

Return of Organization Exempt From Income Tax

2016

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.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

A For the 2016 calendar year, or tax year beginning 01/01, 2016, and ending 12/31, 20 16

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

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

G Gross receipts \$ 22,776,741

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)

H(c) Group exemption number ▶ _____

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 fights for the education, financial stability, and health of everyone in Dane County. We are committed to the vision of a Dane County where</u> <u>(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	36
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	36
	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5	152
	6	Total number of volunteers (estimate if necessary)	6	16,547
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
	b	Net unrelated business taxable income from Form 990-T, line 34	7b	0
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year <u>22,593,973</u>	Current Year <u>21,629,481</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>26,747</u>	<u>74,109</u>
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u>48,192</u>	<u>49,941</u>
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>22,668,912</u>	<u>21,753,531</u>
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	<u>16,925,498</u>	<u>15,795,797</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>4,265,677</u>	<u>4,455,439</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>2,059,862</u>		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	<u>1,504,762</u>	<u>1,458,567</u>
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<u>22,695,937</u>	<u>21,709,803</u>
	19	Revenue less expenses. Subtract line 18 from line 12	<u>-27,025</u>	<u>43,728</u>
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year <u>25,719,895</u>	End of Year <u>24,721,735</u>
	21	Total liabilities (Part X, line 26)	<u>6,171,353</u>	<u>5,673,547</u>
	22	Net assets or fund balances. Subtract line 21 from line 20	<u>19,548,542</u>	<u>19,048,188</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, 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 P00006111
 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 \$ 3,733,860 including grants of \$ 3,165,448) (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 children's behavioral health treatment in schools, (2) providing access to physical health services, and (3) providing access to dental 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 2016-2017 school year 3,035 sixth graders were screened for behavioral health issues and referred as needed for treatment. The FACE-Kids program conducted 134 behavioral health groups for 876 students in 47 schools and 7 off-site locations in 11 Dane County school districts. In addition, more than 3,000 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 (Continued on Schedule O, Statement 2)

4b (Code:) (Expenses \$ 3,149,317 including grants of \$ 2,669,891) (Revenue \$ 0)
Basic Needs goal: "There is a decrease in family homelessness." We have four primary strategies to reduce family homelessness and the number of children in shelter by 50% in Dane County : (1) provide quality housing case management and eviction prevention, (2) increase financial literacy, (3) increase access to food, and (4) provide direct access to housing through Housing First. Among the results of our work in 2016: (1) More than 2,500 families and individuals received case management to remain stably housed, (2) 3,401 tax filers were assisted in filing state and federal taxes yielding \$3,790,546 in tax refunds, of which \$1,515,179 were from Earned Income Tax Credits(EITC) to low-income individuals and families and 1,467 households learned financial literacy skills, (3) 8.6 million pounds of food or were distributed to 151,669 households, and (4) 208 families were stably housed in our Housing First programs eliminating their time in shelter and improving potential for their children's school success. In 2016 we also continued to grow a Housing Locator program to increase relationships with area landlords and decrease the time families spend looking for apartments. Lead partners in this work include the Community Action Coalition for South-central Wisconsin, Domestic Abuse Intervention Services, the Financial Education Center, and Habitat for Humanity, Porchlight, The (Continued on Schedule O, Statement 3)

4c (Code:) (Expenses \$ 3,119,442 including grants of \$ 2,644,563) (Revenue \$ 0)
Academic Success goal: "Students succeed academically and graduate from high school, regardless of race." 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 2020, with an interim goal of 93.2% by 2016. To help all children succeed in school, the Schools of Hope literacy tutoring mobilized 401 volunteers to tutor 1,750 students at elementary schools in Madison, Middleton/Cross Plains and Sun Prairie in the 2015-2016 school year. Centro Hispano is the lead agency partner on elementary tutoring. An independent evaluation from the University of Wisconsin of our Madison program demonstrated that Schools of Hope students had an average of 19% higher reading scores than a matched comparison group, contributing to an overall 7% district increase in reading growth by 3rd grade and 11% by 5th grade. 96% of teachers report volunteers contributed to increase in student skills. We are also helping middle and high school students succeed in school and life. In the 2015-2016 school year our middle school tutoring initiative engaged 473 volunteers to tutor 948 students in literacy and math in the Madison, Sun Prairie and (Continued on Schedule O, Statement 4)

4d Other program services (Describe in Schedule O.) See Schedule O, Statement 5
(Expenses \$ 8,629,592 including grants of \$ 7,315,895) (Revenue \$ 0)

4e Total program service expenses **▶** 18,632,211

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 temporarily restricted endowments, permanent endowments, or 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"/>
12 a 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"/>
14 a 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 checked="" type="checkbox"/>	<input type="checkbox"/>

Part IV Checklist of Required Schedules *(continued)*

	Yes	No
20 a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		✓
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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>	✓	
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, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		✓
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		✓
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		✓
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		✓
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		✓
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 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 50px;">1a</td><td style="width: 100px; text-align: right;">21</td></tr></table>	1a	21		
1a	21				
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 50px;">1b</td><td style="width: 100px; text-align: right;">1</td></tr></table>	1b	1		
1b	1				
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	✓			
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 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 50px;">2a</td><td style="width: 100px; text-align: right;">152</td></tr></table>	2a	152		
2a	152				
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)	✓			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		✓		
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O				
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)?		✓		
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?		✓		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		✓		
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?				
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?		✓		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?				
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?	✓			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	✓			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		✓		
d	If "Yes," indicate the number of Forms 8282 filed during the year <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 50px;">7d</td><td style="width: 100px;"></td></tr></table>	7d			
7d					
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		✓		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		✓		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?				
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?				
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?				
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the sponsoring organization make any taxable distributions under section 4966?				
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?				
10	Section 501(c)(7) organizations. Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 50px;">10a</td><td style="width: 100px;"></td></tr></table>	10a			
10a					
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 50px;">10b</td><td style="width: 100px;"></td></tr></table>	10b			
10b					
11	Section 501(c)(12) organizations. Enter:				
a	Gross income from members or shareholders <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 50px;">11a</td><td style="width: 100px;"></td></tr></table>	11a			
11a					
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 50px;">11b</td><td style="width: 100px;"></td></tr></table>	11b			
11b					
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?				
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 50px;">12b</td><td style="width: 100px;"></td></tr></table>	12b			
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.				
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 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 50px;">13b</td><td style="width: 100px;"></td></tr></table>	13b			
13b					
c	Enter the amount of reserves on hand <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 50px;">13c</td><td style="width: 100px;"></td></tr></table>	13c			
13c					
14a	Did the organization receive any payments for indoor tanning services during the tax year?		✓		
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O				

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 36 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
b	Enter the number of voting members included in line 1a, above, who are independent 1b 36		
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, or 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"/>	
b	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:		
a	The governing body?	<input checked="" type="checkbox"/>	
b	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 in 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"/>
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
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"/>	
b	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"/>	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<input checked="" type="checkbox"/>	
c	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?		
a	The organization's CEO, Executive Director, or top management official	<input checked="" type="checkbox"/>	
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	<input checked="" type="checkbox"/>	
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"/>
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

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 (or 1024 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 in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: ►

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.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
Richard M Lynch Board Chair	1 1	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				0	0	0
Anna Marie Burish Board Vice Chair	1 0	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				0	0	0
Ryan E Behling Board Secretary/Treasurer	1 0	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				0	0	0
Marcia Anderson Board Member	1 0	<input checked="" type="checkbox"/>						0	0	0
Julia Arata-Fratta Board Member	1 0	<input checked="" type="checkbox"/>						0	0	0
Corey Chambas Board Member	1 0	<input checked="" type="checkbox"/>						0	0	0
Bryan Chan Board Member	1 0	<input checked="" type="checkbox"/>						0	0	0
Dr Jennifer Cheatham Board Member	1 0	<input checked="" type="checkbox"/>						0	0	0
Kevin Conroy Board Member	1 0	<input checked="" type="checkbox"/>						0	0	0
Dr Jack Daniels III Board Member	1 0	<input checked="" type="checkbox"/>						0	0	0
Claudio Diaz Board Member	1 0	<input checked="" type="checkbox"/>						0	0	0
Greg Dombrowski Board Member	1 0	<input checked="" type="checkbox"/>						0	0	0
Dave Florin Board Member	1 0	<input checked="" type="checkbox"/>						0	0	0
Dan Frazier Board Member	1 0	<input checked="" type="checkbox"/>						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			
Enid Glenn	1									
Board Member	0	✓					0	0	0	
Fritz Grutzner	1									
Board Member	0	✓					0	0	0	
Kevin Gundlach	1									
Board Member	0	✓					0	0	0	
Michael Hamerlik	1									
Board Member	0	✓					0	0	0	
John Humenik	1									
Board Member	0	✓					0	0	0	
Mya Johnson	1									
Board Member	0	✓					0	0	0	
Patricia Kampling	1									
Board Member	0	✓					0	0	0	
Gretchen R Lowe	1									
Board Member	0	✓					0	0	0	
Menatu Maaneb de Macedo	1									
Board Member	0	✓					0	0	0	
Deirdre A Morgan	1									
Board Member	0	✓					0	0	0	
Michael L Morgan	1									
Board Member	0	✓					0	0	0	
Barbara Nichols	1									
Board Member	0	✓					0	0	0	
Rajesh Rajaraman	1									
Board Member	0	✓					0	0	0	
Dan Rashke	1									
Board Member	0	✓					0	0	0	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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			
Susan Riseling Board Member	1 0	<input checked="" type="checkbox"/>						0	0	0
Anne E Ross Board Member	1 0	<input checked="" type="checkbox"/>						0	0	0
Katy Sai Board Member	1 0	<input checked="" type="checkbox"/>						0	0	0
Jack C Salzwedel Board Member	1 0	<input checked="" type="checkbox"/>						0	0	0
Tim J Sullivan Board Member	1 0	<input checked="" type="checkbox"/>						0	0	0
Karen E Timberlake Board Member	1 0	<input checked="" type="checkbox"/>						0	0	0
Robert Trunzo Board Member	1 0	<input checked="" type="checkbox"/>						0	0	0
Gary Wolter Board Member	1 0	<input checked="" type="checkbox"/>						0	0	0
Renee Moe President/CEO	41 4			<input checked="" type="checkbox"/>				172,892	0	47,240
Rick C Spiel Executive VP-Chief Financial Officer	41 4			<input checked="" type="checkbox"/>				128,898	0	38,510
Deedra Atkinson Senior VP of Community Impact	40 0				<input checked="" type="checkbox"/>			135,231	0	13,955
1b Sub-total								437,021	0	99,705
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								437,021	0	99,705

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** **3**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
None		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **▶** **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 805,710				
	b	Membership dues	1b 0				
	c	Fundraising events	1c 543,389				
	d	Related organizations	1d 168,105				
	e	Government grants (contributions)	1e 726,589				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 19,385,688				
	g	Noncash contributions included in lines 1a-1f: \$	1,152,983				
	h	Total. Add lines 1a-1f ▶	21,629,481				
Program Service Revenue			Business Code				
	2a	-----					
	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) ▶	59,793	0	0	59,793	
	4	Income from investment of tax-exempt bond proceeds ▶	0	0	0	0	
	5	Royalties ▶	0	0	0	0	
	6a		(i) Real				
			(ii) Personal				
		Gross rents	55,661	0			
		b Less: rental expenses	92,013	0			
	c	Rental income or (loss)	-36,352	0			
	d	Net rental income or (loss) ▶	-36,352	0	0	-36,352	
	7a		(i) Securities				
			(ii) Other				
		Gross amount from sales of assets other than inventory	551,732	0			
		b Less: cost or other basis and sales expenses	537,416	0			
	c	Gain or (loss)	14,316	0			
	d	Net gain or (loss) ▶	14,316	0	0	14,316	
	8a	Gross income from fundraising events (not including \$ 543,389 of contributions reported on line 1c). See Part IV, line 18 a	346,130				
	b	Less: direct expenses b	381,794				
	c	Net income or (loss) from fundraising events . ▶	-35,664		0	-35,664	
	9a	Gross income from gaming activities. See Part IV, line 19 a	32,740				
		b Less: direct expenses b	11,987				
c Net income or (loss) from gaming activities . . ▶		20,753		0	0	20,753	
10a	Gross sales of inventory, less returns and allowances a	0					
	b Less: cost of goods sold b	0					
	c Net income or (loss) from sales of inventory . . ▶	0		0	0	0	
Miscellaneous Revenue		Business Code					
11a	Other Miscellaneous Revenue	900099	101,204	101,204	0	0	
b	-----						
c	-----						
d	All other revenue		0	0	0	0	
e	Total. Add lines 11a-11d ▶		101,204				
12	Total revenue. See instructions. ▶		21,753,531	101,204	0	22,846	

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	15,795,797	15,795,797		
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	536,726	279,794	86,609	170,323
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	2,923,499	1,510,554	479,214	933,731
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	207,114	92,154	39,071	75,889
9 Other employee benefits	536,051	227,615	104,900	203,536
10 Payroll taxes	252,049	125,479	39,883	86,687
11 Fees for services (non-employees):				
a Management	0	0	0	0
b Legal	0	0	0	0
c Accounting	35,300	0	35,300	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.)	72,907	28,455	17,560	26,892
12 Advertising and promotion	227,665	97,842	16,096	113,727
13 Office expenses	14,931	12,188	1,082	1,661
14 Information technology	33,736	16,492	7,033	10,211
15 Royalties	0	0	0	0
16 Occupancy	156,207	60,164	37,056	58,987
17 Travel	91,099	56,712	13,357	21,030
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19 Conferences, conventions, and meetings	50,687	19,131	21,890	9,666
20 Interest	0	0	0	0
21 Payments to affiliates	227,788	102,422	40,834	84,532
22 Depreciation, depletion, and amortization	155,228	63,595	22,031	69,602
23 Insurance	10,423	4,062	1,697	4,664
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <u>Data processing</u>	216,008	100,785	33,572	81,651
b <u>Postage and shipping</u>	29,853	4,031	4,987	20,835
c <u>Membership dues</u>	29,131	13,098	5,222	10,811
d				
e All other expenses	107,604	21,841	10,336	75,427
25 Total functional expenses. Add lines 1 through 24e	21,709,803	18,632,211	1,017,730	2,059,862
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	9,213,962	2	8,676,480
	3 Pledges and grants receivable, net	11,154,630	3	10,886,723
	4 Accounts receivable, net	1,633,076	4	1,508,370
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	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	231,245	9	256,474
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	5,137,907		
	b Less: accumulated depreciation	2,664,746		
	11 Investments—publicly traded securities	33,834	11	29,261
	12 Investments—other securities. See Part IV, line 11	865,696	12	879,544
	13 Investments—program-related. See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
	15 Other assets. See Part IV, line 11	14,271	15	11,472
16 Total assets. Add lines 1 through 15 (must equal line 34)	25,719,895	16	24,721,735	
Liabilities	17 Accounts payable and accrued expenses	531,566	17	272,531
	18 Grants payable	5,428,492	18	5,178,250
	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 current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	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	211,295	25	222,766
	26 Total liabilities. Add lines 17 through 25	6,171,353	26	5,673,547
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	4,480,430	27	4,713,728
	28 Temporarily restricted net assets	15,068,112	28	14,334,460
	29 Permanently restricted net assets	0	29	0
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	19,548,542	33	19,048,188
34 Total liabilities and net assets/fund balances	25,719,895	34	24,721,735	

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	21,753,531
2	Total expenses (must equal Part IX, column (A), line 25)	2	21,709,803
3	Revenue less expenses. Subtract line 2 from line 1	3	43,728
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	19,548,542
5	Net unrealized gains (losses) on investments	5	-2,619
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 in Schedule O)	9	-541,463
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	19,048,188

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		<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>	
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 in Schedule O.	<input checked="" type="checkbox"/>	
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?		<input checked="" type="checkbox"/>
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 in 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.

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

OMB No. 1545-0047

2016

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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	18,922,161	19,551,983	20,798,486	22,593,973	21,629,481	103,496,084
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	18,922,161	19,551,983	20,798,486	22,593,973	21,629,481	103,496,084
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)						3,161,485
6 Public support. Subtract line 5 from line 4						100,334,599

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7 Amounts from line 4	18,922,161	19,551,983	20,798,486	22,593,973	21,629,481	103,496,084
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	86,714	72,744	96,896	99,759	100,076	456,189
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.)	70,781	76,230	91,080	86,593	101,204	425,888
11 Total support. Add lines 7 through 10						104,378,161
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	14	96.13 %
15 Public support percentage from 2015 Schedule A, Part II, line 14	15	96.61 %
16a 33 1/3% support test—2016. 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—2015. 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—2016. 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—2015. 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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2015 Schedule A, Part III, line 17	18	%

- 19a 33 1/3% support tests—2016.** 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—2015.** 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 (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? If "Yes" to a, b, or c, provide detail in Part VI .	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? 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.	1	
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2	

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)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1	

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? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2	
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	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? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a	
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	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? Provide details in Part VI .	3a	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	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 V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations *(continued)*

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2016 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2016:			
a			
b			
c From 2013			
d From 2014			
e From 2015			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2016 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2017. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b Excess from 2013			
c Excess from 2014			
d Excess from 2015			
e Excess from 2016			

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.

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

OMB No. 1545-0047

2016

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 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors... Yes No, 6 Did the organization inform all grantees... Yes No

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

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements, 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution... 2a Total number of conservation easements, 2b Total acreage restricted by conservation easements, 2c Number of conservation easements on a certified historic structure, 2d Number of conservation easements included in (c) acquired after 8/17/06, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year \$, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 \$, (ii) Assets included in Form 990, Part X \$, 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1 \$, b Assets included in Form 990, Part X \$

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a** Public exhibition
- b** Scholarly research
- c** Preservation for future generations
- d** Loan or exchange programs
- e** Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? **Yes** **No**

Part IV Escrow and Custodial Arrangements.

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

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

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

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

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

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided 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	7,421,021	6,722,748	6,333,693	5,547,108	4,714,160
b Contributions	83,578	1,129,427	263,049	97,253	436,620
c Net investment earnings, gains, and losses	483,365	-109,069	372,658	905,538	561,540
d Grants or scholarships	0	0	0	0	0
e Other expenditures for facilities and programs	291,748	322,085	246,652	216,206	165,212
f Administrative expenses	0	0	0	0	0
g End of year balance	7,696,216	7,421,021	6,722,748	6,333,693	5,547,108

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

- a** Board designated or quasi-endowment ▶ 91.6 %
- b** Permanent endowment ▶ 5.7 %
- c** Temporarily restricted endowment ▶ 2.7 %

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	3,611,849	1,481,124	2,130,725
c Leasehold improvements	0	9,645	6,984	2,661
d Equipment	0	962,686	823,752	138,934
e Other	0	426,134	352,886	73,248
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				2,473,161

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	222,766	
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►	222,766	

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	
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 \$222,766 at December 31, 2016. 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 follows the provisions of the Uncertainty in Income Taxes Section of the Income Taxes Topic of the FASB Accounting Standards Codification. These provisions address the determination of whether tax benefits claimed or expected to be claimed on a tax return should be recorded in the financial statements. The Corporation files a Form 990 (Return of Organization Exempt from Income Tax) annually. When these returns are 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. As of December 31, 2016, there were no unrecognized tax benefits identified or recorded as liabilities.

**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.

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

OMB No. 1545-0047

2016

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.

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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	766,075	44,131	79,312	889,518
	2 Less: Contributions	543,389	0	0	543,389
	3 Gross income (line 1 minus line 2)	222,686	44,131	79,312	346,129
Direct Expenses	4 Cash prizes	0	0	0	0
	5 Noncash prizes	0	0	15,960	15,960
	6 Rent/facility costs	820	0	25,037	25,857
	7 Food and beverages	6,339	0	36,915	43,254
	8 Entertainment	0	0	6,160	6,160
	9 Other direct expenses	220,175	44,131	26,256	290,562
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				381,793
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				-35,664

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))
		1 Gross revenue			
Direct Expenses	2 Cash prizes				0
	3 Noncash prizes				0
	4 Rent/facility costs			11,987	11,987
	5 Other direct expenses				0
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes 100 % <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d) ▶					11,987
8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶					20,753

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

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity conducted in:

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

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

Name ▶ Bill Monkemeyer

Address ▶ 2059 Atwood Avenue Madison, WI 53704

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ Bill Monkemeyer

Gaming manager compensation ▶ \$ 750

Description of services provided ▶ Supervises and manages the gaming operations.

- Director/officer Employee Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ 0

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

Schedule G, Part III, Line 17b - Profits were utilized to achieve long-lasting solutions through the Agenda for Change, the six goals identified by our community as most vital. By targeting specific goals and forging strong partnerships, United Way is tackling the root causes of critical local issues and achieving real, measurable results for children & education, housing for struggling families, independence for seniors and more.

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ **Attach to Form 990.**

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

Name of the organization

Employer identification number

UNITED WAY OF DANE COUNTY INC

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 ▶ 117

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

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	28,800	
IRC code section	501c3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	Program Operating Cost			
Name and address	Access Community Health Centers 3434 E Washington Ave Madison, WI 53704	39-1391134	354,680	
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 Independence 301 S Livingston St Ste 200 Madison, WI 53703	39-1240200	20,011	
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	154,043	
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	24,960	
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	Aldo Leopold Nature Center 6515 GRAND TETON PLAZA Madison, WI 53719	39-1786897	7,800	
IRC code section	501c3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	Donor Designation for General Support			
Name and address	American Heart Association 2850 Dairy Dr Ste 300 Madison, WI 53718	13-5613797	200,197	
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	134,337
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	ARC Community Services 2001 W Beltline Hwy Ste 102 Madison, WI 53713	51-0163796	49,078
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	Bethlehem Lutheran Church 300 Broadway Dr Sun Prairie, WI 53590	39-1268317	6,750
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	211,431
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	BLACKHAWK EVANGELICAL FREE CHURCH INC 9620 Brader Way Middleton, WI 53562	39-1328199	15,932
IRC code section	501c3		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Donor Designation for General Support		
Name and address	Boy Scouts of America PO Box 14135 Madison, WI 53708	39-1417416	16,341
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	193,336
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	39-1391737	231,379

Schedule I, Part IV, Statement 1

UNITED WAY OF DANE COUNTY INC

	1955 Atwood Avenue Madison, WI 53704		
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	82,216
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	Care Net Pregnancy Center of Dane County 1350 MacArthur Rd Madison, WI 53714	39-1472091	6,698
IRC code section	501c3		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Donor Designation for General Support		
Name and address	Catholic Charities Diocese of Madison PO Box 46550 Madison, WI 53744	39-0807067	626,804
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 Multicultural Center Diocese of Madison 1862 Beld St Madison, WI 53713	39-0824008	36,013
IRC code section	501c3		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Donor Designation for General Support		
Name and address	Center for Families 2120 Fordem Ave Madison, WI 53704	39-1624393	1,043,697
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	225,021
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	Colonial Club 301 Blankenheim Ln Sun Prairie, WI 53590	23-7071027	74,108
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	311,945
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	344,582
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	Community Health Charities National PO Box 75153 Baltimore, MD 21275	13-6167225	8,070
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 6737 W Washington St Ste 2253 West Allis, WI 53214	39-1261126	860,455
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	325,710
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 CASA 211 S Carroll St 206 Madison, WI 53703	20-1717869	18,097
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	Dane County Humane Society 5132 Voges Rd Madison, WI 53718	39-0806335	181,513
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 Parent Council	39-1418945	24,431

	2096 Red Arrow Trl Madison, WI 53711		
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	Deerfield Community Center PO Box 404 Deerfield, WI 53531	39-1899306	13,158
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	34,129
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 4011 Washington, DC 20042	52-1601960	128,626
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	65,734
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	East Madison Monona Coalition of the Aging 4142 Monona Dr Madison, WI 53716	39-1211331	14,635
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	12,591
IRC code section	501c3		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Donor Designation for General Support		
Name and address	Energy Services Inc 1225 S Park St Madison, WI 53715	39-1443614	33,594
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	27,578
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	151,067
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	11,698
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 the Financial Education Center 2300 S Park St Ste 22 Madison, WI 53713	20-8961015	28,701
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	Friends of the Waisman Center Inc 1500 Highland Ave No 255 Madison, WI 53705	39-1272090	6,576
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	25,452
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 the Black Hawk Council 2710 Ski Ln Madison, WI 53713	39-0806331	10,834
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	52-1273585	186,653

	PO Box 409616 Atlanta, GA 30384		
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	197,429
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	Great Rivers United Way 1855 E Main St Onalaska, WI 54650	39-0848188	7,795
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	112,042
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	28,287
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	Heartland Community Church 800 Wilbrun Rd Sun Prairie, WI 53590	36-4237734	10,372
IRC code section	501c3		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Donor Designation for General Support		
Name and address	Henry Vilas Zoological Society 606 S Randall Ave Madison, WI 53716	39-6077008	27,121
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	163,816
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	Hope Haven 702 S High Point Rd Madison, WI 53719	39-1178878	21,701
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	Hunger Relief Fund Wisconsin 201 S Hawley Ct Milwaukee, WI 53214	39-1345847	87,910
IRC code section	501c3		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Donor Designation for General Support		
Name and address	Independent Charities of America 1100 Larkspur Landing Circle Suite 340 Larkspur, CA 94939	94-3067804	149,186
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	116,865
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	54,908
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	178,952
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	5,802
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	39,985
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	259,554
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	Luke House 310 S Ingersoll St Madison, WI 53703	39-1504050	6,119
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	30,864
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	17,526
IRC code section	501c3		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Donor Designation for General Support		
Name and address	Madison Area Rehabilitation Centers 901 Post Rd Madison, WI 53713	39-0968930	5,576
IRC code section	501c3		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Donor Designation for General Support		
Name and address	Madison Children's Museum 100 N Hamilton St Madison, WI 53703	39-1383497	5,279
IRC code section	501c3		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Donor Designation for General Support		
Name and address	Madison Public Library Foundation 201 W MIFFLIN ST Madison, WI 53703	39-1777242	49,675

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	Madison-Area Urban Ministry 2300 S Park St Ste 5 Madison, WI 53713	23-7298482	256,916
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	McFarland Youth Center PO Box 362 McFarland, WI 53558	61-1500763	16,565
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	Middleton Outreach Ministry 7432 Hubbard Ave Middleton, WI 53562	39-1484945	89,941
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	Military Family and Veterans Service Organizations of America PO Box 45754 San Francisco, CA 94145	94-3193418	5,289
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	53,692
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	54,340
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	26,633
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	North Eastside Senior Coalition 1625 Northport Dr Ste 125 Madison, WI 53704	39-1217221	58,734
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	Northside Planning Council 1219 N Sherman Ave Madison, WI 53704	39-1759164	9,758
IRC code section	501c3		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Donor Designation for General Support		
Name and address	Omega School 835 West Badger Rd Madison, WI 53713	39-1166888	108,913
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	Operation Fresh Start 1925 Winnebago St Madison, WI 53704	23-7108090	128,407
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 Street Oregon, WI 53575	47-1988801	5,620
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	25,000
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	386,607
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	Portage Area United Way PO Box 354	23-7166773	6,595

Schedule I, Part IV, Statement 1

UNITED WAY OF DANE COUNTY INC

Portage, WI 53901			
IRC code section	501c3		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Donor Designation for General Support		
Name and address	Rainbow Project 831 E Washington Ave Madison, WI 53703	39-1422626	77,104
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	16,158
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 PO Box 6652 Madison, WI 53716	39-2010839	18,600
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	9,652
IRC code section	501c3		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Donor Designation for General Support		
Name and address	Sauk-Prairie United Way PO Box 122 Prairie Du Sac, WI 53578	39-1318028	8,374
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	264,517
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	42,478
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	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	29,813
IRC code section	501c3		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Donor Designation for General Support		
Name and address	South Madison Coalition of the Elderly 128 E Olin Ave Suite 110 Madison, WI 53713	39-1222287	26,627
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	St John's Lutheran Church 322 East Washington Avenue Madison, WI 53703	39-1570139	21,500
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	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	Stoughton Area Resource Team 248 W Main St Stoughton, WI 53589	41-2076251	27,545
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	Stoughton Youth Center 518 S Fourth Street Stoughton, WI 53589	39-6005622	5,444
IRC code section	501c3		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Donor Designation for General Support		
Name and address	Sunshine Place 18 Rickel Rd Sun Prairie, WI 53590	20-5398498	32,558
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 River Food Pantry 2201 Darwin Rd	20-4179749	37,587

Schedule I, Part IV, Statement 1

UNITED WAY OF DANE COUNTY INC

	Madison, WI 53704		
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	359,637
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	231,939
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 PO Box 153 Oregon, WI 53575	39-1472538	30,862
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	15,923
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 Way of Blackhawk Region 205 N Main St Ste 101 Janesville, WI 53545	39-6006734	11,645
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	62,813
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	8,148
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	United Way of Green County Inc PO Box 511 Monroe, WI 53566	39-6060531	6,210
IRC code section	501c3		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Donor Designation for General Support		
Name and address	University of Wisconsin Foundation 1848 University Ave Madison, WI 53726	39-0743975	14,337
IRC code section	501c3		
Method of valuation			
Desc. of Non-Cash Asst.			
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	432,132
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	Vera Court Neighborhood Center 614 Vera Ct Madison, WI 53704	39-1945609	198,288
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	West Madison Senior Coalition 517 N Segoe Rd Ste 309 Madison, WI 53705	39-1222036	40,255
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	Wisconsin Academy for Graduate Service Dogs 1338 Dewey Ct Madison, WI 53703	39-1626569	36,159
IRC code section	501c3		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Donor Designation for General Support		
Name and address	Wisconsin Environmental Education Foundation 110B College of Natural Resources UW-Stevens Point 800 Reserve St Stevens Point, WI 54481	20-2042476	34,794
IRC code section	501c3		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Donor Designation for General Support		
Name and address	Wisconsin Equal Justice Fund	39-1904737	11,825

	PO Box 475 Wausau, WI 54402		
IRC code section	501c3		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Donor Designation for General Support		
Name and address	Worker Center 2300 S Park St Ste 6 Madison, WI 53713	41-2227413	8,776
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	YMCA of Dane County 8001 Excelsior Dr Ste 200 Madison, WI 53717	39-0806253	9,575
IRC code section	501c3		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Donor Designation for General Support		
Name and address	Marshfield Clinic Research Foundation 1000 N Oak Ave F1C Marshfield, WI 54449	39-0452970	7,150
IRC code section	501c3		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Program Operating Cost		
Name and address	Centro Hispano of Dane County 810 W Badger Rd Madison, WI 53713	93-0844812	828,046
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	237,352
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	YWCA of Madison 101 E Mifflin Street Madison, WI 53703	39-0806303	1,220,713
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	Madison Metropolitan School District 545 W Dayton St Madison, WI 53703	39-6003202	285,320
IRC code section	170c		
Method of valuation			

Desc. of Non-Cash Asst.

Purpose of grant Program Operating Cost

Name and address	Middleton-Cross Plains Area School District	39-1100780	58,022
	3180 Deming Way		
	Middleton, WI 53562		

IRC code section 170c

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant Program Operating Cost

**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.

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

OMB No. 1545-0047

2016

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 filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <p> <input checked="" type="checkbox"/> Compensation committee <input checked="" 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)	172,892	0	0	14,800	32,440	220,132	0
	(ii)	0	0	0	0	0	0	0
2	(i)	128,898	0	0	10,788	27,722	167,408	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)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Name of the organization

UNITED WAY OF DANE COUNTY INC

Employer identification number

39-0817532

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1				
2				
3				
4				
5				
6				
7				
8				
9	✓	63	1,152,983	market value at time of donation
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				

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.

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

OMB No. 1545-0047

2016

**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: \$192,194; Change in Temporarily Restricted Net Assets: (\$733,657)

Activity Or Mission Description

Description

everyone can succeed in school, work and life. To facilitate this, we follow 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. By targeting specific goals and forging partnerships, United Way is tackling the root causes of critical local issues and achieving real, measurable results for children & education, housing for struggling families, independence for seniors and more. Through strategic partnerships and collaborative work, we are bringing the many voices of Dane County around a neutral table 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

Center, Family Services Madison, and Hancock Center for Dance/Movement Therapy. In 2016, through United Way's support, 2, 830 children received preventive and/or restorative dental care through school and community based partnerships. 2,044 children ages five and under received a well-child exam during the year, 190 children with ADHD received medical and mental health care and monitoring in a primary care setting, and 1,379 diabetics improved the management of their disease as a result of being connected with a community-based medical home. United Way of Dane County's HealthConnect premium assistance program managed total payments of nearly \$1 million that enabled over 1,000 low-income individuals (with household income of 100-150% of FPL) to be insured by paying their 2016 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

Road Home, Salvation Army, Second Harvest of Southern Wisconsin, YWCA of Madison, city of Madison and Dane County Housing Authorities.

Third Program Service Accomplishments Description

Description

Oregon schools. Urban League of Greater Madison is the lead agency partner on middle school tutoring. Our high school tutoring program, Achievement Connections, recruited 191 volunteers to tutor 452 students in the Madison and Middleton schools in Algebra and Geometry. Recognizing that students learn best when supported by their parents, more than 600 parents attended programs we organized to model learning strategies to help children be successful in school. In addition, we partnered with neighborhood, community and school-based programs to promote academic achievement and engagement and success in school, work and life for more than 2,440 youth, including 100 Black Men, Big Brother Big Sisters, Boys and Girls Club, Briarpatch Youth Services, By Youth For Youth, Cambridge Youth Center, Centro Hispano, Deerfield Community Center, East Madison Community Center, Goodman Community Center, Kennedy Heights Neighborhood Center, Literacy Network, Lussier Community Education Center, Madison Schools and Community Recreation, McFarland Community Center, Nehemiah, , Simpson Street Free Press, Stoughton Community Center, the Urban League of Greater Madison, and Vera Court Neighborhood Center, and the YWCA of Madison.

Other Program Services Accomplishments

Activity Code	Description	Expense	Grants	Revenue
	<p>Community & Volunteer Engagement - United Way engages our community, mobilizes volunteers, and strengthens local nonprofits to achieve measurable results and change lives. Our volunteer engagement goal is "To increase volunteerism to 800,000 hours in Agenda for Change programs to accelerate results." 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 volunteers, increasing opportunities for corporate volunteers, and developing youth leadership opportunities through volunteering. In 2016, volunteers provided over 420,000 hours of volunteer service dedicated to advancing the Agenda for Change. Over 31,000 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 2016, 293 agency staff and board members participated in our training programs. In 2016, United Way 2-1-1 received 39,800 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. 2-1-1 continued to be a key partner in the implementation of our HealthConnect initiative (see Healthy for Life section above). Over 9,000 callers were offered preventative healthcare resources through 2-1-1.</p>	2,946,452	2,497,909	0
	<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 visitation, (2) Community-based parent education in small groups and (3) developmental screening. Through home visitation, we served 350 young children, and their families, in 2016. Home Visitation 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 visitation programs include the Parent-Child Home Program, Welcome Baby, and KinderReady. In 2016, 93% of the children who graduated from the Parent-Child Home Program had skills that were Kindergarten Ready. Our community-based parent education is called Play & Learn, which are weekly parent enrichment programs parents attend with their children where they learn how to be their children's first teacher. We served 1,296 children and their caregivers at 17 Play and Learn sites in 2016. The Ages and Stages Questionnaire is self-administered by parents as a tool for self-identification of potential developmental delay and is administered through all home visitation and Play and Learn programs as well as through community partners. We collected 41,000 questionnaires through our lead partners on these three Born Learning initiatives which included Access Community Health Centers, Center for Families, Children's Hospital - Community Services Division, and Community Coordinated Child Care.</p>	2,409,797	2,042,949	0
	<p>Building Economic Stability goal is to: "Move more people are 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 2016 58 people earned a diploma, 667 people found employment, 112 people found jobs earning</p>	1,944,747	1,648,695	0

\$15 an hour or more, and 83 people received a promotion. The HIRE partners who prepare individuals for their high school diploma and teach employability skills are Literacy Network, and Vera Court. Our HIRE partners who teach employability skills and provide employment training and placement 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 599 individuals including intensive one-to one services to 76 individuals, only eight of whom returned to prison. In 2016, Journey Home only 9.5% of the participants returned to prison for any reason, exceeding our goal of 10%. 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 19% (in 2012). 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>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 2016, in partnership with the Wisconsin Pharmacy Quality Collaborative, we provided 119 comprehensive medication reviews to older adults, whose average age was 78, and were taking an average of 14 prescriptions. The Safe at Home program (a partnership with Home Health United) provided 180 high fall risk low-income older adults with in-home assessments of their physiological limitations and hazards. The average age of a participant is 83. Out of these assessments came 638 recommendations. Most importantly, the fall rate for our participants post-assessment was 19.69% compared to the national average of 50% for seniors over 80 years old. In addition, we supported a variety of falls prevention programs for 373 older adults ages 65 and older in 2016, such as Stepping On, Chair Exercise and Tai Chi. 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. In 2016, we aligned our disabilities portfolio with a plan to help 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 and three new programs were piloted from this plan. 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>	1,328,596	1,126,342	0
Total:	8,629,592	7,315,895	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.
- ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

**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)	11	United Way of Dane County Inc		✓
(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)													
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(16)													

