

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public
Information about Form 990 and its instructions is at www.irs.gov/foi/m990

OMB No 1545-0047
2015
Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 04-01-2015, and ending 03-31-2016

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization UNITED WAY FOX CITIES INC		D Employer identification number 39-0912895
	Doing business as		E Telephone number (920) 954-7210
	Number and street (or P O box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 9,069,916
	1455 MIDWAY ROAD		
City or town, state or province, country, and ZIP or foreign postal code MENASHA, WI 54952		F Name and address of principal officer PETER KELLY 1455 MIDWAY ROAD MENASHA, WI 54952	
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
J Website: WWW UNITEDWAYFOXCITIES ORG		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)	
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		H(c) Group exemption number	
		L Year of formation 1993	M State of legal domicile WI

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities THE ORGANIZATION IS FOCUSED ON IDENTIFYING AND ADDRESSING CRITICAL HEALTH AND HUMAN SERVICE NEEDS IN THE FOX CITIES THE ORGANIZATION SEEKS TO IMPROVE LIVES BY CREATING LASTING CHANGES IN THE COMMUNITY CONDITIONS		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	24
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	24
	5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	27
	6 Total number of volunteers (estimate if necessary)	6	250
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	8,997,800	8,898,570
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0	0
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	124,646	62,881
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	89,944	98,427
		9,212,390	9,059,878
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	6,333,216	6,701,170
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,397,689	1,415,438
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 602,222		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	766,263	813,002
	18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	8,497,168	8,929,610
19 Revenue less expenses Subtract line 18 from line 12	715,222	130,268	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	12,062,454	12,735,215
	22 Net assets or fund balances Subtract line 21 from line 20	4,513,088	5,021,385
	7,549,366	7,713,830	

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here	***** Signature of officer	2016-11-14 Date
	PETER KELLY PRESIDENT/CEO Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name KIMBERLY ANDERSON CPA	Preparer's signature KIMBERLY ANDERSON CPA	Date 2016-11-14	Check <input type="checkbox"/> if self-employed	PTIN P00188889
	Firm's name ▶ CLIFTONLARSONALLEN LLP			Firm's EIN ▶ 41-0746749	
	Firm's address ▶ PO BOX 2886 OSHKOSH, WI 549032886			Phone no (920) 231-5890	

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

TO IMPROVE LIVES BY BRINGING DIVERSE PEOPLE TOGETHER TO BUILD A STRONGER, MORE CARING COMMUNITY FOR EVERYONE

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses \$ 6,944,669 including grants of \$ 6,522,238) (Revenue \$ 49,838)

COMMUNITY DEVELOPMENT UNITED WAY FOX CITIES' RESOURCES ARE TARGETED TO IMPACT COMMUNITY NEED IN FOUR AREAS PROVIDING BASIC NEEDS AND SELF-SUFFICIENCY, DEVELOPING CHILDREN AND YOUTH, STRENGTHENING FAMILIES, AND PROMOTING HEALTH, HEALING AND CRISIS INTERVENTION VOLUNTEERS WITHIN EACH OF THE FOUR IMPACT AREAS ALONG WITH VARIOUS OTHER COMMITTEES HELPED TO ENSURE THAT UNITED WAY MAKES A DIFFERENCE BY CONTRIBUTING OVER 1,300 HOURS OF THEIR TIME THROUGHOUT THE YEAR UNITED WAY FOX CITIES IS INVESTING OVER 6.5 MILLION DOLLARS IN VARIOUS NON-PROFIT PROGRAMS AND INITIATIVES WHICH HELP TO SERVE CLOSE TO 125,000 INDIVIDUALS

4b (Code) (Expenses \$ 214,303 including grants of \$) (Revenue \$)

UNITED WAY 2-1-1 SERVES RESIDENTS OF TEN COUNTIES WHO REQUIRE HELP TO FIND THE APPROPRIATE COMMUNITY SERVICE TO ADDRESS THEIR NEEDS 2-1-1 SERVES AS A HUB IN TIMES OF DISASTER BY PROVIDING INFORMATION DURING RECOVERY AND RELIEF EFFORTS FROM APRIL 1, 2015 TO MARCH 31, 2016, A TOTAL OF 10,414 CALLS WERE HANDLED, AND CALL SPECIALISTS MADE 22,309 REFERRALS THE ONLINE DATABASE OF PROGRAM SERVICES AT 211NOW.ORG HAD 70,929 WEB VISITS DURING THIS TIME PERIOD REQUESTS FOR BASIC NEEDS SERVICES OF FOOD, CLOTHING, SHELTER, AND TRANSPORTATION RESULTED IN 39% OF THE TOTAL CALL VOLUME CALLS RELATED TO HEALTH CARE WERE AT 11% AND THOSE RELATED TO INCOME WERE AT 8%

4c (Code) (Expenses \$ 89,645 including grants of \$) (Revenue \$)

THE AFL-CIO COMMUNITY SERVICES PROGRAM IS DESIGNED TO INCREASE THE AWARENESS AND INVOLVEMENT OF ORGANIZED LABOR IN COMMUNITY SERVICES ORGANIZED LABOR HAS A WORKING RELATIONSHIP WITH UNITED WAY THAT SPANS A 60+ YEAR HISTORY EMERGENCY ASSISTANCE THROUGH COMMUNITY RESOURCES IS OFFERED TO UNION MEMBERS IN TIME OF LAYOFFS, STRIKES, OR DISASTERS SEMINARS FOR THE UNEMPLOYED ARE OFFERED PROVIDING INFORMATION ON AVAILABLE RESOURCES, LOCATIONS OF SERVICES, AND PROGRAM ELIGIBILITY

See Additional Data

4d Other program services (Describe in Schedule O)

(Expenses \$ 430,488 including grants of \$ 178,932) (Revenue \$)

4e Total program service expenses **▶** 7,679,105

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	Yes	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		No
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? <i>If "Yes," complete Schedule D, Part IV</i>		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	Yes	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		No
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		No
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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		No
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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		No
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

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? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
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? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
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? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question numbers (1a-14b), Yes/No columns, and input fields. Includes questions about Form 1096, Form W-2G, Form W-3, Form 990-T, Form 8886-T, Form 8282, Form 8899, Form 1098-C, Form 990 in lieu of Form 1041, and Form 720.

Part VI Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 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 in Schedule O		
1b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	Yes	
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	The governing body?	Yes	
8b	Each committee with authority to act on behalf of the governing body?	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		No
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	Yes	
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	Yes	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	Yes	
13	Did the organization have a written whistleblower policy?	Yes	
14	Did the organization have a written document retention and destruction policy?	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official	Yes	
15b	Other officers or key employees of the organization	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		No
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed **WI**

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

20 State the name, address, and telephone number of the person who possesses the organization's books and records
PETER KELLY 1455 MIDWAY ROAD MENASHA, WI 54952 (920) 954-7210

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

Table with 6 main columns: (A) Name and Title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation.

Summary rows for Sub-Total, Total from continuation sheets to Part VII, Section A, and Total (add lines 1b and 1c).

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

Table with 3 columns: Question number, Yes, No. Contains questions 3, 4, and 5 regarding compensation reporting.

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a 64,913				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 8,833,657				
	g	Noncash contributions included in lines 1a-1f \$	279,882				
	h	Total. Add lines 1a-1f		8,898,570			
Program Service Revenue	2a	_____	Business Code _____				
	b	_____					
	c	_____					
	d	_____					
	e	_____					
	f	All other program service revenue					
	g	Total. Add lines 2a-2f					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		61,836		61,836	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6a	Gross rents	(i) Real	(ii) Personal			
		b Less rental expenses					
		c Rental income or (loss)					
		d Net rental income or (loss)					
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
		b Less cost or other basis and sales expenses	11,083				
		c Gain or (loss)	0	10,038			
		d Net gain or (loss)	11,083	-10,038		1,045	1,045
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a				
		b Less direct expenses	b				
		c Net income or (loss) from fundraising events					
	9a	Gross income from gaming activities See Part IV, line 19	a				
		b Less direct expenses	b				
		c Net income or (loss) from gaming activities					
	10a	Gross sales of inventory, less returns and allowances	a				
b Less cost of goods sold		b					
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue		Business Code					
11a	SERVICE FEES	900099	49,838	49,838			
b	MISCELLANEOUS	900099	48,589		48,589		
c	_____						
d	All other revenue						
e	Total. Add lines 11a-11d		98,427				
12	Total revenue. See Instructions		9,059,878	49,838	0	111,470	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	6,701,170	6,701,170		
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	225,099	66,361	131,726	27,012
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	896,493	408,527	223,610	264,356
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	54,921	23,316	11,804	19,801
9	Other employee benefits	156,995	56,883	59,025	41,087
10	Payroll taxes	81,930	36,483	23,577	21,870
11	Fees for services (non-employees)				
a	Management				
b	Legal				
c	Accounting	10,500		10,500	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	21,421		21,421	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	136,731	114,338	22,360	33
12	Advertising and promotion	106,666	15,646	11,576	79,444
13	Office expenses	68,319	32,175	13,749	22,395
14	Information technology				
15	Royalties				
16	Occupancy	81,676	29,338	29,131	23,207
17	Travel	88,759	37,113	9,134	42,512
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	16,609	9,100	1,994	5,515
20	Interest	534		534	
21	Payments to affiliates	100,853	43,367	31,264	26,222
22	Depreciation, depletion, and amortization	68,135	29,298	21,122	17,715
23	Insurance	19,039	2,243	15,440	1,356
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	NON-PROFIT DEVELOPMENT	49,294	49,294		
b	MISCELLANEOUS	29,675	13,995	7,671	8,009
c	LICENSING	7,502	5,951	600	951
d	DUES AND SUBSCRIPTIONS	7,289	4,507	2,045	737
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	8,929,610	7,679,105	648,283	602,222
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 <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash-non-interest-bearing	2,386,111	1	1,752,087
	2 Savings and temporary cash investments	2,418,090	2	265,618
	3 Pledges and grants receivable, net	4,225,845	3	4,056,660
	4 Accounts receivable, net	131,328	4	204,848
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	188,944
	9 Prepaid expenses and deferred charges	22,591	9	19,143
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 1,681,130		
	b Less accumulated depreciation	10b 569,244	1,117,345	10c 1,111,886
	11 Investments—publicly traded securities		11	
	12 Investments—other securities See Part IV, line 11	1,603,505	12	4,971,061
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	157,639	15	164,968
16 Total assets. Add lines 1 through 15 (must equal line 34)	12,062,454	16	12,735,215	
Liabilities	17 Accounts payable and accrued expenses	396,470	17	434,452
	18 Grants payable	4,116,618	18	4,586,933
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	4,513,088	26	5,021,385
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	6,976,318	27	7,147,633
	28 Temporarily restricted net assets	208,515	28	177,009
	29 Permanently restricted net assets	364,533	29	389,188
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	7,549,366	33	7,713,830	
34 Total liabilities and net assets/fund balances	12,062,454	34	12,735,215	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	9,059,878
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,929,610
3	Revenue less expenses Subtract line 2 from line 1	3	130,268
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	7,549,366
5	Net unrealized gains (losses) on investments	5	-117,034
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 in Schedule O)	9	151,230
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	7,713,830

Part 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 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? 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 <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2b	Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
2c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Additional Data

Software ID:

Software Version:

EIN: 39-0912895

Name: UNITED WAY FOX CITIES INC

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

(Code) (Expenses \$ 1,457 including grants of \$) (Revenue \$)

THE EMERGENCY FOOD AND SHELTER PROGRAM (EFSP) WAS CREATED BY CONGRESS IN 1983 TO HELP MEET THE NEEDS OF HUNGRY AND HOMELESS PEOPLE THROUGHOUT THE UNITED STATES BY ALLOCATING FEDERAL FUNDS FOR THE PROVISION OF FOOD AND SHELTER UNITED WAY'S ROLE IS TO STAFF THE DISTRIBUTION OF THESE FUNDS IN COLLABORATION WITH PRIMARY SERVICE PROVIDERS UNITED WAY FOX CITIES WORKS WITH TWO LOCAL VOLUNTEER EFSP BOARDS TO DISTRIBUTE FUNDING TO OUTAGAMIE, CALUMET AND WINNEBAGO

(Code) (Expenses \$ 30,018 including grants of \$) (Revenue \$)

UNITED WAY FOX CITIES' YOUTH BOARD IS COMPOSED OF ABOUT 43 ACTIVE STUDENT MEMBERS FROM 12 AREA HIGH SCHOOLS THE PURPOSE OF THE YOUTH BOARD IS TO EDUCATE AND INCREASE YOUTH AWARENESS, IMPROVE UNDERSTANDING OF UNITED WAY, VOLUNTEER OPPORTUNITIES, COMMUNITY NEEDS AND SERVICES THE PURPOSE IS ALSO TO ASSIST YOUTH IN DEVELOPING LEADERSHIP SKILLS AND PHILANTHROPIC VALUES THE YOUTH BOARD IS RESPONSIBLE FOR AWARDED A LIMITED NUMBER OF GRANTS TO YOUTH-ORIENTED PROGRAMS IN THE FOX CITIES DURING THE PAST FISCAL YEAR, THE YOUTH BOARD AWARDED \$4,000 IN GRANTS THROUGH TWO GRANT CYCLES IN ADDITION TO PERFORMING COMMUNITY SERVICE, YOUTH BOARD MEMBERS HELPED TO COORDINATE AND CARRYOUT A SUCCESSFUL 2016 TEEN SYMPOSIUM THAT ATTRACTED A RECORD NUMBER OF NEARLY 326 NINTH GRADERS FROM 19 AREA HIGH SCHOOLS, 30 ADULT SCHOOL ADVISORS, 20 ADULT VOLUNTEERS, 50 STUDENT VOLUNTEERS AND 30 COMMUNITY AGENCIES AS PART OF THE COMMUNITY RESOURCE FAIR THIS WAS THE LARGEST TS EVENT HELD TO DATE THE FOCUS OF THE DAYLONG EVENT WAS ON LEADERSHIP SKILL DEVELOPMENT

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

(Code) (Expenses \$ 93,704 including grants of \$) (Revenue \$)

UNITED WAY FOX CITIES PARTNERS WITH OTHER AGENCIES TO CREATE INITIATIVES THAT ADDRESS CRITICAL GAPS IN SERVICES UNITED WAY'S PATH (PROVIDING ACCESS TO HEALING) FOR STUDENTS IS A SCHOOL-BASED PROGRAM DESIGNED TO IMPROVE ACCESS TO MENTAL HEALTH SERVICES AND THERAPY FOR CHILDREN AND YOUTH WHO ARE UNABLE TO OBTAIN CARE ELSEWHERE IN THE COMMUNITY THE CONNECTOR, A TRANSPORTATION INITIATIVE, ADDRESSES THE NEEDS OF INDIVIDUALS WITH LOWER INCOMES RELYING ON PUBLIC TRANSPORTATION FOR EMPLOYMENT THE EXPANDED GEOGRAPHIC AREAS AND OPERATING HOURS SERVE INDIVIDUALS WORKING 2ND AND 3RD SHIFTS THE FOX CITIES DIAPER BANK COLLECTS, STORES, AND DISTRIBUTES DIAPERS TO STRUGGLING LOW-INCOME FAMILIES

(Code) (Expenses \$ 126,377 including grants of \$) (Revenue \$)

WEIGHT OF THE FOX VALLEY (WOTFV) IS A THREE-COUNTY INITIATIVE THAT WAS CREATED TO ADDRESS OVERWEIGHT AND OBESITY THE COUNTIES INCLUDE CALUMET, OUTAGAMIE AND WINNEBAGO WOTFV INITIATIVE WAS ESTABLISHED AFTER RECOGNIZING OBESITY AS AN EMERGING PRIORITY FOR THE FOX VALLEY HEALTHCARE COALITION, OSHKOSH AND FOX CITIES UNITED WAYS, THEDACARE'S CHAT INITIATIVE AND AREA LIFE STUDIES (COMMUNITY ASSEMENTS) WOTFV IS CHAMPIONED BY A LEADERSHIP TEAM OF 35 COMMUNITY LEADERS FROM THROUGHOUT THE THREE COUNTIES THESE INDIVIDUALS ARE HEADS OF BUSINESS, HEALTHCARE, GOVERNMENT, FAITH COMMUNITIES, NON-PROFIT AGENCIES AND PHILANTHROPIC ORGANIZATIONS WOTFV IS ALIGNED WITH THE WISCONSIN NUTRITION, PHYSICAL ACTIVITY & OBESITY STATE PLAN AND WILL BE WORKING WITH SIX ACTION TEAMS HEALTHCARE, EARLY CARE & EDUCATION, SCHOOL, ACTIVE COMMUNITIES, FOOD SYSTEM AND WORKSITE

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

(Code) (Expenses \$ 178,932 including grants of \$ 178,932) (Revenue \$)

DIAPER BANK PROJECT - THE MISSION OF THE DIAPER BANK IS TO RAISE THE COMMUNITY'S AWARENESS OF THE NEED FOR
DIAPERS TO ASSIST LOW INCOME FAMILIES IN MEETING THEIR DIAPER NEEDS

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DIANA BUECHEL DIRECTOR	0 50	X						0	0	0
TIM BERGSTROM CHAIR	5 00	X		X				0	0	0
MELANIE MILLER TREASURER / FINANCE CHAIR	5 00	X		X				0	0	0
MIKE HOCHHOLZER CHAIR COMMUNITY IMPACT COUNCIL	3 00	X						0	0	0
BOB THIBAUT MARKETING & COMMUNICATIONS	3 00	X						0	0	0
PEGGY AMENT DIRECTOR	0 50	X						0	0	0
SHANNON FULL DIRECTOR	0 50	X						0	0	0
JIM KOTEK VICE-CHAIR / GOVERNANCE	3 00	X		X				0	0	0
MARK WESTPHAL DIRECTOR	0 50	X						0	0	0
JACKIE HINTZ DIRECTOR	0 50	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JEFF LONIGRO DIRECTOR	0 50	X						0	0	0
TIM OLSON DIRECTOR	0 50	X						0	0	0
SABRINA ROBINS DIRECTOR	0 50	X						0	0	0
CHUCK SHEPHERD DIRECTOR	0 50	X						0	0	0
BONNIE TIMM DIRECTOR	0 50	X						0	0	0
CHRIS VANDERHEYDEN DIRECTOR	0 50	X						0	0	0
LAURIE BUTZ PERSONNEL CHAIR	3 00	X						0	0	0
OWEN JONES DIRECTOR	0 50	X						0	0	0
CHRISTOPHER LEE DIRECTOR	0 50	X						0	0	0
LAURA MERONK DIRECTOR	0 50	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DAVE MORTON VICE-CHAIR COMMUNITY IMPACT COUNCIL	3 00	X						0	0	0
TOM RIORDAN CAMPAIGN CHAIR	3 00	X						0	0	0
PAM HENSON DIRECTOR	0 50	X						0	0	0
MIKE CARINI DIRECTOR	0 50	X						0	0	0
PETER KELLY PRESIDENT / CEO	50 00			X				138,380	0	22,722
DOUGLAS COLLINS VICE PRESIDENT FINANCE & A	45 00			X				58,848	0	5,149

SCHEDULE A (Form 990 or 990EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization UNITED WAY FOX CITIES INC

Employer identification number

39-0912895

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2 A school described in section 170(b)(1)(A)(ii).
3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii).
5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv).
6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi).
8 A community trust described in section 170(b)(1)(A)(vi).
9 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions...
10 An organization organized and operated exclusively to test for public safety.
11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations...
a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s)...
b Type II. A supporting organization supervised or controlled in connection with its supported organization(s)...
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s)...
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated...
e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
f Enter the number of supported organizations.
g Provide the following information about the supported organization(s).

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Includes a Total row at the bottom.

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any unusual grants.)	7,470,565	622,451	8,321,804	8,998,940	8,898,570	34,312,330
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	7,470,565	622,451	8,321,804	8,998,940	8,898,570	34,312,330
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)						4,523,732
6 Public support. Subtract line 5 from line 4						29,788,598

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
7 Amounts from line 4	7,470,565	622,451	8,321,804	8,998,940	8,898,570	34,312,330
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	32,340	6,980	29,567	35,192	61,836	165,915
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.)	80,235	8,402	112,362	89,944	98,427	389,370
11 Total support. Add lines 7 through 10						34,867,615

12 Gross receipts from related activities, etc. (see instructions) **12**

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) **14** 85.430 %

15 Public support percentage for 2014 Schedule A, Part II, line 14 **15** 85.500 %

16a 33 1/3% support test—2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

b 33 1/3% support test—2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

17a 10%-facts-and-circumstances test—2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶

b 10%-facts-and-circumstances test—2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶

Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶

b 33 1/3% support tests—2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) 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).</i>		
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 (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part II of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Part IV Supporting Organizations (continued)**Section B. Type I Supporting Organizations**

- 1** Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's 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 directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*
- 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.*

	Yes	No
1		
2		

Section C. Type II Supporting Organizations

- 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 the supported organization(s).*

	Yes	No
1		

Section D. All Type III Supporting Organizations

- 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, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?
- 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).*
- 3** By reason of the relationship described in (2), 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.*

	Yes	No
1		
2		
3		

Section E. Type III Functionally-Integrated Supporting Organizations

- 1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (**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.
- c** The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).
- 2** Activities Test **Answer (a) and (b) below.**

- 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 in (a) 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 (a) and (b) 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? *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.*

	Yes	No
2a		
2b		
3a		
3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1** Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

Section A - Adjusted Net Income

- 1** Net short-term capital gain
- 2** Recoveries of prior-year distributions
- 3** Other gross income (see instructions)
- 4** Add lines 1 through 3
- 5** Depreciation and depletion
- 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)
- 7** Other expenses (see instructions)
- 8** **Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)

	(A) Prior Year	(B) Current Year (optional)
1		
2		
3		
4		
5		
6		
7		
8		

Section B - Minimum Asset Amount

- 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
- b** Average monthly cash balances
- c** Fair market value of other non-exempt-use assets
- d** **Total** (add lines 1a, 1b, and 1c)
- e** **Discount** claimed for blockage or other factors (explain in detail in Part VI) _____
- 2** Acquisition indebtedness applicable to non-exempt use assets
- 3** Subtract line 2 from line 1d
- 4** Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)
- 5** Net value of non-exempt-use assets (subtract line 4 from line 3)
- 6** Multiply line 5 by .035
- 7** Recoveries of prior-year distributions
- 8** **Minimum Asset Amount** (add line 7 to line 6)

	(A) Prior Year	(B) Current Year (optional)
1		
1a		
1b		
1c		
1d		
2		
3		
4		
5		
6		
7		
8		

Section C - Distributable Amount

- 1** Adjusted net income for prior year (from Section A, line 8, Column A)
- 2** Enter 85% of line 1
- 3** Minimum asset amount for prior year (from Section B, line 8, Column A)
- 4** Enter greater of line 2 or line 3
- 5** Income tax imposed in prior year
- 6** **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)
- 7** Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

		Current Year
1		
2		
3		
4		
5		
6		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2015			
a			
b			
c			
d From 2013. _____			
e From 2014. _____			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7			
\$ _____			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b			
c Excess from 2013. _____			
d From 2014. _____			
e From 2015. _____			

Part VI Supplemental Information.

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation

**SCHEDULE C
(Form 990 or
990-EZ)**

Political Campaign and Lobbying Activities

OMB No 1545-0047

2015

**Open to Public
Inspection**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ **Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.**

▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

Department of the
Treasury
Internal Revenue
Service

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization
UNITED WAY FOX CITIES INC

Employer identification number

39-0912895

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1** Provide a description of the organization's direct and indirect political campaign activities in Part IV
- 2** Political expenditures ▶ \$ _____
- 3** Volunteer hours _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1** Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2** Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3** If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a** Was a correction made? Yes No
- b** If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1** Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2** Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3** Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4** Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5** Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
2				
3				
4				
5				
6				

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B Check if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)

(a) Filing organization's totals

(b) Affiliated group totals

1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures														
e	Total exempt purpose expenditures (add lines 1c and 1d)														
f	Lobbying nontaxable amount Enter the amount from the following table in both columns														
	<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g	Grassroots nontaxable amount (enter 25% of line 1f)														
h	Subtract line 1g from line 1a If zero or less, enter -0-														
i	Subtract line 1f from line 1c If zero or less, enter -0-														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?														

Yes No

4-Year Averaging Period Under section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a)2012	(b)2013	(c)2014	(d)2015	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

- 1** During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of
 - a** Volunteers?
 - b** Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?
 - c** Media advertisements?
 - d** Mailings to members, legislators, or the public?
 - e** Publications, or published or broadcast statements?
 - f** Grants to other organizations for lobbying purposes?
 - g** Direct contact with legislators, their staffs, government officials, or a legislative body?
 - h** Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?
 - i** Other activities?
 - j** Total Add lines 1c through 1i
- 2a** Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?
- b** If "Yes," enter the amount of any tax incurred under section 4912
- c** If "Yes," enter the amount of any tax incurred by organization managers under section 4912
- d** If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?

	(a)		(b)
	Yes	No	Amount
		No	
	Yes		
		No	
	Yes		31
		No	
		No	
	Yes		186
		No	
		No	
			217
		No	

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

- 1** Were substantially all (90% or more) dues received nondeductible by members?
- 2** Did the organization make only in-house lobbying expenditures of \$2,000 or less?
- 3** Did the organization agree to carry over lobbying and political expenditures from the prior year?

	Yes	No
1		
2		
3		

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

- 1** Dues, assessments and similar amounts from members
- 2** Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).
 - a** Current year
 - b** Carryover from last year
 - c** Total
- 3** Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues
- 4** If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?
- 5** Taxable amount of lobbying and political expenditures (see instructions)

1	
2a	
2b	
2c	
3	
4	
5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

Return Reference	Explanation
PART II-B, LINE 1	UWFC HOSTED A MEETING WITH STATE SENATOR ROGER ROTH, STATE SENATOR ROBERT L COWLES, STATE REPRESENTATIVE DAVID MURPHY, STATE REPRESENTATIVE MIKE ROHRKASTE, STATE REPRESENTATIVE JIM STEINEKE, STATE REPRESENTATIVE AMANDA STUCK AND COMMUNITY LEADERS TOM NELSON, MONICA CLARE, KRISTINE STACKER, PATRICIA SARVELA, JOHN WEYENBERG AND KRISTI CLOVER MEETING HELD TO REVIEW BIENNIAL BUDGET PROPOSAL AND POTENTIAL RAMIFICATIONS RELATED TO EARNED INCOME TAX CREDIT, HOMESTEAD TAX CREDIT, W-2 PROGRAM, BADGERCARE, FOOD SHARE BENEFITS, CHANGES TO SENIOR CARE, FAMILY CARE, IRIS & ADRC SIGNED ON TO LETTER FROM UWW- LETTER TO THE MEMBERS OF THE UNITED STATES [SENATE/HOUSE OF REPRESENTATIVES] ON TAX EXTENDERS THIS LETTER URGES CONGRESS TO ACT IMMEDIATELY ON A SEAMLESS, MULTIYEAR OR PERMANENT EXTENSION OF THE EXPIRED AND EXPIRING TAX PROVISIONS, INCLUDING APPROPRIATE ENHANCEMENTS THESE TAX PROVISIONS ARE CRITICALLY IMPORTANT TO U S JOBS AND THE BROADER ECONOMY FAILURE TO EXTEND THESE PROVISIONS IS A TAX INCREASE SIGN ON LETTER WITH UWW TO SENATOR TAMMY BALDWIN PROMOTING CONTINUED EARNED INCOME TAX CREDIT (EITC) AND THE CHILD TAX CREDIT (CTC) SIGN ON LETTER WITH UWW ENCOURAGING CONGRESS TO SUPPORT \$30 MILLION IN FUNDING FOR THE VOLUNTEER INCOME TAX ASSISTANCE (VITA) GRANT PROGRAM, WHICH LEVERAGES VOLUNTEER SUPPORT TO PROVIDE FREE TAX PREPARATION SERVICES TO MILLIONS OF LOW-AND-MODERATE-INCOME WORKING INDIVIDUALS AND FAMILIES IN SOME OF THE MOST UNDERSERVED AND HARDEST-TO-REACH COMMUNITIES ACROSS THE COUNTRY

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047
2015
Open to Public Inspection

▶ 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.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

Name of the organization
UNITED WAY FOX CITIES INC

Employer identification number
39-0912895

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
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 funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part 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)

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Year
a Total number of conservation easements	
b Total acreage restricted by conservation easements	
c Number of conservation easements on a certified historic structure included in (a)	
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 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, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (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 ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.
Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	b (c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	637,825	472,766	399,504	381,528	329,396
b Contributions	24,656	155,164	35,151	3,391	22,963
c Net investment earnings, gains, and losses	-34,619	17,329	43,111	14,585	32,169
d Grants or scholarships					
e Other expenditures for facilities and programs	9,090	7,434	5,000		3,000
f Administrative expenses					
g End of year balance	618,772	637,825	472,766	399,504	381,528

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a** Board designated or quasi-endowment ▶ 30 810 %
 - b** Permanent endowment ▶ 62 900 %
 - c** Temporarily restricted endowment ▶ 6 290 %
- The percentages on lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

- (i)** unrelated organizations
- (ii)** related organizations

	Yes	No
3a(i)	Yes	
3a(ii)		No
3b		

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

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		15,000		15,000
b Buildings		1,251,892	259,085	992,807
c Leasehold improvements				
d Equipment		414,238	310,159	104,079
e Other				

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) ▶ 1,111,886

Part VII Investments—Other Securities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Includes entries for Financial derivatives, Closely-held equity interests, and Other (A) BENEFICIAL INTEREST IN ASSETS AT COMMUNITY FOUNDATION with a book value of 4,971,061 and method of valuation F.

Part VIII Investments—Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

Table with 3 columns: (a) Description of investment, (b) Book value, (c) Method of valuation.

Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

Table with 2 columns: (a) Description, (b) Book value.

Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

Table with 2 columns: (a) Description of liability, (b) Book value. Includes entry for Federal income taxes.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	8,080,774
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains (losses) on investments	2a	-117,034	
b	Donated services and use of facilities	2b	33,851	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d			2e -83,183
3	Subtract line 2e from line 1			3 8,163,957
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	21,421	
b	Other (Describe in Part XIII)	4b	874,500	
c	Add lines 4a and 4b			4c 895,921
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)			5 9,059,878

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	8,067,540
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a	33,851	
b	Prior year adjustments	2b		
c	Other losses	2c	10,038	
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d			2e 43,889
3	Subtract line 2e from line 1			3 8,023,651
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	21,421	
b	Other (Describe in Part XIII)	4b	884,538	
c	Add lines 4a and 4b			4c 905,959
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)			5 8,929,610

Part XIII Supplemental Information

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.

Return Reference	Explanation
PART V, LINE 4	LEGACY OF CARING FUND - ESTABLISHED BY THE ORGANIZATION'S BOARD OF DIRECTORS USING A PRIOR UNRESTRICTED DONATION AND DESIGNATING THE NET INCOME TO BE USED TO SUPPORT HEALTH AND HUMAN SERVICE PROGRAMS IN THE FOX VALLEY ADMINISTRATIVE ENDOWMENT FUND - ESTABLISHED BY THE ORGANIZATION'S BOARD OF DIRECTORS USING A PRIOR DONATION RESTRICTED BY THE DONOR TO PROVIDE FOR THE LONG-TERM FUNDING OF THE ORGANIZATION'S ADMINISTRATIVE AND OPERATING EXPENSES RESERVE INVESTMENT FUND - ESTABLISHED BY THE ORGANIZATION'S BOARD OF DIRECTORS USING A PRIOR UNRESTRICTED DONATION AND DESIGNATING THE NET INCOME TO BE USED AS A RESERVE IN THE EVENT OF CAMPAIGN SHORTFALLS AND EMERGENCIES IMPACT AREA ENDOWMENT FUND - ESTABLISHED BY THE ORGANIZATION'S BOARD OF DIRECTORS USING A PRIOR UNRESTRICTED DONATION AND DESIGNATING THE NET INCOME TO BE USED TO PROVIDE FUNDING FOR IDENTIFIED IMPACT AREAS

Part XIII Supplemental Information (continued)

Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS	ALLOCATIONS FUNDED THROUGH DESIGNATIONS 884,538 LOSS ON SALE OF ASSET - 10,038
PART XII, LINE 4B - OTHER ADJUSTMENTS	ALLOCATIONS FUNDED THROUGH DESIGNATIONS 884,538

Schedule I (Form 990)

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

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization UNITED WAY FOX CITIES INC

Employer identification number 39-0912895

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section if applicable, (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of non-cash assistance, (h) Purpose of grant or assistance.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table. 58
3 Enter total number of other organizations listed in the line 1 table. 1

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 non-cash assistance

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

Return Reference	Explanation
PART I, LINE 2	UNITED WAY FOX CITIES PROVIDES FUNDING TO PARTNER AGENCIES THAT PROVIDED HEALTH AND HUMAN SERVICES PROGRAMS PARTNER AGENCIES ARE REQUIRED TO SIGN AN AGENCY AGREEMENT WHICH REQUIRES SUBMISSION OF PROGRAM OUTCOMES AND ANNUAL AUDITED FINANCIAL STATEMENTS THE PROGRAMS ARE DIVIDED INTO FOUR IMPACT AREAS WHERE VOLUNTEERS MONITOR OUTCOMES ANOTHER GROUP OF VOLUNTEERS, ALL CPA'S, REVIEW PARTNER AGENCIES FINANCIAL STATEMENTS IN A SEPARATE GRANT FUND CALLED FOCUSED FUNDING, A VOLUNTEER COMMITTEE REVIEWS AND RECOMMENDS GRANT AWARDS TO THE COMMUNITY IMPACT COUNCIL FOR REVIEW AND APPROVAL AGENCIES APPROVED FOR THESE GRANTS ARE REQUIRED TO SIGN THE AGENCY AGREEMENT AND COMPLETE AN ANNUAL REPORT WHICH INCLUDES OUTCOMES UNITED WAY FOX CITIES ALSO PROVIDES FUNDING FOR INITIATIVES THE AGENCIES PROVIDING THE SERVICES ARE REQUIRED TO SIGN A MEMORANDUM OF UNDERSTANDING AND PERIODICALLY REPORT PROGRESS TO THE IMPACT AREA VOLUNTEERS

Additional Data

Software ID:
Software Version:
EIN: 39-0912895
Name: UNITED WAY FOX CITIES INC

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ADVOCAP INC 181 E NORTH WATER STREET NEENAH, WI 54956	39-1053365	501(C)3	45,551				PROGRAM OPERATING COST
AIDS RESOURCE CENTER OF WISCONSIN 103 E WASHINGTON STREET APPLETON, WI 54911	39-1534049	501(C)3	63,665				PROGRAM OPERATING COST
AMERICAN CANCER SOCIETY WISCONSIN 790 MARVELLE LANE GREEN BAY, WI 54304	39-0807043	501(C)3	38,324				PROGRAM OPERATING COST

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN RED CROSS IN NORTHEAST WISCONSIN 515 S WASHBURN STREET SUITE 201 OSHKOSH, WI 54904	53-0196605	501(C)3	102,701				PROGRAM OPERATING COST
APPLETON PUBLIC LIBRARY FOUNDATION - REACH OUT AND READ PROGRAM 225 N ONEIDA STREET APPLETON, WI 54911	39-1550376	501(C)3	265,808				PROGRAM OPERATING COST
BEST FRIENDS OF NEENAH - MENASHA INC 181 E NORTH WATER STREET STE 225 NEENAH, WI 54956	39-1260017	501(C)3	140,915				PROGRAM OPERATING COST

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BIG BROTHERS BIG SISTERS OF THE FOX VALLEY REGION INC 160 SOUTH BADGER AVE APPLETON, WI 54914	39-6103907	501(C)3	151,829				PROGRAM OPERATING COST
BOYS' & GIRLS' BRIGADE ASSOCIATION 109 WEST COLUMBIAN AVE NEENAH, WI 54956	39-0813396	501(C)3	30,000				PROGRAM OPERATING COST
BOYS & GIRLS CLUBS FOX VALLEY INC 160 SOUTH BADGER AVE APPLETON, WI 54914	39-1225709	501(C)3	295,419				PROGRAM OPERATING COST

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAP SERVICES INC 17 PARK PLACE SUITE 950 APPLETON, WI 54914	39-1080897	501(C)3	95,818				PROGRAM OPERATING COST
CATALPA HEALTH 442 N WESTHILL BLVD APPLETON, WI 54914	39-0812532	501(C)3	153,249				PROGRAM OPERATING COST
CATHOLIC CHARITIES DIOCESE OF GREEN BAY INC 214 E SUMMER STREET APPLETON, WI 54911	39-0808438	501(C)3	113,449				PROGRAM OPERATING COST

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CEREBRAL PALSY OF MIDEAST WI INC 363 BROAD STREET SUITE 120 OSHKOSH, WI 54903	39-6026845	501(C)3	46,654				PROGRAM OPERATING COST
CHAPS ACADEMY INC N5367 MAYFLOWER ROAD SHIOCTON, WI 54170	45-0530019	501(C)3	10,000				PROGRAM OPERATING COST
CHILD CARE RESOURCE & REFERRAL INC 1001 WEST KENNEDY AVE KIMBERLY, WI 54136	39-1606155	501(C)3	69,181				PROGRAM OPERATING COST

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHRISTINE ANN DOMESTIC ABUSE SERVICES INC 1416 S COMMERCIAL STREET STE A NEENAH, WI 54956	39-1441770	501(C)3	95,790				PROGRAM OPERATING COST
COMMUNITY FAMILY RESOURCE CENTER 330 WHICKORY STREET SEYMOUR, WI 54165	39-6017468	501(C)3	27,000				PROGRAM OPERATING COST
COMMUNITY FOUNDATION FOR THE FOX VALLEY REGION - DOLLARS FOR DIAPERS 4455 W LAWRENCE STREET APPLETON, WI 54914	39-1548450	501(C)3	5,000				PROGRAM OPERATING COST

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOMELESS CONNECTIONS 400 N DIVISION STREET APPLETON, WI 54911	39-1447152	501(C)3	165,800				PROGRAM OPERATING COST
FAMILY SERVICE OF NE WI 1810 APPLETON ROAD MENASHA, WI 54952	39-0827320	501(C)3	399,069	8,113	BOOK	DIAPERS	PROGRAM OPERATING COST AND DIAPERS FOR DISTRIBUTION
FINANCIAL INFORMATION AND SERVICE CENTER INC (FISC) 1800 APPLETON ROAD MENASHA, WI 54952	39-6698981	501(C)3	191,846				PROGRAM OPERATING COST

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FOX VALLEY WARMING SHELTER 1928 W COLLEGE AVE APPLETON, WI 54914	26-1887706	501(C)3	20,000				PROGRAM OPERATING COST
FOX VALLEY LITERACY COUNCIL INC 130 EAST FRANKLIN STREET APPLETON, WI 54911	39-1682277	501(C)3	104,200				PROGRAM OPERATING COST
FOX VALLEY TECHNICAL COLLEGE FOUNDATION PO BOX 2277 APPLETON, WI 54912	39-1264389	501(C)3	98,167				PROGRAM OPERATING COST

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GOODWILL INDUSTRIES OF NCW 1800 APPLETON ROAD MENASHA, WI 54952	39-1144913	501(C)3	20,000				PROGRAM OPERATING COST
FRIENDSHIP PLACE 220 NORTH COMMERCIAL STREET NEENAH, WI 54956	39-2029900	501(C)3	107,161				PROGRAM OPERATING COST
GIRL SCOUTS OF THE NORTHWEST GREAT LAKES INC 4693 NORTH LYNNDAL DRIVE APPLETON, WI 54913	39-0816897	501(C)3	130,900				PROGRAM OPERATING COST

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HARBOR HOUSE DOMESTIC ABUSE PROGRAMS INC 720 WEST FIFTH STREET APPLETON, WI 54914	39-1870927	501(C)3	150,500				PROGRAM OPERATING COST
HMONG-AMERICAN PARTNERSHIP FOX VALLEY INC 2198 SOUTH MEMORIAL DRIVE APPLETON, WI 54915	39-1378632	501(C)3	101,000				PROGRAM OPERATING COST
HOUSING PARTNERSHIP OF THE FOX CITIES 605 EAST HANCOCK STREET APPLETON, WI 54911	39-1582471	501(C)3	55,000				PROGRAM OPERATING COST

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WISCONSIBS INC 211 E FRANKLIN ST SUITE C APPLETON, WI 54911	39-1942794	501(C)3	6,500				PROGRAM OPERATING COST
LEGAL ACTION OF WISCONSIN 201 WEST WALNUT STREET STE 203 GREEN BAY, WI 54303	39-1077192	501(C)3	75,000				PROGRAM OPERATING COST
LUTHERAN SOCIAL SERVICES OF WISCONSIN & UPPER MICHIGAN INC 3003 NORTH RICHMOND STREET A APPLETON, WI 54911	39-0816846	501(C)3	327,299				PROGRAM OPERATING COST

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MOTHER AND UNBORN BABY CARE INC 526 WEST WISCONSIN AVE APPLETON, WI 54911	39-1446870	501(C)3	8,946				PROGRAM OPERATING COST
NATIONAL ALLIANCE ON MENTAL ILLNESS (NAMI) FOX VALLEY 516 WEST 6TH STREET APPLETON, WI 54911	39-1545497	501(C)3	142,900				PROGRAM OPERATING COST
NEENAH - MENASHA DIAL-A-RIDE 211 WALNUT STREET NEENAH, WI 54956	39-6005543	501(C)3	8,500				PROGRAM OPERATING COST

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEENAH - MENASHA DENTAL CLINIC 126 WEST WISCONSIN AVE NEENAH, WI 54956	39-1471332	501(C)3	44,820				PROGRAM OPERATING COST
NEW LONDON UNITED WAY PO BOX 104 NEW LONDON, WI 54961	39-1587610	501(C)3	11,401				PROGRAM OPERATING COST
NON-PROFIT AFFORDABLE HOUSING BASED RENTAL SERVICES 3020 EAST WINSLOW AVE APPLETON, WI 54911	39-1652869	501(C)3	15,880				PROGRAM OPERATING COST

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OSHKOSH AREA UNITED WAY INC 36 BROAD STREET SUITE 100 OSHKOSH, WI 54901	39-1017908	501(C)3	42,447				PROGRAM OPERATING COST
PROJECT BRIDGES DAY CARE CENTER & PRESCHOOL INC 803 EAST COLLEGE AVE APPLETON, WI 54911	39-1340963	501(C)3	132,750				PROGRAM OPERATING COST
REACH COUNSELING SERVICES INC 1370 SOUTH COMMERCIAL STREET NEENAH, WI 54956	39-1292277	501(C)3	159,830				PROGRAM OPERATING COST

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SEXUAL ASSAULT CRISIS CENTER-FOX CITIES INC 35 PARK PLACE SUITE 100 APPLETON, WI 54914	39-1309331	501(C)3	133,625				PROGRAM OPERATING COST
SOAR FOX CITIES 375 WINNEBAGO AVE MENASHA, WI 54952	75-3202931	501(C)3	256,528				PROGRAM OPERATING COST
GREEN LAKE COUNTY AREA UNITED FUND PO BOX 28 BERLIN, WI 54923	39-1680913	501(C)3	19,637				PROGRAM OPERATING COST

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GREATER FOX CITIES AREA HABITAT FOR HUMANITY 921 MIDWAY RD MENASHA, WI 54952	39-1742974	501(C)3	300,000				PROGRAM OPERATING COST
UNITED WAY OF SHAWANO COUNTY INC PO BOX 31 SHAWANO, WI 54166	39-1099657	501(C)3	21,546				PROGRAM OPERATING COST
VALLEY PACKAGING INDUSTRIES INC 2730 ROEMER ROAD APPLETON, WI 54915	39-0921632	501(C)3	228,370	2,418	BOOK	DIAPERS	PROGRAM OPERATING COST AND DIAPERS FOR COMMUNITY 2000 AND OUTAGAMIE COUNTY EARLY INTERVENTION PROGRAMS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VALLEY TRANSIT - THE CONNECTOR INITIATIVE 801 SOUTH WHITMAN AVE APPLETON, WI 54914	39-6005381	501(C)3	71,004				PROGRAM OPERATING COST
VILLA HOPE INC 613 NORTH DIVISION STREET APPLETON, WI 54911	23-7088971	501(C)3	22,000				PROGRAM OPERATING COST
WAUPACA COMMUNITY CHEST PO BOX 94 WAUPACA, WI 54981	23-7135248	501(C)3	13,710				PROGRAM OPERATING COST

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WINNECONNE AREA UNITED FUND INC PO BOX 336 WINNECONNE, WI 54986	39-6104889	501(C)3	10,038				PROGRAM OPERATING COST
US VENTURESCHMIDT FAMILY FOUNDATION 425 BETTER WAY APPLETON, WI 54915	39-1540933	OTHER	10,000				PROGRAM OPERATING COST
YMCA FOX CITIES 218 EAST LAWRENCE STREET APPLETON, WI 54911	39-0806191	501(C)3	584,861				PROGRAM OPERATING COST

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YOUTH GO INC 213 NICOLET BLVD NEENAH, WI 54956	39-1137233	501(C)3	196,000				PROGRAM OPERATING COST
BROWN COUNTY UNITED WAY 1245 MAIN STREET GREEN BAY, WI 54301	39-0806299	501(C)3	20,114				PROGRAM OPERATING COST
PARTNERSHIP COMMUNITY HEALTH CENTER 5337 GRANDE MARKET DRIVE APPLETON, WI 54913	20-2090446	501(C)3	122,500				PROGRAM OPERATING COST

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE SALVATION ARMY USA CENTRAL TERRITORY 5550 PRAIRIE STONE PARKWAY HOFFMAN ESTATES, IL 60192	36-2167910	501(C)3		11,343	BOOK	DIAPERS	DIAPERS FOR DISTRIBUTION
ST JOSEPH FOOD PROGRAM INC 1465A OPPORTUNITY WAY MENASHA, WI 54952	39-1822486	501(C)3		13,466	BOOK	DIAPERS	DIAPERS FOR DISTRIBUTION

**Schedule J
(Form 990)**

Compensation Information

OMB No 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- ▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
- ▶ **Attach to Form 990.**

▶ **Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.**

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
UNITED WAY FOX CITIES INC

Employer identification number

39-0912895

Part I Questions Regarding Compensation

- 1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.
- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
 - b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
 - c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
 - b** Any related organization?
- If "Yes," on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
 - b** Any related organization?
- If "Yes," on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		No
4b		No
4c		No
5a		No
5b		No
6a		No
6b		No
7		No
8		No
9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 PETER KELLY PRESIDENT / CEO	(i)	128,684 -----	0 -----	9,696 -----	22,722 -----	0 -----	161,102 -----	0 -----
	(ii)	0	0	0	0	0	0	0

Part III **Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
------------------	-------------

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

OMB No 1545-0047

2015

Open to Public Inspection

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
▶ **Attach to Form 990.**
▶ **Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990**

Name of the organization
UNITED WAY FOX CITIES INC

Employer identification number
39-0912895

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles	X	1	19,117	COST
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (_____)	See Additional Data			
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29	
-----------	--

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		No
b If "Yes," describe the arrangement in Part II		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	Yes	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		No
b If "Yes," describe in Part II		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II		

Part II Supplemental Information.

Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
PART I, COLUMN (B)	DIAPERS ARE NUMBER OF ITEMS AND ALL OTHERS ARE NUMBER OF CONTRIBUTIONS

Additional Data**Software ID:****Software Version:****EIN:** 39-0912895**Name:** UNITED WAY FOX CITIES INC**Part I, Types of
Property, Lines 25-28**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
Other ▶ (DIAPERS)	X	352,000	200,452	COST
Other ▶ (PHONE)	X	1	20,344	COST
Other ▶ (COMMUNICATION)	X	6	15,100	COST
Other ▶ (EVENTS)	X	8	8,450	COST
Other ▶ (LICENSING)	X	1	5,951	COST
Other ▶ (PRINTING)	X	5	5,421	COST
Other ▶ (MISCELLANEOUS)	X	2	3,509	COST
Other ▶ (COLLATERAL)	X	4	1,538	COST

**SCHEDULE O
(Form 990 or
990-EZ)**

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 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2015

**Open to Public
Inspection**

Department of the
Treasury
Internal Revenue
Service

Name of the organization
UNITED WAY FOX CITIES INC

Employer identification number

39-0912895

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 1	THERE SHALL BE AN EXECUTIVE COMMITTEE WHICH SHALL CONSIST OF THE OFFICERS OF THE CORPORATION THE BOARD CHAIR MAY APPOINT UP TO TWO (2) ADDITIONAL BOARD MEMBERS TO SERVE ON THE EXECUTIVE COMMITTEE THE IMMEDIATE PAST CHAIR OF THE EXECUTIVE COMMITTEE SHALL BE AN EX-OFFICIO MEMBER OF THE EXECUTIVE COMMITTEE AND BOARD OF DIRECTORS THE EXECUTIVE COMMITTEE SHALL HAVE, AND MAY EXERCISE, THE POWERS OF THE BOARD OF DIRECTORS IN THE INTERIM BETWEEN BOARD MEETINGS ANY ACTION TAKEN BY THE EXECUTIVE COMMITTEE SHALL BE REPORTED TO THE BOARD OF DIRECTORS AT THE NEXT BOARD MEETING A MAJORITY OF THE EXECUTIVE COMMITTEE SHALL CONSTITUTE A QUORUM FOR THE TRANSACTION OF BUSINESS AT ANY MEETING OF THE EXECUTIVE COMMITTEE THE EXECUTIVE COMMITTEE WILL ANNUALLY REVIEW THE PERFORMANCE OF THE PRESIDENT/C E O AND MANAGE ALL MATTERS RELATIVE TO THE SALARY AND BENEFITS OF THE PRESIDENT/C E O

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	MEMBERS ARE DEFINED AS THOSE PERSONS, FIRMS, ASSOCIATIONS, CORPORATIONS, AGENCIES AND ORGANIZATIONS HAVING CONTRIBUTED FINANCIALLY TO UNITED WAY FOX CITIES, INC ("CORPORATION") THOSE PERSONS, FIRMS, ASSOCIATIONS, CORPORATIONS, AGENCIES AND ORGANIZATIONS THAT HAVE CONTRIBUTED FINANCIALLY TO THE CORPORATION ARE GRANTED MEMBERSHIP EXCEPTING WHERE SAID "CONTRIBUTING MEMBER" HAS NOT CONTRIBUTED FINANCIALLY TO THE CORPORATION FOR A PERIOD OF MORE THAN TWELVE MONTHS

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	EACH MEMBER SHALL HAVE ONE VOTE LIMITED TO THE ELECTION OF DIRECTORS AT THE ANNUAL MEETING OF THE CORPORATION AND WHICH MUST BE EXERCISED IN PERSON AND CANNOT BE CAST BY PROXY

Return Reference**Explanation**

FORM 990, PART VI,
SECTION B, LINE 11

BEFORE FILING THE FORM 990, THE ORGANIZATION WILL ELECTRONICALLY SUBMIT THE FORM 990 TO THE BOARD OF DIRECTORS SO THAT THEY MAY REVIEW AND SOLICIT QUESTIONS AND/OR COMMENTS

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	AFTER THE CODE OF ETHICS HAS BEEN REVIEWED BY THE PRESIDENT/CEO OF UNITED WAY FOX CITIES, A COPY IS PASSED OUT TO ALL EMPLOYEES, BOARD MEMBERS AND OTHER VOLUNTEERS EACH ARE REQUIRED TO SIGN THE FORM INDICATING THEY WILL ABIDE BY THE CODE OF ETHICS AND AT THE SAME TIME ARE REQUIRED TO SIGN A CONFLICT OF INTEREST DISCLOSURE FORM THE ORGANIZATION MAINTAINS A FILE OF ALL THE SIGNED FORMS BOARD MEMBERS ARE REQUIRED TO ABSTAIN FROM VOTING ON ISSUES WHERE THERE WOULD BE A CONFLICT OF INTEREST WHILE EMPLOYEES ARE NOT ALLOWED TO BE ON THE BOARD OF AGENCIES

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE ANNUAL REVIEW PROCESS OF THE CEO INCLUDES A STUDY OF THE SALARY AND BENEFITS OF COMPARABLE ORGANIZATIONS THE EXECUTIVE COMMITTEE REVIEWS THE "UNITED WAY HUMAN CAPITAL STUDY - EXECUTIVE SALARY REPORT" AS WELL AS THE LABOR DEPARTMENT'S "US BUREAU OF LABOR AND STATISTICS 3RD QUARTER STAFF SALARIES MULTIPLIER" THE COMMITTEE ANNUALLY CONDUCTS THE CEO'S REVIEW AND APPROVES THE GOALS AND OBJECTIVES FOR THE NEXT PERFORMANCE PERIOD AFTER REVIEWING THIS INFORMATION, THE EXECUTIVE COMMITTEE RECOMMENDS THE SALARY FOR THE CEO THE CEO CONDUCTS THE EVALUATION OF THE VP, FINANCE AND ADMINISTRATION THE CEO REVIEWS THE NON-EXECUTIVE SALARY SURVEY FROM THE UNITED WAY WORLDWIDE WHICH IS RELATED TO METRO II UNITED WAY'S IN THE MIDWEST REGION TO ASSURE THAT THE COMPENSATION LEVEL IS APPROPRIATE

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	UNITED WAY FOX CITIES POSTS THE ANNUAL AUDITED FINANCIAL STATEMENTS, THE FORM 990, THE CODE OF ETHICS AND THE BY-LAWS ON THEIR WEBSITE COPIES OF THESE DOCUMENTS WILL BE PROVIDED TO THE PUBLIC UPON REQUEST

Return Reference**Explanation**

FORM 990, PART XI, LINE 9

TO ADJUST PRIOR YEAR INVENTORY 151,230

Return Reference	Explanation
FORM 990, PART XII, LINE 2C	THE ORGANIZATION DID NOT CHANGE ITS OVERSIGHT PROCESS OR THE PROCESS USED TO SELECT AN INDEPENDENT ACCOUNTANT DURING THE CURRENT YEAR