

Return of Organization Exempt From Income Tax

2019

Open to Public Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

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

Department of the Treasury
Internal Revenue Service

A For the 2019 calendar year, or tax year beginning 01/01, 2019, and ending 12/31, 20 19

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization UNITED WAY OF DANE COUNTY INC
 Doing business as _____
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
2059 Atwood Ave
 City or town, state or province, country, and ZIP or foreign postal code
Madison, WI, 53704

D Employer identification number
39-0817532

E Telephone number
608-246-4350

G Gross receipts \$ 22,894,301

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. (see instructions)

F Name and address of principal officer: Renee Moe Salus
2059 Atwood Ave, Madison, WI 53704

I Tax-exempt status: 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ UnitedWayDaneCounty.org

K Form of organization: Corporation Trust Association Other ▶ **L** Year of formation: 1951 **M** State of legal domicile: WI

Part I Summary

| | | | | |
|-----------------------------|--|--|--|-----------------------------------|
| Activities & Governance | 1 | Briefly describe the organization's mission or most significant activities: <u>United Way of Dane County unites the community to create measurable results and change lives. We are committed to the vision of a Dane County where everyone can succeed (Continued on Schedule O, Statement 1)</u> | | |
| | 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 | 37 |
| | 4 | Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 37 |
| | 5 | Total number of individuals employed in calendar year 2019 (Part V, line 2a) | 5 | 144 |
| | 6 | Total number of volunteers (estimate if necessary) | 6 | 8,700 |
| | 7a | Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 0 |
| | b | Net unrelated business taxable income from Form 990-T, line 39 | 7b | 0 |
| Revenue | 8 | Contributions and grants (Part VIII, line 1h) | Prior Year <u>22,199,111</u> | Current Year <u>21,852,761</u> |
| | 9 | Program service revenue (Part VIII, line 2g) | <u>0</u> | <u>0</u> |
| | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | <u>77,780</u> | <u>106,643</u> |
| | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | <u>-26,510</u> | <u>-31,038</u> |
| | 12 | Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | <u>22,250,381</u> | <u>21,928,366</u> |
| Expenses | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1–3) | <u>15,384,508</u> | <u>15,187,159</u> |
| | 14 | Benefits paid to or for members (Part IX, column (A), line 4) | <u>0</u> | <u>0</u> |
| | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) | <u>4,982,024</u> | <u>5,120,025</u> |
| | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | <u>0</u> | <u>0</u> |
| | b | Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>2,057,904</u> | | |
| | 17 | Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) | <u>1,699,868</u> | <u>1,715,959</u> |
| | 18 | Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) | <u>22,066,400</u> | <u>22,023,143</u> |
| 19 | Revenue less expenses. Subtract line 18 from line 12 | <u>183,981</u> | <u>-94,777</u> | |
| Net Assets or Fund Balances | 20 | Total assets (Part X, line 16) | Beginning of Current Year <u>22,950,325</u> | End of Year <u>22,529,692</u> |
| | 21 | Total liabilities (Part X, line 26) | <u>5,375,083</u> | <u>5,220,789</u> |
| | 22 | Net assets or fund balances. Subtract line 21 from line 20 | <u>17,575,242</u> | <u>17,308,903</u> |

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 Salus, President & CEO
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name James Graham Preparer's signature _____ Date _____ Check if self-employed PTIN P0006111
 Firm's name ▶ RSM US LLP Firm's EIN ▶ 42-0714325
 Firm's address ▶ 8020 Excelsior Drive Ste 100, Madison, WI 53717 Phone no. 608-829-5443

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 and 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 \$ 3,905,931 including grants of \$ 3,133,336) (Revenue \$ 0)
Healthy for Life goal: "Health issues are identified and treated early." We have three main strategies in this area: (1) providing access to behavioral health services, with a focus on addressing trauma and socio-emotional learning, (2) reduce racial and socioeconomic health disparities, and (3) providing school-based delivery of preventative oral health care services. Connecting people who have low incomes and are uninsured with health care and dental homes is a primary strategy and proven best practice. Health care homes provide a regular source of care that focuses on preventive care, managing chronic illnesses and reducing the need for hospitalizations or emergency visits. A top priority in this area is our work to identify and treat behavioral and mental health issues that keep children and youth connected to school, families and the community and on-track for graduation. During the 2018-2019 school year 3,312 sixth graders were screened for behavioral health issues and 331 were referred and treated. In addition, 3,775 students received mental health support and treatment through partnerships with Agrace, Canopy Center, Catholic Charities, Children's Hospital - Community Services Division (Children's Service Society of WI), East Madison Community Center, Family Services Madison, and Hancock Center for Dance/Movement Therapy. In 2019, 3,178 elementary school students received
(Continued on Schedule O, Statement 2)

4b (Code:) (Expenses \$ 3,256,108 including grants of \$ 2,612,049) (Revenue \$ 0)
Academic Success goal: "Students succeed academically and graduate from high school, prepared for higher education, career, and community." Our major initiatives in this area are tutoring and academic support programs at the elementary, middle and high school levels to help increase the graduation rate in Dane County to 95% by 2024. To help all children succeed in school, the tutoring programs mobilized over 1,000 volunteers to tutor over 2,000 students at schools in Madison, Middleton/Cross Plains, Oregon and Sun Prairie in the 2018-2019 school year. Our elementary school tutoring program, Schools of Hope, recruited volunteers to tutor students in the Madison and Sun Prairie schools in reading. Urban League of Greater Madison is the lead agency partner on middle school literacy and math tutoring. Our high school tutoring program, Achievement Connections, recruited volunteers to tutor students in the Madison and Middleton schools in Algebra and Geometry. The 6-year Dane County Graduation Rate for 2017-18 is 92%, up from 87.8% in 2013, while Black and Latinx 6-year rates are now 86.5% and 86.9% compared to 67% and 75% in 2012. In addition, we partnered with neighborhood, community and school-based programs to promote academic achievement and engagement and success in school, work and life, including 100 Black Men, Big Brothers Big Sisters, Boys and
(Continued on Schedule O, Statement 3)

4c (Code:) (Expenses \$ 3,191,878 including grants of \$ 2,560,524) (Revenue \$ 0)
Basic Needs goal: "There is a decrease in family homelessness." We have four primary strategies to stabilize families through direct access to affordable housing and quality case management: (1) provide quality housing case management and eviction prevention, (2) increase landlord and tenant connections, (3) increase access to food, and (4) provide direct access to housing through Housing First. Among the results of our work in 2019: (1) 546 families were stability housed and 1,190 children remained in the same school through our Rapid Rehousing and Decreased School Mobility programs, (2) 45 families were stably housed in our Housing First programs eliminating their time in shelter and improving potential for their children's' school success, (3) 1,500 families were provided housing case management in 2019, addressing root causes of their homelessness, (4) Affordable Housing Fund (AHF) established within the United Way of Dane County Foundation to promote development of more affordable housing units in Dane County. The first loan in 2019 was made to Madison Development Corporation for a 44-unit apartment complex on East Washington Avenue that will open in 2020. Lead partners in this work include The Road Home, Salvation Army, YWCA of
(Continued on Schedule O, Statement 4)

4d Other program services (Describe on Schedule O.) See Schedule O, Statement 5
(Expenses \$ 8,577,979 including grants of \$ 6,881,250) (Revenue \$ 0)

4e Total program service expenses **▶** 18,931,896

Part IV Checklist of Required Schedules

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

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

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 | | |
| b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | | |
| c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | ✓ | |

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

| | | Yes | No |
|------------|--|------------|-----|
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return | 2a | 144 |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | 2b | ✓ |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | ✓ |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O | 3b | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | ✓ |
| b | If "Yes," enter the name of the foreign country ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | ✓ |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | ✓ |
| c | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? | 6a | ✓ |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 6b | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | |
| a | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a | ✓ |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | ✓ |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7c | ✓ |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | 7d | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | ✓ |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | ✓ |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? | 8 | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | |
| a | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | |
| 10 | Section 501(c)(7) organizations. Enter: | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12 | 10a | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | |
| 11 | Section 501(c)(12) organizations. Enter: | | |
| a | Gross income from members or shareholders | 11a | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) | 11b | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | |
| a | Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. | 13a | |
| 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 | 13b | |
| c | Enter the amount of reserves on hand | 13c | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | ✓ |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O | 14b | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. | 15 | ✓ |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. | 16 | ✓ |

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 |
|-----------|---|-------------------------------------|-------------------------------------|
| 1a | Enter the number of voting members of the governing body at the end of the tax year | | |
| | If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. | | |
| 1b | Enter the number of voting members included on line 1a, above, who are independent | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | | <input checked="" type="checkbox"/> |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? | | <input checked="" type="checkbox"/> |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | | <input checked="" type="checkbox"/> |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | | <input checked="" type="checkbox"/> |
| 6 | Did the organization have members or stockholders? | <input checked="" type="checkbox"/> | |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | <input checked="" type="checkbox"/> | |
| 7b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | <input checked="" type="checkbox"/> | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | |
| 8a | The governing body? | <input checked="" type="checkbox"/> | |
| 8b | Each committee with authority to act on behalf of the governing body? | <input checked="" type="checkbox"/> | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O | | <input checked="" type="checkbox"/> |

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ► WI
- 18** Section 6104 requires an organization to make its 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 ►
Rick C Spiel, United Way of Dane County Inc, (608)246-4352
2059 Atwood Ave, Madison, WI 53704

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, 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 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) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|--|--|-----------------------|---------|--------------|------------------------------|---------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| Renee Moe ----- President/CEO | 41.00 ----- 4.00 | | | ✓ | | | 193,391 | 0 | 46,951 | |
| Rick C Spiel ----- Executive VP-Chief Financial Officer | 41.00 ----- 1.00 | | | ✓ | | | 142,197 | 0 | 36,010 | |
| Len Devaisher ----- Executive Vice President of Resource Developmen | 40.00 ----- 0.00 | | | | | ✓ | 104,747 | 0 | 3,165 | |
| Fritz Grutzner ----- Board Chair | 1.00 ----- 1.00 | ✓ | | ✓ | | | 0 | 0 | 0 | |
| Ryan E Behling ----- Board Vice Chair | 1.00 ----- 0.00 | ✓ | | ✓ | | | 0 | 0 | 0 | |
| Gloria Ladson-Billings ----- Board Secretary | 1.00 ----- 0.00 | ✓ | | ✓ | | | 0 | 0 | 0 | |
| Greg Dombrowski ----- Board Treasurer | 1.00 ----- 0.00 | ✓ | | ✓ | | | 0 | 0 | 0 | |
| Jessica Bartell ----- Board Member | 1.00 ----- 0.00 | ✓ | | | | | 0 | 0 | 0 | |
| Tim Bartholow MD ----- Board Member | 1.00 ----- 0.00 | ✓ | | | | | 0 | 0 | 0 | |
| Dave Beck-Engel ----- Board Member | 1.00 ----- 0.00 | ✓ | | | | | 0 | 0 | 0 | |
| Jacquelyn Boggess ----- Board Member | 1.00 ----- 0.00 | ✓ | | | | | 0 | 0 | 0 | |
| Dave Branson ----- Board Member | 1.00 ----- 0.00 | ✓ | | | | | 0 | 0 | 0 | |
| Corey Chambas ----- Board Member | 1.00 ----- 0.00 | ✓ | | | | | 0 | 0 | 0 | |
| Bryan Chan ----- Board Member | 1.00 ----- 0.00 | ✓ | | | | | 0 | 0 | 0 | |

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|-----------------------|--|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| Dr Jennifer Cheatham | 1.00 | | | | | | | | | |
| Board Member | 0.00 | ✓ | | | | | 0 | 0 | 0 | |
| Kevin Conroy | 1.00 | | | | | | | | | |
| Board Member | 0.00 | ✓ | | | | | 0 | 0 | 0 | |
| Dr Jack Daniels III | 1.00 | | | | | | | | | |
| Board Member | 0.00 | ✓ | | | | | 0 | 0 | 0 | |
| Dave Florin | 1.00 | | | | | | | | | |
| Board Member | 0.00 | ✓ | | | | | 0 | 0 | 0 | |
| Roberta Gassman | 1.00 | | | | | | | | | |
| Board Member | 0.00 | ✓ | | | | | 0 | 0 | 0 | |
| Fabiola Hamdan | 1.00 | | | | | | | | | |
| Board Member | 0.00 | ✓ | | | | | 0 | 0 | 0 | |
| Michael Hamerlik | 1.00 | | | | | | | | | |
| Board Member | 0.00 | ✓ | | | | | 0 | 0 | 0 | |
| John Humenik | 1.00 | | | | | | | | | |
| Board Member | 0.00 | ✓ | | | | | 0 | 0 | 0 | |
| Mya Johnson | 1.00 | | | | | | | | | |
| Board Member | 0.00 | ✓ | | | | | 0 | 0 | 0 | |
| Jeff Keebler | 1.00 | | | | | | | | | |
| Board Member | 0.00 | ✓ | | | | | 0 | 0 | 0 | |
| Doug Keillor | 1.00 | | | | | | | | | |
| Board Member | 0.00 | ✓ | | | | | 0 | 0 | 0 | |
| Mark Koehl | 1.00 | | | | | | | | | |
| Board Member | 0.00 | ✓ | | | | | 0 | 0 | 0 | |
| Paul Kundert | 1.00 | | | | | | | | | |
| Board Member | 0.00 | ✓ | | | | | 0 | 0 | 0 | |
| Sabrina Madison | 1.00 | | | | | | | | | |
| Board Member | 0.00 | ✓ | | | | | 0 | 0 | 0 | |

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|--|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| Michelle Michalak ----- Board Member | 1.00 0.00 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| Everett Mitchell ----- Board Member | 1.00 0.00 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| Ramona Natera ----- Board Member | 1.00 0.00 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| Barbara Nichols ----- Board Member | 1.00 0.00 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| Dave Orr ----- Board Member | 1.00 0.00 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| Susan Riseling ----- Board Member | 1.00 0.00 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| Mary Romolino ----- Board Member | 1.00 0.00 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| Jay Sekelsky ----- Board Member | 1.00 0.00 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| Samuel Stoiber ----- Board Member | 1.00 0.00 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| Karen E Timberlake ----- Board Member | 1.00 0.00 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| William Westrate ----- Board Member | 1.00 0.00 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| Jim Wheeler ----- Board Member | 1.00 0.00 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| ----- ----- ----- | | | | | | | | | | |

Part VIII Statement of Revenue

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

| | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 | | | |
|---|--|---|--|---|--------------------------------------|---|---------|---|---|
| Contributions, Gifts, Grants and Other Similar Amounts | 1a | Federated campaigns | 1a 637,527 | | | | | | |
| | b | Membership dues | 1b 0 | | | | | | |
| | c | Fundraising events | 1c 535,355 | | | | | | |
| | d | Related organizations | 1d 193,955 | | | | | | |
| | e | Government grants (contributions) | 1e 693,232 | | | | | | |
| | f | All other contributions, gifts, grants, and similar amounts not included above | 1f 19,792,692 | | | | | | |
| | g | Noncash contributions included in lines 1a-1f | 1g \$ 490,821 | | | | | | |
| | h | Total. Add lines 1a-1f ▶ | | 21,852,761 | | | | | |
| | Program Service Revenue | 2a | Business Code | | | | | | |
| b | | | | | | | | | |
| c | | | | | | | | | |
| d | | | | | | | | | |
| e | | | | | | | | | |
| f | | All other program service revenue | | | | | | | |
| g | | Total. Add lines 2a-2f ▶ | | 0 | | | | | |
| Other Revenue | 3 | Investment income (including dividends, interest, and other similar amounts) ▶ | | 109,533 | 0 | 0 | 109,533 | | |
| | 4 | Income from investment of tax-exempt bond proceeds ▶ | | 0 | 0 | 0 | 0 | | |
| | 5 | Royalties ▶ | | 0 | 0 | 0 | 0 | | |
| | 6a | Gross rents | (i) Real | 62,779 | | | | | |
| | | | (ii) Personal | 0 | | | | | |
| | | | 6b | Less: rental expenses | 76,552 | | | | 0 |
| | | | 6c | Rental income or (loss) | -13,773 | | | | 0 |
| | d | Net rental income or (loss) ▶ | | -13,773 | 0 | 0 | -13,773 | | |
| | 7a | Gross amount from sales of assets other than inventory | (i) Securities | 624,411 | | | | | |
| | | | (ii) Other | 0 | | | | | |
| | | | 7b | Less: cost or other basis and sales expenses | 627,301 | | | | 0 |
| | | | 7c | Gain or (loss) | -2,890 | | | | 0 |
| | d | Net gain or (loss) ▶ | | -2,890 | 0 | 0 | -2,890 | | |
| | 8a | Gross income from fundraising events (not including \$ 535,355 of contributions reported on line 1c). See Part IV, line 18 | 8a 161,236 | | | | | | |
| | b | Less: direct expenses | 8b 257,381 | | | | | | |
| c | Net income or (loss) from fundraising events ▶ | | -96,145 | | 0 | -96,145 | | | |
| 9a | Gross income from gaming activities. See Part IV, line 19 | 9a 10,392 | | | | | | | |
| b | Less: direct expenses | 9b 4,701 | | | | | | | |
| c | Net income or (loss) from gaming activities ▶ | | 5,691 | 0 | 0 | 5,691 | | | |
| 10a | Gross sales of inventory, less returns and allowances | 10a | 0 | | | | | | |
| | | b | Less: cost of goods sold | 10b 0 | | | | | |
| | | c | Net income or (loss) from sales of inventory ▶ | | 0 | 0 | 0 | 0 | |
| Miscellaneous Revenue | 11a | Business Code | | | | | | | |
| | b | | | | | | | | |
| | c | | | | | | | | |
| | d | All other revenue | | 73,189 | 0 | 0 | 73,189 | | |
| | e | Total. Add lines 11a-11d ▶ | | 73,189 | | | | | |
| 12 | Total revenue. See instructions ▶ | | 21,928,366 | 0 | 0 | 75,605 | | | |

Part IX Statement of Functional Expenses

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

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|---|---|-----------------------|---------------------------------|--|-----------------------------|
| 1 | Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | 15,187,159 | 15,187,159 | | |
| 2 | Grants and other assistance to domestic individuals. See Part IV, line 22 | 0 | 0 | | |
| 3 | Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | 0 | 0 | | |
| 4 | Benefits paid to or for members | 0 | 0 | | |
| 5 | Compensation of current officers, directors, trustees, and key employees | 526,462 | 299,835 | 71,121 | 155,506 |
| 6 | Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | 0 | 0 | 0 | 0 |
| 7 | Other salaries and wages | 3,510,743 | 1,980,300 | 481,698 | 1,048,745 |
| 8 | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 152,126 | 78,446 | 27,288 | 46,392 |
| 9 | Other employee benefits | 626,252 | 313,099 | 115,846 | 197,307 |
| 10 | Payroll taxes | 304,442 | 166,432 | 46,554 | 91,456 |
| 11 | Fees for services (nonemployees): | | | | |
| a | Management | 0 | 0 | 0 | 0 |
| b | Legal | 0 | 0 | 0 | 0 |
| c | Accounting | 29,950 | 0 | 29,950 | 0 |
| d | Lobbying | 0 | 0 | 0 | 0 |
| e | Professional fundraising services. See Part IV, line 17 | 0 | | | 0 |
| f | Investment management fees | 0 | 0 | 0 | 0 |
| g | Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) | 138,810 | 89,344 | 13,676 | 35,790 |
| 12 | Advertising and promotion | 197,583 | 101,975 | 25,670 | 69,938 |
| 13 | Office expenses | 148,330 | 144,680 | 1,076 | 2,574 |
| 14 | Information technology | 44,510 | 28,678 | 6,101 | 9,731 |
| 15 | Royalties | 0 | 0 | 0 | 0 |
| 16 | Occupancy | 171,039 | 64,447 | 43,872 | 62,720 |
| 17 | Travel | 68,403 | 40,260 | 11,158 | 16,985 |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | 0 | 0 | 0 | 0 |
| 19 | Conferences, conventions, and meetings | 54,144 | 23,925 | 17,901 | 12,318 |
| 20 | Interest | 0 | 0 | 0 | 0 |
| 21 | Payments to affiliates | 219,208 | 98,161 | 42,000 | 79,047 |
| 22 | Depreciation, depletion, and amortization | 145,951 | 60,209 | 23,250 | 62,492 |
| 23 | Insurance | 12,339 | 5,721 | 2,303 | 4,315 |
| 24 | Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| a | <u>Data Processing</u> | 319,306 | 152,520 | 54,729 | 112,057 |
| b | <u>Postage and Shipping</u> | 52,821 | 41,521 | 5,999 | 5,301 |
| c | <u>Membership Dues</u> | 30,497 | 13,657 | 5,843 | 10,997 |
| d | ----- | | | | |
| e | All other expenses ----- | 83,068 | 41,527 | 7,308 | 34,233 |
| 25 | Total functional expenses. Add lines 1 through 24e | 22,023,143 | 18,931,896 | 1,033,343 | 2,057,904 |
| 26 | Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) | | | | |

Part X Balance Sheet

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

| | | (A) | | (B) |
|--|--|-------------------|------------|-------------|
| | | Beginning of year | | End of year |
| Assets | 1 Cash—non-interest-bearing | 250 | 1 | 250 |
| | 2 Savings and temporary cash investments | 8,428,864 | 2 | 8,657,989 |
| | 3 Pledges and grants receivable, net | 9,660,589 | 3 | 9,462,317 |
| | 4 Accounts receivable, net | 1,419,875 | 4 | 1,154,806 |
| | 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 | 289,913 | 9 | 154,744 |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 5,318,856 | | |
| | b Less: accumulated depreciation | 3,152,163 | | |
| | 11 Investments—publicly traded securities | 4,257 | 10c | 2,166,693 |
| | 12 Investments—other securities. See Part IV, line 11 | 922,013 | 11 | 25,630 |
| | 13 Investments—program-related. See Part IV, line 11 | 0 | 12 | 882,514 |
| | 14 Intangible assets | 0 | 13 | 0 |
| | 15 Other assets. See Part IV, line 11 | 22,553 | 14 | 0 |
| 16 Total assets. Add lines 1 through 15 (must equal line 33) | 22,950,325 | 15 | 24,749 | |
| | | 16 | 22,529,692 | |
| Liabilities | 17 Accounts payable and accrued expenses | 233,941 | 17 | 352,802 |
| | 18 Grants payable | 4,894,727 | 18 | 4,578,002 |
| | 19 Deferred revenue | 0 | 19 | 0 |
| | 20 Tax-exempt bond liabilities | 0 | 20 | 0 |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | 0 | 21 | 0 |
| | 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 | 0 |
| | 23 Secured mortgages and notes payable to unrelated third parties | 0 | 23 | 0 |
| | 24 Unsecured notes and loans payable to unrelated third parties | 0 | 24 | 0 |
| | 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 | 246,415 | 25 | 289,985 |
| | 26 Total liabilities. Add lines 17 through 25 | 5,375,083 | 26 | 5,220,789 |
| Net Assets or Fund Balances | Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33. | | | |
| | 27 Net assets without donor restrictions | 4,867,109 | 27 | 5,070,460 |
| | 28 Net assets with donor restrictions | 12,708,133 | 28 | 12,238,443 |
| | Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> 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 | 17,575,242 | 32 | 17,308,903 | |
| 33 Total liabilities and net assets/fund balances | 22,950,325 | 33 | 22,529,692 | |

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 | 21,928,366 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 22,023,143 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | -94,777 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 17,575,242 |
| 5 | Net unrealized gains (losses) on investments | 5 | 176,497 |
| 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 | -348,059 |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | 10 | 17,308,903 |

Part XII Financial Statements and Reporting

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

| | | Yes | No |
|-----------|---|-----|----|
| 1 | Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | | ✓ |
| 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 | ✓ | |
| 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. | ✓ | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | | ✓ |
| 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. | | |

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

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 or 990-EZ).)
- 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 33¹/₃% 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 33¹/₃% 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 in 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) | | | | | | |
| Total | | | | | | |

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) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|--|------------|------------|------------|------------|------------|-------------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 22,593,973 | 21,629,481 | 21,738,426 | 22,199,111 | 21,852,761 | 110,013,752 |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | 0 | 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 | 0 | 0 | 0 |
| 4 Total. Add lines 1 through 3 | 22,593,973 | 21,629,481 | 21,738,426 | 22,199,111 | 21,852,761 | 110,013,752 |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | 4,977,062 |
| 6 Public support. Subtract line 5 from line 4 | | | | | | 105,036,690 |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|---|------------|------------|------------|------------|------------|-------------|
| 7 Amounts from line 4 | 22,593,973 | 21,629,481 | 21,738,426 | 22,199,111 | 21,852,761 | 110,013,752 |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 99,759 | 100,076 | 142,889 | 136,259 | 172,312 | 651,295 |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | 0 | 0 | 0 | 0 | 0 | 0 |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | 86,593 | 101,204 | 80,429 | 72,722 | 73,189 | 414,137 |
| 11 Total support. Add lines 7 through 10 | | | | | | 111,079,184 |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | 12 | | 0 |
| 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/> | | | | | | |

Section C. Computation of Public Support Percentage

| | | |
|---|-----------|---------|
| 14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) | 14 | 94.56 % |
| 15 Public support percentage from 2018 Schedule A, Part II, line 14 | 15 | 96.2 % |
| 16a 33 1/3% support test—2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/> | | |
| b 33 1/3% support test—2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/> | | |
| 17a 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/> | | |
| b 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/> | | |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <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) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 Total. Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public support. (Subtract line 7c from line 6.) | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |

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

Section C. Computation of Public Support Percentage

| | | |
|---|-----------|---|
| 15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2018 Schedule A, Part III, line 15 | 16 | % |

Section D. Computation of Investment Income Percentage

| | | |
|---|-----------|---|
| 17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)) | 17 | % |
| 18 Investment income percentage from 2018 Schedule A, Part III, line 17 | 18 | % |

19a 33 1/3% support tests—2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

| | Yes | No |
|--|------------|----|
| 11 Has the organization accepted a gift or contribution from any of the following persons? | | |
| a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? | 11a | |
| b A family member of a person described in (a) above? | 11b | |
| c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i> | 11c | |

Section B. Type I Supporting Organizations

| | Yes | No |
|---|----------|----|
| 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i> | 1 | |
| 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>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.</i> | 2 | |

Section C. Type II Supporting Organizations

| | Yes | No |
|--|----------|----|
| 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>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).</i> | 1 | |

Section D. All Type III Supporting Organizations

| | Yes | No |
|---|----------|----|
| 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | |
| 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i> | 2 | |
| 3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i> | 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 <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below. | | |
| b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below. | | |
| c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions). | | |
| 2 Activities Test. Answer (a) and (b) below. | | |
| a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>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.</i> | 2a | |
| b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i> | 2b | |
| 3 Parent of Supported Organizations. Answer (a) and (b) below. | | |
| a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i> | 3a | |
| b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i> | 3b | |

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

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

| Section A—Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
|---|-----------|----------------|-----------------------------|
| 1 Net short-term capital gain | 1 | | |
| 2 Recoveries of prior-year distributions | 2 | | |
| 3 Other gross income (see instructions) | 3 | | |
| 4 Add lines 1 through 3. | 4 | | |
| 5 Depreciation and depletion | 5 | | |
| 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | | |
| 7 Other expenses (see instructions) | 7 | | |
| 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | | |
| Section B—Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | | | |
| a Average monthly value of securities | 1a | | |
| b Average monthly cash balances | 1b | | |
| c Fair market value of other non-exempt-use assets | 1c | | |
| d Total (add lines 1a, 1b, and 1c) | 1d | | |
| e Discount claimed for blockage or other factors (explain in detail in Part VI): | | | |
| 2 Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| 3 Subtract line 2 from line 1d. | 3 | | |
| 4 Cash deemed held for exempt use. Enter 1-1/2% 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 .035. | 6 | | |
| 7 Recoveries of prior-year distributions | 7 | | |
| 8 Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| Section C—Distributable Amount | | | Current Year |
| 1 Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | | |
| 2 Enter 85% of line 1. | 2 | | |
| 3 Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | | |
| 4 Enter greater of line 2 or line 3. | 4 | | |
| 5 Income tax imposed in prior year | 5 | | |
| 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). | 6 | | |
| 7 <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 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.

Area with horizontal dashed lines for supplemental information.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2019

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.

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

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

Form for Part II Conservation Easements, including questions 1-9 and a table for lines 2a-2d regarding 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.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets, including questions 1a-2b regarding art collections.

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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 |
|---|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | 8,665,297 | 9,401,817 | 7,696,216 | 7,421,021 | 6,722,748 |
| b Contributions | 80,481 | 312,727 | 696,048 | 83,578 | 1,129,427 |
| c Net investment earnings, gains, and losses | 1,732,833 | -650,828 | 1,325,318 | 483,365 | -109,069 |
| d Grants or scholarships | 0 | 0 | 0 | 0 | 0 |
| e Other expenditures for facilities and programs | 368,172 | 398,419 | 315,765 | 291,748 | 322,085 |
| f Administrative expenses | 0 | 0 | 0 | 0 | 0 |
| g End of year balance | 10,110,439 | 8,665,297 | 9,401,817 | 7,696,216 | 7,421,021 |

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

- a** Board designated or quasi-endowment 92.7 %
- b** Permanent endowment 0 %
- c** Term endowment 7.3 %

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:

- (i)** Unrelated organizations
- (ii)** Related organizations

| | Yes | No |
|---------------|-----|----|
| 3a(i) | | ✓ |
| 3a(ii) | ✓ | |
| 3b | ✓ | |

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

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" 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 |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | 0 | 127,593 | 0 | 127,593 |
| b Buildings | 0 | 3,638,017 | 1,769,637 | 1,868,380 |
| c Leasehold improvements | 0 | 9,645 | 8,980 | 665 |
| d Equipment | 0 | 1,088,994 | 984,957 | 104,037 |
| e Other | 0 | 454,607 | 388,589 | 66,018 |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) | | | | 2,166,693 |

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 |
|---|----------------|--|
| (1) Financial derivatives | | |
| (2) Closely held equity interests | | |
| (3) Other _____ | | |
| (A) _____ | | |
| (B) _____ | | |
| (C) _____ | | |
| (D) _____ | | |
| (E) _____ | | |
| (F) _____ | | |
| (G) _____ | | |
| (H) _____ | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) | | |

Part VIII Investments—Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets.

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

| (a) Description | (b) Book value |
|---|----------------|
| (1) | |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) | |

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 |
|---|----------------|
| (1) Federal income taxes | 0 |
| (2) Deferred Compensation | 289,985 |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) | 289,985 |

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 - The Corporation has a 457b deferred compensation agreement with its former President/CEO. The deferred compensation liability was \$289,985 at December 31, 2019. The full value of the fund will be paid to the former president 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 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

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
 - b** Internet and email solicitations
 - c** Phone solicitations
 - d** In-person solicitations
 - e** Solicitation of non-government grants
 - f** Solicitation of government grants
 - g** Special fundraising events
- 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 | | | | | | |
| Total | | | | | | |

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

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

| | | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events (add col. (a) through col. (c)) |
|--|---|-----------------------------------|---------------------------------------|---------------------|---|
| | | Loaned Executives (event type) | Sponsored Advertising (event type) | 9 (total number) | |
| Revenue | 1 Gross receipts | 623,115 | 23,500 | 49,976 | 696,591 |
| | 2 Less: Contributions | 535,355 | 0 | 0 | 535,355 |
| | 3 Gross income (line 1 minus line 2) | 87,760 | 23,500 | 49,976 | 161,236 |
| Direct Expenses | 4 Cash prizes | 0 | 0 | 0 | 0 |
| | 5 Noncash prizes | 383 | 0 | 2,612 | 2,995 |
| | 6 Rent/facility costs | 406 | 0 | 15,425 | 15,831 |
| | 7 Food and beverages | 3,296 | 0 | 32,619 | 35,915 |
| | 8 Entertainment | 0 | 0 | 3,725 | 3,725 |
| | 9 Other direct expenses | 134,693 | 49,499 | 14,723 | 198,915 |
| | 10 Direct expense summary. Add lines 4 through 9 in column (d) ▶ | | | | 257,381 |
| 11 Net income summary. Subtract line 10 from line 3, column (d) ▶ | | | | -96,145 | |

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

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

9 Enter the state(s) in which the organization conducts gaming activities: _____

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: _____

**SCHEDULE I
(Form 990)**

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.

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Name of the organization

UNITED WAY OF DANE COUNTY INC

Employer identification number

39-0817532

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 non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|---|----------------|--|---------------------------------|--|--|--|---|
| (1) <u>Sch I, Stmt 1</u> | | | | | | | |
| (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 ▶ 114

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

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

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of 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 III, 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 to 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.

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. |
|--------------------------------|---|---------------|-----------------------|----------------------------|
| Name and address | 100 Black Men of Madison PO Box 787 Madison, WI 53701 | 39-1803848 | 32,348 | |
| IRC code section | 501c3 | | | |
| Method of valuation | | | | |
| Desc. of Non-Cash Asst. | | | | |
| Purpose of grant | Program Operating Cost/Donor Designation for General Support | | | |
| Name and address | Access Community Health Centers 3434 E Washington Ave Madison, WI 53704 | 39-1391134 | 272,302 | |
| IRC code section | 501c3 | | | |
| Method of valuation | | | | |
| Desc. of Non-Cash Asst. | | | | |
| Purpose of grant | Program Operating Cost/Donor Designation for General Support | | | |
| Name and address | Access to Community Services Special Olympics WI 2310 Crossroads Dr Suite 1000 Madison, WI 53718 | 39-1485069 | 40,422 | |
| IRC code section | 501c3 | | | |
| Method of valuation | | | | |
| Desc. of Non-Cash Asst. | | | | |
| Purpose of grant | Donor Designation for General Support | | | |
| Name and address | Access to Independence 301 S Livingston St Ste 200 Madison, WI 53703 | 39-1240200 | 19,516 | |
| IRC code section | 501c3 | | | |
| Method of valuation | | | | |
| Desc. of Non-Cash Asst. | | | | |
| Purpose of grant | Program Operating Cost/Donor Designation for General Support | | | |
| Name and address | Agrace HospiceCare 5395 E Cheryl Pkwy Fitchburg, WI 53711 | 39-1319537 | 110,963 | |
| IRC code section | 501c3 | | | |
| Method of valuation | | | | |
| Desc. of Non-Cash Asst. | | | | |
| Purpose of grant | Program Operating Cost/Donor Designation for General Support | | | |
| Name and address | AIDS Resource Center of Wisconsin Inc 600 Williamson St Ste H Madison, WI 53703 | 39-1534049 | 22,399 | |
| IRC code section | 501c3 | | | |
| Method of valuation | | | | |
| Desc. of Non-Cash Asst. | | | | |
| Purpose of grant | Program Operating Cost/Donor Designation for General Support | | | |
| Name and address | American Heart Association 2850 Dairy Dr Ste 300 Madison, WI 53718 | 13-5613797 | 191,362 | |
| IRC code section | 501c3 | | | |

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant Donor Designation for General Support

| | | | |
|-------------------------|---|------------|--------|
| Name and address | American Red Cross Badger Chapter PO Box 5905 Madison, WI 53705 | 39-0806193 | 54,587 |
| IRC code section | 501c3 | | |

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant Program Operating Cost/Donor Designation for General Support

| | | | |
|-------------------------|---|------------|---------|
| Name and address | America's Best Charities 1100 Larkspur Landing Circle Suite 340 Larkspur, CA 94939 | 94-3067804 | 116,718 |
| IRC code section | 501c3 | | |

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant Donor Designation for General Support

| | | | |
|-------------------------|--|------------|--------|
| Name and address | America's Charities 14150 Newbrook Drive Suite 110 Chantilly, VA 20151 | 54-1517707 | 55,037 |
| IRC code section | 501c3 | | |

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant Donor Designation for General Support

| | | | |
|-------------------------|--|------------|--------|
| Name and address | ARC Community Services 2001 W Beltline Hwy Ste 102 Madison, WI 53713 | 51-0163796 | 48,834 |
| IRC code section | 501c3 | | |

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant Program Operating Cost/Donor Designation for General Support

| | | | |
|-------------------------|---|------------|-------|
| Name and address | Badger Prairie Needs Network 1200 E Verona Ave Verona, WI 53593 | 45-1159288 | 8,661 |
| IRC code section | 501c3 | | |

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant Donor Designation for General Support

| | | | |
|-------------------------|---|------------|---------|
| Name and address | Big Brothers Big Sisters of Dane County 2059 Atwood Ave Madison, WI 53704 | 39-1077783 | 166,136 |
| IRC code section | 501c3 | | |

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant Program Operating Cost/Donor Designation for General Support

| | | | |
|-------------------------|--|------------|--------|
| Name and address | Boy Scouts of America PO Box 14135 Madison, WI 53708 | 39-1417416 | 21,098 |
| IRC code section | 501c3 | | |

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant Donor Designation for General Support

| | | | |
|--------------------------------|---|------------|---------|
| Name and address | Boys & Girls Club of Dane County 2001 Taft St Madison, WI 53713 | 39-1925617 | 181,744 |
| IRC code section | 501c3 | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | Program Operating Cost/Donor Designation for General Support | | |
| Name and address | Briarpatch Youth Services Inc 1955 Atwood Avenue Madison, WI 53704 | 39-1391737 | 221,436 |
| IRC code section | 501c3 | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | Program Operating Cost/Donor Designation for General Support | | |
| Name and address | Canopy Center 2120 Fordem Ave Ste 110 Madison, WI 53704 | 51-0211908 | 53,222 |
| IRC code section | 501c3 | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | Program Operating Cost/Donor Designation for General Support | | |
| Name and address | Catholic Charities Diocese of Madison PO Box 46550 Madison, WI 53744 | 39-0807067 | 686,716 |
| IRC code section | 501c3 | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | Program Operating Cost/Donor Designation for General Support | | |
| Name and address | Centro Hispano of Dane County 810 W Badger Rd Madison, WI 53713 | 93-0844812 | 237,884 |
| IRC code section | 501c3 | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | Program Operating Cost/Donor Designation for General Support | | |
| Name and address | Children's Service Society of Wisconsin 1716 Fordem Ave Madison, WI 53704 | 39-0806380 | 283,476 |
| IRC code section | 501c3 | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | Program Operating Cost/Donor Designation for General Support | | |
| Name and address | Clean Lakes Alliance 150 E Gilman St Ste 2600 Madison, WI 53703 | 27-3917243 | 6,461 |
| IRC code section | 501c3 | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | Donor Designation for General Support | | |
| Name and address | Colonial Club 301 Blankenheim Ln Sun Prairie, WI 53590 | 23-7071027 | 54,240 |

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 | | |
| Name and address | Community Action Coalition for South Central WI 1717 N Stoughton Rd Madison, WI 53704 | 39-1053827 | 294,713 |
| IRC code section | 501c3 | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | Program Operating Cost/Donor Designation for General Support | | |
| Name and address | Community Coordinated Child Care (4C) in Dane Co PO Box 45320 Madison, WI 53744 | 39-1165742 | 254,379 |
| IRC code section | 501c3 | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | Program Operating Cost/Donor Designation for General Support | | |
| Name and address | Community Groundworks 3601 Memorial Dr Ste 4 Madison, WI 53703 | 39-2024302 | 54,000 |
| IRC code section | 501c3 | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | Donor Designation for General Support | | |
| Name and address | Community Health Charities of Wisconsin PO Box 75153 Baltimore, MD 21275-5083 | 39-1261126 | 860,925 |
| IRC code section | 501c3 | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | Donor Designation for General Support | | |
| Name and address | Community Shares of Wisconsin 612 W Main St Ste 200 Madison, WI 53703 | 39-1172378 | 347,718 |
| IRC code section | 501c3 | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | Donor Designation for General Support | | |
| Name and address | Dane County Humane Society 5132 Voges Rd Madison, WI 53718 | 39-0806335 | 178,657 |
| IRC code section | 501c3 | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | Donor Designation for General Support | | |
| Name and address | Deerfield Community Center PO Box 404 Deerfield, WI 53531 | 39-1899306 | 14,433 |
| IRC code section | 501c3 | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | Donor Designation for General Support | | |

| | | | |
|--------------------------------|---|------------|---------|
| Name and address | DeForest Area Community and Senior Center 505 N Main St DeForest, WI 53532 | 39-1371808 | 31,849 |
| IRC code section | 501c3 | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | Program Operating Cost/Donor Designation for General Support | | |
| Name and address | Domestic Abuse Intervention Services PO Box 1761 Madison, WI 53701 | 39-1268238 | 230,433 |
| IRC code section | 501c3 | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | Program Operating Cost/Donor Designation for General Support | | |
| Name and address | EarthShare PO Box 424011 Washington, DC 20042 | 52-1601960 | 123,674 |
| IRC code section | 501c3 | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | Donor Designation for General Support | | |
| Name and address | East Madison Community Center 8 Straubel Ct Madison, WI 53704 | 39-1941839 | 44,203 |
| IRC code section | 501c3 | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | Program Operating Cost/Donor Designation for General Support | | |
| Name and address | Edgewood High School 2219 Monroe St Madison, WI 53711 | 39-1299613 | 10,804 |
| IRC code section | 501c3 | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | Donor Designation for General Support | | |
| Name and address | Empty Stocking Fund PO Box 8056 Madison, WI 53708 | 39-6051817 | 9,000 |
| IRC code section | 501c3 | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | Program Operating Cost | | |
| Name and address | Energy Services Inc 1225 S Park St Madison, WI 53715 | 39-1443614 | 34,292 |
| IRC code section | 501c3 | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | Donor Designation for General Support | | |
| Name and address | Epilepsy Foundation - South Central Wisconsin 1302 Mendota Street 100 Madison, WI 53714 | 39-1370658 | 25,205 |

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 | | |
| Name and address | Families & Schools Together 2801 International Ln Ste 212 Madison, WI 53704 | 39-1895298 | 17,828 |
| IRC code section | 501c3 | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | Program Operating Cost/Donor Designation for General Support | | |
| Name and address | Family Service 128 E Olin Ave Ste 100 Madison, WI 53713 | 39-0806186 | 75,523 |
| IRC code section | 501c3 | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | Program Operating Cost/Donor Designation for General Support | | |
| Name and address | Friends of Madison School & Community Recreation 3802 Regent St Madison, WI 53705 | 39-2034615 | 6,469 |
| IRC code section | 501c3 | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | Donor Designation for General Support | | |
| Name and address | Friends of Wil-Mar Neighborhood Center 953 Jenifer St Madison, WI 53703 | 39-1796793 | 6,177 |
| IRC code section | 501c3 | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | Donor Designation for General Support | | |
| Name and address | Gilda's Club of Madison 7907 UW Health Court Middleton, WI 53562 | 06-1662883 | 36,679 |
| IRC code section | 501c3 | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | Donor Designation for General Support | | |
| Name and address | Girl Scouts of Badgerland Council 2710 Ski Ln Madison, WI 53713 | 39-0806331 | 9,684 |
| IRC code section | 501c3 | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | Donor Designation for General Support | | |
| Name and address | Global Impact PO Box 409616 Atlanta, GA 30384 | 52-1273585 | 155,268 |
| IRC code section | 501c3 | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | Donor Designation for General Support | | |

| | | | |
|--------------------------------|--|------------|---------|
| Name and address | Goodman Community Center 149 Waubesa St Madison, WI 53704 | 39-1919172 | 115,960 |
| IRC code section | 501c3 | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | Program Operating Cost/Donor Designation for General Support | | |
| Name and address | Greater Twin Cities United Way 404 South Eighth St Minneapolis, MN 55404 | 41-1973442 | 26,596 |
| IRC code section | 501c3 | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | Donor Designation for General Support | | |
| Name and address | Habitat for Humanity of Dane County PO Box 258128 Madison, WI 53725 | 39-1592769 | 92,670 |
| IRC code section | 501c3 | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | Program Operating Cost/Donor Designation for General Support | | |
| Name and address | Hancock Center for Movement Arts & Therapies 16 N Hancock St Madison, WI 53703 | 39-1443008 | 25,701 |
| IRC code section | 501c3 | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | Program Operating Cost/Donor Designation for General Support | | |
| Name and address | Henry Vilas Zoological Society 606 S Randall Ave Madison, WI 53716 | 39-6077008 | 17,706 |
| IRC code section | 501c3 | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | Donor Designation for General Support | | |
| Name and address | Holsey Chapel ICM Church 1001 S 14th St St Joseph, MO 64503 | 46-4493114 | 8,600 |
| IRC code section | 501c3 | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | Donor Designation for General Support | | |
| Name and address | Home Health United Xtra Care 4639 Hammersley Road Madison, WI 53711 | 39-1539827 | 164,582 |
| IRC code section | 501c3 | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | Program Operating Cost/Donor Designation for General Support | | |
| Name and address | Hunger Relief Fund Wisconsin 201 S Hawley Ct Milwaukee, WI 53214 | 39-1345847 | 85,662 |

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 | | |
| Name and address | Independent Living 815 Forward Dr Madison, WI 53711 | 39-1186642 | 109,603 |
| IRC code section | 501c3 | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | Program Operating Cost/Donor Designation for General Support | | |
| Name and address | Jewish Social Services of Madison 6434 Enterprise Ln Madison, WI 53719 | 39-1300430 | 111,968 |
| IRC code section | 501c3 | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | Program Operating Cost/Donor Designation for General Support | | |
| Name and address | Journey Mental Health Center 625 W Washington Ave Madison, WI 53703 | 39-0806445 | 178,944 |
| IRC code section | 501c3 | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | Program Operating Cost/Donor Designation for General Support | | |
| Name and address | Junior Achievement Dane County 2501 West Beltline Hwy co WIPFLI Ste 401 Madison, WI 53713 | 39-0826295 | 10,191 |
| IRC code section | 501c3 | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | Donor Designation for General Support | | |
| Name and address | Kennedy Heights Community Center 199 Kennedy Heights Madison, WI 53704 | 39-1519846 | 42,084 |
| IRC code section | 501c3 | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | Program Operating Cost/Donor Designation for General Support | | |
| Name and address | Literacy Network 1118 S Park St Madison, WI 53715 | 51-0180488 | 246,992 |
| IRC code section | 501c3 | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | Program Operating Cost/Donor Designation for General Support | | |
| Name and address | LUCES - Latinos United for College Education Scholarship PO Box 14402 Madison, WI 53708 | 45-2699928 | 5,619 |
| IRC code section | 501c3 | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |

Schedule I, Part IV, Statement 1

UNITED WAY OF DANE COUNTY INC

| | | | |
|--------------------------------|---|------------|---------|
| Purpose of grant | Donor Designation for General Support | | |
| Name and address | Luke House 310 S Ingersoll St Madison, WI 53703 | 39-1504050 | 5,698 |
| IRC code section | 501c3 | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | Donor Designation for General Support | | |
| Name and address | Lussier Community Education Center 55 S Gammon Rd Madison, WI 53717 | 39-1938173 | 26,723 |
| IRC code section | 501c3 | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | Program Operating Cost/Donor Designation for General Support | | |
| Name and address | Lutheran Social Services of WI & Upper Michigan 6314 Odana Rd Madison, WI 53719 | 39-0816846 | 10,464 |
| IRC code section | 501c3 | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | Donor Designation for General Support | | |
| Name and address | Madison Metropolitan School District 545 W Dayton St Madison, WI 53703 | 39-6003202 | 314,431 |
| IRC code section | 170c | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | Program Operating Cost | | |
| Name and address | Madison-Area Urban Ministry 2300 S Park St Ste 5 Madison, WI 53713 | 23-7298482 | 300,422 |
| IRC code section | 501c3 | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | Program Operating Cost/Donor Designation for General Support | | |
| Name and address | Marshfield Clinic Research Foundation 1000 N Oak Ave F1C Marshfield, WI 54449 | 39-0452970 | 8,100 |
| IRC code section | 501c3 | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | Program Operating Cost | | |
| Name and address | McFarland Youth Center PO Box 362 McFarland, WI 53558 | 61-1500763 | 11,068 |
| IRC code section | 501c3 | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | Donor Designation for General Support | | |
| Name and address | Middleton Outreach Ministry 7432 Hubbard Ave | 39-1484945 | 91,040 |

Schedule I, Part IV, Statement 1

UNITED WAY OF DANE COUNTY INC

| | | | |
|--------------------------------|---|------------|---------|
| | Middleton, WI 53562 | | |
| IRC code section | 501c3 | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | Program Operating Cost/Donor Designation for General Support | | |
| Name and address | Mile High United Way 711 Park Ave W Denver, CO 80205 | 84-0404235 | 17,471 |
| IRC code section | 501c3 | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | Donor Designation for General Support | | |
| Name and address | NAMI Dane County 2059 Atwood Ave Madison, WI 53704 | 39-1270706 | 46,861 |
| IRC code section | 501c3 | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | Program Operating Cost/Donor Designation for General Support | | |
| Name and address | Nehemiah Community Development Corp PO Box 9861 Madison, WI 53715 | 39-1736091 | 62,799 |
| IRC code section | 501c3 | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | Program Operating Cost/Donor Designation for General Support | | |
| Name and address | NewBridge Madison 128 E Olin Ave Madison, WI 53713 | 39-1211331 | 110,899 |
| IRC code section | 501c3 | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | Program Operating Cost/Donor Designation for General Support | | |
| Name and address | Neighbor to Nation co Sun Trust Bank 1000 Stewart Ave Lock Box 79991 Glen Burnie, MD 21061 | 54-1879282 | 17,284 |
| IRC code section | 501c3 | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | Donor Designation for General Support | | |
| Name and address | Operation Fresh Start 1925 Winnebago St Madison, WI 53704 | 23-7108090 | 110,346 |
| IRC code section | 501c3 | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | Program Operating Cost/Donor Designation for General Support | | |
| Name and address | Oregon Youth Center 110 N Oak St Oregon, WI 53575 | 47-1988801 | 9,565 |
| IRC code section | 501c3 | | |
| Method of valuation | | | |

Desc. of Non-Cash Asst.

| | | | |
|--------------------------------|--|------------|-----------|
| Purpose of grant | Donor Designation for General Support | | |
| Name and address | Peace Lutheran Church 1007 Stonehaven Dr Sun Prairie, WI 53590 | 39-1148940 | 8,124 |
| IRC code section | 501c3 | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | Donor Designation for General Support | | |
| Name and address | Pharmacy Society of Wisconsin 701 Heartland Tr Madison, WI 53717 | 39-0714490 | 35,078 |
| IRC code section | 501c6 | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | Program Operating Cost | | |
| Name and address | Porchlight 306 N Brooks St Madison, WI 53715 | 39-1579521 | 312,115 |
| IRC code section | 501c3 | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | Program Operating Cost/Donor Designation for General Support | | |
| Name and address | Rainbow Project 831 E Washington Ave Madison, WI 53703 | 39-1422626 | 99,565 |
| IRC code section | 501c3 | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | Program Operating Cost/Donor Designation for General Support | | |
| Name and address | Reach Dane 2096 Red Arrow Trl Madison, WI 53711 | 39-1418945 | 22,072 |
| IRC code section | 501c3 | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | Program Operating Cost/Donor Designation for General Support | | |
| Name and address | RISE Wisconsin 2120 Fordem Ave Madison, WI 53704 | 91-2064768 | 1,147,585 |
| IRC code section | 501c3 | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | Program Operating Cost/Donor Designation for General Support | | |
| Name and address | Ronald McDonald House 2716 Marshall Ct Madison, WI 53705 | 39-1655790 | 43,894 |
| IRC code section | 501c3 | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | Donor Designation for General Support | | |
| Name and address | Safe Communities of Madison and Dane County | 39-2010839 | 18,903 |

| | | | |
|--------------------------------|---|------------|---------|
| | PO Box 6652 Madison, WI 53716 | | |
| IRC code section | 501c3 | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | Program Operating Cost/Donor Designation for General Support | | |
| Name and address | Safe Harbor Child Advocacy Center Inc 1457 E Washington Ave Ste 102 Madison, WI 53703 | 39-2004933 | 9,151 |
| IRC code section | 501c3 | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | Donor Designation for General Support | | |
| Name and address | Sankofa Behavioral & Community Health 1955 W Broadway Suite 105 Monona, WI 53713 | 80-0906744 | 25,000 |
| IRC code section | 501c3 | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | Program Operating Cost | | |
| Name and address | Sauk-Prairie United Way PO Box 122 Prairie Du Sac, WI 53578 | 39-1318028 | 6,521 |
| IRC code section | 501c3 | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | Donor Designation for General Support | | |
| Name and address | Sciart Services 3843 Manito Ct Middleton, WI 53562 | 81-4438190 | 8,944 |
| IRC code section | 501c3 | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | Donor Designation for General Support | | |
| Name and address | Second Harvest Foodbank of Southern WI 2802 Dairy Drive Madison, WI 53718 | 39-1490691 | 236,936 |
| IRC code section | 501c3 | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | Program Operating Cost/Donor Designation for General Support | | |
| Name and address | Simpson Street Free Press PO Box 6307 Monona, WI 53716 | 39-1882258 | 40,319 |
| IRC code section | 501c3 | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | Program Operating Cost/Donor Designation for General Support | | |
| Name and address | Society of St Vincent de Paul 1109 Jonathon Dr Madison, WI 53713 | 39-0824876 | 21,420 |
| IRC code section | 501c3 | | |
| Method of valuation | | | |

Desc. of Non-Cash Asst.

| | | | |
|--------------------------------|--|------------|---------|
| Purpose of grant | Donor Designation for General Support | | |
| Name and address | St Paul University Catholic Foundation 723 State St Madison, WI 53703 | 20-8844817 | 6,450 |
| IRC code section | 501c3 | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | Donor Designation for General Support | | |
| Name and address | Stoughton Area Resource Team 248 W Main St Stoughton, WI 53589 | 41-2076251 | 29,618 |
| IRC code section | 501c3 | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | Program Operating Cost/Donor Designation for General Support | | |
| Name and address | Sunshine Place 18 Rickel Rd Sun Prairie, WI 53590 | 20-5398498 | 48,028 |
| IRC code section | 501c3 | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | Program Operating Cost/Donor Designation for General Support | | |
| Name and address | The Aly Wolff Foundatio 2022 Uphoff Rd Cottage Grove, WI 53527 | 46-4707392 | 26,230 |
| IRC code section | 501c3 | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | Donor Designation for General Support | | |
| Name and address | The River Food Pantry 2201 Darwin Rd Madison, WI 53704 | 20-4179749 | 43,778 |
| IRC code section | 501c3 | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | Donor Designation for General Support | | |
| Name and address | The Road Home 128 E Olin Ave Ste 202 Madison, WI 53713 | 31-1618925 | 386,513 |
| IRC code section | 501c3 | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | Program Operating Cost/Donor Designation for General Support | | |
| Name and address | The Salvation Army of Dane County 630 E Washington Ave Madison, WI 53703 | 36-2167910 | 233,962 |
| IRC code section | 501c3 | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | Program Operating Cost/Donor Designation for General Support | | |
| Name and address | Three Gaits | 39-1472538 | 28,719 |

| | | | |
|--------------------------------|---|------------|---------|
| | PO Box 153 Oregon, WI 53575 | | |
| IRC code section | 501c3 | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | Donor Designation for General Support | | |
| Name and address | Triangle Community Ministry 755 Braxton Place Apt B109 Madison, WI 53715 | 39-1425047 | 15,928 |
| IRC code section | 501c3 | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | Program Operating Cost/Donor Designation for General Support | | |
| Name and address | United Community Fund - Columbus WI PO Box 343 Columbus, WI 53925 | 39-6050167 | 9,754 |
| IRC code section | 501c3 | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | Donor Designation for General Support | | |
| Name and address | United Way of Blackhawk Region 205 N Main St Ste 101 Janesville, WI 53545 | 39-6006734 | 5,041 |
| IRC code section | 501c3 | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | Donor Designation for General Support | | |
| Name and address | United Way of Dane County Foundation 2059 Atwood Ave Madison, WI 53704 | 39-1763471 | 144,941 |
| IRC code section | 501c3 | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | Donor Designation for General Support | | |
| Name and address | United Way of Greater Milwaukee & Waukesha County 225 W Vine St Milwaukee, WI 53212 | 39-0806190 | 22,403 |
| IRC code section | 501c3 | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | Donor Designation for General Support | | |
| Name and address | United Way of Greater St Joseph 118 S Fifth St Sain Joseph, MO 64501 | 44-0547802 | 79,496 |
| IRC code section | 501c3 | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | Donor Designation for General Support | | |
| Name and address | United Way of Greater St Louis 910 N 11th St St Louis, MO 63101 | 43-0714167 | 7,388 |
| IRC code section | 501c3 | | |
| Method of valuation | | | |

Desc. of Non-Cash Asst.

| | | | |
|--------------------------------|---|------------|---------|
| Purpose of grant | Donor Designation for General Support | | |
| Name and address | United Way of Green County Inc PO Box 511 Monroe, WI 53566 | 39-6060531 | 8,433 |
| IRC code section | 501c3 | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | Donor Designation for General Support | | |
| Purpose of grant | Donor Designation for General Support | | |
| Name and address | University of Wisconsin Foundation 1848 University Ave Madison, WI 53726 | 39-0743975 | 8,600 |
| IRC code section | 501c3 | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | Donor Designation for General Support | | |
| Purpose of grant | Donor Designation for General Support | | |
| Name and address | Urban League of Greater Madison 2222 S Park St Ste 200 Madison, WI 53713 | 39-1098146 | 427,733 |
| IRC code section | 501c3 | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | Program Operating Cost/Donor Designation for General Support | | |
| Purpose of grant | Program Operating Cost/Donor Designation for General Support | | |
| Name and address | UW Hillel Foundation 611 Langdon St Madison, WI 53703 | 39-2035142 | 33,200 |
| IRC code section | 501c3 | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | Donor Designation for General Support | | |
| Purpose of grant | Donor Designation for General Support | | |
| Name and address | Valley of the Sun United Way 3200 E Camelback Rd Ste 375 Phoenix, AZ 85018 | 86-0104419 | 19,658 |
| IRC code section | 501c3 | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | Donor Designation for General Support | | |
| Purpose of grant | Donor Designation for General Support | | |
| Name and address | Vera Court Neighborhood Center 614 Vera Ct Madison, WI 53704 | 39-1945609 | 219,702 |
| IRC code section | 501c3 | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | Program Operating Cost/Donor Designation for General Support | | |
| Purpose of grant | Program Operating Cost/Donor Designation for General Support | | |
| Name and address | Wisconsin Academy for Graduate Service Dogs 1338 Dewey Ct Madison, WI 53703 | 39-1626569 | 27,307 |
| IRC code section | 501c3 | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | Donor Designation for General Support | | |
| Purpose of grant | Donor Designation for General Support | | |
| Name and address | Wisconsin Association for Environmental Education | 20-2042476 | 33,339 |

Schedule I, Part IV, Statement 1

UNITED WAY OF DANE COUNTY INC

PO Box 418
 Stevens Point, WI 54481
 501c3

IRC code section
Method of valuation
Desc. of Non-Cash Asst.
Purpose of grant

Donor Designation for General Support

| | | | |
|-------------------------|--|------------|--------|
| Name and address | Wisconsin Equal Justice Fund PO Box 475 Wausau, WI 54402 | 39-1904737 | 10,071 |
|-------------------------|--|------------|--------|

IRC code section
Method of valuation
Desc. of Non-Cash Asst.
Purpose of grant

501c3
 Donor Designation for General Support

| | | | |
|-------------------------|---|------------|--------|
| Name and address | YMCA of Dane County 8001 Excelsior Dr Ste 200 Madison, WI 53717 | 39-0806253 | 18,051 |
|-------------------------|---|------------|--------|

IRC code section
Method of valuation
Desc. of Non-Cash Asst.
Purpose of grant

501c3
 Program Operating Cost/Donor Designation for General Support

| | | | |
|-------------------------|--|------------|-----------|
| Name and address | YWCA of Madison 101 E Mifflin Street Madison, WI 53703 | 39-0806303 | 1,237,716 |
|-------------------------|--|------------|-----------|

IRC code section
Method of valuation
Desc. of Non-Cash Asst.
Purpose of grant

501c3
 Program Operating Cost/Donor Designation for General Support

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

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 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

UNITED WAY OF DANE COUNTY INC

Employer identification number

39-0817532

Part I Questions Regarding Compensation

| | Yes | No |
|---|-----------|----|
| <p>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.</p> <p> <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) </p> | | |
| <p>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</p> | 1b | |
| <p>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?</p> | 2 | |
| <p>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.</p> <p> <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 </p> | | |
| <p>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:</p> | | |
| <p>a Receive a severance payment or change-of-control payment?</p> | 4a | ✓ |
| <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> | 4b | ✓ |
| <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.</p> | 4c | ✓ |
| <p>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.</p> | | |
| <p>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:</p> | | |
| <p>a The organization?</p> | 5a | ✓ |
| <p>b Any related organization?</p> <p>If "Yes" on line 5a or 5b, describe in Part III.</p> | 5b | ✓ |
| <p>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:</p> | | |
| <p>a The organization?</p> | 6a | ✓ |
| <p>b Any related organization?</p> <p>If "Yes" on line 6a or 6b, describe in Part III.</p> | 6b | ✓ |
| <p>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</p> | 7 | ✓ |
| <p>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</p> | 8 | ✓ |
| <p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p> | 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 compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)–(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|--------------------|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| 1 | (i) | 193,391 | 0 | 0 | 16,460 | 30,491 | 240,342 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2 | (i) | 142,197 | 0 | 0 | 11,747 | 24,263 | 178,207 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 4 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 5 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 6 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 7 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 8 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 9 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 10 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 11 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 12 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 13 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 14 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 15 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 16 | (i) | | | | | | | |
| | (ii) | | | | | | | |

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

- ▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
- ▶ **Attach to Form 990.**
- ▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

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 | ✓ | 52 | 490,821 | 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 IV, Donee Acknowledgement **29** 0

| | Yes | No |
|---|-----|----|
| 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? | | ✓ |
| 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? | ✓ | |
| 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? | | ✓ |
| 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. | | |

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Name of the organization

UNITED WAY OF DANE COUNTY INC

Employer identification number

39-0817532

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 at all times be the same as the number and identity of the persons serving as Directors of the corporation. Upon any change in the number or identity of the Directors of the corporation for any reason, 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. 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.

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, Personnel 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 a performance review of the other officers and key employees and recommends a salary for the year which is approved by the Executive Committee.

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, Guidestar, and Charity Navigator.

Form 990, Part XI, Line 9 - Gain on Donor Designated Pledges: \$121,628; Change in Temporarily Restricted Net Assets: (\$469,690.00)

Activity Or Mission Description

Description

in school, work and life. To facilitate this, we mobilize our community's caring power and advance our community's Agenda for Change, six goals focused on three priority areas of Education, Income and Health - the building blocks of a stable life and thriving community. By targeting specific goals and forging partnerships, United Way is tackling the root causes of critical local issues and achieving real, measurable results in education, financial stability, housing, health and more. Through strategic partnerships and collaborative work, we bring the many voices of Dane County together to find common ground and make measurable progress, while providing organizations and individuals the opportunity to give, advocate and volunteer to change lives in Dane County.

First Program Service Accomplishments Description

Description

sealants and preventive oral health care through the Celebrate Smiles program. United Way of Dane County's HealthConnect premium assistance program managed total payments of over \$1.6 million that enabled over 940 low-income individuals (with household income of 100-150% of FPL) to be insured by paying their 2019 premiums for plans purchased through the Health Insurance Marketplace. We partner with multiple health agencies including Access Community Health Centers, Triangle Community Ministry, AIDS Resource Center of WI, American Heart Association, and Community Health Charities.

Second Program Service Accomplishments Description

Description

Girls Club, By Youth For Youth, Centro Hispano, East Madison Community Center, Goodman Community Center, Kennedy Heights Neighborhood Center, Literacy Network, Lussier Community Education Center, Nehemiah, , Simpson Street Free Press, the Urban League of Greater Madison, and Vera Court Neighborhood Center, and the YWCA of Madison.

Third Program Service Accomplishments Description

Description

Madison, Community Action Coalition for South Central Wisconsin, Domestic Abuse Intervention Services, Habitat for Humanity, Porchlight, and Second Harvest of Southern Wisconsin, as well as the City of Madison and Dane County.

Other Program Services Accomplishments

| Activity Code | Description | Expense | Grants | Revenue |
|---------------|--|-----------|-----------|---------|
| | <p>Born Learning goal: "Children are cared for and have fun as they become prepared for school." We have three major Born Learning strategies that are helping us achieve the goal that 80% of our 4-year olds are at age-expected development and ready to begin school by 2020: (1) home visiting, (2) Community-based parent education in small groups and (3) developmental screening. Through home visiting, we served 171 young children, and their families, in 2019. Home Visiting is in-home parent education and support to low-income parents of young children facing multiple risk factors to help them nurture their children. Our home visiting programs include the Parent-Child Home Program, Welcome Baby, and KinderReady. In 2019, 88% of the children were 4K ready. Additionally, in 2019, served 203 families in a public-private partnership/collaboration providing early childhood development support through home visiting programs, family stability support through housing and employment programs to parents. The Dolly Parton's Imagination Library program increased children's exposure to age-appropriate books through monthly mailing of over 100,000 books to 6,400 enrolled children in 2019. Our lead partners on these three Born Learning initiatives included Access Community Health Centers, RISE, Children's Hospital - Community Services Division, and Community Coordinated Child Care.</p> | 2,709,898 | 2,173,879 | 0 |
| | <p>Building Economic Stability goal is to: "Move more people on pathways out of poverty." We have two initiatives in this area" (1) the HIRE Initiative and the (2) Journey Home Initiative. The HIRE initiative is designed to place people in poverty into family-sustaining wage jobs by helping them complete a high school diploma (if needed), and/or improving their employment and life skills, and secure new or improved employment. In 2019, 518 people hired with 306 getting a job earning \$15 an hour or more. Since 2013, 2,965 participants have found employment including 842 (29%) at \$15+/hr. The HIRE partners who prepared 42 individuals for their high school diploma and teach employability skills in 2019 are Literacy Network, and Vera Court. Our HIRE partners who taught employability skills and provided employment training and placement to 805 participants in 2019 are Centro Hispano, Madison area Urban Ministry, Urban League of Greater Madison, Vera Court, and the YWCA. The Journey Home initiative links ex-offenders who are returning to the community to four research-based strategies: Residency, Employment, Support and Treatment (REST) so they can successfully reintegrate back into the community. Journey Home provided services for 596 individuals including 65 individuals who received intensive one-to one service. In 2019, Journey Home only had 11% of the participants returned to prison for any reason. Since the Journey Home program was launched to serve all returning prisoners to Dane County, the return-to prison rate for Dane County has decreased from 66% (in 2006) to 39% (in 2019). Our lead partner on Journey Home is Madison-Area Urban Ministry. Other partners on our work to help children, youth, women, men and the community remain stable and moving out of poverty include American Red Cross, ARC Community Services, Canopy Center, Domestic Abuse Intervention Services, Family Services Madison, Rainbow Project, Briarpatch Youth Services, and Operation Fresh Start.</p> | 2,358,296 | 1,891,824 | 0 |
| | <p>Corporate & Community Engagement - United Way engages our community, mobilizes volunteers, and strengthens local nonprofits to achieve measurable results and change lives. Our volunteer engagement goal is " From coordinated volunteer activities in the community and with corporations, to our trust-building work of the Law Enforcement and Leaders of Color Collaboration, our goal is to provide exceptional experiences for all who participate." Key strategies include aligning volunteers with opportunities that support the Agenda for Change, leveraging volunteers' intellectual capacity as well as their physical capacity, mobilizing diverse groups of volunteers, providing training, resources and networking opportunities to increase the diversity of nonprofit and United leadership</p> | 2,132,002 | 1,710,291 | 0 |

volunteers, increasing opportunities for corporate volunteers, and developing youth leadership opportunities through volunteering. In 2019 Over 35,000 visitors searched VolunteerYourTime.org to get connected with a volunteer opportunity in Dane County that matched their interest, skills and time availability. We work to build agency effectiveness and capacity by providing training and developmental opportunities to business volunteer programs, volunteer managers, nonprofit boards and executive directors to help strengthen the leadership, governance and volunteer engagement within our partner agencies. In 2019, United Way 2-1-1 received 48,791 calls for help in areas including food, rent utilities, support groups, health and dental services, employment and much more. 2-1-1 is available 24 hours a day, seven days a week and is staffed by trained specialists who help individuals and families access health and human services.

| | | | |
|---|-----------|-----------|---|
| <p>Self-Reliance and Independence goal: "Seniors and people with disabilities are able to stay in their homes." To achieve our goal to maintain seniors' ability to live in the homes of their choice, we have chosen to reduce senior falls and adverse drug events, two of the leading causes of hospitalizations, emergency room visits, and eventual institutionalization. To reduce the rate of emergency room visits and hospitalizations of older adults in Dane County caused by adverse drug events and falls, we are focusing on two primary strategies: (1) identify seniors at-risk of Adverse Drug Events (ADE) and provide them with comprehensive medication reviews and appropriate follow-up and (2) identify seniors at risk of falls and provide falls prevention programs and home safety assessments with follow-up. Falls and adverse drug events are the two primary preventable causes of emergency room visits and hospitalizations for older adults. In 2019, in partnership with the Wisconsin Pharmacy Quality Collaborative and UW Health Clinics in Dane County, we provided 225 comprehensive medication reviews to older adults. The Safe at Home program (a partnership with Home Health United) provided 255 high fall risk low-income older adults with in-home assessments of their physiological limitations and hazards. Most importantly, the fall rate for our participants post-assessment was 18.53% compared to the national average of 33% for seniors. In addition, 255 participants received 339 adaptive equipment items which lead to a 68% increase in compliance with safety recommendations. Our partner agencies on these programs include Safe Communities, Goodman Community Center and North/Eastside Senior Coalition. We also support case management, nutrition, transportation, caregiving, and personal care programs for more than 4,000 older adults. Partner agencies for these programs include Catholic Charities, Colonial Club, DeForest Area Community and Senior Center, East Madison Monona Coalition of the Aging, Goodman Community Center, Home Health United, Independent Living, Jewish Social Services, Journey Mental Health, North/Eastside Senior Coalition, Vera Court Neighborhood Center, and West Madison Senior Coalition. Our disabilities portfolio also includes helping youth with emotional and behavioral disorders transition successfully from high school to post-secondary education and/or employment. This plan is referred to as Youth Transitions. We continue to work in partnership with agencies that help youth and adults with other disabilities (ex. Deaf & hard of hearing, epilepsy, etc.) to remain independent. We have served over 500 participants. Partner agencies for this work include Access to Independence, BriarPatch Youth Services, Epilepsy Foundation Heart of Wisconsin, Goodman Community Center, Madison Metropolitan School District, NAMI Dane County and Porchlight.</p> | 1,377,783 | 1,105,256 | 0 |
|---|-----------|-----------|---|

| | | | |
|---------------|------------------|------------------|----------|
| Total: | 8,577,979 | 6,881,250 | 0 |
|---------------|------------------|------------------|----------|

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name 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 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

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)(13) controlled entity? | |
|---|-------------------------|--|----------------------------|---|--------------------------------------|--|-------------------------------------|
| | | | | | | Yes | No |
| (1) United Way of Dane County Foundation (39-1763471) 2059 Atwood Ave, Madison, WI 53704 | Fundraising | WI | 501(c)(3) | 12a | United Way of Dane County Inc | | <input checked="" type="checkbox"/> |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| (5) | | | | | | | |
| (6) | | | | | | | |
| (7) | | | | | | | |

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.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income (related, unrelated, excluded from tax under sections 512–514) | (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) ----- | | | | | | | | | | | | |
| (7) ----- | | | | | | | | | | | | |

Part IV 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.

| | Yes | No |
|--|-----|----|
| 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 organization(s) | ✓ | |
| 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 |
|-----|-------------------------------------|-------------------------------|------------------------|--|
| (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 | | Yes | No | |
| (1) | | | | | | | | | | | | | |
| (2) | | | | | | | | | | | | | |
| (3) | | | | | | | | | | | | | |
| (4) | | | | | | | | | | | | | |
| (5) | | | | | | | | | | | | | |
| (6) | | | | | | | | | | | | | |
| (7) | | | | | | | | | | | | | |
| (8) | | | | | | | | | | | | | |
| (9) | | | | | | | | | | | | | |
| (10) | | | | | | | | | | | | | |
| (11) | | | | | | | | | | | | | |
| (12) | | | | | | | | | | | | | |
| (13) | | | | | | | | | | | | | |
| (14) | | | | | | | | | | | | | |
| (15) | | | | | | | | | | | | | |
| (16) | | | | | | | | | | | | | |

