

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.

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

OMB No. 1545-0047
2019
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 01-01-2019, and ending 12-31-2019

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

C Name of organization
UNITED WAY OF DANE COUNTY INC

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
2059 Atwood Ave

City or town, state or province, country, and ZIP or foreign postal code
Madison, WI 53704

D Employer identification number
39-0817532

E Telephone number
(608) 246-4350

G Gross receipts \$ 22,894,301

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)

H(c) Group exemption number ▶

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

J Website: ▶ UnitedWayDaneCounty.org

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1951

M State of legal domicile: WI

Part I Summary

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

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	37
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	37
5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	144
6 Total number of volunteers (estimate if necessary)	6	8,700
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
7b Net unrelated business taxable income from Form 990-T, line 39	7b	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	22,199,111	21,852,761
9 Program service revenue (Part VIII, line 2g)	0	0
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	77,780	106,643
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-26,510	-31,038
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	22,250,381	21,928,366

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	15,384,508	15,187,159
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)	4,982,024	5,120,025
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 2,057,904		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,699,868	1,715,959
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	22,066,400	22,023,143
19 Revenue less expenses. Subtract line 18 from line 12	183,981	-94,777

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	22,950,325	22,529,692
21 Total liabilities (Part X, line 26)	5,375,083	5,220,789
22 Net assets or fund balances. Subtract line 21 from line 20	17,575,242	17,308,903

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: 2020-11-13
Renee Moe Salus President & CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
Firm's name ▶ RSM US LLP		2020-11-13		P00006111
Firm's address ▶ 8020 Excelsior Drive Ste 100 Madison, WI 53717			Firm's EIN ▶ 42-0714325	
			Phone no. (608) 829-5443	

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

Unite the community to achieve measurable results and change lives.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 3,905,931 including grants of \$ 3,133,336) (Revenue \$ 0)
See Additional Data

4b (Code:) (Expenses \$ 3,256,108 including grants of \$ 2,612,049) (Revenue \$ 0)
See Additional Data










4c (Code:) (Expenses \$ 3,191,878 including grants of \$ 2,560,524) (Revenue \$ 0)
See Additional Data

See Additional Data Table

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

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

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (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? If "Yes," complete Schedule C, Part 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? If "Yes," complete Schedule C, Part II		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? If "Yes," complete Schedule C, Part III		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? If "Yes," complete Schedule D, Part 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? If "Yes," complete Schedule D, Part II		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		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? If "Yes," complete Schedule D, Part IV		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V 	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? If "Yes," complete Schedule D, Part VI. 	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? If "Yes," complete Schedule D, Part VII		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? If "Yes," complete Schedule D, Part VIII		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? If "Yes," complete Schedule D, Part IX		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	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)? If "Yes," complete Schedule D, Part X 	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		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? If "Yes," complete Schedule F, Parts I and IV		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? If "Yes," complete Schedule F, Parts II and IV		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? If "Yes," complete Schedule F, Parts III and IV		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? If "Yes," complete Schedule G, Part 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? If "Yes," complete Schedule G, Part II 	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		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? If "Yes," complete Schedule I, Parts I and II 	Yes	

Part IV Checklist of Required Schedules (continued)

Table with 3 main columns: Question/Description, Yes, No. Rows include questions 22 through 38 regarding organizational reporting, compensation, tax-exempt bonds, and controlled entities.

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 3 main columns: Question/Description, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (37), 1b (37), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed (WI)
18 Section 6104 requires an organization to make its Form 1023 (or 1024-A 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.
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 VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants, and Other Similar Amounts	1a Federated campaigns	1a 637,527			
	b Membership dues	1b 0			
	c Fundraising events	1c 535,355			
	d Related organizations	1d 193,955			
	e Government grants (contributions)	1e 693,232			
	f All other contributions, gifts, grants, and similar amounts not included above	1f 19,792,692			
	g Noncash contributions included in lines 1a - 1f: \$	1g 490,821			
	h Total. Add lines 1a-1f		21,852,761		

Program Service Revenue			(A)	(B)	(C)	(D)
		Business Code				
2a						
b						
c						
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f.			0			

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			109,533	0	0	109,533	
	4 Income from investment of tax-exempt bond proceeds			0	0	0	0	
	5 Royalties			0	0	0	0	
	6a Gross rents	(i) Real	6a 62,779	0				
			b Less: rental expenses	6b 76,552	0			
		(ii) Personal	c Rental income or (loss)	6c -13,773	0			
			d Net rental income or (loss)			-13,773	0	0
	7a Gross amount from sales of assets other than inventory	(i) Securities	7a 624,411	0				
			b Less: cost or other basis and sales expenses	7b 627,301	0			
		(ii) Other	c Gain or (loss)	7c -2,890	0			
			d Net gain or (loss)			-2,890	0	0
	8a Gross income from fundraising events (not including \$ 535,355 of contributions reported on line 1c). See Part IV, line 18		8a 161,236					
			b Less: direct expenses	8b 257,381				
		c Net income or (loss) from fundraising events			-96,145	0	0	-96,145
	9a Gross income from gaming activities. See Part IV, line 19		9a 10,392					
			b Less: direct expenses	9b 4,701				
		c Net income or (loss) from gaming activities			5,691	0	0	5,691
	10a Gross sales of inventory, less returns and allowances		10a 0					
			b Less: cost of goods sold	10b 0				
		c Net income or (loss) from sales of inventory			0	0	0	0
11a Miscellaneous Revenue		Business Code						
b								
c								
d All other revenue				73,189	0	0	73,189	
e Total. Add lines 11a-11d				73,189				
12 Total revenue. See instructions				21,928,366	0	0	75,605	

Part IX Statement of Functional Expenses

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

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

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

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	250	1	250
	2 Savings and temporary cash investments	8,428,864	2	8,657,989
	3 Pledges and grants receivable, net	9,660,589	3	9,462,317
	4 Accounts receivable, net	1,419,875	4	1,154,806
	5 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0	6	0
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	0	8	0
	9 Prepaid expenses and deferred charges	289,913	9	154,744
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	5,318,856		
	b Less: accumulated depreciation	3,152,163		
	11 Investments—publicly traded securities	4,257	11	25,630
	12 Investments—other securities. See Part IV, line 11	922,013	12	882,514
	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	22,553	15	24,749
16 Total assets. Add lines 1 through 15 (must equal line 34)	22,950,325	16	22,529,692	
Liabilities	17 Accounts payable and accrued expenses	233,941	17	352,802
	18 Grants payable	4,894,727	18	4,578,002
	19 Deferred revenue	0	19	0
	20 Tax-exempt bond liabilities	0	20	0
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	246,415	25	289,985
	26 Total liabilities. Add lines 17 through 25	5,375,083	26	5,220,789
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	4,867,109	27	5,070,460
	28 Net assets with donor restrictions	12,708,133	28	12,238,443
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	17,575,242	32	17,308,903	
33 Total liabilities and net assets/fund balances	22,950,325	33	22,529,692	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	21,928,366
2	Total expenses (must equal Part IX, column (A), line 25)	2	22,023,143
3	Revenue less expenses. Subtract line 2 from line 1	3	-94,777
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	17,575,242
5	Net unrealized gains (losses) on investments	5	176,497
6	Donated services and use of facilities	6	0
7	Investment expenses	7	0
8	Prior period adjustments	8	0
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-348,059
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	17,308,903

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a		No
3b		

Additional Data

Software ID: 19009572

Software Version: v1.00

EIN: 39-0817532

Name: UNITED WAY OF DANE COUNTY INC

Form 990 (2019)

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 addressing trauma and socio-emotional learning, (2) reduce racial and socioeconomic health disparities, and (3) providing school-based delivery of preventative oral health care services. Connecting people who have low incomes and are uninsured with health care and dental homes is a primary strategy and proven best practice. Health care homes provide a regular source of care that focuses on preventive care, managing chronic illnesses and reducing the need for hospitalizations or emergency visits. A top priority in this area is our work to identify and treat behavioral and mental health issues that keep children and youth connected to school, families and the community and on-track for graduation. During the 2018-2019 school year 3,312 sixth graders were screened for behavioral health issues and 331 were referred and treated. In addition, 3,775 students received mental health support and treatment through partnerships with Agrace, Canopy Center, Catholic Charities, Children's Hospital - Community Services Division (Children's Service Society of WI), East Madison Community Center, Family Services Madison, and Hancock Center for Dance/Movement Therapy. In 2019, 3,178 elementary school students received sealants and preventive oral health care through the Celebrate Smiles program. United Way of Dane County's HealthConnect premium assistance program managed total payments of over \$1.6 million that enabled over 940 low-income individuals (with household income of 100-150% of FPL) to be insured by paying their 2019 premiums for plans purchased through the Health Insurance Marketplace. We partner with multiple health agencies including Access Community Health Centers, Triangle Community Ministry, AIDS Resource Center of WI, American Heart Association, and Community Health Charities.

Form 990, Part III, Line 4b:

Academic Success goal: "Students succeed academically and graduate from high school, prepared for higher education, career, and community." Our major initiatives in this area are tutoring and academic support programs at the elementary, middle and high school levels to help increase the graduation rate in Dane County to 95% by 2024. To help all children succeed in school, the tutoring programs mobilized over 1,000 volunteers to tutor over 2,000 students at schools in Madison, Middleton/Cross Plains, Oregon and Sun Prairie in the 2018-2019 school year. Our elementary school tutoring program, Schools of Hope, recruited volunteers to tutor students in the Madison and Sun Prairie schools in reading. Urban League of Greater Madison is the lead agency partner on middle school literacy and math tutoring. Our high school tutoring program, Achievement Connections, recruited volunteers to tutor students in the Madison and Middleton schools in Algebra and Geometry. The 6-year Dane County Graduation Rate for 2017-18 is 92%, up from 87.8% in 2013, while Black and Latinx 6-year rates are now 86.5% and 86.9% compared to 67% and 75% in 2012. In addition, we partnered with neighborhood, community and school-based programs to promote academic achievement and engagement and success in school, work and life, including 100 Black Men, Big Brothers Big Sisters, Boys and Girls Club, By Youth For Youth, Centro Hispano, East Madison Community Center, Goodman Community Center, Kennedy Heights Neighborhood Center, Literacy Network, Lussier Community Education Center, Nehemiah, , Simpson Street Free Press, the Urban League of Greater Madison, and Vera Court Neighborhood Center, and the YWCA of Madison.

Form 990, Part III, Line 4c:

Basic Needs goal: "There is a decrease in family homelessness." We have four primary strategies to stabilize families through direct access to affordable housing and quality case management: (1) provide quality housing case management and eviction prevention, (2) increase landlord and tenant connections, (3) increase access to food, and (4) provide direct access to housing through Housing First. Among the results of our work in 2019: (1) 546 families were stability housed and 1,190 children remained in the same school through our Rapid Rehousing and Decreased School Mobility programs, (2) 45 families were stably housed in our Housing First programs eliminating their time in shelter and improving potential for their children's' school success, (3) 1,500 families were provided housing case management in 2019, addressing root causes of their homelessness, (4) Affordable Housing Fund (AHF) established within the United Way of Dane County Foundation to promote development of more affordable housing units in Dane County. The first loan in 2019 was made to Madison Development Corporation for a 44-unit apartment complex on East Washington Avenue that will open in 2020. Lead partners in this work include The Road Home, Salvation Army, YWCA of Madison, Community Action Coalition for South Central Wisconsin, Domestic Abuse Intervention Services, Habitat for Humanity, Porchlight, and Second Harvest of Southern Wisconsin, as well as the City of Madison and Dane County.

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

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

(Code:) (Expenses \$ 2,709,898 including grants of \$ 2,173,879) (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 visiting, (2) Community-based parent education in small groups and (3) developmental screening. Through home visiting, we served 171 young children, and their families, in 2019. Home Visiting is in-home parent education and support to low-income parents of young children facing multiple risk factors to help them nurture their children. Our home visiting programs include the Parent-Child Home Program, Welcome Baby, and KinderReady. In 2019, 88% of the children were 4K ready. Additionally, in 2019, served 203 families in a public-private partnership/collaboration providing early childhood development support through home visiting programs, family stability support through housing and employment programs to parents. The Dolly Parton's Imagination Library program increased children's exposure to age-appropriate books through monthly mailing of over 100,000 books to 6,400 enrolled children in 2019. Our lead partners on these three Born Learning initiatives included Access Community Health Centers, RISE, Children's Hospital - Community Services Division, and Community Coordinated Child Care.

(Code:) (Expenses \$ 2,358,296 including grants of \$ 1,891,824) (Revenue \$ 0)

Building Economic Stability goal is to: "Move more people on pathways out of poverty." We have two initiatives in this area" (1) the HIRE Initiative and the (2) Journey Home Initiative. The HIRE initiative is designed to place people in poverty into family-sustaining wage jobs by helping them complete a high school diploma (if needed), and/or improving their employment and life skills, and secure new or improved employment. In 2019, 518 people hired with 306 getting a job earning \$15 an hour or more. Since 2013, 2,965 participants have found employment including 842 (29%) at \$15+/hr. The HIRE partners who prepared 42 individuals for their high school diploma and teach employability skills in 2019 are Literacy Network, and Vera Court. Our HIRE partners who taught employability skills and provided employment training and placement to 805 participants in 2019 are Centro Hispano, Madison area Urban Ministry, Urban League of Greater Madison, Vera Court, and the YWCA. The Journey Home initiative links ex-offenders who are returning to the community to four research-based strategies: Residency, Employment, Support and Treatment (REST) so they can successfully reintegrate back into the community. Journey Home provided services for 596 individuals including 65 individuals who received intensive one-to one service. In 2019, Journey Home only had 11% of the participants returned to prison for any reason. Since the Journey Home program was launched to serve all returning prisoners to Dane County, the return-to prison rate for Dane County has decreased from 66% (in 2006) to 39% (in 2019). Our lead partner on Journey Home is Madison-Area Urban Ministry. Other partners on our work to help children, youth, women, men and the community remain stable and moving out of poverty include American Red Cross, ARC Community Services, Canopy Center, Domestic Abuse Intervention Services, Family Services Madison, Rainbow Project, Briarpatch Youth Services, and Operation Fresh Start.

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

(Code:) (Expenses \$ 2,132,002 including grants of \$ 1,710,291) (Revenue \$ 0)

Corporate & Community Engagement - United Way engages our community, mobilizes volunteers, and strengthens local nonprofits to achieve measurable results and change lives. Our volunteer engagement goal is " From coordinated volunteer activities in the community and with corporations, to our trust-building work of the Law Enforcement and Leaders of Color Collaboration, our goal is to provide exceptional experiences for all who participate." Key strategies include aligning volunteers with opportunities that support the Agenda for Change, leveraging volunteers' intellectual capacity as well as their physical capacity, mobilizing diverse groups of volunteers, providing training, resources and networking opportunities to increase the diversity of nonprofit and United leadership volunteers, increasing opportunities for corporate volunteers, and developing youth leadership opportunities through volunteering. In 2019 Over 35,000 visitors searched VolunteerYourTime.org to get connected with a volunteer opportunity in Dane County that matched their interest, skills and time availability. We work to build agency effectiveness and capacity by providing training and developmental opportunities to business volunteer programs, volunteer managers, nonprofit boards and executive directors to help strengthen the leadership, governance and volunteer engagement within our partner agencies. In 2019, United Way 2-1-1 received 48,791 calls for help in areas including food, rent utilities, support groups, health and dental services, employment and much more. 2-1-1 is available 24 hours a day, seven days a week and is staffed by trained specialists who help individuals and families access health and human services.

(Code:) (Expenses \$ 1,377,783 including grants of \$ 1,105,256) (Revenue \$ 0)

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

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			
Renee Moe President/CEO	41 4			X				193,391	0	46,951
Rick C Spiel Executive VP-Chief Financial Officer	41 1			X				142,197	0	36,010
Len Devaisher Executive Vice President of Resource Development	40 0					X		104,747	0	3,165
Fritz Grutzner Board Chair	1 1	X		X				0	0	0
Ryan E Behling Board Vice Chair	1 0	X		X				0	0	0
Gloria Ladson-Billings Board Secretary	1 0	X		X				0	0	0
Greg Dombrowski Board Treasurer	1 0	X		X				0	0	0
Jessica Bartell Board Member	1 0	X						0	0	0
Tim Bartholow MD Board Member	1 0	X						0	0	0
Dave Beck-Engel 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			
Jacquelyn Boggess Board Member	1 0	X						0	0	0
Dave Branson 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
Dave Florin Board Member	1 0	X						0	0	0
Roberta Gassman Board Member	1 0	X						0	0	0
Fabiola Hamdan 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			
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
Jeff Keebler Board Member	1 0	X						0	0	0
Doug Keillor Board Member	1 0	X						0	0	0
Mark Koehl Board Member	1 0	X						0	0	0
Paul Kundert Board Member	1 0	X						0	0	0
Sabrina Madison Board Member	1 0	X						0	0	0
Michelle Michalak Board Member	1 0	X						0	0	0
Everett Mitchell 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			
Ramona Natera Board Member	1 0	X						0	0	0
Barbara Nichols Board Member	1 0	X						0	0	0
Dave Orr Board Member	1 0	X						0	0	0
Susan Riseling Board Member	1 0	X						0	0	0
Mary Romolino Board Member	1 0	X						0	0	0
Jay Sekelsky Board Member	1 0	X						0	0	0
Samuel Stoiber Board Member	1 0	X						0	0	0
Karen E Timberlake Board Member	1 0	X						0	0	0
William Westrate Board Member	1 0	X						0	0	0
Jim Wheeler Board Member	1 0	X						0	0	0

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2019
Open to Public Inspection

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, or 8 of Part I or if the organization failed to qualify under Part III.
 If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	22,593,973	21,629,481	21,738,426	22,199,111	21,852,761	110,013,752
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . .	0	0	0	0	0	0
3	The value of services or facilities furnished by a governmental unit to the organization without charge..	0	0	0	0	0	0
4	Total. Add lines 1 through 3	22,593,973	21,629,481	21,738,426	22,199,111	21,852,761	110,013,752
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . .						4,977,062
6	Public support. Subtract line 5 from line 4.						105,036,690

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4. . .	22,593,973	21,629,481	21,738,426	22,199,111	21,852,761	110,013,752
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . .	99,759	100,076	142,889	136,259	172,312	651,295
9	Net income from unrelated business activities, whether or not the business is regularly carried on . . .	0	0	0	0	0	0
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .	86,593	101,204	80,429	72,722	73,189	414,137
11	Total support. Add lines 7 through 10						111,079,184
12	Gross receipts from related activities, etc. (see instructions)					12	0

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

Section C. Computation of Public Support Percentage

14	Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	94.560 %
15	Public support percentage for 2018 Schedule A, Part II, line 14	15	96.195 %

16a 33 1/3% support test—2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test—2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c	Add lines 7a and 7b.						
8	Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

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

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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

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

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

Part IV Supporting Organizations

(Complete only if you checked a box 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? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
	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)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
	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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
	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)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
	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? <i>If "Yes," provide detail in Part VI.</i>		
	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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	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))? <i>If "Yes," provide detail in Part VI.</i>		
	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? <i>If "Yes," provide detail in Part VI.</i>		
	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? <i>If "Yes," provide detail in Part VI.</i>		
	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)? <i>If "Yes," answer line 10b below.</i>		
	10a		
b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		
	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>	Yes	No
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 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	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 2019 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-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

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 D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047
2019
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.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization
UNITED WAY OF DANE COUNTY INC

Employer identification number
39-0817532

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

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

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

Part IV Escrow and Custodial Arrangements.

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---|--------|
| 1c Beginning balance | |
| 1d Additions during the year | |
| 1e Distributions during the year | |
| 1f 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	8,665,297	9,401,817	7,696,216	7,421,021	6,722,748
b Contributions	80,481	312,727	696,048	83,578	1,129,427
c Net investment earnings, gains, and losses	1,732,833	-650,828	1,325,318	483,365	-109,069
d Grants or scholarships	0	0	0	0	0
e Other expenditures for facilities and programs	368,172	398,419	315,765	291,748	322,085
f Administrative expenses	0	0	0	0	0
g End of year balance	10,110,439	8,665,297	9,401,817	7,696,216	7,421,021

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ 92.7 %
 - b** Permanent endowment ▶ 0 %
 - c** Temporarily restricted endowment ▶ 7.3 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | 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	3,638,017	1,769,637	1,868,380
c Leasehold improvements	0	9,645	8,980	665
d Equipment	0	1,088,994	984,957	104,037
e Other	0	454,607	388,589	66,018
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				2,166,693

Part VII Investments—Other Securities.

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

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

Part VIII Investments—Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	289,985

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under 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: 19009572

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 \$289,985 at December 31, 2019. The full value of the fund will be paid to the former president either as a lump sum or in a stated number of equal installments no earlier than termination of employment or in an unforeseeable emergency, but no later than reaching seventy and one half years of age.

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 files a Form 990 (Return of Organization Exempt from Income Tax) annually. When this return is filed it is highly certain that some positions taken would be sustained upon examination by the taxing authorities, while others are subject to uncertainty about the merits of the position taken or the amount of the position that would ultimately be sustained. Examples of tax positions include such matters as the following; the tax exempt status of the Corporation and various positions relative to potential sources of unrelated business taxable income (UBIT). UBIT is reported on 990T, as appropriate. The benefit of a tax position is recognized in the financial statements in the period during which, based on all available evidence, management believes that it is more likely than not that the position will be sustained upon examination, including the resolution of appeals or litigation processes, if any.</p>

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

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

- 11** Does the organization conduct gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13** Indicate the percentage of gaming activity conducted in:

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

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

Name ▶

Address ▶

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 ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

- Director/officer Employee Independent contractor

17 Mandatory distributions:

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

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 ▶ \$ _____

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

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

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

**Schedule I
(Form 990)**

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

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

▶ Attach to Form 990.

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

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? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	▶	114
3	Enter total number of other organizations listed in the line 1 table	▶	1

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

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

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:** 19009572**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	32,348				Program Operating Cost/Donor Designation for General Support
Access Community Health Centers 3434 E Washington Ave Madison, WI 53704	39-1391134	501c3	272,302				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 Community Services Special Olympics WI 2310 Crossroads Dr Suite 1000 Madison, WI 53718	39-1485069	501c3	40,422				Donor Designation for General Support
Access to Independence 301 S Livingston St Ste 200 Madison, WI 53703	39-1240200	501c3	19,516				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
Agrace HospiceCare 5395 E Cheryl Pkwy Fitchburg, WI 53711	39-1319537	501c3	110,963				Program Operating Cost/Donor Designation for General Support
AIDS Resource Center of Wisconsin Inc 600 Williamson St Ste H Madison, WI 53703	39-1534049	501c3	22,399				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
American Heart Association 2850 Dairy Dr Ste 300 Madison, WI 53718	13-5613797	501c3	191,362				Donor Designation for General Support
American Red Cross Badger Chapter PO Box 5905 Madison, WI 53705	39-0806193	501c3	54,587				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
America's Best Charities 1100 Larkspur Landing Circle Suite 340 Larkspur, CA 94939	94-3067804	501c3	116,718				Donor Designation for General Support
America's Charities 14150 Newbrook Drive Suite 110 Chantilly, VA 20151	54-1517707	501c3	55,037				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	48,834				Program Operating Cost/Donor Designation for General Support
Badger Prairie Needs Network 1200 E Verona Ave Verona, WI 53593	45-1159288	501c3	8,661				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	166,136				Program Operating Cost/Donor Designation for General Support
Boy Scouts of America PO Box 14135 Madison, WI 53708	39-1417416	501c3	21,098				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
Boys & Girls Club of Dane County 2001 Taft St Madison, WI 53713	39-1925617	501c3	181,744				Program Operating Cost/Donor Designation for General Support
Briarpatch Youth Services Inc 1955 Atwood Avenue Madison, WI 53704	39-1391737	501c3	221,436				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
Canopy Center 2120 Fordem Ave Ste 110 Madison, WI 53704	51-0211908	501c3	53,222				Program Operating Cost/Donor Designation for General Support
Catholic Charities Diocese of Madison PO Box 46550 Madison, WI 53744	39-0807067	501c3	686,716				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
Centro Hispano of Dane County 810 W Badger Rd Madison, WI 53713	93-0844812	501c3	237,884				Program Operating Cost/Donor Designation for General Support
Children's Service Society of Wisconsin 1716 Fordem Ave Madison, WI 53704	39-0806380	501c3	283,476				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
Clean Lakes Alliance 150 E Gilman St Ste 2600 Madison, WI 53703	27-3917243	501c3	6,461				Donor Designation for General Support
Colonial Club 301 Blankenheim Ln Sun Prairie, WI 53590	23-7071027	501c3	54,240				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	294,713				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	254,379				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 Groundworks 3601 Memorial Dr Ste 4 Madison, WI 53703	39-2024302	501c3	54,000				Donor Designation for General Support
Community Health Charities of Wisconsin PO Box 75153 Baltimore, MD 212755083	39-1261126	501c3	860,925				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	347,718				Donor Designation for General Support
Dane County Humane Society 5132 Voges Rd Madison, WI 53718	39-0806335	501c3	178,657				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	14,433				Donor Designation for General Support
DeForest Area Community and Senior Center 505 N Main St DeForest, WI 53532	39-1371808	501c3	31,849				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	230,433				Program Operating Cost/Donor Designation for General Support
EarthShare PO Box 424011 Washington, DC 20042	52-1601960	501c3	123,674				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 Community Center 8 Straubel Ct Madison, WI 53704	39-1941839	501c3	44,203				Program Operating Cost/Donor Designation for General Support
Edgewood High School 2219 Monroe St Madison, WI 53711	39-1299613	501c3	10,804				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
Empty Stocking Fund PO Box 8056 Madison, WI 53708	39-6051817	501c3	9,000				Program Operating Cost
Energy Services Inc 1225 S Park St Madison, WI 53715	39-1443614	501c3	34,292				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
Epilepsy Foundation - South Central Wisconsin 1302 Mendota Street 100 Madison, WI 53714	39-1370658	501c3	25,205				Program Operating Cost/Donor Designation for General Support
Families & Schools Together 2801 International Ln Ste 212 Madison, WI 53704	39-1895298	501c3	17,828				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	75,523				Program Operating Cost/Donor Designation for General Support
Friends of Madison School & Community Recreation 3802 Regent St Madison, WI 53705	39-2034615	501c3	6,469				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 Wil-Mar Neighborhood Center 953 Jenifer St Madison, WI 53703	39-1796793	501c3	6,177				Donor Designation for General Support
Gilda's Club of Madison 7907 UW Health Court Middleton, WI 53562	06-1662883	501c3	36,679				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
Girl Scouts of Badgerland Council 2710 Ski Ln Madison, WI 53713	39-0806331	501c3	9,684				Donor Designation for General Support
Global Impact PO Box 409616 Atlanta, GA 30384	52-1273585	501c3	155,268				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
Goodman Community Center 149 Waubesa St Madison, WI 53704	39-1919172	501c3	115,960				Program Operating Cost/Donor Designation for General Support
Greater Twin Cities United Way 404 South Eighth St Minneapolis, MN 55404	41-1973442	501c3	26,596				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
Habitat for Humanity of Dane County PO Box 258128 Madison, WI 53725	39-1592769	501c3	92,670				Program Operating Cost/Donor Designation for General Support
Hancock Center for Movement Arts & Therapies 16 N Hancock St Madison, WI 53703	39-1443008	501c3	25,701				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
Henry Vilas Zoological Society 606 S Randall Ave Madison, WI 53716	39-6077008	501c3	17,706				Donor Designation for General Support
Holsey Chapel ICM Church 1001 S 14th St St Joseph, MO 64503	46-4493114	501c3	8,600				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
Home Health United Xtra Care 4639 Hammersley Road Madison, WI 53711	39-1539827	501c3	164,582				Program Operating Cost/Donor Designation for General Support
Hunger Relief Fund Wisconsin 201 S Hawley Ct Milwaukee, WI 53214	39-1345847	501c3	85,662				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 Living 815 Forward Dr Madison, WI 53711	39-1186642	501c3	109,603				Program Operating Cost/Donor Designation for General Support
Jewish Social Services of Madison 6434 Enterprise Ln Madison, WI 53719	39-1300430	501c3	111,968				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
Journey Mental Health Center 625 W Washington Ave Madison, WI 53703	39-0806445	501c3	178,944				Program Operating Cost/Donor Designation for General Support
Junior Achievement Dane County 2501 West Beltline Hwy co WIPFLI Ste 401 Madison, WI 53713	39-0826295	501c3	10,191				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
Kennedy Heights Community Center 199 Kennedy Heights Madison, WI 53704	39-1519846	501c3	42,084				Program Operating Cost/Donor Designation for General Support
Literacy Network 1118 S Park St Madison, WI 53715	51-0180488	501c3	246,992				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
LUCES - Latinos United for College Education Scholarship PO Box 14402 Madison, WI 53708	45-2699928	501c3	5,619				Donor Designation for General Support
Luke House 310 S Ingersoll St Madison, WI 53703	39-1504050	501c3	5,698				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
Lussier Community Education Center 55 S Gammon Rd Madison, WI 53717	39-1938173	501c3	26,723				Program Operating Cost/Donor Designation for General Support
Lutheran Social Services of WI & Upper Michigan 6314 Odana Rd Madison, WI 53719	39-0816846	501c3	10,464				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	314,431				Program Operating Cost
Madison-Area Urban Ministry 2300 S Park St Ste 5 Madison, WI 53713	23-7298482	501c3	300,422				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
Marshfield Clinic Research Foundation 1000 N Oak Ave F1C Marshfield, WI 54449	39-0452970	501c3	8,100				Program Operating Cost
McFarland Youth Center PO Box 362 McFarland, WI 53558	61-1500763	501c3	11,068				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
Middleton Outreach Ministry 7432 Hubbard Ave Middleton, WI 53562	39-1484945	501c3	91,040				Program Operating Cost/Donor Designation for General Support
Mile High United Way 711 Park Ave W Denver, CO 80205	84-0404235	501c3	17,471				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
NAMI Dane County 2059 Atwood Ave Madison, WI 53704	39-1270706	501c3	46,861				Program Operating Cost/Donor Designation for General Support
Nehemiah Community Development Corp PO Box 9861 Madison, WI 53715	39-1736091	501c3	62,799				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
NewBridge Madison 128 E Olin Ave Madison, WI 53713	39-1211331	501c3	110,899				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	17,284				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
Operation Fresh Start 1925 Winnebago St Madison, WI 53704	23-7108090	501c3	110,346				Program Operating Cost/Donor Designation for General Support
Oregon Youth Center 110 N Oak St Oregon, WI 53575	47-1988801	501c3	9,565				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
Peace Lutheran Church 1007 Stonehaven Dr Sun Prairie, WI 53590	39-1148940	501c3	8,124				Donor Designation for General Support
Pharmacy Society of Wisconsin 701 Heartland Tr Madison, WI 53717	39-0714490	501c6	35,078				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	312,115				Program Operating Cost/Donor Designation for General Support
Rainbow Project 831 E Washington Ave Madison, WI 53703	39-1422626	501c3	99,565				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
Reach Dane 2096 Red Arrow Trl Madison, WI 53711	39-1418945	501c3	22,072				Program Operating Cost/Donor Designation for General Support
RISE Wisconsin 2120 Fordem Ave Madison, WI 53704	91-2064768	501c3	1,147,585				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
Ronald McDonald House 2716 Marshall Ct Madison, WI 53705	39-1655790	501c3	43,894				Donor Designation for General Support
Safe Communities of Madison and Dane County PO Box 6652 Madison, WI 53716	39-2010839	501c3	18,903				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
Safe Harbor Child Advocacy Center Inc 1457 E Washington Ave Ste 102 Madison, WI 53703	39-2004933	501c3	9,151				Donor Designation for General Support
Sankofa Behavioral & Community Health 1955 W Broadway Suite 105 Monona, WI 53713	80-0906744	501c3	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
Sauk-Prairie United Way PO Box 122 Prairie Du Sac, WI 53578	39-1318028	501c3	6,521				Donor Designation for General Support
Sciart Services 3843 Manito Ct Middleton, WI 53562	81-4438190	501c3	8,944				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
Second Harvest Foodbank of Southern WI 2802 Dairy Drive Madison, WI 53718	39-1490691	501c3	236,936				Program Operating Cost/Donor Designation for General Support
Simpson Street Free Press PO Box 6307 Monona, WI 53716	39-1882258	501c3	40,319				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
Society of St Vincent de Paul 1109 Jonathon Dr Madison, WI 53713	39-0824876	501c3	21,420				Donor Designation for General Support
St Paul University Catholic Foundation 723 State St Madison, WI 53703	20-8844817	501c3	6,450				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 Area Resource Team 248 W Main St Stoughton, WI 53589	41-2076251	501c3	29,618				Program Operating Cost/Donor Designation for General Support
Sunshine Place 18 Rickel Rd Sun Prairie, WI 53590	20-5398498	501c3	48,028				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 Aly Wolff Foundatio 2022 Uphoff Rd Cottage Grove, WI 53527	46-4707392	501c3	26,230				Donor Designation for General Support
The River Food Pantry 2201 Darwin Rd Madison, WI 53704	20-4179749	501c3	43,778				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 Road Home 128 E Olin Ave Ste 202 Madison, WI 53713	31-1618925	501c3	386,513				Program Operating Cost/Donor Designation for General Support
The Salvation Army of Dane County 630 E Washington Ave Madison, WI 53703	36-2167910	501c3	233,962				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
Three Gaits PO Box 153 Oregon, WI 53575	39-1472538	501c3	28,719				Donor Designation for General Support
Triangle Community Ministry 755 Braxton Place Apt B109 Madison, WI 53715	39-1425047	501c3	15,928				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
United Community Fund - Columbus WI PO Box 343 Columbus, WI 53925	39-6050167	501c3	9,754				Donor Designation for General Support
United Way of Blackhawk Region 205 N Main St Ste 101 Janesville, WI 53545	39-6006734	501c3	5,041				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	144,941				Donor Designation for General Support
United Way of Greater Milwaukee & Waukesha County 225 W Vine St Milwaukee, WI 53212	39-0806190	501c3	22,403				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 Greater St Joseph 118 S Fifth St Sain Joseph, MO 64501	44-0547802	501c3	79,496				Donor Designation for General Support
United Way of Greater St Louis 910 N 11th St St Louis, MO 63101	43-0714167	501c3	7,388				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	8,433				Donor Designation for General Support
University of Wisconsin Foundation 1848 University Ave Madison, WI 53726	39-0743975	501c3	8,600				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	427,733				Program Operating Cost/Donor Designation for General Support
UW Hillel Foundation 611 Langdon St Madison, WI 53703	39-2035142	501c3	33,200				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
Valley of the Sun United Way 3200 E Camelback Rd Ste 375 Phoenix, AZ 85018	86-0104419	501c3	19,658				Donor Designation for General Support
Vera Court Neighborhood Center 614 Vera Ct Madison, WI 53704	39-1945609	501c3	219,702				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
Wisconsin Academy for Graduate Service Dogs 1338 Dewey Ct Madison, WI 53703	39-1626569	501c3	27,307				Donor Designation for General Support
Wisconsin Association for Environmental Education PO Box 418 Stevens Point, WI 54481	20-2042476	501c3	33,339				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 Equal Justice Fund PO Box 475 Wausau, WI 54402	39-1904737	501c3	10,071				Donor Designation for General Support
YMCA of Dane County 8001 Excelsior Dr Ste 200 Madison, WI 53717	39-0806253	501c3	18,051				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
YWCA of Madison 101 E Mifflin Street Madison, WI 53703	39-0806303	501c3	1,237,716				Program Operating Cost/Donor Designation for General Support

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
UNITED WAY OF DANE COUNTY INC

Employer identification number
39-0817532

Part I 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)									
<p>b If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>	1b									
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?</p>	2									
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input checked="" type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input checked="" type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4a	No								
	4b	No								
	4c	No								
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p> <p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	5a	No								
	5b	No								
<p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	6a	No								
	6b	No								
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</p>	7	No								
<p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.</p>	8	No								
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9									

Part 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

2019

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

Open to Public Inspection

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	52	490,821	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

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		No
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	Yes	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		No
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

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

SCHEDULE O
(Form 990 or 990-EZ)

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

OMB No. 1545-0047
2019
Open to Public Inspection

Department of the Treasury
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: \$121,628; Change in Temporarily Restricted Net Assets: (\$469,690.00)

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2019

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

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)	12a	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.

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

	Yes	No
1a		No
1b		No
1c	Yes	
1d		No
1e		No
1f		No
1g		No
1h		No
1i		No
1j		No
1k		No
1l	Yes	
1m		No
1n	Yes	
1o	Yes	
1p		No
1q	Yes	
1r	Yes	
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 \$481,897. Of that contribution, \$287,942 is the transfer of earnings from individual board designated funds to fulfill campaign pledges. The remaining \$193,955 is the contribution from the related organization for the year recorded in Part VIII of the Form 990.