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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 black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 01-01-2009 and ending 12-31-2009

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

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
PO Box 7548

City or town, state or country, and ZIP + 4
Madison, WI 537077548

D Employer identification number
39-0817532

E Telephone number
(608) 246-4350

G Gross receipts $ 19,762,080

F Name and address of principal officer
Leslie Ann Howard
United Way of Dane County Inc
PO Box 7548
Madison, WI 537077548

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

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

J Website: ▶ UnitedWayDaneCounty org

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

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
a Creating long-lasting solutions through the Agenda for Change, the seven goals identified by our community as most vital By targeting specific goals and forging strong partnerships, United Way is tackling the root causes of critical local issues and achieving real, measurable results for children & education, housing for struggling families, independence for seniors and more

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	40
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	39
5	Total number of employees (Part V, line 2a)	5	72
6	Total number of volunteers (estimate if necessary)	6	8,253
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

		Prior Year	Current Year
Revenue 8	Contributions and grants (Part VIII, line 1h)	18,275,021	19,143,857
9	Program service revenue (Part VIII, line 2g)	0	0
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	145,011	124,480
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	30,421	91,542
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	18,450,453	19,359,879
Expenses 13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	13,919,064	14,574,067
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)	3,218,897	3,346,260
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,747,222		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	1,255,756	1,247,695
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	18,393,717	19,168,022
19	Revenue less expenses Subtract line 18 from line 12	56,736	191,857

		Beginning of Current Year	End of Year
Net Assets or Fund Balances 20	Total assets (Part X, line 16)	22,301,517	21,434,018
21	Total liabilities (Part X, line 26)	6,128,251	6,631,371
22	Net assets or fund balances Subtract line 21 from line 20	16,173,266	14,802,647

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: 2010-07-29

▶ Leslie Ann Howard President
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶	Date	Check if self-empolyed ▶ ☐	Preparer's identifying number (see instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶			EIN ▶
			Phone no ▶

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

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

To unite and focus the community to create measurable results in improving people's lives and strengthening our community

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 exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 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

4a (Code) (Expenses $ 3,945,158 including grants of $ 3,383,955) (Revenue $ 0)

Preparing Children for Kindergarten, Closing the Racial Achievement Gap & Ensuring Brighter Futures for Our Youth-Optimism rose for the prospects for all Dane County children as new initiatives - Born Learning and Achievement Connections - began implementation in 2008 With long-term goals of raising kindergarten-preparedness to 75% and high school graduation rates to 95%, respectively, community outreach and program starts began in earnest United Way of Dane County, Madison Metropolitan School District, Children's Service Society and Family Enhancement are collaborating to provide 24 Play and Learn sites Ages and Stages is gaining momentum as the developmental screener of choice Currently used by several nonprofit organizations supported by United Way, it is also being used by Group Health Cooperative and may be implemented at UW Health Schools of Hope tutoring is beginning in two pilot communities, Oregon and Middleton/Cross Plains in middle school with idea of developing tutors to become graduation mentors In the last five years, 4,500 volunteers have tutored over 14,000 students and increased academic achievement 90% of tutored students exhibit a positive change in attitude and in their school behavior

4b (Code) (Expenses $ 2,187,132 including grants of $ 2,019,625) (Revenue $ 0)

A Safer Community for Everyone where People that Lack Hope Begin to Find a Path to Success - Efforts in community safety feature innovative programs like the Journey Home and also support broad efforts like Achievement Connections Each year, around 500 ex-offenders return to Dane County from State prison, and the Journey Home assists with residency, employment, support and treatment Success in transitioning to society means fewer repeat offenders, fewer crimes and a safer community for everyone Participants of Journey Home are three to four times less likely to reoffend than the general population, return to prison rate has decreased since the implementation of this program in 2006 in Dane County (compared to before the program began) Within Achievement Connections, youth struggling to maintain a connection to school and community have hope for something better - four strategies to increase the graduation rate for youth include increased student engagement, increased parent/guardian emotional and social supports, increased early identification/treatment of mental health issues and re-engage youth that have dropped out of school These strategies are being piloted in Middleton/Cross Plains, Madison and Oregon School Districts through the guidance of local leadership teams

4c (Code) (Expenses $ 2,380,085 including grants of $ 2,193,883) (Revenue $ 0)

Homelessness Can Be Beat When the Root Causes are Addressed and the Shelter System is Avoided - When a family is on the edge of losing their home or apartment, housing is almost never the sole, isolated issue With the United Way led Housing First initiative, the focus is on getting the struggling family into housing first Remove the stress of finding a place to sleep each and every night, and get case managers in to help with issues of employment, job training, finance management, drug & alcohol issues, access to food, etc Research shows - and Dane County experience bears out - that families in Housing First have a much higher success rate in avoiding homelessness long-term and the issues that flow from chronic homelessness In addition, it costs 66% less ($12,500 compared to $36,000) to provide a supportive housing apartment with service for a year compared to cost of sheltering a homeless family for a year Overall, there's been good progress on community-wide, long-range plans to end homelessness Nearly all Homeless Services Consortium housing programs met or exceeded the targets set for housing stability - 80% of households served were stable at the 6-month mark and 75% of households were stable at the 12-month mark

(Code) (Expenses $ 3,114,843 including grants of $ 2,923,961) (Revenue $ 0)

Access to Health Care Services is Enhanced & Youth Get Help with Issues that Interfere with Success in School - Overall, United Way works to ensure that people in Dane County have access to resources to treat their health, mental health and dental care needs "Health care homes" provide a regular source of health care that focuses on preventive care, managing chronic illnesses and reducing the need for hospitalizations or emergency room visits Connecting the uninsured & underinsured with health care homes reduces the strain on health system charity care and reduces costs for all In addition, the Health Agenda area supports goals in Born Learning and Achievement Connections Early assessment of all children at critical stages of their development prior to age five allows for the identification of potential developmental delays at early enough stages to intervene and potentially avoid continued delay, Early identification and treatment of behavioral and mental health issues with risk of disconnecting youth from family, community, and school is critical to removing barriers that stand in the way of youth academic success

(Code) (Expenses $ 1,648,087 including grants of $ 1,519,142) (Revenue $ 0)

Support for Seniors and People with Disabilities - and the Unpaid Caregivers that Help Them Live with Independence - Seniors and people with enduring mental health and physical disabilities live longer and happier lives if they can live as independently as possible in the homes of their choice Commonly, an informal network of unpaid caregivers (family, friends, neighbors) are at the center of a senior or disabled person's success in remaining independent in their home Focusing on supporting the caregiver strengthens and rejuvenates the natural networks of support already in place Successes include expansion of respite opportunities, expansion of training/education opportunities to gain necessary key information to provide effective care, expansion of reducing isolation In addition, we gathered resources and prepared materials for the imminent launch of the United Way Caregiver Website to increase caregivers' access to information on available community resources and gain knowledge on care giving work

(Code) (Expenses $ 3,279,592 including grants of $ 2,533,501) (Revenue $ 0)

Strengthening Dane County Nonprofits to Increase Donor Confidence, Improve the Overall Safety Net, Mobilize Volunteers and Help People Access Needed Services Donors expect that their dollars are being utilized in an effective and efficient manner Over 2000 nonprofit agencies in Dane County have a volunteer board of directors who need to understand their roles and provide leadership and visioning for the agency Nonprofit staff, including leadership, often come from a social services background and, therefore, have a great passion for the work of their agency but may lack needed business skills United Way's work with nonprofit leaders and their boards provides training, pro bono expertise and a skill development for volunteer managers Among 2009's successes Over 220 volunteer leaders and staff received training on topics including effective fundraising techniques, web 2 0, volunteer engagement and sustaining effective volunteer programs United Way 2-1-1 used strategic technology and engaged partners to enhance efficiencies and availability of service to people in need Volunteer consultants worked with 4 agencies to assist in organizational development and leadership including strategic planning, marketing and customer service

4d Other program services (Describe in Schedule O)
(Expenses $ 8,042,522 including grants of $ 6,976,604) (Revenue $ 0)

4e **Total program service expenses** ▶ $ 16,554,897

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*	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	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*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4		No
5	**Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		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*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	Is the organization's answer to any of the following questions "Yes"? *If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.*	11	Yes	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*			
	• 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.*			
	• 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.*			
	• 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.*			
	• Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*			
	• 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? *If "Yes," complete Schedule D, Part X.*			
12	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12		No
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? **Yes** / **No**			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional — **12A** Yes			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Part I*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Part II*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Part III*	16		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*	17		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*	18	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*	19		No
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		No

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, *Annual Summary and Transmittal of U.S. Information Returns. Enter -0-* if not applicable	1a	7		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	2a	72		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note:** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)		2b	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?		3a		No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		No
b	If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?		6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		7h		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		8		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?		9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			

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.

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body	1a	40		
b	Enter the number of voting members that are independent	1b	39		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets?		5		No
6	Does the organization have members or stockholders?		6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		8a	Yes	
b	Each committee with authority to act on behalf of the governing body?		8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		No

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

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	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 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available Check all that apply

☐ Own website ☑ Another's website ☑ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

Rick C Spiel
United Way of Dane County Inc
2059 Atwood Ave
Madison, WI 53704
(608) 246-4352

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year Use Schedule J-2 if additional space is needed

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

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

☐ Check this box if the organization did not compensate any current or former officer, director, trustee or key employee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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			
Thomas Zimbrick Board Chair	0	X		X				0	0	0
Dave Anderson Board Member	0	X						0	0	0
Marcia Anderson Board Member	0	X						0	0	0
Reverend Gregory Armstrong Board Member	0	X						0	0	0
Bettsey Barhorst Board Member	0	X						0	0	0
James Barr III Board Member	0	X						0	0	0
Darrell Bazzell Board Member	0	X						0	0	0
James D Blanchard Board Member	0	X						0	0	0
Ellen L Brothers Board Member	0	X						0	0	0
Mary P Burke Board Member	0	X						0	0	0
Salvador Carranza Board Member	0	X						0	0	0
Lau Christensen Board Member	0	X						0	0	0
Courtney Derwinski Board Member	0	X						0	0	0
Dundeana K Doyle Board Member	0	X						0	0	0
Perry A Henderson MD Board Member	0	X						0	0	0
Kevin Heppner Board Member	0	X						0	0	0
William Johnston Board Member	0	X						0	0	0

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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			
Scott C Lockard Board Member	0	X						0	0	0
Jay V Loewi Board Member	0	X						0	0	0
Gretchen R Lowe Board Member	0	X						0	0	0
Richard M Lynch Board Member	0	X						0	0	0
Angelica Medina Board Member	0	X						0	0	0
Nick Meriggioli Board Member	0	X						0	0	0
Deirdre A Morgan Board Member	0	X						0	0	0
Douglas S Nelson Board Member	0	X						0	0	0
Daniel A Nerad Board Member	0	X						0	0	0
Lucia Nunez Board Member	0	X						0	0	0
BJ Pfeiffer Board Member	0	X						0	0	0
Dan Rashke Board Member	0	X						0	0	0
Jim Riordan Board Member	0	X						0	0	0
Craig Samitt MD Board Member	0	X						0	0	0
Gregory N Spring Board Member	0	X						0	0	0
Dave K Stark Board Member	0	X						0	0	0
Doug Strub Board Member	0	X						0	0	0
Maryann Sumi Board Member	0	X						0	0	0
Michael E Victorson Board Member	0	X						0	0	0
Thomas A Walker Board Member	0	X		X				0	0	0
James L Woodward Board Member	0	X						0	0	0
Noble L Wray Board Member	0	X		X				0	0	0
Leslie Ann Howard President	45			X				187,754	0	42,462
Rick C Spiel EVP-Chief Financial Officer	45			X				106,687	0	20,624
Deedra Atkinson Senior VP of Community Impact	45					X		118,561	0	10,188
1b Total . . . . . ▶								413,002	0	73,274

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

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 0

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a 26,957				
	b	Membership dues	1b 0				
	c	Fundraising events	1c 532,825				
	d	Related organizations	1d 0				
	e	Government grants (contributions)	1e 374,689				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 18,209,386				
	g	Noncash contributions included in lines 1a-1f $ 21,889					
	h	**Total.** Add lines 1a-1f		19,143,857			
Program Service Revenue			Business Code				
	2a						
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f		0			
	3	Investment income (including dividends, interest and other similar amounts)		124,480	0	0	124,480
	4	Income from investment of tax-exempt bond proceeds		0	0	0	0
	5	Royalties		0	0	0	0
			(i) Real / (ii) Personal				
	6a	Gross Rents	50,780 / 0				
	b	Less rental expenses	67,802 / 0				
	c	Rental income or (loss)	-17,022 / 0				
	d	Net rental income or (loss)		-17,022	0	0	-17,022
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	0 / 0				
	b	Less cost or other basis and sales expenses	0 / 0				
	c	Gain or (loss)	0 / 0				
	d	Net gain or (loss)		0	0	0	0
Other Revenue	8a	Gross income from fundraising events (not including $ 355,024 of contributions reported on line 1c) See Part IV, line 18 a 532,825					
	b	Less direct expenses b 334,109					
	c	Net income or (loss) from fundraising events		20,915	20,915	0	0
	9a	Gross income from gaming activities See Part IV, line 19 a 12,017					
	b	Less direct expenses b 290					
	c	Net income or (loss) from gaming activities		11,727	11,727	0	0
	10a	Gross sales of inventory, less returns and allowances a 0					
	b	Less cost of goods sold b 0					
	c	Net income or (loss) from sales of inventory		0	0	0	0
		Miscellaneous Revenue	Business Code				
	11a	Other Miscellaneous Revenue	900,099	75,922	75,922	0	0
	b						
	c						
	d	All other revenue		0	0	0	0
	e	**Total.** Add lines 11a–11d		75,922			
	12	**Total revenue.** See Instructions		19,359,879	108,564	0	107,458

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) but are not required to complete columns (B), (C), and (D).

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 governments and organizations in the U S See Part IV, line 21	14,574,067	14,574,067		
2 Grants and other assistance to individuals in the U S See Part IV, line 22	0	0		
3 Grants and other assistance to governments, organizations, and individuals outside the U S 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	517,002	193,359	154,635	169,008
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0
7 Other salaries and wages	2,080,504	1,016,286	330,108	734,110
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	132,343	59,554	33,086	39,703
9 Other employee benefits	422,141	190,937	88,495	142,709
10 Payroll taxes	194,270	89,141	34,663	70,466
11 Fees for services (non-employees)				
a Management	0	0	0	0
b Legal	0	0	0	0
c Accounting	38,900	0	38,900	0
d Lobbying	0	0	0	0
e Professional fundraising *See Part IV, line 17*	0			0
f Investment management fees	0	0	0	0
g Other	31,150	28,501	253	2,396
12 Advertising and promotion	267,393	29,651	12,707	225,035
13 Office expenses	6,981	4,840	600	1,541
14 Information technology	52,929	29,295	10,079	13,555
15 Royalties	0	0	0	0
16 Occupancy	140,608	55,645	26,679	58,284
17 Travel	56,719	20,967	15,755	19,997
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19 Conferences, conventions, and meetings	33,971	9,290	17,346	7,335
20 Interest	0	0	0	0
21 Payments to affiliates	119,679	61,302	1,996	56,381
22 Depreciation, depletion, and amortization	195,298	98,894	29,578	66,826
23 Insurance	4,950	2,064	1,083	1,803
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a Data Processing	101,239	46,816	18,018	36,405
b Postage and Shipping	41,792	2,913	7,138	31,741
c Membership Dues	24,524	10,226	5,364	8,934
d				
e				
f All other expenses	131,562	31,149	39,420	60,993
25 **Total functional expenses.** Add lines 1 through 24f	19,168,022	16,554,897	865,903	1,747,222
26 **Joint costs.** Check here ▶ ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		0	1	0
	2	Savings and temporary cash investments		7,630,861	2	7,407,241
	3	Pledges and grants receivable, net		11,234,722	3	10,789,358
	4	Accounts receivable, net		243,221	4	206,940
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		0	5	0
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		0	6	0
	7	Notes and loans receivable, net		0	7	0
	8	Inventories for sale or use		0	8	0
	9	Prepaid expenses and deferred charges		57,633	9	74,992
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 4,498,731			
	b	Less accumulated depreciation	10b 1,586,719	3,042,161	10c	2,912,012
	11	Investments—publicly traded securities		60,338	11	3,361
	12	Investments—other securities See Part IV, line 11		0	12	0
	13	Investments—program-related See Part IV, line 11		0	13	
	14	Intangible assets		0	14	0
	15	Other assets See Part IV, line 11		32,581	15	40,114
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		22,301,517	16	21,434,018
Liabilities	17	Accounts payable and accrued expenses		340,083	17	306,485
	18	Grants payable		5,576,504	18	6,072,412
	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	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties		0	23	0
	24	Unsecured notes and loans payable to unrelated third parties		0	24	0
	25	Other liabilities Complete Part X of Schedule D		211,664	25	252,474
	26	**Total liabilities.** Add lines 17 through 25		6,128,251	26	6,631,371
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		4,178,369	27	4,110,455
	28	Temporarily restricted net assets		11,994,897	28	10,692,192
	29	Permanently restricted net assets		0	29	0
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		16,173,266	33	14,802,647
	34	Total liabilities and net assets/fund balances		22,301,517	34	21,434,018

Part XI Financial Statements and Reporting

			Yes	No
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?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 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	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separated basis			
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?	3a		No
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	3b		

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
United Way of Dane County Inc

Employer identification number
39-0817532

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1 ☐ A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

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 organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ 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 that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support?
Total									

Part II Support Schedule for Organizations Described in IRC 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	16,752,071	17,068,895	17,967,110	19,414,515	18,145,159	89,347,750
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	16,752,071	17,068,895	17,967,110	19,414,515	18,145,159	89,347,750
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public Support.** Subtract line 5 from line 4						89,347,750

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	16,752,071	154,870	17,967,110	19,414,515	18,145,159	89,347,750
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	83,965	154,870	211,085	145,011	124,480	719,411
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 (Explain in Part IV) Do not include gain or loss from the sale of capital assets	56,904	63,278	75,741	77,707	75,922	349,552
11 **Total support** (Add lines 7 through 10)						90,416,713

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 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

14	Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f))	14	98 818 %
15	Public Support Percentage for 2008 Schedule A, Part II, line 14	15	98 83 %

16a **33 1/3% support test—2009.** 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—2008.** If the organization did not check the 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—2009.** 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 IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ☐

b **10%-facts-and-circumstances test—2008.** 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 IV 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 IRC 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 IV)						
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 501(c)(3) organization, check this box and **stop here** ▶

Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15
16	Public support percentage from 2008 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2009** (line 10c column (f) divided by line 13 column (f))	17
18	Investment income percentage from **2008** Schedule A, Part III, line 17	18

19a **33 1/3% support tests—2009.** 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—2008.** 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 **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Explanation
Other Income consists primarily of administrative agreement fees charged for processing combined campaigns

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
United Way of Dane County Inc

Employer identification number
39-0817532

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate 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 may 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" to 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 pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a–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 8/17/06	2d

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

7 Amount of expenses incurred in monitoring, inspecting, 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 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, 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" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, 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) Revenues included in 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 relating to these items

a Revenues included in 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 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 XIV

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" to 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 XIV and complete the following table

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

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to 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					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶ %
- b Permanent endowment ▶ %
- c Term endowment ▶ %

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

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

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(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	3,484,849	826,316	2,658,533
c Leasehold improvements	0	2,991	897	2,094
d Equipment	0	558,930	460,878	98,052
e Other	0	324,368	298,628	25,740
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				2,912,012

Part VII Investments—Other Securities. 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
Financial derivatives	0	
Closely-held equity interests	0	
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶	0	

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Accrued Interest	40,114
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	40,114

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	0
Deferred Compensation	252,474
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	252,474

2. Fin 48 Footnote In Part XIV, 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

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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 on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	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 XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

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 XIV)	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 XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	

Part XIV Supplemental Information

Complete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
SchD_P10_S00_L00	Schedule D, Part X	The Corporation adopted the provisions of the Uncertainty in Income Taxes Section of the Income Taxes Topic of the FASB Accounting Standards Codification, on January 1, 2009 These provisions address the determination of whether tax benefits claimed or expected to be claimed on a tax return should be recorded in the financial statements Under this guidance, the Corporation may recognize the tax benefit from an uncertain tax position only if it is more likely than not that the tax position will be sustained on examination by taxing authorities, based on the technical merits of the position Examples of tax positions include the tax-exempt status of the Corporation and various positions related to the potential sources of unrelated business taxable income (UBIT) The tax benefits recognized in the financial statements from such a position are measured based on the largest benefit that has a greater than 50 percent likelihood of being realized upon ultimate settlement The guidance on accounting for uncertainty in income taxes also addresses de-recognition, classification, interest and penalties on income taxes, and accounting in interim periods At January 1, 2009 and December 31, 2009, there were no unrecognized tax benefits identified or recorded as liabilities

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SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization
United Way of Dane County Inc

Employer identification number
39-0817532

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

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

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

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization Form 990-EZ filers are not required to complete this table

(i) Name of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	**(iii)** No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
Total . . . . . ▶						

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

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000.

		(a) Event #1 Loaned Executive (event type)	(b) Event #2 Day of Caring (event type)	(c) Other Events 26 (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	684,107	26,012	177,730	887,849
	2 Less Charitable contributions	532,825	0	0	532,825
	3 Gross income (line 1 minus line 2)	151,282	26,012	177,730	355,024
Direct Expenses	4 Cash prizes	0	0	0	0
	5 Non-cash prizes	0	0	0	0
	6 Rent/facility costs	0	0	0	0
	7 Food and beverages	0	0	0	0
	8 Entertainment	0	0	0	0
	9 Other direct expenses	133,478	26,012	174,619	334,109
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				334,109
	11 Net income summary Combine lines 3, column d, and line 10 ▶				20,915

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Combine lines 1, column d, and line 7 ▶				

			Yes	No
9	Enter the state(s) in which the organization operates gaming activities _____			
a	Is the organization licensed to operate gaming activities in each of these states?	9a		
b	If "No," Explain			
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a		
b	If "Yes," Explain			
11	Does the organization operate gaming activities with nonmembers?	11		
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?	12		

			Yes	No
13	Indicate the percentage of gaming activity operated 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?	**15a**		
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			
	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?	**17a**		
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 ▶ $			

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
United Way of Dane County Inc

Employer identification number
39-0817532

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . . . ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations . . . . . ▶ 194

3 Enter total number of other organizations . . . . . ▶ 0

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
SchI_P01_S00_L02	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

Return to Form

Software ID: 09000073
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 Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Boy Scouts of AmericaPO Box 14135 Madison, WI 53708	39-1417416	501c3	51,479				Donor Designated for General Support
St John's Lutheran Church 322 East Washington Avenue Madison, WI 53703	39-1570139	501c3	21,500				Donor Designated for General Support
United Way of North Rock County205 N Main St Ste 101 Janesville, WI 53545	39-6006734	501c3	20,564				Donor Designated for General Support
Pregnancy Helpline Inc of MadisonPO Box 5261 Madison, WI 53705	39-1419746	501c3	13,674				Donor Designated for General Support
Portage Area United FundPO Box 354 Portage, WI 53901	23-7166773	501c3	11,527				Donor Designated for General Support
Sauk-Prairie United WayPO Box 122 Prairie Du Sac, WI 53578	39-1318028	501c3	8,979				Donor Designated for General Support
Saint Maria Goretti5313 Flad Ave Madison, WI 53711	39-0969724	501c3	7,167				Donor Designated for General Support
Wisconsin Council of the Blind and754 Williamson St Madison, WI 53704	39-0977746	501c3	6,725				Donor Designated for General Support
Wisconsin Lutheran Child & Family ServcPO Box 245039 Milwaukee, WI 53224	39-1047224	501c3	5,878				Donor Designated for General Support
United Way of Green County IncPO Box 511 Monroe, WI 53566	39-6060531	501c3	5,279				Donor Designated for General Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
Edgewood High School2219 Monroe St Madison, WI 53711	39-1299613	501c3	5,236				Donor Designated for General Support
Madison Community FoundationPO Box 5010 Madison, WI 53705	39-6038248	501c3	11,342				Donor Designated for General Support
Madison Jewish Community Day School2702 Arbor Dr Madison, WI 53711	30-0469084	501c3	10,000				Donor Designated for General Support
Madison Public Library Foundation201 W Mifflin St Madison, WI 53703	39-1777242	501c3	11,290				Donor Designated for General Support
CHABAD-LUBAVITCH INC 1722 Regent St Madison, WI 53726	39-1732644	501c3	25,000				Donor Designated for General Support
United Way of Dane County Foundation Total2059 Atwood Ave Madison, WI 53704	39-1763471	501c3	45,832				Donor Designated for General Support
American Natural Hygiene Society IncPO Box 30630 Tampa Bay, FL 33630	36-2692857	501c3	65,000				Donor Designated for General Support
Tellurian UCAN Inc300 Femrite Dr Rm 200 Monona, WI 53716	39-1482987	501c3	14,043				Donor Designated for General Support
Community Health Charities of Wisconsin6737 W Washington St Ste 2253 West Allis, WI 53214	39-1261126	501c3	830,078				Donor Designated for General Support
American Heart Association 2850 Dairy Dr Ste 300 Madison, WI 53718	13-5613797	501c3	188,241				Donor Designated for General Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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 Community Health Centers3434 E Washington Ave Madison, WI 53704	39-1391134	501c3	346,333				Program Operating Cost
Access to Independence Inc 301 S Livingston St Ste 200 Madison, WI 53703	39-1240200	501c3	46,910				Program Operating Cost
AIDS Network IncPO Box 731 Madison, WI 53701	39-1548528	501c3	24,054				Program Operating Cost
American Red Cross Badger ChapterPO Box 5905 Madison, WI 53705	39-0806193	501c3	250,000				Program Operating Cost
ARC Community Services Inc2001 W Beltline Hwy Ste 102 Madison, WI 53713	51-0163796	501c3	50,527				Program Operating Cost/Donor Designated for Program Costs
Big Brothers Big Sisters of Dane County2059 Atwood Ave Madison, WI 53704	39-1077783	501c3	137,414				Program Operating Cost
Boys & Girls Club of Dane County2001 Taft St Madison, WI 53713	39-1925617	501c3	92,000				Program Operating Cost
Cambridge CAP Youth Center PO Box 54 Cambridge, WI 53523	39-1924511	501c3	12,829				Program Operating Cost/Donor Designated for Program Costs
Canopy Center Inc2120 Fordem Ave Ste 110 Madison, WI 53704	51-0211908	501c3	150,811				Program Operating Cost
Care Wisconsin First IncPO Box 8693 Madison, WI 53708	39-1245329	501c3	71,070				Program Operating Cost

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Catholic Charities Inc Diocese of MadisonPO Box 46550 Madison, WI 53744	39-0807067	501c3	488,186				Program Operating Cost
Centro Hispano Inc810 W Badger Rd Madison, WI 53713	93-0844812	501c3	202,953				Program Operating Cost
Children's Service Society of Wisconsin1716 Fordem Ave Madison, WI 53704	39-0806380	501c3	468,808				Program Operating Cost
Colonial Club301 Blankenheim Ln Sun Prairie, WI 53590	23-7071027	501c3	89,720				Program Operating Cost
Community Action Coalition for South Central Wisconsin Inc1717 N Stoughton Rd Madison, WI 53704	39-1053827	501c3	235,003				Program Operating Cost
Community Coordinated Child Care Inc 4-CPO Box 45320 Madison, WI 53744	39-1165742	501c3	57,870				Program Operating Cost
Community Partnerships 1334 Dewey Ct Madison, WI 53703	91-2064768	501c3	20,030				Program Operating Cost/Donor Designated for Program Costs
Cornucopia Inc306 N Brooks St Madison, WI 53715	39-1865263	501c3	30,716				Program Operating Cost/Donor Designated for Program Costs
Dane County CASA Inc211 S Carroll St 206 Madison, WI 53703	20-1717869	501c3	18,452				Program Operating Cost/Donor Designated for Program Costs
Dane County Parent Council Inc2096 Red Arrow Tr Madison, WI 53711	39-1418945	501c3	40,116				Program Operating Cost

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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	7,017				Program Operating Cost
DeForest Area Community & Senior Center505 N Main St DeForest, WI 53532	39-1371808	501c3	25,300				Program Operating Cost
Domestic Abuse Intervention ServicesPO Box 1761 Madison, WI 53701	39-1268238	501c3	163,509				Program Operating Cost
East Madison Community Center8 Straubel Ct Madison, WI 53704	39-1941839	501c3	85,991				Program Operating Cost
East Madison Monona Coalition of Aging4142 Monona Dr Madison, WI 53716	39-1211331	501c3	25,137				Program Operating Cost
Epilepsy Foundation Southern Wisconsin1302 Mendota Street 100 Madison, WI 53714	39-1370658	501c3	32,205				Program Operating Cost
Exchange Center for the Prevention of Child Abuse Inc2120 Fordem Ave Ste 200 Madison, WI 53704	93-0821148	501c3	142,777				Program Operating Cost
Family Enhancement2120 Fordem Ave Suite 210 Madison, WI 53704	39-1318176	501c3	117,897				Program Operating Cost/Donor Designated for Program Costs
Family Service Inc128 E Olin Ave Ste 100 Madison, WI 53713	39-0806186	501c3	178,930				Program Operating Cost
Friends of the Financial Education Center2300 S Park St Ste 22 Madison, WI 53713	20-8961015	501c3	12,900				Program Operating Cost

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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 Black Hawk Council Inc2710 Ski Ln Madison, WI 53713	39-0806331	501c3	86,420				Program Operating Cost
Goodman Community Center 149 Waubesa St Madison, WI 53704	39-1919172	501c3	86,570				Program Operating Cost
Habitat for Humanity of Dane County IncPO Box 258128 Madison, WI 53725	39-1592769	501c3	90,000				Program Operating Cost
Hancock Center for Dance Movement Therapy Inc16 N Hancock St Madison, WI 53703	39-1443008	501c3	28,788				Program Operating Cost/Donor Designated for Program Costs
Home Health United Xtra Care4639 Hammersley Road Madison, WI 53711	39-1539827	501c3	90,000				Program Operating Cost
Hope Haven-Rebos United Inc702 S High Point Rd Madison, WI 53719	39-1178878	501c3	42,322				Program Operating Cost/Donor Designated for Program Costs
Hope House Building Corporation312 Wisconsin Ave Madison, WI 53703	72-1574555	501c3	7,750				Program Operating Cost
HospiceCare Inc5395 E Cheryl Pkwy Fitchburg, WI 53711	39-1319537	501c3	55,000				Program Operating Cost
Imagine a Child's Capacity 14 Ellis Potter Ct Ste 200 Madison, WI 53711	42-1580057	501c3	12,695				Program Operating Cost/Donor Designated for Program Costs
Independent Living Inc815 Forward Dr Madison, WI 53711	39-1186642	501c3	194,902				Program Operating Cost

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Jewish Social Services of Madison6434 Enterprise Ln Madison, WI 53719	39-1300430	501c3	58,820				Program Operating Cost
Kennedy Heights Community Center199 Kennedy Heights Madison, WI 53704	39-1519846	501c3	52,656				Program Operating Cost
Literacy Network1118 S Park St Madison, WI 53715	51-0180488	501c3	151,447				Program Operating Cost
Lussier Community Education Center55 S Gammon Rd Madison, WI 53717	39-1938173	501c3	43,220				Program Operating Cost
Lutheran Social Services of WI & Upper Michigan Inc 6314 Odana Rd Madison, WI 53719	39-0816846	501c3	53,800				Program Operating Cost
Madison Apprenticeship ProgramPO Box 44842 Madison, WI 53711	39-2016458	501c3	10,856				Program Operating Cost/Donor Designated for Program Costs
Madison Area Technical College Foundation Inc3550 Anderson St Madison, WI 53707	23-7265867	501c3	35,300				Program Operating Cost
Madison School & Community Recreation3802 Regent St Madison, WI 53705	39-2034615	501c3	64,085				Program Operating Cost/Donor Designated for Program Costs
Madison-area Urban Ministry 2300 S Park St Ste 5 Madison, WI 53713	23-7298482	501c3	134,000				Program Operating Cost
Marshall Area Community and Youth CenterPO Box 144 Marshall, WI 53559	42-1537148	501c3	9,885				Program Operating Cost/Donor Designated for Program Costs

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McFarland Youth Resource CenterPO Box 362 McFarland, WI 53558	61-1500763	501c3	10,400				Program Operating Cost
Mental Health Center of Dane County Inc625 W Washington Ave Madison, WI 53703	39-0806445	501c3	142,149				Program Operating Cost
Middleton Outreach Ministry 7432 Hubbard Ave Middleton, WI 53562	39-1484945	501c3	38,000				Program Operating Cost
Movin' Out Inc600 Williamson St Madison, WI 53703	19-1833482	501c3	19,404				Program Operating Cost/Donor Designated for Program Costs
NAMI Dane County2059 Atwood Ave Madison, WI 53704	39-1270706	501c3	21,400				Program Operating Cost
Neighborhood House Community Center Inc29 S Mills St Madison, WI 53715	39-1930073	501c3	18,260				Program Operating Cost/Donor Designated for Program Costs
North Eastside Senior Coalition Inc1625 Northport Dr Ste 125 Madison, WI 53704	39-1217221	501c3	88,354				Program Operating Cost/Donor Designated for Program Costs
Northwest Dane Senior Services1940 Blue Mounds St Ste 2 Black Earth, WI 53515	39-1691930	501c3	36,910				Program Operating Cost/Donor Designated for Program Costs
Omega School Inc835 West Badger Rd Madison, WI 53713	39-1166888	501c3	108,744				Program Operating Cost
Operation Fresh Start1925 Winnebago St Madison, WI 53704	23-7108090	501c3	104,982				Program Operating Cost

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Porchlight Inc306 N Brooks St Madison, WI 53715	39-1579521	501c3	268,111				Program Operating Cost
Project HUGS1955 Atwood Avenue Madison, WI 53704	39-1596265	501c3	19,848				Program Operating Cost/Donor Designated for Program Costs
Public Health-Madison and Dane County210 Martin Luther King Jr Blvd 507 Madison, WI 53703	39-6005507	501c3	16,500				Program Operating Cost
Respite Center2120 Fordem Ave Ste 180 Madison, WI 53704	93-0841957	501c3	104,000				Program Operating Cost
RSVP of Dane County Inc 517 N Segoe Rd Ste 300 Madison, WI 53705	39-1273164	501c3	243,158				Program Operating Cost/Donor Designated for Program Costs
Second Harvest Foodbank of Southern WI2802 Dairy Drive Madison, WI 53718	39-1490691	501c3	92,600				Program Operating Cost
Simpson Street Free Press PO Box 6307 Monona, WI 53716	39-1882258	501c3	27,900				Program Operating Cost
South Madison Coalition of the Elderly128 E Olin Ave Suite 110 Madison, WI 53713	39-1222287	501c3	68,727				Program Operating Cost/Donor Designated for Program Costs
South Madison Health & Family Center IncPO Box 259127 Madison, WI 53725	39-1778915	501c3	35,789				Program Operating Cost/Donor Designated for Program Costs
Stoughton Area Resource Team Inc248 W Main St Stoughton, WI 53589	41-2076251	501c3	9,000				Program Operating Cost

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Stoughton Youth Center518 S Fourth Street Stoughton, WI 53589	39-6005622	501c3	9,900				Program Operating Cost
The Rainbow Project Inc Child & Family Counseling & Resource Ctr831 E Washington Ave Madison, WI 53703	39-1422626	501c3	55,242				Program Operating Cost
The Road Home Dane County 128 E Olin Ave Ste 202 Madison, WI 53713	31-1618925	501c3	123,801				Program Operating Cost
The Salvation Army of Dane County630 E Washington Ave Madison, WI 53703	36-2167910	501c3	225,101				Program Operating Cost
Triangle Community Ministry Inc755 Braxton Place Apt B109 Madison, WI 53715	39-1425047	501c3	15,617				Program Operating Cost/Donor Designated for Program Costs
United Asian Services of Wisconsin Inc2132 Fordem Ave Madison, WI 53704	39-1513150	501c3	34,290				Program Operating Cost/Donor Designated for Program Costs
Urban League of Greater Madison Inc2222 S Park St Ste 200 Madison, WI 53713	39-1098146	501c3	557,426				Program Operating Cost
Vera Court Neighborhood Center Inc614 Vera Ct Madison, WI 53704	39-1945609	501c3	131,534				Program Operating Cost
West Madison Senior Coalition Inc517 N Segoe Rd Ste 309 Madison, WI 53705	39-1222036	501c3	43,058				Program Operating Cost/Donor Designated for Program Costs
WI Academy for Graduate Service Dogs1338 Dewey Ct Madison, WI 53703	39-1626569	501c3	12,750				Program Operating Cost

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Wil Mar Neighborhood Center 953 Jenifer St Madison, WI 53703	39-1796793	501c3	30,640				Program Operating Cost
Worker Center2300 S Park St Ste 6 Madison, WI 53713	41-2227413	501c3	23,333				Program Operating Cost
YMCA of Dane County8001 Excelsior Dr Ste 200 Madison, WI 53717	39-0806253	501c3	147,176				Program Operating Cost
Youth Services of Southern Wisconsin Inc1955 Atwood Avenue Madison, WI 53704	39-1391737	501c3	138,313				Program Operating Cost
YWCA of Madison Inc101 E Mifflin Street Madison, WI 53703	39-0806303	501c3	815,947				Program Operating Cost
Access Community Health Centers3434 E Washington Ave Madison, WI 53704	39-1391134	501c3	26,051				Donor Designated for Program Costs
Access to Independence Inc 301 S Livingston St Ste 200 Madison, WI 53703	39-1240200	501c3	5,488				Donor Designated for Program Costs
AIDS Network IncPO Box 731 Madison, WI 53701	39-1548528	501c3	23,661				Donor Designated for Program Costs
American Red Cross Badger ChapterPO Box 5905 Madison, WI 53705	39-0806193	501c3	75,068				Donor Designated for Program Costs
Big Brothers Big Sisters of Dane County2059 Atwood Ave Madison, WI 53704	39-1077783	501c3	61,368				Donor Designated for Program Costs

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Boys & Girls Club of Dane County2001 Taft St Madison, WI 53713	39-1925617	501c3	52,110				Donor Designated for Program Costs
Canopy Center Inc2120 Fordem Ave Ste 110 Madison, WI 53704	51-0211908	501c3	10,624				Donor Designated for Program Costs
Care Wisconsin First IncPO Box 8693 Madison, WI 53708	39-1245329	501c3	19,069				Donor Designated for Program Costs
Catholic Charities Inc Diocese of MadisonPO Box 46550 Madison, WI 53744	39-0807067	501c3	80,526				Donor Designated for Program Costs
Centro Hispano Inc810 W Badger Rd Madison, WI 53713	93-0844812	501c3	13,931				Donor Designated for Program Costs
Children's Service Society of Wisconsin1716 Fordem Ave Madison, WI 53704	39-0806380	501c3	5,366				Donor Designated for Program Costs
Colonial Club301 Blankenheim Ln Sun Prairie, WI 53590	23-7071027	501c3	8,168				Donor Designated for Program Costs
Community Action Coalition for South Central Wisconsin Inc1717 N Stoughton Rd Madison, WI 53704	39-1053827	501c3	13,756				Donor Designated for Program Costs
Community Coordinated Child Care Inc 4-CPO Box 45320 Madison, WI 53744	39-1165742	501c3	5,293				Donor Designated for Program Costs
Dane County Humane Society5132 Voges Rd Madison, WI 53718	39-0806335	501c3	186,477				Donor Designated for Program Costs

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Dane County Parent Council Inc2096 Red Arrow Tr Madison, WI 53711	39-1418945	501c3	7,605				Donor Designated for Program Costs
Deerfield Community Center PO Box 404 Deerfield, WI 53531	39-1899306	501c3	12,432				Donor Designated for Program Costs
DeForest Area Community & Senior Center505 N Main St DeForest, WI 53532	39-1371808	501c3	9,582				Donor Designated for Program Costs
Domestic Abuse Intervention ServicesPO Box 1761 Madison, WI 53701	39-1268238	501c3	42,862				Donor Designated for Program Costs
East Madison Community Center8 Straubel Ct Madison, WI 53704	39-1941839	501c3	19,816				Donor Designated for Program Costs
East Madison Monona Coalition of Aging4142 Monona Dr Madison, WI 53716	39-1211331	501c3	5,449				Donor Designated for Program Costs
Energy Services Inc1225 S Park St Madison, WI 53715	39-1443614	501c3	30,929				Donor Designated for Program Costs
Epilepsy Foundation Southern Wisconsin1302 Mendota Street 100 Madison, WI 53714	39-1370658	501c3	11,807				Donor Designated for Program Costs
Exchange Center for the Prevention of Child Abuse Inc2120 Fordem Ave Ste 200 Madison, WI 53704	93-0821148	501c3	16,282				Donor Designated for Program Costs
Family Service Inc128 E Olin Ave Ste 100 Madison, WI 53713	39-0806186	501c3	8,509				Donor Designated for Program Costs

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(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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 Support & Resource Center101 Nob Hill Rd Ste 201 Madison, WI 53713	39-1533767	501c3	8,070				Donor Designated for Program Costs
Gilda's Club Madison Wisconsin Inc7907 UW Health Court Middleton, WI 53562	06-1662883	501c3	51,144				Donor Designated for Program Costs
Girl Scouts of Black Hawk Council Inc2710 Ski Ln Madison, WI 53713	39-0806331	501c3	20,097				Donor Designated for Program Costs
Goodman Community Center 149 Waubesa St Madison, WI 53704	39-1919172	501c3	138,164				Donor Designated for Program Costs
Habitat for Humanity of Dane County IncPO Box 258128 Madison, WI 53725	39-1592769	501c3	107,600				Donor Designated for Program Costs
Henry Vilas Zoological Society606 S Randall Ave Madison, WI 53716	39-6077008	501c3	16,493				Donor Designated for Program Costs
Home Health United Xtra Care4639 Hammersley Road Madison, WI 53711	39-1539827	501c3	20,989				Donor Designated for Program Costs
HospiceCare Inc5395 E Cheryl Pkwy Fitchburg, WI 53711	39-1319537	501c3	185,330				Donor Designated for Program Costs
Independent Living Inc815 Forward Dr Madison, WI 53711	39-1186642	501c3	20,887				Donor Designated for Program Costs
Jewish Social Services of Madison6434 Enterprise Ln Madison, WI 53719	39-1300430	501c3	31,230				Donor Designated for Program Costs

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(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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 Center199 Kennedy Heights Madison, WI 53704	39-1519846	501c3	7,941				Donor Designated for Program Costs
Literacy Network1118 S Park St Madison, WI 53715	51-0180488	501c3	25,336				Donor Designated for Program Costs
Lussier Community Education Center55 S Gammon Rd Madison, WI 53717	39-1938173	501c3	17,434				Donor Designated for Program Costs
Lutheran Social Services of WI & Upper Michigan Inc 6314 Odana Rd Madison, WI 53719	39-0816846	501c3	23,017				Donor Designated for Program Costs
Madison Area Rehabilitation Centers Inc901 Post Rd Madison, WI 53713	39-0968930	501c3	10,658				Donor Designated for Program Costs
Madison Children's Museum 100 N Hamilton St Madison, WI 53703	39-1383497	501c3	6,229				Donor Designated for Program Costs
Madison-area Urban Ministry 2300 S Park St Ste 5 Madison, WI 53713	23-7298482	501c3	9,333				Donor Designated for Program Costs
McFarland Youth Resource CenterPO Box 362 McFarland, WI 53558	61-1500763	501c3	7,930				Donor Designated for Program Costs
Mental Health Center of Dane County Inc625 W Washington Ave Madison, WI 53703	39-0806445	501c3	18,088				Donor Designated for Program Costs
Middleton Outreach Ministry 7432 Hubbard Ave Middleton, WI 53562	39-1484945	501c3	46,650				Donor Designated for Program Costs

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NAMI Dane County2059 Atwood Ave Madison, WI 53704	39-1270706	501c3	16,907				Donor Designated for Program Costs
Nehemiah Community Development CorpPO Box 9861 Madison, WI 53715	39-1736091	501c3	9,964				Donor Designated for Program Costs
Omega School Inc835 West Badger Rd Madison, WI 53713	39-1166888	501c3	8,321				Donor Designated for Program Costs
Operation Fresh Start1925 Winnebago St Madison, WI 53704	23-7108090	501c3	22,649				Donor Designated for Program Costs
Porchlight Inc306 N Brooks St Madison, WI 53715	39-1579521	501c3	60,941				Donor Designated for Program Costs
Respite Center2120 Fordem Ave Ste 180 Madison, WI 53704	93-0841957	501c3	19,509				Donor Designated for Program Costs
Ronald McDonald House Charities of Madison Inc 2716 Marshall Ct Madison, WI 53705	39-1655790	501c3	23,877				Donor Designated for Program Costs
Second Harvest Foodbank of Southern WI2802 Dairy Drive Madison, WI 53718	39-1490691	501c3	173,421				Donor Designated for Program Costs
Simpson Street Free Press PO Box 6307 Monona, WI 53716	39-1882258	501c3	7,689				Donor Designated for Program Costs
Society of St Vincent de Paul District Council of Madison 1109 Jonathon Dr Madison, WI 53713	39-0824876	501c3	54,909				Donor Designated for Program Costs

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Stoughton Area Resource Team Inc248 W Main St Stoughton, WI 53589	41-2076251	501c3	5,513				Donor Designated for Program Costs
Stoughton Youth Center518 S Fourth Street Stoughton, WI 53589	39-6005622	501c3	6,146				Donor Designated for Program Costs
The ARC-Dane County6602 Grand Teton Plaza Ste 170 Madison, WI 53719	39-1286641	501c3	6,478				Donor Designated for Program Costs
The Rainbow Project Inc Child & Family Counseling & Resource Ctr831 E Washington Ave Madison, WI 53703	39-1422626	501c3	23,985				Donor Designated for Program Costs
The River Food Pantry2201 Darwin Rd Madison, WI 53704	20-4179749	501c3	9,556				Donor Designated for Program Costs
The Road Home Dane County 128 E Olin Ave Ste 202 Madison, WI 53713	31-1618925	501c3	50,589				Donor Designated for Program Costs
The Salvation Army of Dane County630 E Washington Ave Madison, WI 53703	36-2167910	501c3	124,173				Donor Designated for Program Costs
Three Gaits IncPO Box 153 Oregon, WI 53575	39-1472538	501c3	46,113				Donor Designated for Program Costs
Urban League of Greater Madison Inc2222 S Park St Ste 200 Madison, WI 53713	39-1098146	501c3	26,837				Donor Designated for Program Costs
Vera Court Neighborhood Center Inc614 Vera Ct Madison, WI 53704	39-1945609	501c3	6,525				Donor Designated for Program Costs

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Wheelchair Recycling Program2554 Advance Rd Madison, WI 53718	39-1940532	501c3	6,298				Donor Designated for Program Costs
WI Academy for Graduate Service Dogs1338 Dewey Ct Madison, WI 53703	39-1626569	501c3	52,217				Donor Designated for Program Costs
Wil Mar Neighborhood Center 953 Jenifer St Madison, WI 53703	39-1796793	501c3	10,825				Donor Designated for Program Costs
Worker Center2300 S Park St Ste 6 Madison, WI 53713	41-2227413	501c3	6,627				Donor Designated for Program Costs
YMCA of Dane County8001 Excelsior Dr Ste 200 Madison, WI 53717	39-0806253	501c3	50,367				Donor Designated for Program Costs
Youth Services of Southern Wisconsin Inc1955 Atwood Avenue Madison, WI 53704	39-1391737	501c3	9,944				Donor Designated for Program Costs
YWCA of Madison Inc101 E Mifflin Street Madison, WI 53703	39-0806303	501c3	24,288				Donor Designated for Program Costs
America's Charities14150 Newbrook Dr 110 Chantilly, VA 20151	54-1517707	501c3	94,038				Donor Designated for Program Costs
Community Shares of Wisconsin612 W Main St Ste 303 Madison, WI 53703	39-1172378	501c3	389,750				Donor Designated for Program Costs
Earth Share7735 Old Georgetown Rd STE 900 Bethesda, MD 20814	52-1601960	501c3	156,573				Donor Designated for Program Costs

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Global Impact66 Canal Ctr Plaza Ste 310 Alexandria, VA 22314	52-1273585	501c3	212,410				Donor Designated for Program Costs
Independent Charities of America110 Larkspur Landing Cir Ste 340 Larkspur, CA 94939	94-3067804	501c3	178,687				Donor Designated for Program Costs
Hunger Relief Fund of Wisconsin201 S Hawley Ct Milwaukee, WI 53214	39-1345847	501c3	63,041				Donor Designated for Program Costs
Neighbor To Nation7620 Little River Turnpike Ste 600 Annandale, VA 22003	54-1879282	501c3	39,106				Donor Designated for Program Costs
Wisconsin Environmental Education Foundation110B College of Natural Resources Stevens Point, WI 54481	20-2042476	501c3	30,191				Donor Designated for Program Costs
Access To Community Services5900 Monona Dr Ste 301 Madison, WI 53716	39-1485069	501c3	61,374				Donor Designated for Program Costs
Animal Charities of America 21 Tamal Vista Blvd 209 Corte Madera, CA 94925	94-3193389	501c3	8,744				Donor Designated for Program Costs
CancerCure of America21 Tamal Vista Blvd 209 Corte Madera, CA 94925	81-0648432	501c3	6,667				Donor Designated for Program Costs
Christian Service Charities 8001 Braddock Rd STE 301 Springfield, VA 22151	94-3193374	501c3	12,244				Donor Designated for Program Costs
Community Health Charities National200 N Glebe Rd STE 801 Arlington, VA 22203	13-6167225	501c3	11,268				Donor Designated for Program Costs

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Great Rivers United Way Inc 1855 E Main St Onalaska, WI 54650	39-0848188	501c3	7,301				Donor Designated for Program Costs
Health & Medical Research Charities21 Tamal Vista Blvd 209 Corte Madera, CA 94925	94-3217739	501c3	5,855				Donor Designated for Program Costs
Military Veterans & Patriotic Service21 Tamal Vista Blvd 209 Corte Madera, CA 94925	94-3193418	501c3	10,455				Donor Designated for Program Costs
National Black United Federation of Charities40 Clinton St 5th floor Newark, NJ 07102	52-1764913	501c3	7,463				Donor Designated for Program Costs

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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" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

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
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply			
	☑ Compensation committee	☑ Written employment contract		
	☑ Independent compensation consultant	☑ Compensation survey or study		
	☑ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
Leslie Ann Howard	(i)	171,254	16,500	0	29,862	12,100	229,716	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Identifier	Return Reference	Explanation
SchJ_P01_S00_L04	Schedule J, Part I, Line 4	Leslie Ann Howard - In 1998 the Board of Directors of United Way of Dane County, Inc and Leslie Ann Howard entered into a non-qualified deferred compensation 457 (f) plan Beginning in 1998 and annual contribution has been made to the plan In 2009 the contributions were $15,000 If Leslie remains with the United Way of Dane County, Inc through the year 2013, or employment is involuntarily terminated sooner without cause or terminates due to death or disability, she will be entitled to the balance of an investment fund

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
United Way of Dane County Inc

Employer identification number
39-0817532

Identifier	Return Reference	Explanation
F990_P06_S0A_L06	Form 990, Part VI, Section A, Line 6	Classes of Members The members of the corporation shall be divided onto 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 - 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 - General Members shall be divided onto two categories agency members and public members (a) Agency 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 participating United Way agency, who are present in person at a meeting of members For this purpose, a participating 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 participating United Way agency cannot send a substitute in his or her place (b) 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
F990_P06_S0A_L07a	Form 990, Part VI, Section A, Line 7a	Nomination and Election of Directors Replacements for Directors whose terms are expiring, Special Appointments, and any new Directors to be added to the Board of Directors shall be elected by the members at the annual meeting of the members The candidates for election shall consist of a slate of nominees recommended by the Nominating 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 the 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 The name of the person designated by the Agency President's Council to be an ex officio Director shall be delivered in writing by the Council to the President of the corporation before the annual meeting of members
F990_P06_S0A_L07b	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 the 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
F990_P06_S0B_L11	Form 990, Part VI, Section B, Line 11	The 990 is reviewed by the Board of Directors at their monthly meeting, the Finance and Audit Committee, and the independent audit firm
F990_P06_S0B_L12c	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 questionairre that includes disclosing relationships that could be considered a conflict of interest
F990_P06_S0B_L15	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 conducts 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
F990_P06_S0C_L19	Form 990, Part VI, Section C, Line 19	United Way of Dane County, Inc makes information available through printed materials - annual reports, etc , websiteds - unitedwaydanecounty org, Guidestar and Charity Navigator

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

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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 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
United Way of Dane County Foundation 2059 Atwood Ave Madison, WI 53704 39-1763471	Fundraising	WI	501(a)	501(c)(3)	United Way of Dane County Inc

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? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) 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

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

		Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III or IV			
1 During the tax year, did the orgranization 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 **(iv)** rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to other organization(s)	1b	Yes	
c Gift, grant, or capital contribution from other organization(s)	1c	Yes	
d Loans or loan guarantees to or for other organization(s)	1d		No
e Loans or loan guarantees by other organization(s)	1e		No
f Sale of assets to other organization(s)	1f		No
g Purchase of assets from other organization(s)	1g		No
h Exchange of assets	1h		No
i Lease of facilities, equipment, or other assets to other organization(s)	1i		No
j Lease of facilities, equipment, or other assets from other organization(s)	1j		No
k Performance of services or membership or fundraising solicitations for other organization(s)	1k	Yes	
l Performance of services or membership or fundraising solicitations by other organization(s)	1l		No
m Sharing of facilities, equipment, mailing lists, or other assets	1m	Yes	
n Sharing of paid employees	1n	Yes	
o Reimbursement paid to other organization for expenses	1o		No
p Reimbursement paid by other organization for expenses	1p	Yes	
q Other transfer of cash or property to other organization(s)	1q		No
r Other transfer of cash or property from other organization(s)	1r		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 other organization	(b) Transaction type(a-r)	(c) Amount involved
(1)	United Way of Dane County Foundation	b	45,932
(2)	United Way of Dane County Foundation	c	59,227
(3)	United Way of Dane County Foundation	p	191
(4)	United Way of Dane County Foundation	k	0
(5)	United Way of Dane County Foundation	m	0
(6)	United Way of Dane County Foundation	n	0

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations? Yes	(d) No	(e) Share of end-of-year assets	(f) Disproprtionate allocations? Yes	(f) No	(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner? Yes	(h) No

Additional Data

Return to Form

Software ID: 09000073
Software Version: v1.00
EIN: 39-0817532
Name: United Way of Dane County Inc

Form 990, Schedule R, Part V - Transactions With Related Organizations

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved ($)
(1)	United Way of Dane County Foundation	b	45,932
(2)	United Way of Dane County Foundation	c	59,227
(3)	United Way of Dane County Foundation	p	191
(4)	United Way of Dane County Foundation	k	0
(5)	United Way of Dane County Foundation	m	0
(6)	United Way of Dane County Foundation	n	0