

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

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public
Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047
2016
Open to Public Inspection

A For the 2016 calendar year, or tax year beginning 01-01-2016, and ending 12-31-2016

- 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): 2059 Atwood Ave | Room/suite:
City or town, state or province, country, and ZIP or foreign postal code: Madison, WI 53704

D Employer identification number: 39-0817532
E Telephone number: (608) 246-4350
G Gross receipts \$ 22,776,741

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

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)

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

H(c) Group exemption number ▶

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

1 Briefly describe the organization's mission or most significant activities
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 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.

2 Check this box 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
7b Net unrelated business taxable income from Form 990-T, line 34	7b	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	22,593,973	21,629,481
9 Program service revenue (Part VIII, line 2g)	0	0
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	26,747	74,109
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	48,192	49,941
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	22,668,912	21,753,531
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	16,925,498	15,795,797
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	4,265,677	4,455,439
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 2,059,862		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,504,762	1,458,567
18 Total expenses—add lines 13-17 (must equal Part IX, column (A), line 25)	22,695,937	21,709,803
19 Revenue less expenses—subtract line 18 from line 12	-27,025	43,728

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	25,719,895	24,721,735
21 Total liabilities (Part X, line 26)	6,171,353	5,673,547
22 Net assets or fund balances—subtract line 21 from line 20	19,548,542	19,048,188

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: 2017-11-13
Renee Moe President/CEO
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name: James Graham | Preparer's signature: James Graham | Date: 2017-11-13 | 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 | Phone no: (608) 829-5443
Madison, WI 53717

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)
See Additional Data

4b (Code) (Expenses \$ 3,149,317 including grants of \$ 2,669,891) (Revenue \$ 0)
See Additional Data

4c (Code) (Expenses \$ 3,119,442 including grants of \$ 2,644,563) (Revenue \$ 0)
See Additional Data

See Additional Data Table

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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>	Yes	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		No
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	Yes	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		No
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>		No
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		No
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		No
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		No
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		No
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	Yes	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		No
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		No
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	Yes	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		No
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
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>		No
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		No
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question ID, question text, and Yes/No response boxes. Rows include questions 1a-1c, 2a-2b, 3a-3b, 4a-4b, 5a-5c, 6a-6b, 7a-7h, 8, 9a-9b, 10, 11, 12a-12b, and 13a-13c.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (36); 1b Enter the number of voting members included in line 1a, above, who are independent (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? (No); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (Yes); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (Yes); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (Yes); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (Yes); 8b Each committee with authority to act on behalf of the governing body? (Yes); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (No)

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (No); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (Yes); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official (Yes); 15b Other officers or key employees of the organization (Yes); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions); 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (No); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed (WI); 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply: [X] Own website, [X] Another's website, [X] 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 2059 Atwood Ave Madison, WI 53704 (608) 246-4352

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

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

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

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

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

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

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

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

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

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

1b Sub-Total	437,021	0	99,705
1c Total from continuation sheets to Part VII, Section A			
1d Total (add lines 1b and 1c)			

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ **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>		No
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>	Yes	
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>		No

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

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	2a _____	Business Code					
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue		0				
	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 Gross rents	(i) Real	(ii) Personal				
		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 Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		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	0	
b _____							
c _____							
d All other revenue		0	0	0	0	0	
e Total. Add lines 11a-11d		101,204					
12 Total revenue. See Instructions		21,753,531	101,204	0	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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
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, line 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 Data processing.	216,008	100,785	33,572	81,651
b Postage and shipping.	29,853	4,031	4,987	20,835
c Membership dues.	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 IX

		(A) Beginning of year		(B) 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		
		2,572,931	10c	2,473,161
	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
<p>1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____</p> <p>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O</p>			
<p>2a Were the organization's financial statements compiled or reviewed by an independent accountant?</p> <p>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</p> <p><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	2a		No
<p>b Were the organization's financial statements audited by an independent accountant?</p> <p>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</p> <p><input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	2b	Yes	
<p>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?</p> <p>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O</p>	2c	Yes	
<p>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?</p>	3a		No
<p>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</p>	3b		

Additional Data

Software ID: 16000425

Software Version: v1.00

EIN: 39-0817532

Name: UNITED WAY OF DANE COUNTY INC

Form 990 (2016)

Form 990, Part III, Line 4a:

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 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

Form 990, Part III, Line 4b:

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

Form 990, Part III, Line 4c:

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 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.

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

(Code) (Expenses \$	2,946,452	including grants of \$	2,497,909) (Revenue \$	0
-------	----------------	-----------	------------------------	-----------	---------------	---

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.

(Code) (Expenses \$	2,409,797	including grants of \$	2,042,949) (Revenue \$	0
-------	----------------	-----------	------------------------	-----------	---------------	---

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.

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

(Code)	(Expenses \$	1,944,747	including grants of \$	1,648,695)	(Revenue \$	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 \$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>						

(Code)	(Expenses \$	1,328,596	including grants of \$	1,126,342)	(Revenue \$	0)
<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>						

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Richard M Lynch Board Chair	1 0	X		X				0	0	0
Anna Marie Burish Board Vice Chair	1 0	X		X				0	0	0
Ryan E Behling Board Secretary/Treasurer	1 0	X		X				0	0	0
Marcia Anderson Board Member	1 0	X						0	0	0
Julia Arata-Fratta Board Member	1 0	X						0	0	0
Corey Chambas Board Member	1 0	X						0	0	0
Bryan Chan Board Member	1 0	X						0	0	0
Dr Jennifer Cheatham Board Member	1 0	X						0	0	0
Kevin Conroy Board Member	1 0	X						0	0	0
Dr Jack Daniels III Board Member	1 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Claudio Diaz Board Member	1 0	X						0	0	0
Greg Dombrowski Board Member	1 0	X						0	0	0
Dave Florin Board Member	1 0	X						0	0	0
Dan Frazier Board Member	1 0	X						0	0	0
Enid Glenn Board Member	1 0	X						0	0	0
Fritz Grutzner Board Member	1 0	X						0	0	0
Kevin Gundlach Board Member	1 0	X						0	0	0
Michael Hamerlik Board Member	1 0	X						0	0	0
John Humenik Board Member	1 0	X						0	0	0
Mya Johnson Board Member	1 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Patricia Kampling Board Member	1 0	X						0	0	0
Gretchen R Lowe Board Member	1 0	X						0	0	0
Menatu Maaneb de Macedo Board Member	1 0	X						0	0	0
Deirdre A Morgan Board Member	1 0	X						0	0	0
Michael L Morgan Board Member	1 0	X						0	0	0
Barbara Nichols Board Member	1 0	X						0	0	0
Rajesh Rajaraman Board Member	1 0	X						0	0	0
Dan Rashke Board Member	1 0	X						0	0	0
Susan Riseling Board Member	1 0	X						0	0	0
Anne E Ross Board Member	1 0	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)							(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former				
Katy Sai Board Member	1 0	X							0	0	0
Jack C Salzwedel Board Member	1 0	X							0	0	0
Tim J Sullivan Board Member	1 0	X							0	0	0
Karen E Timberlake Board Member	1 0	X							0	0	0
Robert Trunzo Board Member	1 0	X							0	0	0
Gary Wolter Board Member	1 0	X							0	0	0
Renee Moe President/CEO	41 4			X					172,892	0	47,240
Rick C Spiel Executive VP-Chief Financial Officer	41 4			X					128,898	0	38,510
Deedra Atkinson Senior VP of Community Impact	40 0				X				135,231	0	13,955

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2016

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service
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 **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III)
- 11 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box 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		
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, 8, or 9 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 grant")	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**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	14	96.126 %
15 Public support percentage for 2015 Schedule A, Part II, line 14	15	96.610 %

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

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

(Complete only if you checked the box on line 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 ► <input type="checkbox"/>		
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 ► <input type="checkbox"/>		
20	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 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? 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.		
	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? 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).		
	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
	6		
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? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
	9a		
b	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? If "Yes," provide detail in Part VI .		
	9b		
c	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? If "Yes," provide detail in Part VI .		
	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.		
	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		
	10b		

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?		
b	A family member of a person described in (a) above?		
c	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

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?		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2	Activities Test Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3	Parent of Supported Organizations Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

Section A - Adjusted Net Income

	(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)	1	
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--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 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, 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).

Facts And Circumstances Test

990 Schedule A, Supplemental Information

Return Reference	Explanation
Schedule A, Part II, Line 10	Other income primarily consists of fiscal agent fees charged for processing and managing combined public sector campaigns

Schedule A Form 990 or 990-E 2016

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2016

Open to Public Inspection

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

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

Department of the Treasury Internal Revenue Service

Name of the organization UNITED WAY 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 Total number at end of year, Aggregate value of contributions to, Aggregate value of grants from, Aggregate value at end of year, and two Yes/No questions about donor advisement.

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

Form with multiple sections: Purpose(s) of conservation easements, Total number of conservation easements, Total acreage restricted, Number of conservation easements on a certified historic structure, Number of conservation easements included in (c) acquired after 8/17/06, Number of conservation easements modified, Does the organization have a written policy regarding the periodic monitoring, Staff and volunteer hours devoted to monitoring, Amount of expenses incurred in monitoring, 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)?, 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.

Form with multiple sections: 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. 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. 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 | |
| d Additions during the year | |
| e Distributions during the year | |
| f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" 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
- | | Yes | No |
|--|-----|----|
| (i) unrelated organizations | | No |
| (ii) related organizations | Yes | |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | Yes | |
- 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		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 10(c))				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.

(a) Description of liability	(b) Book value
(1) Federal income taxes	0
Deferred Compensation	222,766
(2)	
(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.

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID: 16000425

Software Version: v1.00

EIN: 39-0817532

Name: UNITED WAY OF DANE COUNTY INC

Supplemental Information

Return Reference	Explanation
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

Supplemental Information

Return Reference	Explanation
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.

Supplemental Information

Return Reference	Explanation
Schedule D, Part X, Line 2	<p>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.</p>

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

**Supplemental Information Regarding
Fundraising or Gaming Activities**

OMB No 1545-0047

2016

**Open to Public
Inspection**

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

Department of the Treasury
Internal Revenue Service

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 ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

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

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

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

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d)
		<u>Loaned Executives</u> (event type)	<u>Sponsored Advertising</u> (event type)	<u>9</u> (total number)	Total events (add col (a) through col (c))
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) ▶			
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.

Revenue		(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 | 0 % |
| b | An outside facility | 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 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 complete this part to provide any additional information (see instructions).

Return Reference	Explanation
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

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.

Department of the Treasury Internal Revenue Service

Name of the organization UNITED WAY OF DANE COUNTY INC

Employer identification number

39-0817532

Part I General Information on Grants and Assistance

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

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

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

See Additional Data Table

Table with 8 columns and 12 rows for data entry.

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 non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash 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.

Return Reference	Explanation
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.

Additional Data

Software ID: 16000425
Software Version: v1.00
EIN: 39-0817532
Name: UNITED WAY OF DANE COUNTY INC

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
100 Black Men of Madison PO Box 787 Madison, WI 53701	39-1803848	501c3	28,800				Program Operating Cost
Access Community Health Centers 3434 E Washington Ave Madison, WI 53704	39-1391134	501c3	354,680				Program Operating Cost/Donor Designation for General Support

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Access to Independence 301 S Livingston St Ste 200 Madison, WI 53703	39-1240200	501c3	20,011				Program Operating Cost/Donor Designation for General Support
Agrace HospiceCare 5395 E Cheryl Pkwy Fitchburg, WI 53711	39-1319537	501c3	154,043				Program Operating Cost/Donor Designation for General Support

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AIDS Resource Center of Wisconsin Inc 600 Williamson St Ste H Madison, WI 53703	39-1534049	501c3	24,960				Program Operating Cost/Donor Designation for General Support
Aldo Leopold Nature Center 6515 GRAND TETON PLAZA Madison, WI 53719	39-1786897	501c3	7,800				Donor Designation for General Support

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
American Heart Association 2850 Dairy Dr Ste 300 Madison, WI 53718	13-5613797	501c3	200,197				Donor Designation for General Support
American Red Cross Badger Chapter PO Box 5905 Madison, WI 53705	39-0806193	501c3	134,337				Program Operating Cost/Donor Designation for General Support

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ARC Community Services 2001 W Beltline Hwy Ste 102 Madison, WI 53713	51-0163796	501c3	49,078				Program Operating Cost/Donor Designation for General Support
Bethlehem Lutheran Church 300 Broadway Dr Sun Prairie, WI 53590	39-1268317	501c3	6,750				Donor Designation for General Support

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Big Brothers Big Sisters of Dane County 2059 Atwood Ave Madison, WI 53704	39-1077783	501c3	211,431				Program Operating Cost/Donor Designation for General Support
BLACKHAWK EVANGELICAL FREE CHURCH INC 9620 Brader Way Middleton, WI 53562	39-1328199	501c3	15,932				Donor Designation for General Support

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Boy Scouts of America PO Box 14135 Madison, WI 53708	39-1417416	501c3	16,341				Donor Designation for General Support
Boys & Girls Club of Dane County 2001 Taft St Madison, WI 53713	39-1925617	501c3	193,336				Program Operating Cost/Donor Designation for General Support

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Briarpatch Youth Services Inc 1955 Atwood Avenue Madison, WI 53704	39-1391737	501c3	231,379				Program Operating Cost/Donor Designation for General Support
Canopy Center 2120 Fordem Ave Ste 110 Madison, WI 53704	51-0211908	501c3	82,216				Program Operating Cost/Donor Designation for General Support

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Care Net Pregnancy Center of Dane County 1350 MacArthur Rd Madison, WI 53714	39-1472091	501c3	6,698				Donor Designation for General Support
Catholic Charities Diocese of Madison PO Box 46550 Madison, WI 53744	39-0807067	501c3	626,804				Program Operating Cost/Donor Designation for General Support

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Catholic Multicultural Center Diocese of Madison 1862 Beld St Madison, WI 53713	39-0824008	501c3	36,013				Donor Designation for General Support
Center for Families 2120 Fordem Ave Madison, WI 53704	39-1624393	501c3	1,043,697				Program Operating Cost/Donor Designation for General Support

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Children's Service Society of Wisconsin 1716 Fordem Ave Madison, WI 53704	39-0806380	501c3	225,021				Program Operating Cost/Donor Designation for General Support
Colonial Club 301 Blankenheim Ln Sun Prairie, WI 53590	23-7071027	501c3	74,108				Program Operating Cost/Donor Designation for General Support

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Community Action Coalition for South Central WI 1717 N Stoughton Rd Madison, WI 53704	39-1053827	501c3	311,945				Program Operating Cost/Donor Designation for General Support
Community Coordinated Child Care (4C) in Dane Co PO Box 45320 Madison, WI 53744	39-1165742	501c3	344,582				Program Operating Cost/Donor Designation for General Support

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Community Health Charities National PO Box 75153 Baltimore, MD 21275	13-6167225	501c3	8,070				Donor Designation for General Support
Community Health Charities of Wisconsin 6737 W Washington St Ste 2253 West Allis, WI 53214	39-1261126	501c3	860,455				Donor Designation for General Support

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Community Shares of Wisconsin 612 W Main St Ste 200 Madison, WI 53703	39-1172378	501c3	325,710				Donor Designation for General Support
Dane County CASA 211 S Carroll St 206 Madison, WI 53703	20-1717869	501c3	18,097				Program Operating Cost/Donor Designation for General Support

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Dane County Humane Society 5132 Voges Rd Madison, WI 53718	39-0806335	501c3	181,513				Donor Designation for General Support
Dane County Parent Council 2096 Red Arrow Trl Madison, WI 53711	39-1418945	501c3	24,431				Program Operating Cost/Donor Designation for General Support

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Deerfield Community Center PO Box 404 Deerfield, WI 53531	39-1899306	501c3	13,158				Donor Designation for General Support
DeForest Area Community and Senior Center 505 N Main St DeForest, WI 53532	39-1371808	501c3	34,129				Program Operating Cost/Donor Designation for General Support

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EarthShare PO Box 4011 Washington, DC 20042	52-1601960	501c3	128,626				Donor Designation for General Support
East Madison Community Center 8 Straubel Ct Madison, WI 53704	39-1941839	501c3	65,734				Program Operating Cost/Donor Designation for General Support

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
East Madison Monona Coalition of the Aging 4142 Monona Dr Madison, WI 53716	39-1211331	501c3	14,635				Program Operating Cost/Donor Designation for General Support
Edgewood High School 2219 Monroe St Madison, WI 53711	39-1299613	501c3	12,591				Donor Designation for General Support

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Energy Services Inc 1225 S Park St Madison, WI 53715	39-1443614	501c3	33,594				Donor Designation for General Support
Epilepsy Foundation - South Central Wisconsin 1302 Mendota Street 100 Madison, WI 53714	39-1370658	501c3	27,578				Program Operating Cost/Donor Designation for General Support

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Family Service 128 E Olin Ave Ste 100 Madison, WI 53713	39-0806186	501c3	151,067				Program Operating Cost/Donor Designation for General Support
Friends of Madison School & Community Recreation 3802 Regent St Madison, WI 53705	39-2034615	501c3	11,698				Donor Designation for General Support

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Friends of the Financial Education Center 2300 S Park St Ste 22 Madison, WI 53713	20-8961015	501c3	28,701				Program Operating Cost/Donor Designation for General Support
Friends of the Waisman Center Inc 1500 Highland Ave No 255 Madison, WI 53705	39-1272090	501c3	6,576				Donor Designation for General Support

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Gilda's Club of Madison 7907 UW Health Court Middleton, WI 53562	06-1662883	501c3	25,452				Donor Designation for General Support
Girl Scouts of the Black Hawk Council 2710 Ski Ln Madison, WI 53713	39-0806331	501c3	10,834				Donor Designation for General Support

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Global Impact PO Box 409616 Atlanta, GA 30384	52-1273585	501c3	186,653				Donor Designation for General Support
Goodman Community Center 149 Waubesa St Madison, WI 53704	39-1919172	501c3	197,429				Program Operating Cost/Donor Designation for General Support

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Great Rivers United Way 1855 E Main St Onalaska, WI 54650	39-0848188	501c3	7,795				Donor Designation for General Support
Habitat for Humanity of Dane County PO Box 258128 Madison, WI 53725	39-1592769	501c3	112,042				Program Operating Cost/Donor Designation for General Support

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Hancock Center for Movement Arts & Therapies 16 N Hancock St Madison, WI 53703	39-1443008	501c3	28,287				Program Operating Cost/Donor Designation for General Support
Heartland Community Church 800 Wilbrun Rd Sun Prairie, WI 53590	36-4237734	501c3	10,372				Donor Designation for General Support

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Henry Vilas Zoological Society 606 S Randall Ave Madison, WI 53716	39-6077008	501c3	27,121				Donor Designation for General Support
Home Health United Xtra Care 4639 Hammersley Road Madison, WI 53711	39-1539827	501c3	163,816				Program Operating Cost/Donor Designation for General Support

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Hope Haven 702 S High Point Rd Madison, WI 53719	39-1178878	501c3	21,701				Program Operating Cost/Donor Designation for General Support
Hunger Relief Fund Wisconsin 201 S Hawley Ct Milwaukee, WI 53214	39-1345847	501c3	87,910				Donor Designation for General Support

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Independent Charities of America 1100 Larkspur Landing Circle Suite 340 Larkspur, CA 94939	94-3067804	501c3	149,186				Donor Designation for General Support
Independent Living 815 Forward Dr Madison, WI 53711	39-1186642	501c3	116,865				Program Operating Cost/Donor Designation for General Support

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Jewish Social Services of Madison 6434 Enterprise Ln Madison, WI 53719	39-1300430	501c3	54,908				Program Operating Cost/Donor Designation for General Support
Journey Mental Health Center 625 W Washington Ave Madison, WI 53703	39-0806445	501c3	178,952				Program Operating Cost/Donor Designation for General Support

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Junior Achievement Dane County 2501 West Beltline Hwy co WIPFLI Ste 401 Madison, WI 53713	39-0826295	501c3	5,802				Donor Designation for General Support
Kennedy Heights Community Center 199 Kennedy Heights Madison, WI 53704	39-1519846	501c3	39,985				Program Operating Cost/Donor Designation for General Support

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Literacy Network 1118 S Park St Madison, WI 53715	51-0180488	501c3	259,554				Program Operating Cost/Donor Designation for General Support
Luke House 310 S Ingersoll St Madison, WI 53703	39-1504050	501c3	6,119				Donor Designation for General Support

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Lussier Community Education Center 55 S Gammon Rd Madison, WI 53717	39-1938173	501c3	30,864				Program Operating Cost/Donor Designation for General Support
Lutheran Social Services of WI & Upper Michigan 6314 Odana Rd Madison, WI 53719	39-0816846	501c3	17,526				Donor Designation for General Support

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Madison Area Rehabilitation Centers 901 Post Rd Madison, WI 53713	39-0968930	501c3	5,576				Donor Designation for General Support
Madison Children's Museum 100 N Hamilton St Madison, WI 53703	39-1383497	501c3	5,279				Donor Designation for General Support

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Madison Public Library Foundation 201 W MIFFLIN ST Madison, WI 53703	39-1777242	501c3	49,675				Donor Designation for General Support
Madison-Area Urban Ministry 2300 S Park St Ste 5 Madison, WI 53713	23-7298482	501c3	256,916				Program Operating Cost/Donor Designation for General Support

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
McFarland Youth Center PO Box 362 McFarland, WI 53558	61-1500763	501c3	16,565				Program Operating Cost/Donor Designation for General Support
Middleton Outreach Ministry 7432 Hubbard Ave Middleton, WI 53562	39-1484945	501c3	89,941				Program Operating Cost/Donor Designation for General Support

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Military Family and Veterans Service Organizations of America PO Box 45754 San Francisco, CA 94145	94-3193418	501c3	5,289				Donor Designation for General Support
NAMI Dane County 2059 Atwood Ave Madison, WI 53704	39-1270706	501c3	53,692				Program Operating Cost/Donor Designation for General Support

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Nehemiah Community Development Corp PO Box 9861 Madison, WI 53715	39-1736091	501c3	54,340				Program Operating Cost/Donor Designation for General Support
Neighbor to Nation co Sun Trust Bank 1000 Stewart Ave Lock Box 79991 Glen Burnie, MD 21061	54-1879282	501c3	26,633				Donor Designation for General Support

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
North Eastside Senior Coalition 1625 Northport Dr Ste 125 Madison, WI 53704	39-1217221	501c3	58,734				Program Operating Cost/Donor Designation for General Support
Northside Planning Council 1219 N Sherman Ave Madison, WI 53704	39-1759164	501c3	9,758				Donor Designation for General Support

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Omega School 835 West Badger Rd Madison, WI 53713	39-1166888	501c3	108,913				Program Operating Cost/Donor Designation for General Support
Operation Fresh Start 1925 Winnebago St Madison, WI 53704	23-7108090	501c3	128,407				Program Operating Cost/Donor Designation for General Support

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Oregon Youth Center 110 N Oak Street Oregon, WI 53575	47-1988801	501c3	5,620				Donor Designation for General Support
Pharmacy Society of Wisconsin 701 Heartland Tr Madison, WI 53717	39-0714490	501c6	25,000				Program Operating Cost

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Porchlight 306 N Brooks St Madison, WI 53715	39-1579521	501c3	386,607				Program Operating Cost/Donor Designation for General Support
Portage Area United Way PO Box 354 Portage, WI 53901	23-7166773	501c3	6,595				Donor Designation for General Support

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Rainbow Project 831 E Washington Ave Madison, WI 53703	39-1422626	501c3	77,104				Program Operating Cost/Donor Designation for General Support
Ronald McDonald House 2716 Marshall Ct Madison, WI 53705	39-1655790	501c3	16,158				Donor Designation for General Support

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Safe Communities of Madison and Dane County PO Box 6652 Madison, WI 53716	39-2010839	501c3	18,600				Program Operating Cost/Donor Designation for General Support
Safe Harbor Child Advocacy Center Inc 1457 E Washington Ave Ste 102 Madison, WI 53703	39-2004933	501c3	9,652				Donor Designation for General Support

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Sauk-Prairie United Way PO Box 122 Prairie Du Sac, WI 53578	39-1318028	501c3	8,374				Donor Designation for General Support
Second Harvest Foodbank of Southern WI 2802 Dairy Drive Madison, WI 53718	39-1490691	501c3	264,517				Program Operating Cost/Donor Designation for General Support

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Simpson Street Free Press PO Box 6307 Monona, WI 53716	39-1882258	501c3	42,478				Program Operating Cost/Donor Designation for General Support
Society of St Vincent de Paul 1109 Jonathon Dr Madison, WI 53713	39-0824876	501c3	29,813				Donor Designation for General Support

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
South Madison Coalition of the Elderly 128 E Olin Ave Suite 110 Madison, WI 53713	39-1222287	501c3	26,627				Program Operating Cost/Donor Designation for General Support
St John's Lutheran Church 322 East Washington Avenue Madison, WI 53703	39-1570139	501c3	21,500				Donor Designation for General Support

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
St Paul University Catholic Foundation 723 State St Madison, WI 53703	20-8844817	501c3	8,600				Donor Designation for General Support
Stoughton Area Resource Team 248 W Main St Stoughton, WI 53589	41-2076251	501c3	27,545				Program Operating Cost/Donor Designation for General Support

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Stoughton Youth Center 518 S Fourth Street Stoughton, WI 53589	39-6005622	501c3	5,444				Donor Designation for General Support
Sunshine Place 18 Rickel Rd Sun Prairie, WI 53590	20-5398498	501c3	32,558				Program Operating Cost/Donor Designation for General Support

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The River Food Pantry 2201 Darwin Rd Madison, WI 53704	20-4179749	501c3	37,587				Donor Designation for General Support
The Road Home 128 E Olin Ave Ste 202 Madison, WI 53713	31-1618925	501c3	359,637				Program Operating Cost/Donor Designation for General Support

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The Salvation Army of Dane County 630 E Washington Ave Madison, WI 53703	36-2167910	501c3	231,939				Program Operating Cost/Donor Designation for General Support
Three Gaits PO Box 153 Oregon, WI 53575	39-1472538	501c3	30,862				Donor Designation for General Support

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Triangle Community Ministry 755 Braxton Place Apt B109 Madison, WI 53715	39-1425047	501c3	15,923				Program Operating Cost/Donor Designation for General Support
United Way of Blackhawk Region 205 N Main St Ste 101 Janesville, WI 53545	39-6006734	501c3	11,645				Donor Designation for General Support

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
United Way of Dane County Foundation 2059 Atwood Ave Madison, WI 53704	39-1763471	501c3	62,813				Donor Designation for General Support
United Way of Greater Milwaukee & Waukesha County 225 W Vine St Milwaukee, WI 53212	39-0806190	501c3	8,148				Donor Designation for General Support

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
United Way of Green County Inc PO Box 511 Monroe, WI 53566	39-6060531	501c3	6,210				Donor Designation for General Support
University of Wisconsin Foundation 1848 University Ave Madison, WI 53726	39-0743975	501c3	14,337				Donor Designation for General Support

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Urban League of Greater Madison 2222 S Park St Ste 200 Madison, WI 53713	39-1098146	501c3	432,132				Program Operating Cost/Donor Designation for General Support
Vera Court Neighborhood Center 614 Vera Ct Madison, WI 53704	39-1945609	501c3	198,288				Program Operating Cost/Donor Designation for General Support

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
West Madison Senior Coalition 517 N Segoe Rd Ste 309 Madison, WI 53705	39-1222036	501c3	40,255				Program Operating Cost/Donor Designation for General Support
Wisconsin Academy for Graduate Service Dogs 1338 Dewey Ct Madison, WI 53703	39-1626569	501c3	36,159				Donor Designation for General Support

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Wisconsin Environmental Education Foundation 110B College of Natural Resources UW-Stevens Point 800 Reserve St Stevens Point, WI 54481	20-2042476	501c3	34,794				Donor Designation for General Support
Wisconsin Equal Justice Fund PO Box 475 Wausau, WI 54402	39-1904737	501c3	11,825				Donor Designation for General Support

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Worker Center 2300 S Park St Ste 6 Madison, WI 53713	41-2227413	501c3	8,776				Program Operating Cost/Donor Designation for General Support
YMCA of Dane County 8001 Excelsior Dr Ste 200 Madison, WI 53717	39-0806253	501c3	9,575				Donor Designation for General Support

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Marshfield Clinic Research Foundation 1000 N Oak Ave F1C Marshfield, WI 54449	39-0452970	501c3	7,150				Program Operating Cost
Centro Hispano of Dane County 810 W Badger Rd Madison, WI 53713	93-0844812	501c3	828,046				Program Operating Cost/Donor Designation for General Support

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Domestic Abuse Intervention Services PO Box 1761 Madison, WI 53701	39-1268238	501c3	237,352				Program Operating Cost/Donor Designation for General Support
YWCA of Madison 101 E Mifflin Street Madison, WI 53703	39-0806303	501c3	1,220,713				Program Operating Cost/Donor Designation for General Support

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Madison Metropolitan School District 545 W Dayton St Madison, WI 53703	39-6003202	170c	285,320				Program Operating Cost
Middleton-Cross Plains Area School District 3180 Deming Way Middleton, WI 53562	39-1100780	170c	58,022				Program Operating Cost

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

OMB No 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.

2015
Open to Public Inspection

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

Name of the organization 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> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax idemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<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 idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<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 idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.	1b									
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	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> <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee				
<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee									
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:										
a Receive a severance payment or change-of-control payment?	4a	No								
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	No								
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No								
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.										
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.										
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:										
a The organization?	5a	No								
b Any related organization? If "Yes," on line 5a or 5b, describe in Part III.	5b	No								
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:										
a The organization?	6a	No								
b Any related organization? If "Yes," on line 6a or 6b, describe in Part III.	6b	No								
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	7	No								
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.	8	No								
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9									

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column(B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 Renee Moe President/CEO	(i)	172,892 -----	0 -----	0 -----	14,800 -----	32,440 -----	220,132 -----	0 -----
	(ii)	0	0	0	0	0	0	0
2 Rick C Spiel Executive VP-Chief Financial Officer	(i)	128,898 -----	0 -----	0 -----	10,788 -----	27,722 -----	167,408 -----	0 -----
	(ii)	0	0	0	0	0	0	0

Part III **Supplemental Information**

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

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

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No 1545-0047
2016
Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

Name of the organization
UNITED WAY OF DANE COUNTY INC

Employer identification number
39-0817532

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	63	1,152,983	market value at time of donation
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (_____)				
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 0

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

b If "Yes," describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

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 did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

	Yes	No
30a		No
31	Yes	
32a		No
33		

Part II**Supplemental Information.**

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

Return Reference

Explanation

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

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

2016

▶ Attach to Form 990 or 990-EZ.

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

Name of the organization
UNITED WAY OF DANE COUNTY INC

Employer identification number

39-0817532

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, Line 6	<p>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</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, Line 7a	<p>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.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
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

990 Schedule O, Supplemental Information

Return Reference	Explanation
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

990 Schedule O, Supplemental Information

Return Reference	Explanation
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.

990 Schedule O, Supplemental Information

Return Reference	Explanation
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.

990 Schedule O, Supplemental Information

Return Reference	Explanation
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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XI, Line 9	Gain on Donor Designated Pledges \$192,194, Change in Temporarily Restricted Net Assets (\$733,657)

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2016

**Open to Public
Inspection**

▶ 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.

Department of the Treasury
Internal Revenue Service

Name of the organization
UNITED WAY OF DANE COUNTY INC

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

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 2059 Atwood Ave Madison, WI 53704 39-1763471	Fundraising	WI	501(c)(3)	11	United Way of Dane County Inc		No

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	

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

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	1a	No
b Gift, grant, or capital contribution to related organization(s)	1b	No
c Gift, grant, or capital contribution from related organization(s)	1c	Yes
d Loans or loan guarantees to or for related organization(s)	1d	No
e Loans or loan guarantees by related organization(s)	1e	No
f Dividends from related organization(s)	1f	No
g Sale of assets to related organization(s)	1g	No
h Purchase of assets from related organization(s)	1h	No
i Exchange of assets with related organization(s)	1i	No
j Lease of facilities, equipment, or other assets to related organization(s)	1j	No
k Lease of facilities, equipment, or other assets from related organization(s)	1k	No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	Yes
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes
o Sharing of paid employees with related organization(s)	1o	Yes
p Reimbursement paid to related organization(s) for expenses	1p	No
q Reimbursement paid by related organization(s) for expenses	1q	Yes
r Other transfer of cash or property to related organization(s)	1r	Yes
s Other transfer of cash or property from related organization(s)	1s	No

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

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation
Schedule R, Part V, Line 1c	The total contribution from the related organization was \$381,530. Of that contribution, \$213,425 is the transfer of earnings from individual board designated funds to fulfill campaign pledges. The remaining \$168,105 is the contribution from the related organization for the year recorded in Part VIII of the Form 990.