

Form **990**

PUBLIC DISCLOSURE COPY - STATE REGISTRATION NO. 224 | 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.

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

2022
Open to Public Inspection

Department of the Treasury

A For the 2022 calendar year, or tax year beginning and ending D Employer identification number Check if applicable: C Name of organization Address change MARSHFIELD AREA UNITED WAY Name change 39-1035073 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number 715-507-5005 612 W. BLODGETT ST 880,696. termi City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended return MARSHFIELD, WI 54449 H(a) Is this a group return Applica-tion F Name and address of principal officer: ASHLEY WINCH Yes X No for subordinates? pending SAME AS C ABOVE H(b) Are all subordinates included? Yes I Tax-exempt status: X 501(c)(3) 501(c) (4947(a)(1) or If "No." attach a list. See instructions (insert no.) WWW.MARSHFIELDAREAUNITEDWAY.ORG J Website: H(c) Group exemption number K Form of organization: X Corporation Trust L Year of formation: 1946 M State of legal domicile: WI Association Part I Summary Briefly describe the organization's mission or most significant activities: MARSHFIELD AREA UNITED WAY'S Governance (MAUW) MISSION IS TO INCREASE THE COMMUNITY'S CAPACITY TO CARE FOR 2 if the organization discontinued its operations or disposed of more than 25% of its net assets. 18 3 Number of voting members of the governing body (Part VI, line 1a) 18 Number of independent voting members of the governing body (Part VI, line 1b) Total number of individuals employed in calendar year 2022 (Part V, line 2a) 4 5 705 6 Total number of volunteers (estimate if necessary) 6 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. b Net unrelated business taxable income from Form 990-T, Part I, line 11 **Prior Year Current Year** 772,048. 824,890. 8 Contributions and grants (Part VIII, line 1h) Revenue 0. 0 Program service revenue (Part VIII, line 2g) $3, \overline{555}$ 69. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 32,173. 42,676. 807,776. 867,635. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 485,038. 480,297. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 13 14 Benefits paid to or for members (Part IX, column (A), line 4) Ο. 0. 179,720. 188,934. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. **b** Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 192,376. 230,042. 857,134 899,273. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -49,358. -31,638.Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** Б 786,151. 1,738,272. 20 Total assets (Part X, line 16) 23,871 24,674. 21 Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20 762,280. 713,598 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. Signature of officer Sign ASHLEY WINCH. EXECUTIVE DIRECTOR Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature P01468300 Paid SANDRA JENSEN SANDRA JENSEN 06/30/23 Preparer HAWKINS ASH CPAS LLPFirm's EIN 39-0912608 Firm's name Use Only Firm's address 500 S SECOND STREET, SUITE 200 Phone no. 608-784-7737 LA CROSSE, WI 54601 X Yes May the IRS discuss this return with the preparer shown above? See instructions

. u.	Chack if Schodula O centains a response or note to any line in this Part III	X
1	Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission:	21
•	MARSHFIELD AREA UNITED WAY'S (MAUW) MISSION IS TO INCREASE THE	
	COMMUNITY'S CAPACITY TO CARE FOR ONE ANOTHER. MAUW SOLICITS AND	
	DISTRIBUTES DONATIONS TO COMMUNITY HUMAN SERVICE ORGANIZATIONS WHO IN	
	TURN PROVIDE NEEDED SERVICES IN OUR COMMUNITY.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
_		No.
	prior Form 990 or 990-EZ? If "Yes." describe these new services on Schedule O.	_ NO
3	·	No.
3] 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 \$ 504,168. including grants of \$ 480,297.) (Revenue \$))
	COMMUNITY IMPACT PROGRAMS PARENTIC MUST HAVE GUIDDON FARLY ON GAN BUILD OF FARENCE FOR	
	PARENTS WHO HAVE SUPPORT FROM EARLY ON CAN BUILD GREAT FUTURES FOR	
	THEIR CHILDREN. UNITED WAY WORKS WITH SCHOOLS, PARENTS, AND PARTNERS TO	<u> </u>
	ENSURE THAT EVERY CHILD IS EQUIPPED FOR SUCCESS IN SCHOOL, WORK, AND	
	LIFE BY INVESTING IN PROGRAMS THAT PRODUCE RESULTS. IN 2022, 5,896	
	CHILDREN OR THEIR PARENTS/CAREGIVERS RECEIVED SUPPORT FOR EARLY	
	CHILDHOOD EDUCATION, YOUTH DEVELOPMENT, AND SERVICES FOR CHILDREN AND	
	FAMILIES.	
	OUD COMMINITED WILL ONLY DECORED AND CROW TO ALL DAMILIES AND	
	OUR COMMUNITY WILL ONLY PROSPER AND GROW IF ALL FAMILIES ARE	_
	FINANCIALLY STABLE. UNITED WAY'S WORK IN FINANCIAL STABILITY IS FOCUSED ON ENSURING ALL FAMILIES AND INDIVIDUALS ACHIEVE INDEPENDENCE. MORE	
41.	ON ENSURING ALL FAMILIES AND INDIVIDUALS ACHIEVE INDEPENDENCE. MORE	
4b	(Code:) (Expenses \$120,353. including grants of \$) (Revenue \$) NUTRITION ON WEEKENDS PROGRAM)
	THE NUTRITION ON WEEKENDS (NOW) PROGRAM IS A COLLABORATIVE, COMMUNITY	
	EFFORT TO TARGET CHILDHOOD HUNGER. THE PROGRAM PROVIDES HEALTHY,	
	READY-TO-EAT NUTRITIONAL FOODS FOR CHILDREN DURING THE WEEKEND. IN	
	2022, 493 CHILDREN RECEIVED FOOD THROUGH THE NOW PROGRAM.	
	ZUZZ, 495 CHILDREN RECEIVED FOOD HIROUGH THE NOW PROGRAM:	
4c	(Code:) (Expenses \$ 67 , 814 including grants of \$) (Revenue \$	١
	VOLUNTEER CENTER PROJECTS	
	VOLUNTEER CENTER PROJECTS CONNECT INDIVIDUALS WISHING TO VOLUNTEER WITH	H
	SOCIAL SERVICE PROGRAMS SEEKING VOLUNTEERS. ADDITIONALLY THE VOLUNTEER	
	CENTER CONDUCTS VARIOUS PROJECTS THROUGHOUT THE YEAR SUCH AS SUPPLIES 4	4
	SUCCESS WHICH PROVIDED 686 AREA SCHOOL CHILDREN WITH BACKPACKS AND	
	SCHOOL SUPPLIES PREPARED BY 54 VOLUNTEERS, MAKE A DIFFERENCE DAY IN	
	WHICH 39 SENIOR AND DISABLED HOMEOWNERS HAD THEIR YARDS RAKED BY 188	
	VOLUNTEERS. IN 2022, OUR AARP TAX-AIDE PROGRAM ASSISTED 472 SENIOR AND	D
	LOW-INCOME HOUSEHOLDS PREPARE TAXES.	
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ 39,633 • including grants of \$) (Revenue \$	
4e	Total program service expenses 731,968.	

Form 990 (2022) MARSHFIELD AREA UNITED WAY Part IV Checklist of Required Schedules

 Is the organization described in section 501(c)(S) or 4947(a)(1) (other than a private foundation)? If Yes, "compiles Schedule A Is the organization required to compiles Schedule B, Schedule G, Schedule G, Schedule G, Schedule G, Portroutors C See instructions Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," compiles Schedule C, Part I Section 501(c)(3) organizations. Did the organization analysis in the organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98.197 (*Yes," complete Schedule C, Part II Is the organization assection 501(c)(4), 501(c)(6), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98.197 (*Yes," complete Schedule C, Part II Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II Did the organization receive or hold a conservation easement, including assements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part IV. 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 organization, hold assets in donor-restricted endowments? If "Yes," complete Schedule D, Part IV. Did the organization incort or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Pa				Yes	NO
 2 Is the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? (**1*e*)** complete Schedule C, Part I 4 Section 50 (1c/8) organizations. Did the organization engage in lobbying activities, or have a section 50 (1c/8) organizations. Did the organization engage in lobbying activities, or have a section 50 (1c/8) organization as ection 50 (1c/8), 50 (1c/8), or 50 (1c/8) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 89 (1c/8) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 89 (1c/8) or 16 (1c/8). 5 Is the organization maintain any donor advised funds or any similar funds or accounts (**10 (1c/8) organization maintain any donor advised funds or any similar funds or accounts (**10 (1c/8) organization maintain any donor advised funds or any similar funds or accounts (**10 (1c/8) organization maintain collections of works or assessments as organization maintain collections of works or assessments as organization maintain collections of works of art, historical treasures, or other similar assests? (**10 (1c/8) organization maintain collections of works of art, historical treasures, or other similar assests? (**10 (1c/8) organization for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV Did the organization organization assessments? If "Yes," complete Schedule O, Part VI If the organization organization report an amount for land, buildings, and equipment in Part X, line 10; If "Yes," complete Schedule D, Part VI Did the organization report an amount for investments - other securities in Part X, line 10; If "Yes," complete Schedule D, Part VI Did the organization report an amount for investments - program related in Part X, l	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If Yes, "complete Schedule C, Part II. Section 501(x)3) organizations. Did the organization engage in lobbying activities, or have a section 501(n) election in effect during the tax year? If Yes," complete Schedule C, Part III. Is the organization a section 501(c)(4), 501(c)(g), or 501(c)(g) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If Yes," complete Schedule C, Part III. Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If Yes," complete Schedule D, Part II. Did the organization receive or hold a conservation easement, including easements to preserve open space. the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II. Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV. Did the organization directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If Yes," complete Schedule D, Part V. If the organization report an amount for investments - other securities in Part X, line 10? If Yes," complete Schedule D, Part VIII. Did the organization report an amount for investments - other securities in Part X, line 10? If Yes," complete Schedule D, Part VIII. Did the organization report an amount for investments - other securities in Part X, line 18? If Yes," complete Schedule D, Part VIII.		· ·	1	X	
public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(n) election in effect during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Pros. 98-199 if "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts? if "Yes," complete Schedule D, Part II Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical tressures, or forthe similar assets? If "Yes," complete Schedule D, Part III Did the organization organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule O, Part VI If the organization shares were to any of the following questions is "Yes," then complete Schedule D, Part SV II II III III III III III III III II			2	Х	
 4. Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(f) election in effect during the tax year? If "Yes," complete Schedule C, Part III. Is the organization a section 601(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-18? If "Yes," complete Schedule C, Part III. Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II. Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II. Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV. Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V. If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VII. Did the organization report an amount for investments - program related in Part X, line 10, If a list 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. Did the organization report an amount for organization in Part X, line 15, that is	3				v
during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section \$01(a)(4), \$01(a)(5), or \$01(a)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III. 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 for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III. Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part IV. Did the organization amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part V. Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part VI. If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VII. Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VIII. 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 Pa			3		Х
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 To bit the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? # "yes," complete Schedule D, Part III Bid the organization maintain collections of works of art, historical treasures, or other similar assets? # "yes," complete Schedule D, Part III 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? # "Yes," complete Schedule D, Part V Did the organization is Schedule D, Part V Did the organization is Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, N, or X, as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? # "Yes," complete Schedule D, Part VI 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? # "Yes," complete Schedule D, Part VIII Did the organization report an amount for investments - other securities in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? # "Yes," complete Schedule D, Part VIII 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? # "Yes," complete Schedule D, Part VIII 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? # "Yes," complete Schedule D, Part VIII 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? # "Yes," complete Schedu	Ü		6		х
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 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV. 10 Did the organization directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V. 11 If the organization is answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X, as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. b Did the organization report an amount for investments - organized in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part XII. d Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X d Did the organization oreport an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X d Did the organization oreport an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X d Did the organization obtain separate, independent audited financial statements for the ta	•		7		х
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Schedule D, Parts XI and XII b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 14a Did the organization maintain an office, employees, or agents outside of the United States? b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 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 report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1 c and 8a? If "Yes," complete Schedule G, Part II 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 21 Did the organization	12a				
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Form 990 (2022) MARSHFIELD AREA UN
Part IV Checklist of Required Schedules (continued)

22 X 23 Did the organization report more than \$5.000 of grants or other assistance to or for domestic individuals on Part IX, coloring N, line 29 II "Tyes," complete Schedule I. Parts I and All II and III				Yes	No
23 Dit the organization in senser "Ne" to Park IVI, Section A, Jine 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J. 24 Dit 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 Decomber 31, 2002? If "Yes," answer lines 2bt brough 24d and complete Schedule K. If "No," yo to line 25a Schedule K. If "No," yo to line 25a Did the organization minimal man escrow account other than a refunding escroy at any time during the year to defease any tax exempt bonds? did the organization animal and escrow account other than a refunding escroy at any time during the year? 24d Did the organization acts an "on behalf of" issuer for bonds outstanding at my time during the year? 24d Did the organization acts as an "on behalf of" issuer for bonds outstanding any time during the year? 24d Did the organization account the regard in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I Did the organization animal that 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 prior forms 900 or 900-EZ? If "Yes," complete Schedule L, Part II Did the organization provide any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or forunder, substantial contributor, or 35% controlled entity of ranning member of any of these persons? If "Yes," complete Schedule L, Part III Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or forunder, substantial contributor? If Did the organization receive contributions or employee, creator or forunder, or substantial contributor? If Did the organ	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
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Schedule / Late of the year, that was issued after December 31, 2002? // "Yes," answer lines 24b through 24d and complete Schedule / I"No." go to fine 25a. b Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? c Did the organization mirest any proceeds of tax exempt bonds beyond a temporary period exception? c Did the organization mirest any proceeds of tax exempt bonds beyond a temporary period exception? d Did the organization maintain an escrivor account other than a refunding escrivor at any time during the year? d Did the organization and at as an "on behalf of" issuer for bonds outstanding at any time during the year? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? d Did the organization access benefit transaction with a disqualified person during the year? I" Yes," complete Schedule I, Part I b Is the organization avaire that it engaged in an excess benefit transaction has not been reported on any of the organization spinor Forms 990 or 990-E27 If "Yes," complete Schedule I, Part I b Is the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key amployee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule I, Part IV and the organization approach thereof or family member of any of these persons? If "Yes," complete Schedule I, Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or former officer, director, frustee, key employee, creator or former officer, director, frustee, between the contributions of any of these persons? If "Yes," complete Schedule II, Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or former	23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to him 25d s. 5 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24d Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24d Did the organization invest any proceeds of tax-exempt bonds outstanding at any time during the year to defease any tax-exempt bonds? 24d Did the organization axes as no "on behalf of" issuer for bonds outstanding at any time during the year? 24d Did the organization axes as no "on behalf of" issuer for bonds outstanding at any time during the year? 24d Did the organization axes 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 organizations prior Forms 990 or 990-E27 if "Yes," complete Schedule L, Part I is schedule L, Part II is sche		and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
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d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Saction 501(2)(3), 501(2)(4), and 501(2)(2) prognizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 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 is prior proms 900 or 990-E77 If "Yes," complete Schedule L, Part II 25b Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 27c Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof or family member of any of these persons? If "Yes," complete Schedule L, Part III 28c Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IIV, instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV 28b X C A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV 28c X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M, Part I III and 197 "Yes," complete Schedule L, Part IV "Yes," complete Schedule M, Part I III and 197 "Yes," complete Schedule M, Part I III and 197 "Yes," complete Schedule M, Part I III III and 197 "Yes," complete Schedule M, Part I III III and 197 "Y	С	, , , , , , , , , , , , , , , , , , , ,	240		
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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 980 or 999-EZ? If "Yes," complete Schedule I, Part I		· · · · · · · · · · · · · · · · · · ·	2-10		
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-E27; If "Yes," complete Schedule L, Part I			25a		Х
that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? #**yes,** complete Schedule L, Part I 25b X 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, frustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? #*Yes,** complete Schedule L, Part III 27 X 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity forcilluding an employee thereof of rainly member of any inally membe	b	, ,			
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controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 26	26	,			
Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 X X 28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part III 27 X 28 A Current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV 28 A 25% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV 28c X 29 X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 X 12 Did the organization ilquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 X 32 Did the organization ilquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 X 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part II, III, III, III, III, III, III, III		or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? // "Yes," complete Schedule L, Part II. 27 X 28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filling thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? // If 28 X b A family member of any individual described in line 28a? // "Yes," complete Schedule L, Part IV. 28 X 29 Did the organization for or more individuals and/or organizations described in line 28a or 28b? // 29 29 Did the organization receive more than \$25,000 in non-cash contributions? // If "Yes," complete Schedule L, Part IV. 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? // If "Yes," complete Schedule M. 30 Did the organization individual experiments, or dissolve and cease operations? // If "Yes," complete Schedule N, Part I. 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? // "Yes," complete Schedule N, Part I. 31 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? // "Yes," complete Schedule R, Part I. 32 Did the organization related to any tax-exempt or taxable entity? // If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 33 Did the organization have a controlled entity within the meaning of section 512(b)(13)? // "Yes," complete Schedule R, Part V, line 2 34 Was the organization have a controlled entity within the meaning of section 512(b)(13)? // "Yes," complete Schedule R, Part V, line 2 35 Did the organization onomplete Schedule O and provide explanations on Schedule O for Par		controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III. Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV. 28a X b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV. 28b X c A 3596 controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV. 28c X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M. 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I. 31 Did the organization elle, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II. 31 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301-7701-2 and 301-7701-3? If "Yes," complete Schedule R, Part II. 31 Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 32 Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 32 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 33 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? 33 Note: All	27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
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instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV 28b X 28b X 28b X 28c X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 31 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 33 Did the organization related to any tax exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 34 Was the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35 Did the organization on 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 Section		entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? "Yes," complete Schedule L, Part IV b A family member of any individual described in line 28a? c A 359% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? p Did the organization receive more than \$25,000 in non-cash contributions? "Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? B Did the organization receive more than \$25,000 in non-cash contributions? B Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? B Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? B Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? B Yes," complete Schedule N, Part I Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701.2 and 301.7701.3? B Yes," complete Schedule R, Part I B Yes," complete Schedule R, Part II, III, or IV, and Part V, Iine 1 B Yes," complete Schedule R, Part V, Iine 2 Did the organization have a controlled entity within the meaning of section 512(b)(13)? B Yes," complete Schedule R, Part V, Iine 2 Did the organizations. Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? B Yes," complete Schedule R, Part V, Iine 2 Did the organization. Did the organization make any transfers to an exempt non-charitable related organization? B Yes No 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 Check if Schedule O contains a response or note to any line in this Part V D In the organization com	28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
"Yes," complete Schedule L, Part IV b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV 28c X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Ses," complete Schedule M 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I 31 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701.2 and 301.7701.3? If "Yes," complete Schedule R, Part I 32 A Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, Iine 1 33 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 34 If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, Iine 2 35 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, Iine 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, Iine 2 35 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 36 Section 501(c)		instructions for applicable filing thresholds, conditions, and exceptions):			
b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV 28c X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 X 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35 If "Yes," to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O for Part VI, lines 11b and 19? Yes No 1a Enter the number of Forms W-26 included on line 1a. Enter 0- if not applicable C Did the organizat	а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
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"Yes," complete Schedule L, Part IV 28c			28b		<u> </u>
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Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 Saa Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 Told the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	00				
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Schedule N, Part II 32			0.		
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 X 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a X 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)? If "Yes," complete Schedule R, Part V, line 2 35b	02	•	32		х
sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 J X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part V I 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O 28 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 10 Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 11 D	33	,			
Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, Iine 1 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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)? If "Yes," complete Schedule R, Part V, Iine 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, Iine 2 36 Jud the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part V III form 990 filers are required to complete Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O Check if Schedule O contains a response or note to any line in this Part V 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			33		Х
Part V, line 1 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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)? If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O 28 X 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 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	34				
Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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)? If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O 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 Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			34		X
within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O 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 Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	35 a		35a		Х
Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36	b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
If "Yes," complete Schedule R, Part V, line 2 36			35b		
Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	36				
and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			36		X
Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V The Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	37	i ,			
Note: All Form 990 filers are required to complete Schedule O 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 Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable be Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			37		<u> </u>
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 Yes No 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable be Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	38			v	
Check if Schedule O contains a response or note to any line in this Part V Yes No 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	Par		38	Λ	
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a Ta	ı aı				
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 7 b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming 0		Ground Corrodatio Coordania a response or note to any line in this rare v		Yes	No
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1 2	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		163	140
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming					
(garnoling) withings to prize withers:		(gambling) winnings to prize winners?	1c	Х	

Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return Х 2b b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **3a** Did the organization have unrelated business gross income of \$1,000 or more during the year? Х b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a Х financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a **b** If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? Х 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). X a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a **b** If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c d If "Yes," indicate the number of Forms 8282 filed during the year 7е e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? 9a **b** Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 **b** Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders 11a b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand Х 14a **14a** Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 If "Yes." see the instructions and file Form 4720. Schedule N. Х Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 16 If "Yes," complete Form 4720, Schedule O. 17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 17 If "Yes," complete Form 6069.

Form 990 (2022) MARSHFIELD AREA UNITED WAY 39-1035073 Page Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below 7b bel to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions

	to fine da, db, of 10b below, describe the circumstances, processes, or changes on schedule of see instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management		L	T
	Enter the number of voting members of the governing body at the end of the tax year 18		Yes	No
ıa	, , , , , , , , , , , , , , , , , , , ,			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0. Enter the number of voting members included on line 1a, above, who are independent 18			
b				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			Х
_	officer, director, trustee, or key employee?	2		Λ
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	_		х
	of officers, directors, trustees, or key employees to a management company or other person?	<u>3</u> 4		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	5		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			X
6	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	6		Λ
7a		7-		х
	more members of the governing body?	7a		Λ
D	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			х
•	persons other than the governing body?	7b		Δ
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	0-	Х	
	The governing body?	8a	X	
	Each committee with authority to act on behalf of the governing body?	8b		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			х
Sac	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9		Λ
000	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		Yes	No
100	Did the organization have local chapters, branches, or affiliates?	10a	162	No X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	IUa		21
b		10b		
11a	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	Ha		
12a		12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe	120		
·	on Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
.0	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	.55		
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?	16a		Х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	100		
-	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure	100		
17	List the states with which a copy of this Form 990 is required to be filed WI			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	onlv)	availal	ble
	for public inspection. Indicate how you made these available. Check all that apply.	,		-
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	finan	cial	
	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			
	ASHLEY WINCH - 715-507-5005			
	612 W BLODGETT STREET, MARSHFIELD, WI 54449			

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

Check this box if neither the organization ne	or any related	orga	niza	tion	con	npen	sate	ed any current officer, d	irector, or trustee.	
(A)	(B)			(((D)	(E)	(F)
Name and title	Average	(do	Position (do not check more than one				ono	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	son i	s both	an	compensation	compensation	amount of
	week		cer an	id a di	recto	r/trus	tee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for related	or di	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/	from the
	organizations	rustee	trust		99	ubeu		1099-NEC)	1099-NEC)	organization and related
	below	dual t	ıtjona	_	mploy	st cor	<u> </u>	1000 1420)		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			3
(1) ASHLEY WINCH	45.00									
EXECUTIVE DIRECTOR				Х				68,238.	0.	5,338.
(2) DUSTIN FOLLEN	2.00									
TREASURER		Х		Х				0.	0.	0.
(3) JOLENE STERNWEIS	2.00									
PAST PRESIDENT		Х		Х				0.	0.	0.
(4) KATY ZALESKI	2.00									
PRESIDENT		Х		Х				0.	0.	0.
(5) MIKE SAUTEBIN	2.00									
BOARD MEMBER		Х						0.	0.	0.
(6) JOSH MILLER	2.00									
BOARD MEMBER		Х						0.	0.	0.
(7) KAREN ISAACSON	2.00									
BOARD MEMBER		Х						0.	0.	0.
(8) MELISSA BARNES	2.00									_
SECRETARY		Х						0.	0.	0.
(9) ANDREW WILKINS	2.00									
BOARD MEMBER		Х						0.	0.	0.
(10) BEN LEE	2.00									
BOARD MEMBER		Х						0.	0.	0.
(11) HOLLY ZOPFI	2.00									
BOARD MEMBER		Х						0.	0.	0.
(12) DANIELLE NYSTROM	2.00									
BOARD MEMBER		Х						0.	0.	0.
(13) JEFF KOLSTAD	2.00								_	_
BOARD MEMBER		Х						0.	0.	0.
(14) MEGAN KRAMAS	2.00									
BOARD MEMBER		Х						0.	0.	0.
(15) MAT BARTKOWIAK	2.00	l								
BOARD MEMBER	0.00	Х						0.	0.	0.
(16) CHERYL SCHWANTES	2.00							_		_
VICE PRESIDENT	0 00	Х		Х				0.	0.	0.
(17) MARTY CHY	2.00									_
BOARD MEMBER		Х						0.	0.	0.

Form 990 (2022) 232007 12-13-22

Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)				
(A) Name and title	(B) Average hours per	(do box	not cl	Posi heck r	ition more than one rson is both an			(D) Reportable compensation	(E) Reportable compensation			(F) stimate mount	
	week (list any hours for related organizations below line)	tee or director	Institutional trustee	Officer Officer		Highest compensated 144		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organization (W-2/1099-MIS 1099-NEC)	is SC/	f org an	other npensa rom the ganizati d relate anizatio	e ion ed
(18) JENNI FREDRICK BOARD MEMBER	2.00	Х						0.		0.			0.
(19) BRIAN VARSHO BOARD MEMBER	2.00	Х						0.		0.			0.
BOILD IMMEDIA		21						0.		•			<u> </u>
1b Subtotal c Total from continuation sheets to Part VII								68,238.		0.		5,33	38. 0.
d Total (add lines 1b and 1c)								68,238.		0.		5,338.	
2 Total number of individuals (including but no compensation from the organization	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable	Э			0
												Yes	No
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for st	•		•	•	•		•		•		3		Х
4 For any individual listed on line 1a, is the su	ım of reportabl	е со	mpe	ensa	tion	and	oth	er compensation from t	he organization				X
and related organizations greater than \$150Did any person listed on line 1a receive or a											4		
rendered to the organization? If "Yes." com Section B. Independent Contractors	plete Schedule	e J fo	or su	ıch r	oers	on .					5		X
Complete this table for your five highest could	mpensated inc	lepe	nder	nt cc	ontra	actor	s th	nat received more than \$	100,000 of comp	pensa	tion fr	om	
the organization. Report compensation for t	the calendar ye	ear e	ndir	ig w	ith c	or wi	thin	the organization's tax y (B)	ear.		- 10	C)	
Name and business	address	NC	ONE	C				Description of s	ervices	C		nsation	า
_													
-													
_													
Total number of independent contractors (ir \$100,000 of compensation from the organize)	· ·	ot lin	nited	to t	thos (ted	above) who received mo	ore than				

		Check if Schedule O c	ontains a	response o	or note to anv lin	e in this Part VIII			
		oncon ii concuanc c	orricanio a		o	(A)	(B)	(C)	(D)
						Total revenue	Related or exempt	Unrelated	Revenue excluded
							function revenue	business revenue	from tax under sections 512 - 514
$\overline{}$				т т					360110113 3 12 - 3 14
nts	1 a	Federated campaigns		1a					
ira D				1b					
P,S	(Fundraising events		1c					
Contributions, Gifts, Grants and Other Similar Amounts	(Related organizations		1d					
s, Eigh	6	Government grants (contri	butions)	1e					
Ö	f	All other contributions, gifts, g	grants, and						
E E		similar amounts not included			824,890.				
₽₽	,	Noncash contributions included in li		1g \$	24,569.				
Ϋ́Β		Total. Add lines 1a-1f	11105 14 11	.9 IV		824,890.			
0 0		I Total. Add lines 1a-11			Business Code	021/0301			
	_				Busiliess Code				
<u>:</u>	2 8								
e.∠	k								
Š	(•							
an	(d							
Program Service Revenue	•	·							
Ā	f	All other program service r	evenue						
		Total. Add lines 2a-2f	······································	<u></u>					
	3	Investment income (includ	ing divide	nds, intere	st, and				
		•	-		•	69.			69.
	4		er similar amounts) me from investment of tax-exempt bond proceeds						
	5			ipi boria p	1000003				
	3	Royalties		i) Real	(ii) Personal				
	_		,	i) neai	(II) Fersonal				
			6a						
	k	Less: rental expenses	6b						
	(Rental income or (loss)	6с						
	(Net rental income or (loss)							
	7 a	a Gross amount from sales of	(i) S	ecurities	(ii) Other				
		assets other than inventory	7a						
	k	Less: cost or other basis							
<u>e</u>		and sales expenses	7b						
eu		Gain or (loss)	7c						
ě	,	Net gain or (loss)							
Other Revenue		Gross income from fundraisin							
₹	0 6	including \$	iy evenis (i	_					
٥١		-	li -1 -1 -0	of					
		contributions reported on I	,		E2 2E4				
		Part IV, line 18							
					13,061.	20 102			20 102
		Net income or (loss) from f				39,193.			39,193.
	9 a	a Gross income from gaming	-						
		Part IV, line 19							
	k	Less: direct expenses		9b					
		Net income or (loss) from g							
	10 a	Gross sales of inventory, le	ess return	s					
		and allowances							
		Less: cost of goods sold							
		Net income or (loss) from s							
\dashv		, Hermoonie of (1055) HOIII S	Jaios Of III	vontory	Business Code				
ဋ		OTHER INCOME			900099	3,483.	3,483.		
e e					900033	3,403.	3,403.		
<u>a</u>	k	·							
Miscellaneous Revenue	•								
ĕ	(d All other revenue							
	•	Total. Add lines 11a-11d				3,483.			
_	12	Total revenue. See instruction	ns			867,635.	3,483.	0.	39,262.

Form 990 (2022) MARSHFIELD AREA UNITED WAY Part IX Statement of Functional Expenses

Section FO1/a)/(1) and FO1/a)/(1) arganizations must complete all columns. All other arganizations must complete column (A)											
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											
	not include amounts reported on lines 6b, 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	480,297.	480,297.								
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,	60.000	20 015	10 206	00 125						
	trustees, and key employees	68,238.	37,715.	10,386.	20,137.						
6	Compensation not included above to disqualified										
	persons (as defined under section 4958(f)(1)) and	E 22F	0.050	010	1 555						
	persons described in section 4958(c)(3)(B)	5,337.	2,950.	812.	1,575. 27,055.						
7	Other salaries and wages	91,682.	50,673.	13,954.	41,055.						
8	Pension plan accruals and contributions (include										
_	section 401(k) and 403(b) employer contributions)	11 700	6 400	1 705	2 461						
9	Other employee benefits	11,728. 11,949.	6,482. 6,604.	1,785.	3,461. 3,526.						
10	Payroll taxes	11,949.	0,004.	1,019.	3,340.						
11	Fees for services (nonemployees):										
a	3										
b	Legal	13,004.		4,425.	8,579.						
	Accounting	13,004.		4,423.	0,313.						
	Lobbying Professional fundraising services. See Part IV, line 17										
e f	Investment management fees										
g	Other. (If line 11g amount exceeds 10% of line 25,										
9	column (A), amount, list line 11g expenses on Sch 0.)										
12	Advertising and promotion	2,360.	1,304.	359.	697.						
13	Office expenses	5,111.	2,825.	778.	1,508.						
14	Information technology	- /	,	-	,						
15	Royalties										
16	Occupancy	14,498.	8,011.	2,209.	4,278.						
17	Travel	,	,	,	•						
18	Payments of travel or entertainment expenses										
-	for any federal, state, or local public officials										
19	Conferences, conventions, and meetings	5,057.	2,795.	770.	1,492.						
20	Interest										
21	Payments to affiliates	13,575.		13,575.							
22	Depreciation, depletion, and amortization	12,400.	6,853.	1,887.	3,660.						
23	Insurance	4,011.	2,217.	610.	1,184.						
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)										
а	PROGRAM EXPENSES	122,787.	122,787.								
b	CAMPAIGN AWARDS, SUPPLI	18,545.			18,545.						
С	FUNDRAISING EXPENSES	17,870.			17,870.						
d	MISCELLANEOUS	824.	455.	125.	244.						
е	All other expenses										
25	Total functional expenses. Add lines 1 through 24e	899,273.	731,968.	53,494.	113,811.						
26	Joint costs. Complete this line only if the organization										
	reported in column (B) joint costs from a combined										
	educational campaign and fundraising solicitation.										
	Check here if following SOP 98-2 (ASC 958-720)										
					Farm 990 (2022)						

Form 990 (2022)
Part X | Balance Sheet

Pai	rt X	Balance Sheet					
		Check if Schedule O contains a response or	note to any li	ne in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			709,401.	1	840,074.
	2	Savings and temporary cash investments			360,555.	2	242,642.
	3	Pledges and grants receivable, net			246,313.	3	243,747.
	4	Accounts receivable, net		9,731.	4	11,810.	
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, su					
		controlled entity or family member of any of t	hese persons	s		5	
	6	Loans and other receivables from other disqu	alified perso	ns (as defined			
		under section 4958(f)(1)), and persons describ	oed in section	n 4958(c)(3)(B)		6	
s,	7	Notes and loans receivable, net		r -		7	
Assets	8	Inventories for sale or use				8	
As	9	B			4,668.	9	3,807.
	10a	Land, buildings, and equipment: cost or othe					
		basis. Complete Part VI of Schedule D		338,108.			
	b	Less: accumulated depreciation	10b	29,115.	321,393.	10c	308,993.
	11	Investments - publicly traded securities		-	-	11	
	12	Investments - other securities. See Part IV, lin				12	
	13	Investments - program-related. See Part IV, lin				13	
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		134,090.	15	87,199.	
	16	Total assets. Add lines 1 through 15 (must e			1,786,151.	16	1,738,272.
	17	Accounts payable and accrued expenses		23,871.	17	24,674.	
	18	Grants payable		18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities		20			
	21	Escrow or custodial account liability. Comple				21	
s	22	Loans and other payables to any current or for	ormer officer,	director,			
Liabilities		trustee, key employee, creator or founder, su	bstantial con	tributor, or 35%			
abil		controlled entity or family member of any of t	hese persons	3		22	
=	23	Secured mortgages and notes payable to uni	elated third	oarties		23	
	24	Unsecured notes and loans payable to unrela	ted third par	ties		24	
	25	Other liabilities (including federal income tax,	payables to	related third			
		parties, and other liabilities not included on lin	nes 17-24). C	omplete Part X			
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			23,871.	26	24,674.
		Organizations that follow FASB ASC 958, o	heck here	X			
ses		and complete lines 27, 28, 32, and 33.					
<u>a</u>	27	Net assets without donor restrictions			890,408.	27	876,904.
Ва	28	Net assets with donor restrictions			871,872.	28	836,694.
pu		Organizations that do not follow FASB ASC	C 958, check	here			
Net Assets or Fund Balances		and complete lines 29 through 33.		<u> </u>			
ō	29	Capital stock or trust principal, or current fun	ds			29	
set	30	Paid-in or capital surplus, or land, building, or	equipment f	und		30	
As	31	Retained earnings, endowment, accumulated	l income, or o	other funds		31	
Net	32	Total net assets or fund balances			1,762,280.	32	1,713,598.
	33	Total liabilities and net assets/fund balances			1,786,151.	33	1,738,272.

Form **990** (2022)

Pai	t 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		7,6				
2	Total expenses (must equal Part IX, column (A), line 25)	2		9,2				
3	Revenue less expenses. Subtract line 2 from line 1	3	-3 1,76	1,6				
4	4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4							
5	5 Net unrealized gains (losses) on investments							
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
	column (B))	10	1,71	3,5	98 .			
Pai	t XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII				X			
				Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		2b	X				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,						
	consolidated basis, or both:							
	X Separate basis Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,						
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X				
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the							
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		Х			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b					
			Form	990	(2022)			

SCHEDULE A

(Form 990)

Total

Department of the Treasury nternal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Employer identification number

MARSHFIELD AREA UNITED WAY 39-1035073 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 12, 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). (Attach Schedule E (Form 990).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. ____ Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. _____ Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed in your governing document (i) Name of supported (iii) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

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

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

Sec	tion A. Public Support									
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not									
	include any "unusual grants.")	854,631.	1032602.	1026125.	772,048.	824,890.	4510296.			
2	Tax revenues levied for the organ-									
	ization's benefit and either paid to									
	or expended on its behalf									
3	The value of services or facilities									
	furnished by a governmental unit to									
	the organization without charge									
4	Total. Add lines 1 through 3	854,631.	1032602.	1026125.	772,048.	824,890.	4510296.			
	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)						351,427.			
6	Public support. Subtract line 5 from line 4.						4158869.			
	ction B. Total Support									
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total			
	Amounts from line 4	854,631.	1032602.	1026125.	772,048.	824,890.	4510296.			
8	Gross income from interest,	-								
	dividends, payments received on									
	securities loans, rents, royalties,									
	and income from similar sources	821.	12,514.	11,779.	3,555.	69.	28,738.			
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.)	8,605.	4,010.	7,560.	1,531.	3,483.	25,189.			
11	Total support. Add lines 7 through 10	·					4564223.			
	Gross receipts from related activities,	etc. (see instruction	ons)			12	172,519.			
	First 5 years. If the Form 990 is for the	•	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			01(c)(3)	-			
	organization, check this box and stop									
Sec	ction C. Computation of Publi	c Support Per	centage							
14	Public support percentage for 2022 (I	ne 6, column (f), d	ivided by line 11, c	olumn (f))		14	91.12 %			
15	Public support percentage from 2021	Schedule A, Part	II, line 14			15	88.44 %			
16a	33 1/3% support test - 2022. If the o	organization did no	t check the box or	n line 13, and line 1	14 is 33 1/3% or m	ore, check this box	c and			
	stop here. The organization qualifies	as a publicly suppo	orted organization				X			
b	33 1/3% support test - 2021. If the	organization did no	t check a box on l	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box			
	and stop here. The organization qual	ifies as a publicly s	upported organiza	tion						
17a	10% -facts-and-circumstances test	- 2022. If the org	anization did not c	heck a box on line	13, 16a, or 16b, a	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 te	st. The organizatio	n qualifies as a pu	blicly supported or	rganization					
b	10% -facts-and-circumstances test	- 2021. If the org	anization did not c	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is	10% or			
	more, and if the organization meets the	ne facts-and-circum	stances test, chec	k this box and st	op here. Explain i	n Part VI how the	_			
	organization meets the facts-and-circu	ımstances test. Th	e organization qua	alifies as a publicly	supported organiz	ation				
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a					
							(Farm 000) 2022			

Schedule A (Form 990) 2022 MARSHFIELD AREA UNITED WAY | Part III | Support Schedule for Organizations Described in Section 509(a)(2)

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

Section A. Public Support	poloti, piedes comp	,							
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total			
Gifts, grants, contributions, and membership fees received. (Do not									
include any "unusual grants.")									
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose									
3 Gross receipts from activities that are not an unrelated trade or bus- iness under section 513									
4 Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf									
5 The value of services or facilities furnished by a governmental unit to the organization without charge									
6 Total. Add lines 1 through 5									
7a Amounts included on lines 1, 2, and 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									
	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total			
Calendar year (or fiscal year beginning in) 9 Amounts from line 6	(a) 2016	(b) 2019	(0) 2020	(a) 2021	(e) 2022	(I) Total			
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 on line 10b, whether or not the business is regularly carried on									
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)									
13 Total support. (Add lines 9, 10c, 11, and 12.)									
14 First 5 years. If the Form 990 is for t	he organization's fi	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizati	on,			
check this box and stop here									
Section C. Computation of Publ	ic Support Per	rcentage							
15 Public support percentage for 2022 (line 8, column (f), c	divided by line 13,	column (f))		15	%			
16 Public support percentage from 202 Section D. Computation of Investigation					16	%			
					147	0/			
·	ge for 2022 (line 10c, column (f), divided by line 13, column (f))								
18 Investment income percentage from			on line 14, and line		18	7 is not			
19a 33 1/3% support tests - 2022. If the more than 33 1/3%, check this box a						/ IS HOL			
b 33 1/3% support tests - 2021. If the	•	-		• •		and			
line 18 is not more than 33 1/3%, che	eck this box and s	top here. The orga	nization qualifies	as a publicly supp	orted organization				
20 Private foundation. If the organization									

Part IV | Supporting

Supporting Organizations

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

Section A. All Supporting Organizations

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

		Yes	No
	1		
	2		
	3a		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b		
	5с		
	6		
	7		
	8		
	9a		
	9b		
	9с		
	10a		
	10b		
di ilo	A /Earr	~ 000	2022

D-	the Company time Commission of the Commission of		• •	ago o
Pa	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	44-		
Sec	detail in Part VI. tion B. Type I Supporting Organizations	11c		
	tion 2. Type I supporting organizations		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or		res	NO
•	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	-		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	_		
_	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	2		
3	the organization maintained a close and continuous working relationship with the supported organization(s).			
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion 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)			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction	s).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	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.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
_	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
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.

	t V Type III Non-Functionally Integrated 509(a)(3) Supporti		zations	77 1033073 Fag
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on N	lov. 20, 1970 (explain in	Part VI). See instructions
	All other Type III non-functionally integrated supporting organizations mu-		•	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	ion B - Minimum Asset Amount	•	(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
ect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrate	d Type III supporting orga	anization (see
	instructions)	,	. 71-2	/

Schedule A (Form 990) 2022

00110	daie 71 (1 01111 000) 2022				
Par	t V Type III Non-Functionally Integrated 509((a)(3) Supporting Orga	nizations (continued)	1)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes	1	1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity		2	2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3	
4	Amounts paid to acquire exempt-use assets		4	4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)	5	5	
6	Other distributions (describe in Part VI). See instructions.		6	6	
7	Total annual distributions. Add lines 1 through 6.		7	7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.		8	8	
9	Distributable amount for 2022 from Section C, line 6		9	9	
10	Line 8 amount divided by line 9 amount		10	0	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022		(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-			П	
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
С	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i_	Carryover from 2017 not applied (see instructions)				
<u>j</u> _	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if			- 1	
	any. Subtract lines 3g and 4a from line 2. For result greater			- 1	
	than zero, explain in Part VI. See instructions.			_	
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8_	Breakdown of line 7:				
а	Excess from 2018				
b	Excess from 2019				
С	Excess from 2020				
d	Excess from 2021				
_	Evoess from 2022				

Schedule A (Form 990) 2022

232028 12-09-22 Schedule A (Form 990) 2022

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990 or Form 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Name of the organization **Employer identification number** MARSHFIELD AREA UNITED WAY 39-1035073 Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. I For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ______\$ _ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must

answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify

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

that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2022)

Name of organization

Employer identification number

MARSHFIELD AREA UNITED WAY

39-1035073

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ <u>86,514.</u>	Person X Payroll X Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>57,764.</u>	Person X Payroll X Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3_		\$ 24,844.	Person X Payroll X Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4_		\$ 60,829.	Person X Payroll X Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ 28,243.	Person X Payroll X Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$ 27,303.	Person X Payroll X Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

MARSHFIELD AREA UNITED WAY

39-1035073

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

Schedule B (Form 990) (2022) Page **4**

Name of organization Employer identification number

MARSHFIELD AREA UNITED WAY 39-1035073 Part III | Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

223454 11-15-22 Schedule B (Form 990) (2022)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

MARSHFIELD AREA UNITED WAY

Employer identification number 39-1035073

Pai	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts. Complete if the			
	organization answered "Yes" on Form 990, Part IV, lin	e 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 v		ed funds			
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No			
6	Did the organization inform all grantees, donors, and donor a					
	for charitable purposes and not for the benefit of the donor or	r donor advisor, or for any other purpose of	conferring			
_	impermissible private benefit?		Yes No			
Pai	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, F	Part IV, line 7.			
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).				
	Preservation of land for public use (for example, recreated	tion or education) Preservation of	a historically important land area			
	Protection of natural habitat	Preservation of	a certified historic structure			
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form	of a conservation easement on the last			
	day of the tax year.		Held at the End of the Tax Year			
а	Total number of conservation easements		2a			
b	Total acreage restricted by conservation easements		2b			
С	Number of conservation easements on a certified historic stru	ucture included in (a)	2c			
d	Number of conservation easements included in (c) acquired a	after July 25,2006, and not on a				
	historic structure listed in the National Register		2d			
3	Number of conservation easements modified, transferred, rele					
	year					
4	Number of states where property subject to conservation eas	sement is located				
5	Does the organization have a written policy regarding the per	iodic 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 cons	servation easements during the year			
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservat	tion easements during the year			
8	Does each conservation easement reported on line 2(d) above					
	and section 170(h)(4)(B)(ii)?					
9						
	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.					
Pa	t III Organizations Maintaining Collections of		her Similar Assets.			
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.				
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its revenue statement a	nd 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 finan	ncial statements that describes these item	S.			
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its revenue statement and b	palance sheet works of			
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furth	nerance of public service,			
	provide the following amounts relating to these items:					
	(i) Revenue included on Form 990, Part VIII, line 1					
	(ii) Assets included in Form 990, Part X		\$ <u> </u>			
2	If the organization received or held works of art, historical treat	asures, or other similar assets for financial	I gain, provide			
	the following amounts required to be reported under FASB A	_				
а	Revenue included on Form 990, Part VIII, line 1		\$			
b	Assets included in Form 990, Part X					

Schedule D (Form 990) 2022

308,993.

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line					
	Complete if the organization answered "Yes"	" on Form 990.	Part IV. line 11b	 See Form 990 	. Part X. line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990. Part X. col. (B) line 12.)	·	

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.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) BENEFICIAL INTEREST IN ASSETS HELD BY OTHERS	87,199.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	87,199.

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.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
otal, (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

Total. (Column (b) must equal Form 990. Part X. col. (B) line 25.)

^{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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII X

Fai	Complete if the organization answered "Voe" on Form 990. Part IV. line 12a		nevellue pei ne	turri.	
_	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total revenue, gains, and other support per audited financial statements			1	855,055.
1				-	033,033.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	ا م ا	-17 044		
_	Net unrealized gains (losses) on investments		-17,044. 4,464.		
b	Donated services and use of facilities		4,404.		
С.	Recoveries of prior year grants				
	Other (Describe in Part XIII.)				12 500
	Add lines 2a through 2d			2e	-12,580. 867,635.
3	Subtract line 2e from line 1			3	007,033.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 . 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b				
	Other (Describe in Part XIII.)	-			0
	Add lines 4a and 4b			4c	867,635.
Dai	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) † XII Reconciliation of Expenses per Audited Financial Statem		Evnenses ner F	5 Paturn	867,635.
Га	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a		Expenses per r	vetuiii.	
_				1	903,737.
1	Total expenses and losses per audited financial statements				703,737.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	ا مو ا	4,464.		
a	Donated services and use of facilities		4,404.		
b	Prior year adjustments				
C	Other losses				
	Other (Describe in Part XIII.)			00	4,464.
_	Add lines 2a through 2d			2e	899,273.
3	Subtract line 2e from line 1			3	055,215.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	الما			
	Investment expenses not included on Form 990, Part VIII, line 7b				
	Other (Describe in Part XIII.)				0.
	Add lines 4a and 4b			4c	899,273.
5 Pai	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.) † XIII Supplemental Information.			3	033,273.
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part	t IV lines 1h	and 2h: Part V line /	· Part Y I	ine 2: Part XI
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any add			·, I alt //, I	ine z, r art XI,
IIIIes	20 and 45, and Fart XII, lines 20 and 45. Also complete this part to provide any add	illionai imiom	iation.		
PAF	RT V, LINE 4:				
	11 17 2112 17				
AN	OUSTRIBUTIONS RECEIVED FROM THE BOARD DE	SIGNATI	ED ENDOWMEN	T FUN	D WILL
					-
BE	USED TO SUPPORT THE ORGANIZATION'S MISSION	N.			
PAF	RT X, LINE 2:				
<u>U.S</u>	S. GAAP REQUIRES MANAGEMENT TO EVALUATE TAX	X POSIT	TIONS TAKEN	BY 7	THE
ORC	GANIZATION AND RECOGNIZE A TAX LIABILITY (OR ASSI	T) IF THE	ORGAN	NIZATION
HA.	TAKEN AN UNCERTAIN POSITION THAT MORE LI	KELY TI	AN NOT WOU	LD NO	OT BE
SUS	TAINED UPON EXAMINATION BY A TAXING AUTHOR	RITY.	MANAGEMENT	HAS	ANALYZED
THE	TAX POSITIONS TAKEN BY THE ORGANIZATION A	AND HAS	CONCLUDED	THAT	AS OF

DECEMBER 31, 2022 THERE ARE NO UNCERTAIN POSITIONS TAKEN OR EXPECTED TO BE

TAKEN THAT WOULD REQUIRE RECOGNITION OF A LIABILITY (OR ASSET) OR

SCHEDULE G (Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities

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

entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

Open to

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

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

Employer identification number 39-1035073 MARSHFIELD AREA UNITED WAY Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events С In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid (iii) Did fundraiser (vi) Amount paid (iv) Gross receipts (i) Name and address of individual to (or retained by) (ii) Activity to (or retained by) have custody or entity (fundraiser) from activity fundraiser or control of contributions? organization listed in col. (i) Yes No 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

_						· · · · · · · · · · · · · · · · · · ·
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
						(add col. (a) through
				WINE WALK	2	col. (c))
Φ			(event type)	(event type)	(total number)	· · (-)/
Revenue	1	Gross receipts	28,957.	18,906.	4,391.	52,254.
ш		Less: Contributions				
_	3	Gross income (line 1 minus line 2)	28,957.	18,906.	4,391.	52,254.
	4	Cash prizes				
	5	Noncash prizes				
penses	6	Rent/facility costs	8,192.		1,690.	9,882.
Direct Expenses	7	Food and beverages		3,179.		3,179.
Ω	8	Entertainment				
	9	Other direct expenses				
	10	Direct expense summary. Add lines 4 through				13,061.
	11	Net income summary. Subtract line 10 from li	ne 3, column (d)			39,193.
Pa	ırt I	3 complete in the organization t	answered "Yes" on Form	1 990, Part IV, line 19, or i	reported more than	
		\$15,000 on Form 990-EZ, line 6a.	1	1		
e			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue			-	billigo/progressive billigo		coi. (a) trirough coi. (c)
Re∖						
_	1	Gross revenue				
	2	Cach prizes				
ses	_	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
		Carlor direct experience	Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No No	No No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
_	F	touth a state (a) in publish the account of	and a managinary of all states.			
		ter the state(s) in which the organization condu	_			Vac Dir
		he organization licensed to conduct gaming ac No," explain:				Yes No
Į,	' 11	NO, explain.				
10a	We	ere any of the organization's gaming licenses re	evoked, suspended, or te	erminated during the tax y	rear?	Yes No
b	lf "	Yes," explain:				
	_					

Sch	nedule G (Form 990) 2022 MARSHFIELD AREA UNITED WAY 39 - 1	<u> 1035073</u>	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	No
13	Indicate the percentage of gaming activity conducted in:		
	a The organization's facility	13a	%
		13b	//
	o An outside facility Enter the name and address of the person who prepares the organization's gaming/special events books and records:	IOD	70
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records.		
	Name		
	Address		
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	No
b	o If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount		
	of gaming revenue retained by the third party \$		
c	If "Yes," enter name and address of the third party:		
	,		
	Name		
	Name		
	Address		
	Audress		
16	Gaming manager information:		
	Name		
	Gaming manager compensation \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
·	retain the state gaming license?	Yes	No
	• Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
	·		
Рa	organization's own exempt activities during the tax year \$ INTIV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	art III. linos 0. (2h 10h
		iit iii, iiiles 5, s	50, 100,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		

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

Schedule G (F	orm 990)	<u>MARSHF</u> IELD	<u>AREA</u>	UNITED WAY	 39-1035073 Page
Part IV S	_{orm 990)} Supplemental Infor	mation (continued)			
· · · · · · · · · · · · · · · · · · ·					
-					

SCHEDULE (Form 990) Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047

Open to Public Inspection ê [

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

Employer identification number 39-1035073 X 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 MARSHFIELD AREA UNITED WAY Part I General Information on Grants and Assistance criteria used to award the grants or assistance? Name of the organization

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

recipient that received more than 40,000. Fait in can be dupincated in additional space is needed	2,000. rait II cairi	טי מעטווכמופט וו מטטוווכ	אומן אומכטון אומכתם	Ċ.			
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
BIG BROTHERS/BIG SISTERS 104 E 2ND ST MARSHFIELD, WI 54449	39-1466795	501(C)(3)	37,000.	•0			ALLOCATION FOR THE PROVISION OF SOCIAL SERVICES
CHILDREN'S WISCONSIN COMMUNITY SERVICES - 725 S CENTRAL AVE - MARSHFIELD, WI 54449	39-0806380	501(C)(3)	99,584.	.0			ALLOCATION FOR THE PROVISION OF SOCIAL SERVICES
MARSHFIELD AREA RESPITE CARE CENTER - 211 S MAPLE ST - MARSHFIELD, WI 54449	39-1821627 501(501(C)(3)	.000,28	•0			ALLOCATION FOR THE PROVISION OF SOCIAL SERVICES
NORTH CENTRAL COMMUNITY ACTION PROGRAM - PO BOX 1141 - WISCONSIN RAPIDS, WI 54495	39–1080179	501(C)(3)	43,750.	•0			ALLOCATION AND GRANT FOR THE PROVISION OF SOCIAL SERVICES
PERSONAL DEVELOPMENT CENTER 505 E DEPOT ST MARSHFIELD, WI 54449	39-1278572	501(C)(3)	100,000.	0.			ALLOCATION AND GRANT FOR THE PROVISION OF SOCIAL SERVICES
MARSHFIELD CLINIC HEALTH SYSTEMS INC (HOME DELIVERED MEALS) - 1000 N OAK AVE - MARSHFIELD, WI 5449	39-0452970 5 01(C)(3)	501(C)(3)	46,593.	0			ALLOCATION FOR THE PROVISION OF SOCIAL SERVICES

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

3 Enter total number of other organizations listed in the line 1 table
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2022

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Schedule I (Form 990) MARSHFIELD AREA UNITED WAY Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)	O AREA UNITED ISSISTANCE TO DOMESTIC	[TED WAY nestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Par		39-1035073 Page 1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SCHOOL DISTICT OF MARSHFIELD-PATHWAY PARTNERS - 1401 E. BECKER ROAD - MARSHFIELD, WI 54449	39-6003302	501(C)(3)	10,000.	.0			ALLOCATION FOR THE PROVISION OF SOCIAL SERVICES
SOUP OR SOCKS PANTRY PO BOX 146 MARSHFIELD, WI 54449	39-1740536	501(C)(3)	38,625.	.0			ALLOCATION FOR THE PROVISION OF SOCIAL SERVICES
SPENCER KIDS GROUP PO BOX 15 SPENCER, WI 54479	39-1826608 501(C)	501(C)(3)	11,875.	.0			ALLOCATION FOR THE PROVISION OF SOCIAL SERVICES
CHILDCARING INC. 850 HIGHWAY 153, SUITE F MOSINEE, WI 54455	39-1673794 501(C)	501(C)(3)	15,500.	0.			ALLOCATION FOR THE PROVISION OF SOCIAL SERVICES
MEMORY LANE FARM 8640 HERITAGE DRIVE MARSHFIELD, WI 54449	83-2682373 501 (C)	501(C)(3)	35,695.	0.			ALLOCATION FOR THE PROVISION OF SOCIAL SERVICES
							Schedule I (Form 990)

39-1035073

Page 2

Schedule I (Form 990) 2022 MARSHFIELD AREA UNITHUM WAY

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	uired in Part I, lin	e 2; Part III, column	(b); and any other ad	ditional information.	
SCHEDULE I, PART IV					
THE ORGANIZATION MONITORS GRANTS BY	Y OBTAINING		EITHER MONTHLY OR		
QUARTERLY PROGRAMMATIC REPORTS AND	A MID-YEAR		FISCAL REPORT FROM ALL	M ALL	
FUNDED PROGRAMS. ADDITIONALLY, THE	E ORGANIZATION	ATION PERF	PERFORMS SITE	VISITS	
ANNUALLY FOR GRANT MONITORING AND C	COMPLIANCE	E PURPOSES.	•		

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number

MARSHFIELD AREA UNITED WAY	39-10350/3					
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISS	ION:					
ONE ANOTHER. MAUW SOLICITS AND DISTRIBUTES DONATIONS TO COMMUNITY HUMAN						
SERVICE ORGANIZATIONS WHO IN TURN PROVIDE NEEDED SERVICES IN OUR						
COMMUNITY.						
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMEN	TS:					
FAMILIES ARE ACHIEVING FINANCIAL STABILITY. LAST YEAR, 2,0	87 ADULTS AND					
FAMILIES BENEFITED FROM PROGRAMS THAT HELPED SECURE THEIR	MOST BASIC					
NEEDS, AND PROVIDED SUPPORT TO SECURE AND/OR REMAIN IN A S.	AFE AND					
STABLE HOME.						
THE HEALTH OF INDIVIDUALS IS A STRONG INDICATOR OF THE HEA	LTH OF A					
COMMUNITY. ACHIEVING AND MAINTAINING GOOD HEALTH IS IMPORTA	ANT DURING					
ALL STAGES OF LIFE, FROM CONCEPTION THROUGH CHILDHOOD, INT	O ADULTHOOD					
AND THROUGH OLDER AGE. WHETHER IT IS A TEEN STRUGGLING WIT	H THEIR					
MENTAL WELL-BEING, A SENIOR IN NEED OF SOME SUPPORT AND CA	RE, OR A					
SURVIVOR OF ABUSE SEEKING A SAFER ENVIRONMENT, UNITED WAY	IS FIGHTING					
TO IMPROVE THE QUALITY OF LIFE FOR ALL. OUR COMMUNITY IS H	EALTHIER:					
LAST YEAR, 2,173 YOUTH AND ADULTS HAD INCREASED ACCESS TO	HEALTH CARE					
PROGRAMS, HEALTH AND WELLNESS SERVICES, AND SAFER AND HEALT	THIER					
COMMUNITIES.						

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

211 PROVIDES INFORMATION AND REFERRALS 24 HOURS A DAY, 365 DAYS A YEAR

TO CONNECT INDIVIDUALS WITH NEEDED SERVICES AND PROGRAMS. OUR 211

CENTER TOOK 1,340 CALLS IN 2022 WITH THE TOP NEEDS PROVING TO BE

Schedule O (Form 990) 2022 Page 2

Employer identification number Name of the organization MARSHFIELD AREA UNITED WAY 39-1035073 REGARDING HOUSING/SHELTER, HEALTH CARE/COVID-19, EMPLOYMENT/INCOME, UTILITY ASSISTANCE, AND GOVERNMENT/LEGAL. OUR RIGHT TO PLAY FOR ALL (R2P4A) PROGRAM ALSO PROVIDED 57 CHILDREN WITH SCHOLARSHIPS TO PARTICIPATE IN EXTRA-CURRICULAR ACTIVITIES. EXPENSES \$ 39,633. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. FORM 990, PART VI, SECTION B, LINE 11B: THE EXECUTIVE DIRECTOR AND THE ENTIRE BOARD REVIEW AND APPROVE A COPY OF THE 990 BEFORE IT IS FILED. FORM 990, PART VI, SECTION B, LINE 12C: EVERY JANUARY THE BOARD MEMBERS ARE GIVEN THE WRITTEN POLICY AND THEY COMPLETE A CONFLICT OF INTEREST DECLARATION FORM. FORM 990, PART VI, SECTION B, LINE 15: THE EXECUTIVE DIRECTOR'S PERFORMANCE IS REVIEWED ANNUALLY. THE BOARD OF DIRECTORS APPROVES ALL CHANGES TO EMPLOYEE COMPENSATION. FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION PROVIDES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS UPON REQUEST. FORM 990, PART XII, LINE 2C: NO CHANGES WERE MADE IN THE OVERSIGHT PROCESS OR SELECTION PROCESS DURING THE YEAR.

232212 10-28-22 Schedule O (Form 990) 2022

Form **990** (2022)

Other program services (Describe on Schedule O.)

Total program service expenses

39,633 • including grants of \$

731,968.