMES E. ALBRECHT FREE CLINIC PO BOX 632 WEST BEND, WI 53095	39-1839654	501(C)(3)	30,000.	0.			GENERAL USE			
2 Enter total number of section 501(c)(3) a	nd government org	ganizations listed in the	e line 1 table				21.			
3 Enter total number of other organization	s listed in the line 1	I table								

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

Schedule I (Form 990) 2022

Schedule I (Form 990) UNITED WAY OF WASHINGTON COUNTY, INC.

23-7281696 Page 1

Schedule I (Form 990) UNITED WAY OF WASHINGTON COUNTY, INC. 23-7281096 Page 7 Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)								
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
ELEVATE, INC.								
PO BOX 632								
WEST BEND, WI 53095	39-1256286	501(C)(3)	98,560.	0.			GENERAL USE	
FAMILY PROMISE OF WASHINGTON								
COUNTY - 724 ELM ST - WEST BEND,								
WI 53095	27-0740203	501(C)(3)	110,000.	0.			GENERAL USE	
FULL SHELF FOOD PANTRY								
231 MUNICIPAL DRIVE								
WEST BEND, WI 53095	39-1716270	501(C)(3)	20,000.	٥.			GENERAL USE	
·								
INTERFAITH CAREGIVERS OF								
NASHINGTON COUNTY - PO BOX 1143 -								
WEST BEND, WI 53095	02-0657722	501(C)(3)	73,000.	0.			GENERAL USE	
KETTLE MORAINE YMCA								
1111 Y DR								
WEST BEND, WI 53095	39-1175559	501(C)(3)	42,200.	٥.			GENERAL USE	
NAMI WASHINGTON COUNTY, INC.								
2030 STONEBRIDGE RD								
VEST BEND, WI 53095	39-1950573	501(C)(3)	15,900.	0.			GENERAL USE	
SENIOR CITIZENS ACTIVITIES, INC.								
2378 W WASHINGTON ST, STE A								
VEST BEND, WI 53095	39-1091440	501(C)(3)	12,000.	0.			GENERAL USE	
,								
THE THRESHOLD, INC.								
500 ROLFS AVE								
WEST BEND, WI 53095	39-1102430	501(C)(3)	116,000.	٥.			GENERAL USE	
THE YOUTH + FAMILY PROJECT, INC.								
630 ELM ST								
WEST BEND, WI 53095	51-0149160	501(C)(3)	55,000.	0.			GENERAL USE	

Schedule I (Form 990)

Schedule I (Form 990) UNITED WAY OF WASHINGTON COUNTY, INC. Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

23-7281696 Page 1

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FORWARD CAREERS							
2200 GREENTREE RD							
WEST BEND, WI 53090	39-1657328	501(C)(3)	10,000.	0.			GENERAL USE
,			,				
EASTER SEALS SOUTHEAST WISCONSIN,							
INC 2222 S 114TH STREET - WEST							
ALLIS, WI 53227	39-0816849	501(C)(3)	10,000.	0.			GENERAL USE
LAKESHORE REGIONAL CHILD ADVOCACY							
CENTER - 134 S FOSTER DRIVE -							
SAUKVILLE, WI 53080	37-1829968	501(C)(3)	10,000.	0.			GENERAL USE
CATHOLIC CHARITIES							
3501 S LAKE DRIVE							
MILWAUKEE, WI 53207	39-0806321	501(C)(3)	52,000.	0.			GENERAL USE
IMPACT, INC. 5737 W WASHINGTON ST							
MILWAUKEE, WI 53214	39-0988784	501(C)(3)	12,500.	0.			GENERAL USE
111W10A111, W1 33214	33 0300704	501(0)(3)	12,500.				
FRIENDS, INC.							
PO BOX 117							
WEST BEND, WI 53095	39-1308555	501(C)(3)	94,000.	0.			GENERAL USE
·			, ,				

Schedule I (Form 990)

Schedule I (Form 990) 2022 UNITED WAY OF WASHINGTON COUNTY, INC.

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

GRANT FUNDS ARE PROVIDED TO LOCAL AGENCIES TO SUPPPORT THE ACTIVITIES

WITHIN WASHINGTON COUNTY, WISCONSIN. THESE PARTNER AGENCIES REPORT THEIR

ACTIVITIES TO US ON AN ANNUAL BASIS AND THERE HAS NEVER BEEN ANY INDICATION

THAT THESE FUNDS ARE USED FOR ANY ACTIVITIES OUTSIDE OF THE US.

23-7281696

SCHEDULE O (Form 990)

Name of the organization

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.

INC.



Employer identification number 23-7281696

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

THE FORM 990 IS REVIEWED AND APPROVED BY THE OPERATIONS COMMITTEE AND THEN

PROVIDED TO THE FULL BOARD OF DIRECTORS BEFORE IT IS FILED.

UNITED WAY OF WASHINGTON COUNTY,

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

ANNUALLY ALL DIRECTORS AND OFFICERS REVIEW A STATEMENT THAT PROVIDES

INFORMATION REGARDING THEIR INTERESTS AND THOSE OF THEIR FAMILY MEMBERS

THAT COULD GIVE RISE TO CONFLICTS. THE MEMBERS OF THE EXECUTIVE COMMITTEE

MAKE DETERMINATIONS OF WHETHER A CONFLICT EXISTS AND REVIEW ACTUAL

CONFLICTS. ANY PERSON WITH A CONFLICT IS PROHIBITED FROM PARTICIPATING IN

THE GOVERNING BODY'S DELIBERATIONS AND DECISIONS IN THE TRANSACTION.

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

THE EXECUTIVE COMMITTEE OF THE BOARD REVIEWS THE PERFORMANCE OF THE CEO

EACH YEAR. HER PERFORMANCE IS ASSESSED AGAINST GOALS PREVIOUSLY SET AND HER

COMPENSATION IS COMPARED TO DATA RECEIVED FROM THE UNITED WAY WORLDWIDE AND

TO COMPARABLE LOCAL AGENCIES. THE PERFORMANCE OF OTHER KEY EMPLOYEES (IF

ANY) IS REVIEWED BY THE CEO.

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

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST

POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN VALUE OF BENEFICIAL INTEREST IN REMAINDER TRUST

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 232211 10-28-22

Schedule O (Form 990) 2022

10571109 788028 14455.5AU01