

## Return of Organization Exempt From Income Tax

Department of the Treasury  
Internal Revenue Service

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](http://www.irs.gov/Form990) for instructions and the latest information.

2024

Open to Public  
Inspection

A For the 2024 calendar year, or tax year beginning 01/01/2024 and ending 12/31/2024

B Check if applicable:		C Name of organization <b>UNITED WAY OF DANE COUNTY INC</b>		D Employer identification number <b>39-0817532</b>	
<input type="checkbox"/> Address change		Doing business as		E Telephone number <b>608-246-4350</b>	
<input type="checkbox"/> Name change		Number and street (or P.O. box if mail is not delivered to street address)		Room/suite	
<input type="checkbox"/> Initial return		<b>2059 Atwood Ave</b>			
<input type="checkbox"/> Final return/terminated		City or town, state or province, country, and ZIP or foreign postal code			
<input type="checkbox"/> Amended return		<b>Madison, WI 53704</b>		G Gross receipts \$ <b>21,472,577</b>	
<input type="checkbox"/> Application pending		F Name and address of principal officer: <b>Renee Moe</b> <b>2059 Atwood Ave, Madison, WI 53704</b>		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
J Website: <b>UnitedWayDaneCounty.org</b>				If "No," attach a list. See instructions.	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: <b>1951</b>		M State of legal domicile: <b>WI</b>	

**Part I Summary**

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <b>United Way of Dane County mobilizes the caring power of our community so all can thrive. From advancing health and education to strengthening livelihoods and local resilience, we connect people to possibilities. Imagine a future where families are healthy and strong and where all children (Continued on Schedule O, Statement 1)</b>			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3 Number of voting members of the governing body (Part VI, line 1a) . . . . .	3	34	
	4 Number of independent voting members of the governing body (Part VI, line 1b) . . . . .	4	34	
	5 Total number of individuals employed in calendar year 2024 (Part V, line 2a) . . . . .	5	129	
	6 Total number of volunteers (estimate if necessary) . . . . .	6	7,727	
	7a 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 . . . . .	7b	0		
Revenue	8 Contributions and grants (Part VIII, line 1h) . . . . .	Prior Year		
		<b>21,152,374</b>		
	9 Program service revenue (Part VIII, line 2g) . . . . .	Current Year		
		<b>20,524,269</b>		
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . .	<b>242,446</b>		
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . . .	<b>-258,202</b>			
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .	<b>21,136,618</b>			<b>20,731,016</b>
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) . . . . .	Prior Year		
		<b>13,319,973</b>		
	14 Benefits paid to or for members (Part IX, column (A), line 4) . . . . .	Current Year		
		<b>0</b>		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) . . . . .	<b>5,783,363</b>		
	16a Professional fundraising fees (Part IX, column (A), line 11e) . . . . .	Beginning of Current Year		
	b Total fundraising expenses (Part IX, column (D), line 25) <b>2,524,362</b> . . . . .	End of Year		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) . . . . .	<b>2,262,224</b>			
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) . . . . .	<b>21,365,560</b>			
19 Revenue less expenses. Subtract line 18 from line 12 . . . . .	<b>-228,942</b>			<b>-1,327,470</b>
Net Assets or Fund Balances	20 Total assets (Part X, line 16) . . . . .	Beginning of Current Year		
		<b>23,454,609</b>		
	21 Total liabilities (Part X, line 26) . . . . .	End of Year		
		<b>5,705,659</b>		
22 Net assets or fund balances. Subtract line 21 from line 20 . . . . .	<b>17,748,950</b>			<b>17,548,019</b>

**Part II Signature Block**

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

**Sign  
Here**

Signature of officer

Date

**Renee Moe, President**

Type or print name and title

Paid Preparer Use Only	Preparer's name <b>Kimberly Anderson</b>	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN <b>P00188889</b>
	Firm's name <b>CliftonLarsonAllen</b>	Firm's EIN <b>41-0746749</b>			
	Firm's address <b>8215 Greenway Blvd Suite 600, Middleton, WI 53562</b>	Phone no. <b>608-662-7646</b>			

May the IRS discuss this return with the preparer shown above? See instructions

 Yes  No

**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response or note to any line in this Part III 

1 Briefly describe the organization's mission: **Unite the community to achieve measurable results that change lives.**

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No  
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No  
If "Yes," describe these changes on Schedule O.

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

4a (Code: ) (Expenses \$ 5,787,459 including grants of \$ 4,839,826 ) (Revenue \$ 0 )  
**Youth Opportunity: Helping Young People Realize Their Full Potential.** Every young person deserves the opportunity to thrive. At United Way, we help children get off to a good start and empower youth to reach their full potential by breaking down barriers to success. We advance early childhood education, literacy development, access to a high-quality K-12 education, college and career readiness and family engagement - fostering a future where every young person can realize their dreams. Children who start kindergarten-ready and finish high school are more likely to have the skills required to be successful in post-secondary education, an increasingly complicated job market and society. Adults with higher education levels are more likely to gain employment with family-sustaining wages. **Strategies:** Childcare and Early Childhood Development 1. Increase access to high quality, culturally relevant early care and education experiences particularly for Black, Indigenous and Families of Color experiencing poverty. 2. Build caregivers (parents and early care and education teachers) understanding of healthy child development through family and community outreach (outside of childcare, i.e. home visiting). 3. Connections to community resources and programs: remove barriers to accessing family support services that allow families to access the resources and (Continued on Schedule O, Statement 2)

4b (Code: ) (Expenses \$ 3,715,760 including grants of \$ 3,271,405 ) (Revenue \$ 0 )  
**Financial Security: Building Financial Stability and Strength.** At United Way, we believe that everyone should have the opportunity to live in an affordable, safe, stable home and for homeownership to be an achievable goal for every family. Our Family Homelessness and Affordable Housing strategies ensure that families can maintain housing and avoid evictions as they work toward financial security. Our Job Readiness & Workforce Development strategies help underemployed individuals gain full time employment at \$18+/hour with benefits in order to achieve financial security. When more individuals have jobs earning family-sustaining wages and safe and affordable housing, they are less stressed and more able to provide for themselves and their families - better positioning our entire community and our economy to thrive. **Strategies:** Family Homelessness Prevention and Affordable Housing The Family Homelessness and Affordable Housing strategies ensure that families can maintain housing and avoid evictions as they work toward financial security. 1. Support Quality Case Management for families at risk of or experiencing instability in their housing. 2. Increase investments in Housing First Programs. 3. Invest in Eviction Prevention. 4. Financial coaching specifically partnering with Black, Indigenous and People of Color led organizations already providing financial coaching (Continued on Schedule O, Statement 3)

4c (Code: ) (Expenses \$ 4,990,517 including grants of \$ 4,183,994 ) (Revenue \$ 0 )  
**Healthy Community: Improving Health and Well-Being for All.** United Way works closely with community members to help people overcome barriers to healthy living by working to reduce racial health disparities and increase resiliency and trauma supports - ensuring everyone has the opportunity to live their healthiest life. While Dane County remains a top place to live, raise a family and retire, for many neighbors, education, income and health inequities and disparities remain consistent. In Dane County, your race and the zip code in which you live have a significant impact on your quality of life, life expectancy and health outcomes. **Strategies:** Reduce Racial Health Disparities 1. Increase culturally relevant, reflective, and safe wellness models and programs defined and/or led by Black, Indigenous and People of Color. 2. Increase capacity in communities to address health disparities for Black, Indigenous and People of Color (example: invest in Fund Health Programs that are community-based and in which disparities are persistent). 3. Increase community-based health programs that address Black, Indigenous and People of Color. Advance clinic and community linkages to improve health access. 4. Increase patient and/or family information exchange with desire to expand current levels of linkage across the care coordination continuum. 5. Increase community-based maternal child (Continued on Schedule O, Statement 4)

4d Other program services (Describe on Schedule O.) **See Schedule O, Statement 5**  
 (Expenses \$ 3,765,503 including grants of \$ 211,103 ) (Revenue \$ 0 )

4e Total program service expenses 18,259,239

**Part IV Checklist of Required Schedules**

	<b>Yes</b>	<b>No</b>
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A . . . . .	1 ✓	
2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions . . . . .	2 ✓	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . .	3 ✓	
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . .	4 ✓	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III . . . . .	5 ✓	
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I . . . . .	6 ✓	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II . . . . .	7 ✓	
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III . . . . .	8 ✓	
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV . . . . .	9 ✓	
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? If "Yes," complete Schedule D, Part V . . . . .	10 ✓	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI . . . . .	11a ✓	
b Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII . . . . .	11b ✓	
c Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII . . . . .	11c ✓	
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX . . . . .	11d ✓	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X . . . . .	11e ✓	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X . . . . .	11f ✓	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII . . . . .	12a ✓	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional . . . . .	12b ✓	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	13 ✓	
14a Did the organization maintain an office, employees, or agents outside of the United States? . . . . .	14a ✓	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV . . . . .	14b ✓	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV . . . . .	15 ✓	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . . . .	16 ✓	
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions . . . . .	17 ✓	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II . . . . .	18 ✓	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III . . . . .	19 ✓	
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . .	20a ✓	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .	20b ✓	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . .	21 ✓	

**Part IV Checklist of Required Schedules (continued)**

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

**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	1a	19
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 (gambling) winnings to prize winners?	1c	✓

<b>Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)</b>				<b>Yes</b>	<b>No</b>
<b>2a</b>	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	<b>2a</b>	129		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . . . . .	<b>2b</b>	✓		
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .	<b>3a</b>		✓	
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O . . . . .	<b>3b</b>			
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .	<b>4a</b>		✓	
<b>b</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).				
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .	<b>5a</b>		✓	
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . .	<b>5b</b>		✓	
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? . . . . .	<b>5c</b>			
<b>6a</b>	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? . . . . .	<b>6a</b>		✓	
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	<b>6b</b>			
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>	<b>7a</b>	✓		
<b>a</b>	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? . . . . .	<b>7b</b>	✓		
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	<b>7c</b>		✓	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .	<b>7d</b>			
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year . . . . .	<b>7e</b>		✓	
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .	<b>7f</b>		✓	
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .	<b>7g</b>			
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .	<b>7h</b>			
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .	<b>8</b>			
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .	<b>9a</b>			
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>	<b>9b</b>			
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:	<b>10a</b>			
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	<b>10b</b>			
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . .	<b>11a</b>			
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:	<b>11b</b>			
<b>a</b>	Gross income from members or shareholders . . . . .	<b>12a</b>			
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them) . . . . .	<b>12b</b>			
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . . . .	<b>13a</b>			
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . .	<b>13b</b>			
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>	<b>13c</b>			
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? . . . . .	<b>14a</b>		✓	
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.				
<b>b</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 . . . . .	<b>14b</b>			
<b>c</b>	Enter the amount of reserves on hand . . . . .	<b>15</b>		✓	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year? . . . . .	<b>16</b>		✓	
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O . . . . .	<b>17</b>			
<b>15</b>	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? . . . . . If "Yes," see the instructions and file Form 4720, Schedule N.				
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.				
<b>17</b>	<b>Section 501(c)(21) organizations.</b> 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? . . . . . If "Yes," complete Form 6069.				

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	<b>1a</b> 34	
<b>1b</b>	Enter the number of voting members included on line 1a, above, who are independent	<b>1b</b> 34	
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	<b>2</b>	✓
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	<b>3</b>	✓
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<b>4</b>	✓
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?	<b>5</b>	✓
<b>6</b>	Did the organization have members or stockholders?	<b>6</b>	✓
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	<b>7a</b>	✓
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	<b>8a</b>	✓
<b>b</b>	Each committee with authority to act on behalf of the governing body?	<b>8b</b>	✓
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	<b>9</b>	✓

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

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

**Section C. Disclosure**

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

**18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

Own website  Another's website  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 financial statements available to the public during the tax year.

**20** State the name, address, and telephone number of the person who possesses the organization's books and records.

**Nicholas Wood, United Way of Dane County Inc, (608)246-4397**

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

 Check if Schedule O contains a response or note to any line in this Part VII 
**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- 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 nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations	
		Or director	Individual trustee	Institutional trustee	Officer	Key employee	Highest compensated				
Renee Moe	41.00										
President/CEO	4.00			✓				263,878	0	73,213	
Jody Bartnick	40.00										
Vice President Community Impact	0.00					✓		135,596	0	37,557	
Nicholas Wood	41.00										
CFO/Vice President Administration	4.00			✓				135,103	0	37,575	
Karen Burch	40.00										
Vice President of Community Engagement/Marketi	0.00					✓		121,920	0	37,546	
Justin Hardy	40.00										
Vice President Resource Development	0.00					✓		123,224	0	19,792	
Paul Kundert	1.00										
Board Chair	1.00	✓		✓				0	0	0	
Jane F Zimmerman	1.00										
Vice Chair	0.00	✓		✓				0	0	0	
Tim Ryan	1.00										
Treasurer	0.00	✓		✓				0	0	0	
Karen Timberlake	1.00										
Secretary	0.00	✓		✓				0	0	0	
Chief Shon Barnes	1.00										
Board Member	0.00	✓						0	0	0	
Larry Barton	1.00										
Board Member	0.00	✓						0	0	0	
Nolan Brown	1.00										
Board Member	0.00	✓						0	0	0	
Bryan Chan	1.00										
Board Member	0.00	✓						0	0	0	
Robert Durian	1.00										
Board Member	0.00	✓						0	0	0	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations	
		Or director	Individual trustee	Institutional trustee	Officer	Key employee	Highest compensated employee	Former		
Dave Florin	1.00									
Board Member	0.00	✓							0	0
Noel Gallagher	1.00									
Board Member	0.00	✓							0	0
Claiborne Hill	1.00									
Board Member	0.00	✓							0	0
Dr Silvia Jackson	1.00									
Board Member	0.00	✓							0	0
Jeff Keebler	1.00									
Board Member	0.00	✓							0	0
Mark Koehl	1.00									
Board Member	0.00	✓							0	0
Sean LaBorde	1.00									
Board Member	0.00	✓							0	0
Barbara McKinney	1.00									
Board Member	0.00	✓							0	0
Everett Mitchell	1.00									
Board Member	0.00	✓							0	0
Christine Negovani	1.00									
Board Member	0.00	✓							0	0
Rachel Neill	1.00									
Board Member	0.00	✓							0	0
Lisa Peyton	1.00									
Board Member	0.00	✓							0	0
Dr Corinda Rainey-Moore	1.00									
Board Member	0.00	✓							0	0
Jay Sekelsky	1.00									
Board Member	0.00	✓							0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
Kim Sponem	1.00								
Board Member	0.00	✓					0	0	0
Adam Stevenson	1.00		✓						0
Board Member	0.00	✓					0	0	0
Scott Strong	1.00								0
Board Member	0.00	✓					0	0	0
Gisele Sutherland	1.00		✓						0
Board Member	0.00	✓					0	0	0
David Sweitzer	1.00								0
Board Member	0.00	✓					0	0	0
Pete Vogel	1.00		✓						0
Board Member	0.00	✓					0	0	0
Amber Walker	1.00								0
Board Member	0.00	✓					0	0	0
Derek Wallace	1.00								0
Board Member	0.00	✓					0	0	0
Jesi Wang	1.00								0
Board Member	0.00	✓					0	0	0
William Westrate	1.00								0
Board Member	0.00	✓					0	0	0
Krissy Wick	1.00								0
Board Member	0.00	✓					0	0	0
<b>1b Subtotal</b>							<b>779,721</b>	0	<b>205,683</b>
<b>c Total from continuation sheets to Part VII, Section A</b>									
<b>d Total (add lines 1b and 1c)</b>							<b>779,721</b>	0	<b>205,683</b>

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **5**

3	Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	Yes	No
3		✓	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	Yes	No
4		✓	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	Yes	No
5		✓	

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
None		
<b>2</b> Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization <b>0</b>		

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<b>Contributions, Gifts, Grants, and Other Similar Amounts</b>						
1a	Federated campaigns . . . . .	1a	313,031			
b	Membership dues . . . . .	1b	0			
c	Fundraising events . . . . .	1c	332,163			
d	Related organizations . . . . .	1d	1,158,149			
e	Government grants (contributions)	1e	1,546,221			
f	All other contributions, gifts, grants, and similar amounts not included above	1f	17,174,705			
g	Noncash contributions included in lines 1a-1f . . . . .	1g	\$ 408,684			
h	<b>Total.</b> Add lines 1a-1f . . . . .		20,524,269			
<b>Program Service Revenue</b>		Business Code				
2a						
b						
c						
d						
e						
f	All other program service revenue . .		0	0	0	0
g	<b>Total.</b> Add lines 2a-2f . . . . .		0			
<b>Other Revenue</b>						
3	Investment income (including dividends, interest, and other similar amounts) . . . . .		297,480	0	0	297,480
4	Income from investment of tax-exempt bond proceeds		0	0	0	0
5	Royalties . . . . .		0	0	0	0
6a	Gross rents . .	(i) Real	68,071	0		
b	Less: rental expenses	(ii) Personal	6b	96,142	0	
c	Rental income or (loss)		6c	-28,071	0	
d	Net rental income or (loss) . . . . .			-28,071	0	-28,071
7a	Gross amount from sales of assets other than inventory	(i) Securities	373,814	797		
b	Less: cost or other basis and sales expenses . .	(ii) Other	7b	408,684	997	
c	Gain or (loss) . .		7c	-34,870	-200	
d	Net gain or (loss) . . . . .			-35,070	0	-35,070
8a	Gross income from fundraising events (not including \$ 332,163 of contributions reported on line 1c). See Part IV, line 18 . . . . .	8a	153,250			
b	Less: direct expenses . . . . .	8b	231,207			
c	Net income or (loss) from fundraising events . . . . .			-77,957	0	-77,957
9a	Gross income from gaming activities. See Part IV, line 19 . .	9a	19,270			
b	Less: direct expenses . . . . .	9b	4,531			
c	Net income or (loss) from gaming activities . . . . .			14,739	0	14,739
10a	Gross sales of inventory, less returns and allowances . . . . .	10a				
b	Less: cost of goods sold . . . . .	10b				
c	Net income or (loss) from sales of inventory . . . . .					
<b>Miscellaneous Revenue</b>		Business Code				
11a						
b						
c						
d	All other revenue . . . . .		35,626	0	0	35,626
e	<b>Total.</b> Add lines 11a-11d . . . . .		35,626			
12	<b>Total revenue.</b> See instructions . . . . .		20,731,016	0	0	206,747

**Part IX Statement of Functional Expenses**

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

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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A) Total expenses</b>	<b>(B) Program service expenses</b>	<b>(C) Management and general expenses</b>	<b>(D) Fundraising expenses</b>
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	<b>12,506,328</b>	<b>12,506,328</b>		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	<b>0</b>	<b>0</b>		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .	<b>0</b>	<b>0</b>		
<b>4</b> Benefits paid to or for members . . . . .	<b>0</b>	<b>0</b>		
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	<b>985,404</b>	<b>571,660</b>	<b>145,108</b>	<b>268,636</b>
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>7</b> Other salaries and wages . . . . .	<b>4,299,042</b>	<b>2,505,590</b>	<b>616,024</b>	<b>1,177,428</b>
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	<b>290,758</b>	<b>163,752</b>	<b>48,026</b>	<b>78,980</b>
<b>9</b> Other employee benefits . . . . .	<b>641,544</b>	<b>355,349</b>	<b>106,704</b>	<b>179,491</b>
<b>10</b> Payroll taxes . . . . .	<b>381,439</b>	<b>223,175</b>	<b>54,332</b>	<b>103,932</b>
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management . . . . .	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>b</b> Legal . . . . .	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>c</b> Accounting . . . . .	<b>62,920</b>	<b>0</b>	<b>62,920</b>	<b>0</b>
<b>d</b> Lobbying . . . . .	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>e</b> Professional fundraising services. See Part IV, line 17 . . . . .	<b>0</b>			
<b>f</b> Investment management fees . . . . .	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.) . . . . .	<b>1,163,400</b>	<b>1,107,627</b>	<b>0</b>	<b>55,773</b>
<b>12</b> Advertising and promotion . . . . .	<b>239,886</b>	<b>37,856</b>	<b>11,863</b>	<b>190,167</b>
<b>13</b> Office expenses . . . . .	<b>150,430</b>	<b>143,579</b>	<b>3,225</b>	<b>3,626</b>
<b>14</b> Information technology . . . . .	<b>0</b>			
<b>15</b> Royalties . . . . .	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>16</b> Occupancy . . . . .	<b>184,427</b>	<b>68,700</b>	<b>44,711</b>	<b>71,016</b>
<b>17</b> Travel . . . . .	<b>72,608</b>	<b>37,688</b>	<b>5,016</b>	<b>29,904</b>
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>19</b> Conferences, conventions, and meetings . . . . .	<b>33,238</b>	<b>13,668</b>	<b>6,603</b>	<b>12,967</b>
<b>20</b> Interest . . . . .	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>21</b> Payments to affiliates . . . . .	<b>262,918</b>	<b>136,191</b>	<b>46,852</b>	<b>79,875</b>
<b>22</b> Depreciation, depletion, and amortization . . . . .	<b>175,835</b>	<b>81,675</b>	<b>25,391</b>	<b>68,769</b>
<b>23</b> Insurance . . . . .	<b>16,501</b>	<b>8,863</b>	<b>2,823</b>	<b>4,815</b>
<b>24</b> 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 O.) . . . . .				
<b>a</b> Data Processing . . . . .	<b>470,744</b>	<b>266,406</b>	<b>72,868</b>	<b>131,470</b>
<b>b</b> Postage and Shipping . . . . .	<b>7,586</b>	<b>1,129</b>	<b>4,831</b>	<b>1,626</b>
<b>c</b> Lease Expense . . . . .	<b>18,000</b>	<b>9,008</b>	<b>2,854</b>	<b>6,138</b>
<b>d</b> Membership Dues . . . . .	<b>30,044</b>	<b>16,137</b>	<b>5,140</b>	<b>8,767</b>
<b>e</b> All other expenses . . . . .	<b>65,434</b>	<b>4,858</b>	<b>9,594</b>	<b>50,982</b>
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	<b>22,058,486</b>	<b>18,259,239</b>	<b>1,274,885</b>	<b>2,524,362</b>
<b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .				

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash—non-interest-bearing	250	1	250
	2 Savings and temporary cash investments	11,997,585	2	10,516,439
	3 Pledges and grants receivable, net	7,423,980	3	6,516,852
	4 Accounts receivable, net	55,499	4	788,078
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			
		0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			
		0	6	0
	7 Notes and loans receivable, net			
		0	7	0
	8 Inventories for sale or use			
		0	8	0
	9 Prepaid expenses and deferred charges			
		299,864	9	349,766
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 5,756,906		
	b Less: accumulated depreciation	10b 3,680,521	2,217,634	10c 2,076,385
<b>Liabilities</b>	11 Investments—publicly traded securities	477,809	11	628,524
	12 Investments—other securities. See Part IV, line 11	946,708	12	991,626
	13 Investments—program-related. See Part IV, line 11		0	13
	14 Intangible assets		0	14
	15 Other assets. See Part IV, line 11		35,280	15
	<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33)		23,454,609	16 21,898,523
	17 Accounts payable and accrued expenses	878,799	17	335,762
	18 Grants payable	4,689,327	18	3,884,989
	19 Deferred revenue		0	19
	20 Tax-exempt bond liabilities		0	20
<b>Net Assets or Fund Balances</b>	21 Escrow or custodial account liability. Complete Part IV of Schedule D		0	21
	22 Loans and other 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		0	22
	23 Secured mortgages and notes payable to unrelated third parties		0	23
	24 Unsecured notes and loans payable to unrelated third parties		0	24
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D		137,533	25 129,753
	<b>26 Total liabilities.</b> Add lines 17 through 25		5,705,659	26 4,350,504
	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/></b> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	6,775,562	27	5,786,581
	28 Net assets with donor restrictions	10,973,388	28	11,761,438
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/></b> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	17,748,950	32	17,548,019
	<b>33 Total liabilities and net assets/fund balances</b>	23,454,609	33	21,898,523

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI 

1	Total revenue (must equal Part VIII, column (A), line 12) . . . . .	1	20,731,016
2	Total expenses (must equal Part IX, column (A), line 25) . . . . .	2	22,058,486
3	Revenue less expenses. Subtract line 2 from line 1 . . . . .	3	-1,327,470
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) . . . . .	4	17,748,950
5	Net unrealized gains (losses) on investments . . . . .	5	225,180
6	Donated services and use of facilities . . . . .	6	0
7	Investment expenses . . . . .	7	0
8	Prior period adjustments . . . . .	8	0
9	Other changes in net assets or fund balances (explain on Schedule O) . . . . .	9	901,359
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) . . . . .	10	17,548,019

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII 

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . . If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both. <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	✓
b	Were the organization's financial statements audited by an independent accountant? . . . . . If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both. <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	✓
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? . . . . . If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	2c	✓
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? . . . . .	3a	✓
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits . . . . .	3b	✓

**SCHEDULE A**  
**(Form 990)**Department of the Treasury  
Internal Revenue Service**Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2024****Open to Public  
Inspection**

Name of the organization

UNITED WAY OF DANE COUNTY INC

Employer identification number

39-0817532

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

The organization is not a private foundation because it is: (For lines 1 through 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).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An 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.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 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.
  - a  **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.**
  - 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.**
  - 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.**
  - d  **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.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations . . . . .
  - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	25,440,204	22,522,545	21,892,701	21,152,374	20,524,269	111,532,093
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .	0	0		0	0	0
3 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .	0	0		0	110,367	110,367
<b>4 Total.</b> Add lines 1 through 3 . . . . .	<b>25,440,204</b>	<b>22,522,545</b>	<b>21,892,701</b>	<b>21,152,374</b>	<b>20,634,636</b>	<b>111,642,460</b>
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . .						6,039,386
<b>6 Public support.</b> Subtract line 5 from line 4						105,603,074

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4 . . . . .	25,440,204	22,522,545	21,892,701	21,152,374	20,634,636	111,642,460
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .	159,631	154,322	160,585	308,971	365,551	1,149,060
9 Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .	0	0		0	14,673	14,673
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI) . . . . .	16,639	18,098	16,533	19,181	35,492	105,943
<b>11 Total support.</b> Add lines 7 through 10						112,912,136
12 Gross receipts from related activities, etc. (see instructions) . . . . .				12		0
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . .						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)) . . . . .	14	93.53 %
15 Public support percentage from 2023 Schedule A, Part II, line 14 . . . . .	15	90.13 %
<b>16a 33<sup>1</sup>/<sub>3</sub>% support test—2024.</b> If the organization did not check the box on line 13, and line 14 is 33 <sup>1</sup> / <sub>3</sub> % or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . .		<input checked="" type="checkbox"/>
<b>b 33<sup>1</sup>/<sub>3</sub>% support test—2023.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 <sup>1</sup> / <sub>3</sub> % or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>17a 10%-facts-and-circumstances test—2024.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>b 10%-facts-and-circumstances test—2023.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .		<input type="checkbox"/>

**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****Calendar year (or fiscal year beginning in)**

	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . .						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . .						
5 The value of services or facilities furnished by a governmental unit to the organization without charge . . .						
<b>6 Total.</b> Add lines 1 through 5 . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .						
<b>b</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						
<b>c</b> Add lines 7a and 7b . . .						
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . .						

**Section B. Total Support****Calendar year (or fiscal year beginning in)**

	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9 Amounts from line 6 . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . .						
<b>c</b> Add lines 10a and 10b . . .						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . .						
<b>14 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . .						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f)) . . .	15	%
16 Public support percentage from 2023 Schedule A, Part III, line 15 . . .	16	%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for <b>2024</b> (line 10c, column (f), divided by line 13, column (f)) . . .	17	%
18 Investment income percentage from <b>2023</b> Schedule A, Part III, line 17 . . .	18	%
<b>19a</b> <b>33 1/3% support tests—2024.</b> If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . .		<input type="checkbox"/>
<b>b</b> <b>33 1/3% support tests—2023.</b> If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . .		<input type="checkbox"/>
<b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . .		<input type="checkbox"/>

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
1		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		

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.)

**Part IV Supporting Organizations (continued)**

11 Has the organization accepted a gift or contribution from any of the following persons?

a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?

b A family member of a person described on line 11a above?

c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in **Part VI**.

	Yes	No
11a		
11b		
11c		

**Section B. Type I Supporting Organizations**

1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in **Part VI** how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.

2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in **Part VI** how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

	Yes	No
1		
2		

**Section C. Type II Supporting Organizations**

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

	Yes	No
1		

**Section D. All Type III Supporting Organizations**

1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (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?

2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s), or (ii) serving on the governing body of a supported organization? If "No," explain in **Part VI** how the organization maintained a close and continuous working relationship with the supported organization(s).

3 By reason of the relationship described 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.

	Yes	No
1		
2		
3		

**Section E. Type III Functionally Integrated Supporting Organizations**

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).

a  The organization satisfied the Activities Test. Complete **line 2** below.

b  The organization is the parent of each of its supported organizations. Complete **line 3** below.

c  The organization supported a governmental entity. Describe in **Part VI** how you supported a governmental entity (see instructions).

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

a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI** identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.

b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.

3 Parent of Supported Organizations. **Answer lines 3a and 3b below.**

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

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

	Yes	No
2a		
2b		
3a		
3b		

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

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

<b>Section A—Adjusted Net Income</b>		(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	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	<b>8</b>	
<b>Section B—Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
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	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	
<b>Section C—Distributable Amount</b>			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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

<b>Section D—Distributions</b>		<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required— <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2024 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>
<b>Section E—Distribution Allocations</b> (see instructions)		<b>(iii) Distributable Amount for 2024</b>
		<b>(i) Excess Distributions</b>
		<b>(ii) Underdistributions Pre-2024</b>
<b>1</b>	Distributable amount for 2024 from Section C, line 6	
<b>2</b>	Underdistributions, if any, for years prior to 2024 (reasonable cause required— <i>explain in Part VI</i> ). See instructions.	
<b>3</b>	Excess distributions carryover, if any, to 2024	
<b>a</b>	<b>From 2019 . . . . .</b>	
<b>b</b>	<b>From 2020 . . . . .</b>	
<b>c</b>	From 2021 . . . . .	
<b>d</b>	From 2022 . . . . .	
<b>e</b>	From 2023 . . . . .	
<b>f</b>	<b>Total</b> of lines 3a through 3e	
<b>g</b>	Applied to underdistributions of prior years	
<b>h</b>	Applied to 2024 distributable amount	
<b>i</b>	Carryover from 2019 not applied (see instructions)	
<b>j</b>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.	
<b>4</b>	Distributions for 2024 from Section D, line 7: \$	
<b>a</b>	Applied to underdistributions of prior years	
<b>b</b>	Applied to 2024 distributable amount	
<b>c</b>	Remainder. Subtract lines 4a and 4b from line 4.	
<b>5</b>	Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.	
<b>6</b>	Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.	
<b>7</b>	<b>Excess distributions carryover to 2025.</b> Add lines 3j and 4c.	
<b>8</b>	Breakdown of line 7:	
<b>a</b>	<b>Excess from 2020 . . .</b>	
<b>b</b>	Excess from 2021 . . .	
<b>c</b>	Excess from 2022 . . .	
<b>d</b>	Excess from 2023 . . .	
<b>e</b>	Excess from 2024 . . .	

## Part VI

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

**Schedule A, Part II, Line 10 - Other Income** primarily consists of fiscal agent fees charged for processing and managing combined public sector campaigns.

**SCHEDULE D  
(Form 990)**

(Rev. December 2024)

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization

UNITED WAY OF DANE COUNTY INC

Employer identification number

39-0817532

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts**

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year . . . . .		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year . . . . .		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . .		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? . . . . .		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part II Conservation Easements**

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).	<input type="checkbox"/> Preservation of land for public use (for example, recreation or education) <input type="checkbox"/> Preservation of a historically important land area <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure <input type="checkbox"/> Preservation of open space
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.	
a Total number of conservation easements . . . . .	<b>Held at the End of the Tax Year</b>
b Total acreage restricted by conservation easements . . . . .	2a
c Number of conservation easements on a certified historic structure included on line 2a . . . . .	2b
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register . . . . .	2c
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year . . . . .	2d
4 Number of states where property subject to conservation easement is located . . . . .	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year . . . . .	
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year . . . . .	\$
8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.	

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.
b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.
(i) Revenue included on Form 990, Part VIII, line 1 . . . . .
(ii) Assets included in Form 990, Part X . . . . .
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items.
a Revenue included on Form 990, Part VIII, line 1 . . . . .
b Assets included in Form 990, Part X . . . . .

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

## Part IV Escrow and Custodial Arrangements

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

<b>1a</b>	Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>b</b>	If "Yes," explain the arrangement in Part XIII and complete the following table.		
		<b>Amount</b>	
<b>c</b>	Beginning balance . . . . .	<b>1c</b>	
<b>d</b>	Additions during the year . . . . .	<b>1d</b>	
<b>e</b>	Distributions during the year . . . . .	<b>1e</b>	
<b>f</b>	Ending balance . . . . .	<b>1f</b>	
<b>2a</b>	Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>b</b>	If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII . . . . .	<input type="checkbox"/>	

Part V | Endowment Funds

Complete if the organization answered “Yes” on Form 990, Part IV, line 10.

(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
27,292,632	21,826,180	23,054,644	12,947,985	10,110,439
1,903,294	2,721,980	2,128,414	8,131,317	1,717,330
3,830,998	3,426,581	-2,719,429	2,485,243	1,565,034
0	0	0	0	0
1,078,135	682,109	637,449	509,901	444,818
0	0	0	0	0
31,948,789	27,292,632	21,826,180	23,054,644	12,947,985

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

- a** Board designated or quasi-endowment **96.7** %
- b** Permanent endowment **0** %
- c** Term endowment **3.3** %

The percentages on lines 2a, 2b, and 2c should equal 100%.

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

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

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

## Part VI Land, Buildings, and Equipment

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

Description of property		(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b>	Land . . . . .	<b>0</b>	<b>127,593</b>		<b>127,593</b>
<b>b</b>	Buildings . . . . .	<b>0</b>	<b>4,046,266</b>	<b>2,328,301</b>	<b>1,717,965</b>
<b>c</b>	Leasehold improvements . . . . .	<b>0</b>	<b>9,645</b>	<b>9,645</b>	<b>0</b>
<b>d</b>	Equipment . . . . .	<b>0</b>	<b>1,029,579</b>	<b>858,325</b>	<b>171,254</b>
<b>e</b>	Other . . . . .	<b>0</b>	<b>543,823</b>	<b>484,250</b>	<b>59,573</b>

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)) . . . . . **2,076,385**

**Part VII Investments—Other Securities**

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

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

**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
<b>(1)</b>		
<b>(2)</b>		
<b>(3)</b>		
<b>(4)</b>		
<b>(5)</b>		
<b>(6)</b>		
<b>(7)</b>		
<b>(8)</b>		
<b>(9)</b>		
<b>Total. (Column (b) must equal Form 990, Part X, line 13, col. (B))</b>		

**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
<b>(1)</b>	
<b>(2)</b>	
<b>(3)</b>	
<b>(4)</b>	
<b>(5)</b>	
<b>(6)</b>	
<b>(7)</b>	
<b>(8)</b>	
<b>(9)</b>	
<b>Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))</b>	

**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.

1.	(a) Description of liability	(b) Book value
<b>(1) Federal income taxes</b>		<b>0</b>
<b>(2) Deferred Compensation - Former President/CEO</b>		<b>54,380</b>
<b>(3) Deferred Compensation - Current President/CEO</b>		<b>44,770</b>
<b>(4) Operating Lease Liability</b>		<b>30,603</b>
<b>(5)</b>		
<b>(6)</b>		
<b>(7)</b>		
<b>(8)</b>		
<b>(9)</b>		
<b>Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))</b>		<b>129,753</b>

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.

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

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

1	Total revenue, gains, and other support per audited financial statements . . . . .	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments . . . . .	2a	
b	Donated services and use of facilities . . . . .	2b	
c	Recoveries of prior year grants . . . . .	2c	
d	Other (Describe in Part XIII.) . . . . .	2d	
e	Add lines 2a through 2d . . . . .	2e	
3	Subtract line 2e from line 1 . . . . .	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a	
b	Other (Describe in Part XIII.) . . . . .	4b	
c	Add lines 4a and 4b . . . . .	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) . . . . .	5	

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

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

1	Total expenses and losses per audited financial statements . . . . .	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities . . . . .	2a	
b	Prior year adjustments . . . . .	2b	
c	Other losses . . . . .	2c	
d	Other (Describe in Part XIII.) . . . . .	2d	
e	Add lines 2a through 2d . . . . .	2e	
3	Subtract line 2e from line 1 . . . . .	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a	
b	Other (Describe in Part XIII.) . . . . .	4b	
c	Add lines 4a and 4b . . . . .	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) . . . . .	5	

**Part XIII Supplemental Information**

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

**Schedule D, Part V, Line 4 - The endowment funds consist of multiple individual funds established to support the mission of United Way through education, financial stability and health programs for children, youth, families, adults and older adults.**

**Schedule D, Part X, Line 1 - line (2):** The corporation has a 457b deferred compensation agreement with its former President/CEO. The deferred compensation liability was \$54,380 at December 31,2024. The full value of the fund is being paid to the former President/CEO in a stated number of equal installments. **line (3):** The corporation entered into a 457b deferred compensation agreement with the current President/CEO in 2023. The deferred compensation liability was \$44,770 at December 31,2024. The full value of the fund will be paid to the former President/CEO either as a lump sum or in a stated number of equal installments no earlier than termination of employment or in an unforeseeable emergency, but no later than reaching seventy and one half years of age.

**Schedule D, Part X, Line 2 -** The Corporation is exempt from federal income tax under Section 501(c)(3) of the Internal Revenue Code. The Corporation is also exempt from state income and franchise taxes. The Corporation files a Form 990 (Return of Organization Exempt from Income Tax) annually. When this return is filed it is highly certain that some positions taken would be sustained upon examination by the taxing authorities, while others are subject to uncertainty about the merits of the position taken or the amount of the position that would ultimately be sustained. Examples of tax positions include such matters as the following: the tax exempt status of the Corporation and various positions relative to potential sources of unrelated business taxable income (UBIT). UBIT is reported on 990T, as appropriate. The benefit of a tax position is recognized in the financial statements in the period during which, based on all available evidence, management believes that it is more likely than not that the position will be sustained upon examination, including the resolution of appeals or litigation processes, if any.

**SCHEDULE G**  
**(Form 990)**

(Rev. December 2024)  
Department of the Treasury  
Internal Revenue Service

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

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

OMB No. 1545-0047

## Open to Public Inspection

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Name of the organization

## UNITED WAY OF DANE COUNTY INC

**Employer identification number**

39-0817532

**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.

**a**  Mail solicitations      **e**  Solicitation of nongovernment grants  
**b**  Internet and email solicitations      **f**  Solicitation of government grants  
**c**  Phone solicitations      **g**  Special fundraising events  
**d**  In-person solicitations

**2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No

**b** If "Yes," list the 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.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No		
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
<b>Total</b>					

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

Revenue		(a) Event #1 <b>Loaned Executives</b>	(b) Event #2 <b>Community Celebration</b>	(c) Other events	(d) Total events (add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
	<b>1</b> Gross receipts . . . . .	421,304	43,309	17,200	481,813
	<b>2</b> Less: Contributions . . . . .	332,163	0	0	332,163
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	89,141	43,309	17,200	149,650
Direct Expenses	<b>4</b> Cash prizes . . . . .	0	0	0	0
	<b>5</b> Noncash prizes . . . . .	348	2,104	1,914	4,366
	<b>6</b> Rent/facility costs . . . . .	0	17,667	3,850	21,517
	<b>7</b> Food and beverages . . . . .	2,016	18,772	19,909	40,697
	<b>8</b> Entertainment . . . . .	0	7	0	7
	<b>9</b> Other direct expenses . . . . .	127,366	5,759	9,002	142,127
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . .				208,714
	<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) . . . . .				-59,064

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

Revenue		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
	<b>1</b> Gross revenue . . . . .	0	0	19,270	19,270
	<b>2</b> Cash prizes . . . . .	0	0	4,531	4,531
	<b>3</b> Noncash prizes . . . . .	0	0	0	0
	<b>4</b> Rent/facility costs . . . . .	0	0	0	0
	<b>5</b> Other direct expenses . . . . .	0	0	0	0
	<b>6</b> Volunteer labor . . . . .	<input type="checkbox"/> Yes ..... % <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes ..... % <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes ..... 73 % <input type="checkbox"/> No	
	<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) . . . . .				4,531
	<b>8</b> Net gaming income summary. Subtract line 7 from line 1, column (d) . . . . .				14,739

**9** Enter the state(s) in which the organization conducts gaming activities: WI  
**a** Is the organization licensed to conduct gaming activities in each of these states? . . . . .  Yes  No  
**b** If "No," explain: \_\_\_\_\_

**10a** Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? . . . . .  Yes  No  
**b** If "Yes," explain: \_\_\_\_\_

11 Does the organization conduct gaming activities with nonmembers?  Yes  No

12 Is the organization a grantor, beneficiary, or trustee of a trust; or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	0 %
b An outside facility	13b	100 %

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name Rachel SchreiberAddress 2059 Atwood Ave Madison, WI 53704

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No

b If "Yes," enter the amount of gaming revenue received by the organization \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party \$ \_\_\_\_\_

c If "Yes," enter the name and address of the third party:

Name \_\_\_\_\_

Address \_\_\_\_\_

16 Gaming manager information:

Name Rachel SchreiberGaming manager compensation \$ 420Description of services provided See Schedule G, Part IV, Statement 1

Director/officer  Employee  Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ 0

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Services provided by gaming manager**

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**Description**

Gaming Manager is a full-time employee of United Way of Dane County's Resource Development Department. Part of his/her job duties include obtaining/renewing a gaming license and running raffles at various activities throughout the year as part of United Way of Dane County's fundraising efforts.

**SCHEDULE I**  
**(Form 990)**(Rev. December 2024)  
Department of the Treasury  
Internal Revenue Service**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

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

Attach to Form 990.

Name of the organization  
**UNITED WAY OF DANE COUNTY INC****Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to 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.

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
(1) <b>Sch I, Stmt 1</b>							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

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

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

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

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Cat. No. 50055P

Schedule I (Form 990) (Rev. 12-2024)

**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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1						
2						
3						
4						
5						
6						
7						

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

**Schedule I, Part I, Line 2 - United Way of Dane County, Inc.** has a formal and multi-level process of grant monitoring. United Way of Dane County, Inc. requires funded programs to submit reports twice annually. United Way of Dane County, Inc. staff works with teams of community leaders (more than 150 people, organized by expertise and area of focus), to monitor these reports. These teams set and monitor program outcomes and budget for each grant as well as overall agency financial stability, governance and executive leadership. Larger grants receive more regular monitoring, including site visits.

**Schedule I, Part IV, Statement 1**Form: **Schedule I (2024)**

Page: 1

**UNITED WAY OF DANE COUNTY INC**

EIN: 39-0817532

**Part II, Line 1****Description of Grants and Other Assistance to Governments and Organizations in the United States**

		Recipient EIN	Amt. of cash grant	Amt. of non- cash asst.
<b>Name and address</b>	100 Black Men of Madison PO Box 787 Madison, WI 53701	39-1803848	10,806	
<b>IRC code section</b>	501c3			
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>				
<b>Purpose of grant</b>	Program Operating Cost/Donor Designation for General Support			
<b>Name and address</b>	Access Community Health Centers 3434 E Washington Ave Madison, WI 53704	39-1391134	208,427	
<b>IRC code section</b>	501c3			
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>				
<b>Purpose of grant</b>	Program Operating Cost/Donor Designation for General Support			
<b>Name and address</b>	Access to Community Services ATTN M Mortell Special Olympics WI 2310 Crossroads Dr Suite 1000 Madison, WI 53718	39-1485069	48,970	
<b>IRC code section</b>	501c3			
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>				
<b>Purpose of grant</b>	Donor Designation for General Support			
<b>Name and address</b>	Agrace HospiceCare 5395 E Cheryl Pkwy Fitchburg, WI 53711	39-1319537	44,177	
<b>IRC code section</b>	501c3			
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>				
<b>Purpose of grant</b>	Donor Designation for General Support			
<b>Name and address</b>	American Heart Association 2850 Dairy Dr Ste 300 Madison, WI 53718	13-5613797	154,187	
<b>IRC code section</b>	501c3			
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>				
<b>Purpose of grant</b>	Donor Designation for General Support			
<b>Name and address</b>	American Red Cross Badger Chapter PO Box 5905 Madison, WI 53705	39-0806193	23,728	
<b>IRC code section</b>	501c3			
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>				
<b>Purpose of grant</b>	Donor Designation for General Support			
<b>Name and address</b>	America's Best Charities 1100 Larkspur Landing Circle Suite 340 Larkspur, CA 94939	94-3067804	88,317	

**Schedule I, Part IV, Statement 1****UNITED WAY OF DANE COUNTY INC****IRC code section** 501c3**Method of valuation****Desc. of Non-Cash Asst.****Purpose of grant** Donor Designation for General Support

<b>Name and address</b>	America's Charities 14150 Newbrook Drive Suite 110 Chantilly, VA 20151	54-1517707	38,768
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**IRC code section** 501c3**Method of valuation****Desc. of Non-Cash Asst.****Purpose of grant** Donor Designation for General Support

<b>Name and address</b>	ARC Community Services 2001 W Beltline Hwy Ste 102 Madison, WI 53713	51-0163796	26,982
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**IRC code section** 501c3**Method of valuation****Desc. of Non-Cash Asst.****Purpose of grant** Program Operating Cost/Donor Designation for General Support

<b>Name and address</b>	Babson College 231 Forest St Babson Park, MA 02457	04-2103544	7,317
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**IRC code section** 501c3**Method of valuation****Desc. of Non-Cash Asst.****Purpose of grant** Donor Designation for General Support

<b>Name and address</b>	Badger Prairie Needs Network 1200 E Verona Ave Verona, WI 53593	45-1159288	17,007
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**IRC code section** 501c3**Method of valuation****Desc. of Non-Cash Asst.****Purpose of grant** Donor Designation for General Support

<b>Name and address</b>	Bethel Horizons Foundation 312 Wisconsin Ave Madison, WI 53704	23-7017755	9,338
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**IRC code section** 501c3**Method of valuation****Desc. of Non-Cash Asst.****Purpose of grant** Donor Designation for General Support

<b>Name and address</b>	Big Brothers Big Sisters of Dane County 2059 Atwood Ave Madison, WI 53704	39-1077783	182,380
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**IRC code section** 501c3**Method of valuation****Desc. of Non-Cash Asst.****Purpose of grant** Program Operating Cost/Donor Designation for General Support

<b>Name and address</b>	Board of Regents of the University of Wisconsin System 21 N Park St Suite 6301 Madison, WI 53715	39-6006492	10,000
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**IRC code section** 170c1**Method of valuation****Desc. of Non-Cash Asst.****Purpose of grant** Donor Designation for General Support

**Schedule I, Part IV, Statement 1****UNITED WAY OF DANE COUNTY INC**

<b>Name and address</b>	Boys & Girls Club of Dane County 2001 Taft St Madison, WI 53713	39-1925617	126,063
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Program Operating Cost/Donor Designation for General Support		
<b>Name and address</b>	Boys & Girls Club of the Colorado River 2250 Highland Rd Bullhead City, AZ 86442	86-0573993	17,200
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Program Operating Cost/Donor Designation for General Support		
<b>Name and address</b>	Boys & Girls Clubs of Boston 200 High St Suite 3B Boston, MA 02110	04-2103922	11,708
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Program Operating Cost/Donor Designation for General Support		
<b>Name and address</b>	Boys and Girls Club of Greater Milwaukee 1558 N Sixth St Milwaukee, WI 53212	39-0806292	17,200
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Program Operating Cost/Donor Designation for General Support		
<b>Name and address</b>	Briarpatch Youth Services Inc 1955 Atwood Avenue Madison, WI 53704	39-1391737	79,970
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Program Operating Cost/Donor Designation for General Support		
<b>Name and address</b>	Brigham & Women's Hospital Inc 116 Huntington Ave 3rd Floor Boston, MA 02116	04-2312909	11,708
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Donor Designation for General Support		
<b>Name and address</b>	Brown County United Way 112 N Adams St Suite 201 Green Bay, WI 54301	39-0806299	8,215
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Donor Designation for General Support		
<b>Name and address</b>	Catholic Charities Diocese of Madison PO Box 46550 Madison, WI 53744	39-0807067	222,566

**Schedule I, Part IV, Statement 1****UNITED WAY OF DANE COUNTY INC****IRC code section** 501c3**Method of valuation****Desc. of Non-Cash Asst.****Purpose of grant** Program Operating Cost/Donor Designation for General Support

<b>Name and address</b>	Center for Community Stewardship 116 N Few St Ste 3 Madison, WI 53703	68-0501459	40,467
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**IRC code section** 501c3**Method of valuation****Desc. of Non-Cash Asst.****Purpose of grant** Program Operating Cost/Donor Designation for General Support

<b>Name and address</b>	Centro Hispano of Dane County 810 W Badger Rd Madison, WI 53713	93-0844812	457,513
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**IRC code section** 501c3**Method of valuation****Desc. of Non-Cash Asst.****Purpose of grant** Program Operating Cost/Donor Designation for General Support

<b>Name and address</b>	CHC Creating Healthier Communities PO Box 715153 Philadelphia, PA 19171-5153	39-1261126	467,902
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**IRC code section** 501c3**Method of valuation****Desc. of Non-Cash Asst.****Purpose of grant** Donor Designation for General Support

<b>Name and address</b>	Children's Service Society of Wisconsin 1716 Fordem Ave Madison, WI 53704	39-0806380	179,113
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**IRC code section** 501c3**Method of valuation****Desc. of Non-Cash Asst.****Purpose of grant** Program Operating Cost/Donor Designation for General Support

<b>Name and address</b>	Christians in Action Community Food Pantry c/o New Heights Lutheran Church 4940 Deneen Rd Black Earth, WI 53515	20-5077434	12,750
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**IRC code section** 501c3**Method of valuation****Desc. of Non-Cash Asst.****Purpose of grant** Donor Designation for General Support

<b>Name and address</b>	City of Stoughton Food Pantry 207 S Forrest St Stoughton, WI 53589	39-6005622	12,906
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**IRC code section** Gov**Method of valuation****Desc. of Non-Cash Asst.****Purpose of grant** Donor Designation for General Support

<b>Name and address</b>	Clean Lakes Alliance 150 E Gilman St Ste 2600 Madison, WI 53703	27-3917243	16,418
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**IRC code section** 501c3**Method of valuation****Desc. of Non-Cash Asst.**

**Schedule I, Part IV, Statement 1****UNITED WAY OF DANE COUNTY INC**

<b>Purpose of grant</b>	Donor Designation for General Support		
<b>Name and address</b>	Community Action Coalition for South Central WI 1717 N Stoughton Rd Madison, WI 53704	39-1053827	361,726
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Program Operating Cost/Donor Designation for General Support		
<b>Name and address</b>	Community Coordinated Child Care (4C) in Dane Co PO Box 45320 Madison, WI 53744	39-1165742	19,804
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Program Operating Cost/Donor Designation for General Support		
<b>Name and address</b>	Community Shares of Wisconsin 612 W Main St Ste 200 Madison, WI 53703	39-1172378	308,903
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Donor Designation for General Support		
<b>Name and address</b>	Cottage Grove Food Pantry c/o Bryn Mawr Presbyterian Church 229 N Main St Cottage Grove, WI 53527	39-1137661	12,750
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Donor Designation for General Support		
<b>Name and address</b>	Cultural Practices That Are Relevant Professional Development Organization 7002 New Washburn Way Madison, WI 53719	88-2060573	16,000
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Program Operating Cost		
<b>Name and address</b>	Dane County Human Services 1202 Northport Dr Madison, WI 53704	39-6005684	51,834
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Program Operating Cost		
<b>Name and address</b>	Dane County Humane Society 5132 Voges Rd Madison, WI 53718	39-0806335	93,291
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Program Operating Cost/Donor Designation for General Support		

**Schedule I, Part IV, Statement 1****UNITED WAY OF DANE COUNTY INC**

<b>Name and address</b>	Dear Diary Inc 2921 Landmark PI Suite 215 Madison, WI 53713	87-2749262	12,500
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Program Operating Cost		
<b>Name and address</b>	EarthShare PO Box 424011 Washington, DC 20042	52-1601960	125,118
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Donor Designation for General Support		
<b>Name and address</b>	East Madison Community Center 8 Straubel Ct Madison, WI 53704	39-1941839	80,587
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Program Operating Cost/Donor Designation for General Support		
<b>Name and address</b>	Edgewood College 1000 Edgewood College Dr Madison, WI 53711	39-0806202	5,989
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Donor Designation for General Support		
<b>Name and address</b>	Energy Services Inc 1225 S Park St Madison, WI 53715	39-1443614	36,126
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Program Operating Cost/Donor Designation for General Support		
<b>Name and address</b>	Families & Schools Together 2801 International Ln Ste 212 Madison, WI 53704	39-1895298	16,729
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Program Operating Cost/Donor Designation for General Support		
<b>Name and address</b>	Foundation for Black Women's Wellness 6601 Grand Teton Plaza Suite A2 Madison, WI 53719	46-0832901	131,731
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Program Operating Cost		
<b>Name and address</b>	Friends of the Waisman Center Inc 1500 Highland Ave Suite 553 Madison, WI 53705	39-1272090	8,000
<b>IRC code section</b>	501c3		

**Schedule I, Part IV, Statement 1****UNITED WAY OF DANE COUNTY INC****Method of valuation****Desc. of Non-Cash Asst.****Purpose of grant** Donor Designation for General Support

<b>Name and address</b>	Gilda's Club of Madison 7907 UW Health Court Middleton, WI 53562	06-1662883	10,379
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**IRC code section** 501c3**Method of valuation****Desc. of Non-Cash Asst.****Purpose of grant** Donor Designation for General Support

<b>Name and address</b>	Girls on the Run 901 Deming Way Suite 11 Madison, WI 53717	11-3732108	9,030
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**IRC code section** 501c3**Method of valuation****Desc. of Non-Cash Asst.****Purpose of grant** Donor Designation for General Support

<b>Name and address</b>	Global Impact PO Box 409616 Atlanta, GA 30384	52-1273585	77,502
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**IRC code section** 501c3**Method of valuation****Desc. of Non-Cash Asst.****Purpose of grant** Donor Designation for General Support

<b>Name and address</b>	Goodman Community Center 149 Waubesa St Madison, WI 53704	39-1919172	199,961
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**IRC code section** 501c3**Method of valuation****Desc. of Non-Cash Asst.****Purpose of grant** Program Operating Cost/Donor Designation for General Support

<b>Name and address</b>	Great Rivers United Way 1855 E Main St Onalaska, WI 54650	39-0848188	9,043
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**IRC code section** 501c3**Method of valuation****Desc. of Non-Cash Asst.****Purpose of grant** Donor Designation for General Support

<b>Name and address</b>	Habitat for Humanity of Dane County PO Box 258128 Madison, WI 53725	39-1592769	60,708
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**IRC code section** 501c3**Method of valuation****Desc. of Non-Cash Asst.****Purpose of grant** Program Operating Cost/Donor Designation for General Support

<b>Name and address</b>	High Point Church Inc 7702 Old Sauk Rd Madison, WI 53717	23-7134962	8,430
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**IRC code section** 501c3**Method of valuation****Desc. of Non-Cash Asst.****Purpose of grant** Donor Designation for General Support

**Schedule I, Part IV, Statement 1****UNITED WAY OF DANE COUNTY INC**

<b>Name and address</b>	Horizon High School of Madison PO Box 44069 Madison, WI 53744	20-1240272	6,172
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Donor Designation for General Support		
<b>Name and address</b>	Hunger Relief Fund Wisconsin 201 S Hawley Ct Milwaukee, WI 53214	39-1345847	89,265
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Donor Designation for General Support		
<b>Name and address</b>	Jewish Social Services of Madison 6434 Enterprise Ln Madison, WI 53719	39-1300430	10,645
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Program Operating Cost/Donor Designation for General Support		
<b>Name and address</b>	Journey Mental Health Center 625 W Washington Ave Madison, WI 53703	39-0806445	229,580
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Program Operating Cost/Donor Designation for General Support		
<b>Name and address</b>	JustDane 2115 S Park St Madison, WI 53713	23-7298482	326,533
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Program Operating Cost/Donor Designation for General Support		
<b>Name and address</b>	Latino Academy of Workforce Development 1917 Lake Point Dr Madison, WI 53713	87-2679293	102,727
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Program Operating Cost		
<b>Name and address</b>	Literacy Network 1118 S Park St Madison, WI 53715	51-0180488	203,344
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Program Operating Cost/Donor Designation for General Support		
<b>Name and address</b>	Lussier Community Education Center 55 S Gammon Rd Madison, WI 53717	39-1938173	43,536
<b>IRC code section</b>	501c3		

**Schedule I, Part IV, Statement 1****UNITED WAY OF DANE COUNTY INC****Method of valuation****Desc. of Non-Cash Asst.****Purpose of grant**

Program Operating Cost/Donor Designation for General Support

<b>Name and address</b>	Lutheran Social Services of WI & Upper Michigan 6314 Odana Rd Madison, WI 53719	39-0816846	5,367
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<b>IRC code section</b>	501c3
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<b>Method of valuation</b>
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<b>Desc. of Non-Cash Asst.</b>
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<b>Purpose of grant</b>
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Donor Designation for General Support
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<b>Name and address</b>	Madison Children's Museum 100 N Hamilton St Madison, WI 53703	39-1383497	13,884
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<b>IRC code section</b>	501c3
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<b>Method of valuation</b>
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<b>Desc. of Non-Cash Asst.</b>
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<b>Purpose of grant</b>
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Program Operating Cost/Donor Designation for General Support
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<b>Name and address</b>	Madison College Foundation Inc 1701 Wright St Madison, WI 53704	23-7265867	17,399
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<b>IRC code section</b>	501c3
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<b>Method of valuation</b>
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<b>Desc. of Non-Cash Asst.</b>
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<b>Purpose of grant</b>
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Donor Designation for General Support
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<b>Name and address</b>	Madison Gospel 5K Foundation 2935 S Fish Hatchery Rd Ste 3-102 Madison, WI 53711	83-2761410	10,000
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<b>IRC code section</b>	501c3
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<b>Method of valuation</b>
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<b>Desc. of Non-Cash Asst.</b>
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<b>Purpose of grant</b>
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Donor Designation for General Support
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<b>Name and address</b>	Madison Metropolitan School District 545 W Dayton St Madison, WI 53703	39-6003202	73,852
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<b>IRC code section</b>	Gov
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<b>Method of valuation</b>
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<b>Desc. of Non-Cash Asst.</b>
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<b>Purpose of grant</b>
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Program Operating Cost
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<b>Name and address</b>	Marshfield Area United Way 101 W 29 St Suite 104 Marshfield, WI 54449	39-1035073	37,889
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<b>IRC code section</b>	501c3
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<b>Method of valuation</b>
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<b>Desc. of Non-Cash Asst.</b>
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<b>Purpose of grant</b>
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Donor Designation for General Support
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<b>Name and address</b>	Mayo Clinic 200 First St SW Rochester, MN 55905	41-6011702	10,320
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<b>IRC code section</b>	501c3
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<b>Method of valuation</b>
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<b>Desc. of Non-Cash Asst.</b>
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<b>Purpose of grant</b>
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Donor Designation for General Support
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**Schedule I, Part IV, Statement 1****UNITED WAY OF DANE COUNTY INC**

<b>Name and address</b>	McFarland Community Food Pantry PO Box 101 McFarland, WI 53558	36-4613663	12,750
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Donor Designation for General Support		
<b>Name and address</b>	Middleton Youth Center c/o City of Middleton 7426 Hubbard Ave Middleton, WI 53562	39-6006320	13,102
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Program Operating Cost		
<b>Name and address</b>	NAMI Dane County 818 W Badger Rd Suite 104 Madison, WI 53713	39-1270706	11,395
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Program Operating Cost/Donor Designation for General Support		
<b>Name and address</b>	Nehemiah Community Development Corp PO Box 9861 Madison, WI 53715	39-1736091	12,850
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Donor Designation for General Support		
<b>Name and address</b>	NewBridge Madison 128 E Olin Ave Madison, WI 53713	39-1211331	60,664
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Program Operating Cost/Donor Designation for General Support		
<b>Name and address</b>	One City Early Learning Centers 1707 W Broadway Monona, WI 53713	47-1490574	8,772
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Donor Designation for General Support		
<b>Name and address</b>	Operation Fresh Start 1925 Winnebago St Madison, WI 53704	23-7108090	61,749
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Program Operating Cost/Donor Designation for General Support		
<b>Name and address</b>	Oregon Food Pantry PO Box 92 Oregon, WI 53575	81-4012258	12,750

**Schedule I, Part IV, Statement 1****UNITED WAY OF DANE COUNTY INC****IRC code section** 501c3**Method of valuation****Desc. of Non-Cash Asst.****Purpose of grant** Donor Designation for General Support

<b>Name and address</b>	Porchlight 306 N Brooks St Madison, WI 53715	39-1579521	144,279
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**IRC code section** 501c3**Method of valuation****Desc. of Non-Cash Asst.****Purpose of grant** Program Operating Cost/Donor Designation for General Support

<b>Name and address</b>	Potosi Foundation-Potosi Brewing Co 209 S Main St Potosi, WI 53820	39-2000608	20,012
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**IRC code section** 501c3**Method of valuation****Desc. of Non-Cash Asst.****Purpose of grant** Donor Designation for General Support

<b>Name and address</b>	Rainbow Project 831 E Washington Ave Madison, WI 53703	39-1422626	218,680
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**IRC code section** 501c3**Method of valuation****Desc. of Non-Cash Asst.****Purpose of grant** Program Operating Cost/Donor Designation for General Support

<b>Name and address</b>	Reach Dane 2096 Red Arrow Trl Madison, WI 53711	39-1418945	58,824
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**IRC code section** 501c3**Method of valuation****Desc. of Non-Cash Asst.****Purpose of grant** Program Operating Cost/Donor Designation for General Support

<b>Name and address</b>	Rhinelander Community Foundation PO Box 1523 Rhinelander, WI 54501	47-5029315	5,160
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**IRC code section** 501c3**Method of valuation****Desc. of Non-Cash Asst.****Purpose of grant** Donor Designation for General Support

<b>Name and address</b>	RISE Wisconsin 2120 Fordem Ave Madison, WI 53704	91-2064768	1,203,675
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**IRC code section** 501c3**Method of valuation****Desc. of Non-Cash Asst.****Purpose of grant** Program Operating Cost/Donor Designation for General Support

<b>Name and address</b>	Ronald McDonald House 2716 Marshall Ct Madison, WI 53705	39-1655790	13,375
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**IRC code section** 501c3**Method of valuation****Desc. of Non-Cash Asst.****Purpose of grant** Donor Designation for General Support

**Schedule I, Part IV, Statement 1****UNITED WAY OF DANE COUNTY INC**

<b>Name and address</b>	Rooted WI Inc 517 E Badger Rd Madison, WI 53713	39-1854762	6,860
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Program Operating Cost/Donor Designation for General Support		
<b>Name and address</b>	Safe Communities of Madison and Dane County PO Box 6652 Madison, WI 53716	39-2010839	10,711
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Program Operating Cost/Donor Designation for General Support		
<b>Name and address</b>	Safe Harbor Child Advocacy Center Inc 2445 Darwin Rd Suite 20 Madison, WI 53704	39-2004933	5,077
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Donor Designation for General Support		
<b>Name and address</b>	Sankofa Behavioral & Community Health 1955 W Broadway Suite 105 Monona, WI 53713	80-0906744	37,500
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Program Operating Cost		
<b>Name and address</b>	Sauk-Prairie United Way PO Box 122 Prairie Du Sac, WI 53578	39-1318028	8,207
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Donor Designation for General Support		
<b>Name and address</b>	Second Harvest Foodbank of Southern WI 2802 Dairy Drive Madison, WI 53718	39-1490691	209,109
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Program Operating Cost/Donor Designation for General Support		
<b>Name and address</b>	Shelter from the Storm Ministries Inc PO Box 1523 Sun Prairie, WI 53590	47-1676099	9,495
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Donor Designation for General Support		
<b>Name and address</b>	Simpson Street Free Press PO Box 6307 Monona, WI 53716	39-1882258	41,697

**Schedule I, Part IV, Statement 1****UNITED WAY OF DANE COUNTY INC****IRC code section** 501c3**Method of valuation****Desc. of Non-Cash Asst.****Purpose of grant** Program Operating Cost/Donor Designation for General Support

<b>Name and address</b>	Society of St Vincent de Paul 1109 Jonathon Dr Madison, WI 53713	39-0824876	13,295
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**IRC code section** 501c3**Method of valuation****Desc. of Non-Cash Asst.****Purpose of grant** Donor Designation for General Support

<b>Name and address</b>	Southern Wisconsin Bird Alliance 211 S Paterson St Suite 340 Madison, WI 53703	39-1393389	5,086
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**IRC code section** 501c3**Method of valuation****Desc. of Non-Cash Asst.****Purpose of grant** Program Operating Cost

<b>Name and address</b>	Stoughton Area Resource Team 248 W Main St Stoughton, WI 53589	41-2076251	101,710
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**IRC code section** 501c3**Method of valuation****Desc. of Non-Cash Asst.****Purpose of grant** Program Operating Cost/Donor Designation for General Support

<b>Name and address</b>	Sunshine Place 18 Rickel Rd Sun Prairie, WI 53590	20-5398498	92,424
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**IRC code section** 501c3**Method of valuation****Desc. of Non-Cash Asst.****Purpose of grant** Program Operating Cost/Donor Designation for General Support

<b>Name and address</b>	Sustain Dane PO Box 144 Madison, WI 53701	43-1953180	20,000
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**IRC code section** 501c3**Method of valuation****Desc. of Non-Cash Asst.****Purpose of grant** Donor Designation for General Support

<b>Name and address</b>	The Aly Wolff Foundation Inc 2022 Uphoff Rd Cottage Grove, WI 53527	46-4707392	19,780
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**IRC code section** 501c3**Method of valuation****Desc. of Non-Cash Asst.****Purpose of grant** Donor Designation for General Support

<b>Name and address</b>	The Hmong Institute 5310 Arapahoe Ln Madison, WI 53704	82-4232925	142,335
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**IRC code section** 501c3**Method of valuation****Desc. of Non-Cash Asst.****Purpose of grant** Program Operating Cost

**Schedule I, Part IV, Statement 1****UNITED WAY OF DANE COUNTY INC**

<b>Name and address</b>	The Playing Field 3910 Mineral Point Rd Madison, WI 53705	47-4112110	162,154
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Program Operating Cost		
<b>Name and address</b>	The River Food Pantry 2201 Darwin Rd Madison, WI 53704	20-4179749	33,945
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Donor Designation for General Support		
<b>Name and address</b>	The Road Home 128 E Olin Ave Ste 202 Madison, WI 53713	31-1618925	445,289
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Program Operating Cost/Donor Designation for General Support		
<b>Name and address</b>	The Salvation Army of Dane County 630 E Washington Ave Madison, WI 53703	36-2167910	200,781
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Program Operating Cost/Donor Designation for General Support		
<b>Name and address</b>	Three Gaits PO Box 153 Oregon, WI 53575	39-1472538	12,481
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Donor Designation for General Support		
<b>Name and address</b>	Triangle Community Ministry 755 Braxton Place Apt B109 Madison, WI 53715	39-1425047	20,722
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Program Operating Cost/Donor Designation for General Support		
<b>Name and address</b>	United Negro College Fund (UNCF) 1805 Seventh St NW Washington, DC 20001	13-1624241	8,600
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Donor Designation for General Support		
<b>Name and address</b>	United Way Bay Area 550 Kearny St Suite 1000 San Francisco, CA 94108	94-1312348	33,246

**Schedule I, Part IV, Statement 1****UNITED WAY OF DANE COUNTY INC****IRC code section** 501c3**Method of valuation****Desc. of Non-Cash Asst.****Purpose of grant** Donor Designation for General Support

<b>Name and address</b>	United Way of Blackhawk Region 205 N Main St Ste 101 Janesville, WI 53545	39-6006734	14,688
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**IRC code section** 501c3**Method of valuation****Desc. of Non-Cash Asst.****Purpose of grant** Donor Designation for General Support

<b>Name and address</b>	United Way of Central Maryland 1800 Washington Blvd Suite 340 Baltimore, MD 21230	52-0591543	21,603
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**IRC code section** 501c3**Method of valuation****Desc. of Non-Cash Asst.****Purpose of grant** Donor Designation for General Support

<b>Name and address</b>	United Way of Dane County Foundation 2059 Atwood Ave Madison, WI 53704	39-1763471	521,491
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**IRC code section** 501c3**Method of valuation****Desc. of Non-Cash Asst.****Purpose of grant** Donor Designation for General Support

<b>Name and address</b>	United Way of Dodge County PO Box 266 Beaver Dam, WI 53916	39-6030786	5,934
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**IRC code section** 501c3**Method of valuation****Desc. of Non-Cash Asst.****Purpose of grant** Donor Designation for General Support

<b>Name and address</b>	United Way of Greater Milwaukee & Waukesha County 225 W Vine St Milwaukee, WI 53212	39-0806190	26,395
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**IRC code section** 501c3**Method of valuation****Desc. of Non-Cash Asst.****Purpose of grant** Donor Designation for General Support

<b>Name and address</b>	United Way of Green County Inc PO Box 511 Monroe, WI 53566	39-6060531	12,119
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**IRC code section** 501c3**Method of valuation****Desc. of Non-Cash Asst.****Purpose of grant** Donor Designation for General Support

<b>Name and address</b>	United Way of King County 720 Second Ave Seattle, WA 98104	91-0565555	21,118
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**IRC code section** 501c3**Method of valuation****Desc. of Non-Cash Asst.****Purpose of grant** Donor Designation for General Support

**Schedule I, Part IV, Statement 1****UNITED WAY OF DANE COUNTY INC**

<b>Name and address</b>	United Way of Marathon County 705 S 24th Ave Suite 400B Wausau, WI 54401	39-0935496	7,980
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Donor Designation for General Support		
<b>Name and address</b>	United Way of Massachusetts Bay and Merrimack Valley 9 Channel Center St Suite 500 Boston, MA 02210	04-2382233	23,231
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Donor Designation for General Support		
<b>Name and address</b>	United Way of Metropolitan Chicago 333 S Wabash Ave 30th Floor Chicago, IL 60604	30-0200478	7,855
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Donor Designation for General Support		
<b>Name and address</b>	United Way of Northeastern South Dakota PO Box 1065 Aberdeen, SD 57402	23-7086355	5,569
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Donor Designation for General Support		
<b>Name and address</b>	United Way of San Diego County 4699 Murphy Canyon Rd San Diego, CA 92123	95-2213995	75,473
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Donor Designation for General Support		
<b>Name and address</b>	United Way of the National Capital Area 1577 Spring Hill Rd Suite 420 Vienna, VA 22182	53-0234290	19,672
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Donor Designation for General Support		
<b>Name and address</b>	United Way of Washington County 1121 E Sumner St Hartford, WI 53027	23-7281696	11,377
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Donor Designation for General Support		
<b>Name and address</b>	United Way of Will County 54 N Ottawa St Suite 330 Joliet, IL 60432	36-2515625	5,462

**Schedule I, Part IV, Statement 1****UNITED WAY OF DANE COUNTY INC****IRC code section** 501c3**Method of valuation****Desc. of Non-Cash Asst.****Purpose of grant** Donor Designation for General Support

<b>Name and address</b>	University of Wisconsin Foundation 1848 University Ave Madison, WI 53726	39-0743975	12,467
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**IRC code section** 501c3**Method of valuation****Desc. of Non-Cash Asst.****Purpose of grant** Donor Designation for General Support

<b>Name and address</b>	University of Wisconsin Platteville Foundation One University Plaza Platteville, WI 53818	39-6051705	16,702
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**IRC code section** 501c3**Method of valuation****Desc. of Non-Cash Asst.****Purpose of grant** Donor Designation for General Support

<b>Name and address</b>	Urban Community Arts Network 2116 Post Rd Madison, WI 53713	45-2154232	15,000
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**IRC code section** 501c3**Method of valuation****Desc. of Non-Cash Asst.****Purpose of grant** Program Operating Cost

<b>Name and address</b>	Urban League of Greater Madison 2222 S Park St Ste 200 Madison, WI 53713	39-1098146	382,469
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**IRC code section** 501c3**Method of valuation****Desc. of Non-Cash Asst.****Purpose of grant** Program Operating Cost/Donor Designation for General Support

<b>Name and address</b>	Urban Triage 3834 Whitman Ln Ste 308 Madison, WI 53704	84-3297905	103,819
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**IRC code section** 501c3**Method of valuation****Desc. of Non-Cash Asst.****Purpose of grant** Program Operating Cost

<b>Name and address</b>	Valley of the Sun United Way AZ 3200 E Camelback Rd Suite 375 Phoenix, AZ 85018	86-0104419	33,761
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**IRC code section** 501c3**Method of valuation****Desc. of Non-Cash Asst.****Purpose of grant** Donor Designation for General Support

<b>Name and address</b>	Vera Court Neighborhood Center 614 Vera Ct Madison, WI 53704	39-1945609	39,227
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**IRC code section** 501c3**Method of valuation****Desc. of Non-Cash Asst.****Purpose of grant** Program Operating Cost/Donor Designation for General Support

**Schedule I, Part IV, Statement 1****UNITED WAY OF DANE COUNTY INC**

<b>Name and address</b>	Vivent Health (fka AIDS Resource Center of Wisconsin Inc) 600 Williamson St Ste H Madison, WI 53703	39-1534049	12,108
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Program Operating Cost/Donor Designation for General Support		
<b>Name and address</b>	WayForward Resources 3502 Parmenter St Middleton, WI 53562	39-1484945	180,855
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Program Operating Cost/Donor Designation for General Support		
<b>Name and address</b>	Wisconsin Academy for Graduate Service Dogs 1338 Dewey Ct Madison, WI 53703	39-1626569	14,284
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Donor Designation for General Support		
<b>Name and address</b>	Wisconsin Association for Environmental Education PO Box 418 Stevens Point, WI 54481	20-2042476	34,974
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Donor Designation for General Support		
<b>Name and address</b>	YMCA of Dane County 8001 Excelsior Dr Ste 200 Madison, WI 53717	39-0806253	16,752
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Program Operating Cost/Donor Designation for General Support		
<b>Name and address</b>	YWCA of Madison 101 E Mifflin Street Madison, WI 53703	39-0806303	846,422
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Program Operating Cost/Donor Designation for General Support		

**SCHEDULE J**  
**(Form 990)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

**Compensation Information**  
For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees  
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization

UNITED WAY OF DANE COUNTY INC

Employer identification number

39-0817532

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (such as maid, chauffeur, chef)

**Yes**

**No**

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

**1b**

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

**2**

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

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

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

**4a**

✓

**4b**

✓

**4c**

✓

**a** Receive a severance payment or change-of-control payment? . . . . .

**b** Participate in or receive payment from a supplemental nonqualified retirement plan? . . . . .

**c** Participate in or receive payment from an equity-based compensation arrangement? . . . . .

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

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

**5a**

✓

**5b**

✓

**a** The organization? . . . . .

**b** Any related organization? . . . . .

If "Yes" on line 5a or 5b, describe in Part III.

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

**6a**

✓

**6b**

✓

**a** The organization? . . . . .

**b** Any related organization? . . . . .

If "Yes" on line 6a or 6b, describe in Part III.

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

**7**

✓

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

**8**

✓

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

**9**

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

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
<b>1</b> <b>Renee Moe, President/CEO</b>	<b>0</b>	<b>263,878</b>	<b>0</b>	<b>0</b>	<b>45,206</b>	<b>28,007</b>	<b>337,091</b>
	<b>(i)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>2</b> <b>Jody Bartnick, Vice President Community Impact</b>	<b>135,596</b>	<b>0</b>	<b>0</b>	<b>15,282</b>	<b>22,275</b>	<b>173,153</b>	<b>0</b>
	<b>(i)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>3</b> <b>Nicholas Wood, CFO/Vice President Administration</b>	<b>135,103</b>	<b>0</b>	<b>0</b>	<b>12,968</b>	<b>24,607</b>	<b>172,678</b>	<b>0</b>
	<b>(i)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>4</b> <b>Karen Burch, Vice President of Community Engagement/Marketing</b>	<b>121,920</b>	<b>0</b>	<b>0</b>	<b>10,460</b>	<b>27,086</b>	<b>159,466</b>	<b>0</b>
	<b>(i)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>5</b>							
<b>6</b>							
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<b>15</b>							
<b>16</b>							

### **Part III** Supplemental Information

### **Part III** Supplemental Information

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

**SCHEDULE M**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

OMB No. 1545-0047

Complete if the organizations answered "Yes" on Form 990, Part IV, line 29 or 30.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**2024**

**Open to Public  
Inspection**

Name of the organization

**UNITED WAY OF DANE COUNTY INC**

Employer identification number

**39-0817532**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art . . . . .				
2 Art—Historical treasures . . . . .				
3 Art—Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities—Publicly traded . . . . .	✓	91	408,684	market value at time of donati
10 Securities—Closely held stock . . . . .				
11 Securities—Partnership, LLC, or trust interests . . . . .				
12 Securities—Miscellaneous . . . . .				
13 Qualified conservation contribution—Historic structures . . . . .				
14 Qualified conservation contribution—Other . . . . .				
15 Real estate—Residential . . . . .				
16 Real estate—Commercial . . . . .				
17 Real estate—Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ( _____ ) . . . . .				
26 Other ( _____ ) . . . . .				
27 Other ( _____ ) . . . . .				
28 Other ( _____ ) . . . . .				

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

**29** **0**

**Yes** **No**

30a During the year, did the organization receive by contribution any property reported on Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? . . . . .

30a	✓
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b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? . . . . .

31	✓
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32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .

32a	✓
-----	---

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

## Part II

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

**Schedule M, Part I, Line 9 - The numbers in column (b) line 9 reflect the number of items contributed.**

**SCHEDULE O  
(Form 990)**

(Rev. December 2024)

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.

OMB No. 1545-0047

Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**Open to Public  
Inspection**

Name of the organization

**UNITED WAY OF DANE COUNTY INC**

Employer identification number

39-0817532

**Form 990, Part I, Line 1 - impactful resources and to maximize your gift into life-changing impact. Together, we are The Power of Caring, Working for All.** At United Way of Dane County, we come together to close gaps and open opportunities in our community. In 2024, we supported over 82,000 neighbors in Dane County. And with our Plan for Community Well-Being, we'll transform measurable outcomes into life-changing support for our neighbors.

**Form 990, Part VI, Section A, Line 6 - The members of the corporation shall be divided into two classes: Director Members and General Members.** Only individuals are eligible to be members. Each member shall be a resident of or be employed in Dane County, Wisconsin. Director Members shall consist of those persons who are serving (from time to time) as members of the Board of Directors of the corporation. The number and identity of the Director Members shall be changed accordingly without the requirement of any action by the members or by the Board of Directors. General Members shall be divided into two categories: agency members and public members. Agency members shall consist of the principal staff officer (usually the Executive Director) and the principal volunteer officer (usually the Chair of the Board) of each partner United Way agency, who are present in person at a meeting of members. For this purpose, a partner United Way agency shall be as defined in the corporation's policies from time to time. Agency members shall include only those persons serving in the above positions for their respective agency at the time of the meeting of members. If an agency member cannot attend a meeting, the partner United Way agency cannot send a substitute in his or her place. Public members shall consist of any other persons who are invited by the Board of Directors to attend the annual or any special meeting of the members and who are present in person at a meeting of members. The Board of Directors shall have the complete discretion to decide the number and identity of the persons, if any, to invite to attend a special meeting of the members, provided, however, that the general public shall be invited to attend the annual meeting of the members through public notice of the meeting.

**Form 990, Part VI, Section A, Line 7a - Nomination and Election of Directors.** Replacements for Directors whose terms are expiring, Special Appointments, and any new Directors to be added to the Board of Directors shall be elected by the members at the annual meeting of the members. The candidates for election shall consist of a slate of nominees recommended by the Nominating and Governance committee, and those persons, if any, nominated by the members from the floor. At the annual meeting of members, nominations of candidates for election to the Board of Directors may be made from the floor by any member who is present at the meeting, provided that each individual so nominated (1) meets, to the reasonable satisfaction of the Chair, the requirements of these Bylaws, and (2) has submitted a written consent to his or her nomination to the President of the corporation at least forty-eight (48) hours before the opening of the annual meeting of members. The chair of the meeting may request that the members vote upon a single slate of all nominees, subject however to the right of the members to require, by a duly adopted resolution, that each nominee be voted upon separately. If, in an election of Directors, the number of nominees for election exceeds the number of vacancies on the Board of Directors to be filled by the election, then the nominees who receive the highest number of votes shall be elected.

**Form 990, Part VI, Section A, Line 7b - Voting by Members.** Each member shall have one vote upon each matter submitted to a vote at any annual or special meeting of the members. Any individual who is both a Director Member and a General Member shall have only one vote. Unless expressly stated otherwise in these Bylaws, Director Members and General Members shall vote together as one class, on each matter submitted to a vote. Voting by Proxy shall not be permitted.

**Form 990, Part VI, Section B, Line 11b - Prior to filing, the Form 990 is made available to the Board of Directors, Finance and Audit Committee and Independent audit firm for review electronically.**

**Form 990, Part VI, Section B, Line 12c - The conflict of interest policy is discussed and reviewed annually with the Board of Directors, other volunteers and staff.** Each group is asked to complete a questionnaire that includes disclosing relationships that could be considered a conflict of interest. The Board shall determine whether a potential conflict gives rise to an actual conflict. After presenting information regarding the potential conflict, the involved Interested Person(s) must either abstain from any votes pertaining to their conflict or if further discussion is needed, retire from the meeting and not participate in the Board's or committee's final discussion and voting on the existence of an actual conflict. In determining whether to proceed with a transaction involving an actual conflict, the Board will evaluate whether the transaction is in the organization's best interest, is fair and reasonable for the organization, and is the most advantageous transaction or agreement the organization can obtain.

**Form 990, Part VI, Section B, Line 15 - Biannually a compensation study is completed by an independent consultant.** The results of the study are shared with the Board Chair, the People, Culture and Rewards Committee Chair and Executive Committee. The Board Chair and Executive Committee annually conduct a performance review of the President and approve the salary for the year. The President conducts

## Supplemental Information (Continued)

a performance review of the other officers and key employees and recommends a salary for the year which is approved by the Executive Committee. This study was last completed in 2024.

Form 990, Part VI, Section C, Line 19 - United Way of Dane County, Inc. makes information available through printed materials - annual reports, newsletters, etc., and websites - [unitedwaydanecounty.org](http://unitedwaydanecounty.org), Guidestar by Candid and Charity Navigator.

Form 990, Part XI, Line 9 - Change in value of beneficial interest assets held by others \$44,918, Gain on donor designations \$68,391, Change in temporary restricted assets \$788,050

**Activity Or Mission Description****Description**

can learn and succeed - this is the future we are committed to creating through our Plan for Community Well-Being, a plan built with our community, for our community. Our Plan for Community Well-Being outlines how we establish and lead collective impact to advance family well-being in Dane County. We invest in programs aligned to strategies that have the highest opportunities for meaningful and measurable impact within the areas of Youth Opportunity, Financial Security, Healthy Community and Community Resiliency. When you look at what makes United Way of Dane County really work, it goes beyond the numbers - it's the collective spirit of caring to solve whole problems, our ability to rally the most

**First Program Service Accomplishments Description**

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**Description**

services they need to overcome the experience of poverty (collective impact). 4. Support/influence policy changes that will deepen early learning and development outcomes for children. Strategies: In School, After School and Summer Learning, Literacy Development, Family Engagement and College and Career Readiness (K-12) 1. Facilitate access to additional learning opportunities to enhance students' mastery of academic content. 2. Build students' social/emotional and non-cognitive skills. 3. Ensure students' behavioral health and wellness. 4. Foster connection, belonging, leadership and academic success with youth at risk of disconnecting. 5. Recognize family engagement as a key component to improve student successes and outcomes. Goals: Build family well-being by intentionally and simultaneously working with children under five and the adults in their lives together. All students succeed academically, and graduate high school prepared for higher education, career and community. Results: \* 7,919 Dane County neighbors supported through Youth Opportunity programming \* 196 Families reported improved parent-child interaction or increased knowledge about parenting \* 1,379 elementary and middle school students improved social emotional skills \* 427 high school students improved connection, belonging, leadership and/or academic success

**Second Program Service Accomplishments Description****Description**

programming and support services. 5. Invest in home ownership programs. Strategies: Job Readiness & Workforce Development: Adult education and job training Helping un or underemployed individuals gain full time employment at \$18/hour with benefits in order to achieve financial security. 1. Support Workforce Development. Goal: More people are on pathways out of poverty. Results: \* 29,127 Dane County neighbors supported through Financial Security programming \* 101 Individuals did not return to prison after two years \* 1,041 Households remained stably housed at 12 months \* 280 People gained new or better employment at \$18+/hour

**Third Program Service Accomplishments Description****Description**

health programming for Black, Indigenous and People of Color. Strategies: Increase Resiliency and Trauma Supports 1. Increase culturally safe and responsive trauma and resiliency programs (example: mental health programming) for Black, Indigenous and People of Color. 2. Cultural adaptation of behavioral or mental health intervention. 3. Embed culture brokers into care teams for individuals and families disengaged from mental health supports due to racism, power dynamics and distrust. Goal: A Dane County absent of racial health disparities in physical and mental health. Results: \* 17,981 Dane County neighbors supported through Health Community programming \* 534 People received health insurance through HealthConnect premium assistance program \* 1,168 Participants served through youth and family mental health programming reported improved health outcomes \* 1,036 Participants completed goals in programs designed to address racial health disparities

## Other Program Services Accomplishments

Activity Code	Description	Expense	Grants	Revenue
	Community Resiliency: Addressing Urgent Needs Today and Advancing a Better Tomorrow. Every community deserves the opportunity to prosper. Through initiatives in crisis response, such as 211 (24/7 access to resources and service coordination), volunteer activation, nonprofit capacity building and disaster response, we are strengthening the foundation of Dane County and working to build a resilient community ready for any challenge. When in crisis, it is challenging to know where to go for help. And, with so many opportunities to help, it is hard to know where to make the most impact. United Way understands the big picture and can mobilize resources that make a difference through 211, Volunteer Center and work as a convenor and social impact leader. When our community is hit with an emergency - like severe flooding, a global pandemic or man-made disaster - it's important to have a unifying force that brings us together to raise resources and rebuild an even stronger community. Strategies: 1. United Way 211 (24/7 access to resources and service coordination). 2. Volunteer activation. 3. Nonprofit capacity building. 4. Disaster response. Goals: Be a leader in social impact, connect people who need help with people who want to help in efficient and effective ways. Respond to community emergencies and assist in long-term recovery. Inspire individuals and families to get involved by developing meaningful community and corporate volunteer opportunities that build the nonprofit capacity of Dane County. Provide beyond the check support to strengthen the nonprofit ecosystem. Results - 211: 1) 58,622 Referrals to community resources 1a) 19,294 Housing o 8,601 Food 1b) 6,399 Utilities 1c) 4,596 Behavioral health/addiction 1d) 3,606 Individual family and community support 2) 3,569 Health care 2a) 3,057 Transportation 2b) 2,445 Clothing, personal and household supplies 3) 26,768 Total contacts 4) 3,454 App visitors 5) 930 Chat, text or email messages Results - Volunteerism: 6) 5,296 Volunteers 7) 3,837 Volunteers through corporate and community engagements 7a) 1,459 Volunteers through volunteeryourtime.org 8) 14,090 Children received gifts through Toys for Tots 9) Employees at 55 local companies created nearly 40,000 ImPacks for neighbors in need 10) Most requested ImPacks 10a) 27,257 Snack packs 10b) 6,350 Paper product packs 10c) 3,722 Menstrual hygiene packs 10d) 1,070 Diaper packs	3,765,503	211,103	0
<b>Total:</b>		<b>3,765,503</b>	<b>211,103</b>	<b>0</b>

**SCHEDULE R**  
**(Form 990)**(Rev. December 2024)  
Department of the Treasury  
Internal Revenue ServiceName of the organization  
**UNITED WAY OF DANE COUNTY INC****Related Organizations and Unrelated Partnerships**Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
Attach to Form 990.Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.Employer identification number  
**39-0817532****Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						

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

	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(3) controlled entity?
(1)	<b>United Way of Dane County Foundation (39-1763471)</b> 2059 Atwood Ave, Madison, WI 53704	Fundraising	WI	501(c)(3)	12a	United Way of Dane County Inc	✓
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

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

Cat. No. 50135Y

Schedule R (Form 990) (Rev. 12-2024)

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	Yes	No
(1)										
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										

**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

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

- a Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity
- b Gift, grant, or capital contribution to related organization(s)
- c Gift, grant, or capital contribution from related organization(s)
- d Loans or loan guarantees to or for related organization(s)
- e Loans or loan guarantees by related organization(s)
- f Dividends from related organization(s)
- g Sale of assets to related organization(s)
- h Purchase of assets from related organization(s)
- i Exchange of assets with related organization(s)
- j Lease of facilities, equipment, or other assets to related organization(s)
- k Lease of facilities, equipment, or other assets from related organization(s)
- l Performance of services or membership or fundraising solicitations for related organization(s)
- m Performance of services or membership or fundraising solicitations by related organization(s)
- n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o Sharing of paid employees with related organizations
- p Reimbursement paid to related organization(s) for expenses
- q Reimbursement paid by related organization(s) for expenses
- r Other transfer of cash or property to related organization(s)
- s Other transfer of cash or property from related organization(s)

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
United Way of Dane County Foundation	c	1,158,149 cash value	
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

**Part VI Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512–514)	(e) Are all partners section 501(c)(3) organizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V–UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) _____												
(2) _____												
(3) _____												
(4) _____												
(5) _____												
(6) _____												
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(11) _____												
(12) _____												
(13) _____												
(14) _____												
(15) _____												
(16) _____												

## **Part VII** **Supplemental Information**

Provide additional information for responses to questions on Schedule R. See instructions.