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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)	OMB No 1545-0047
	The organization may have to use a copy of this return to satisfy state reporting requirements	2010 Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 01-01-2010 and ending 12-31-2010

B Check if applicable ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending	C Name of organization UNITED WAY OF DANE COUNTY INC		D Employer identification number 39-0817532
	Doing Business As		E Telephone number (608) 246-4350
	Number and street (or P O box if mail is not delivered to street address) PO Box 7548	Room/suite	G Gross receipts \$ 18,804,975
	City or town, state or country, and ZIP + 4 Madison, WI 537077548		
	F Name and address of principal officer Leslie Ann Howard PO Box 7548 Madison, WI 537077548		

I Tax-exempt status ☒ 501(c)(3) ☐ 501(c) () ☐ (insert no) ☐ 4947(a)(1) or ☐ 527		H(c) Group exemption number	
J Website: UnitedWayDaneCounty.org			
K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other		L Year of formation 1951	M State of legal domicile WI

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities 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	36	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	36	
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	99	
	6 Total number of volunteers (estimate if necessary)	6	8,051	
7a Total unrelated business revenue from Part VIII, column (C), line 12 . .		7a	0	
b Net unrelated business taxable income from Form 990-T, line 34 . .		7b	0	
Revenue			Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)	19,143,857	18,205,774
	9	Program service revenue (Part VIII, line 2g)	0	0
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	124,480	69,789
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	91,542	86,113
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	19,359,879	18,361,676
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	14,574,067	14,404,440
	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)	3,346,260	3,069,275
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) <u>1,646,520</u>		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	1,247,695	1,057,613
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	19,168,022	18,531,328
	19	Revenue less expenses Subtract line 18 from line 12	191,857	-169,652
	Net Assets or Fund Balances			Beginning of Current Year
20		Total assets (Part X, line 16)	21,434,018	21,585,705
21		Total liabilities (Part X, line 26)	6,631,371	6,045,348
22		Net assets or fund balances Subtract line 21 from line 20	14,802,647	15,540,357

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			2011-07-28	
	Leslie Ann Howard President Type or print name and title			Date	
Paid Preparer Use Only	Print/Type preparer's name		Preparer's signature		Date
	Check if self-employed ☐				PTIN
	Firm's name				Firm's EIN
	Firm's address				Phone no

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

Part III

Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III ☐ Yes ☒ No

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 \$ 3,745,786 including grants of \$ 3,439,345) (Revenue \$ 0)
Growing Up Getting Ready - We have two overarching goals for our children and youth First, we're assuring all young children in Dane County are cared for and have fun as they become prepared for school Our goals and strategies 1 By 2013, 75% of our children will be ready for kindergarten Strategies include home visitation and Play & Learns to teach parents how to be their children's first teacher Early development screening of children at 18 months, 36 months, and 60 months through programs and health care through Dane County assures the early detection of potential developmental delays In 2010, 2200 children and 2800 caregivers attended 11 Play & Learns, the Ages and Stages screener was administered to 1700 children Of those screened, 20% were identified with potential delays and referred for treatment Secondly, we're insuring that all students succeed academically and graduate from high school, regardless of race Our goal we will reduce the racial achievement gap at 4th grade reading, improve the passage of algebra in high school, and improve high school graduation rate to 95% in Dane County Strategies include tutoring at all levels, keeping youth engaged in middle and high school, parent engagement and support, early identification of behavioral health issues, and drop-out recovery Our tutoring initiative engaged over 1,000 volunteers in 4 school districts, tutoring 6000+ students K-12 In 2010 6% of 4th graders scored minimal on state tests, the percent of students completing algebra increased to 70%, and all Dane County schools except one graduated at least 93 5% of their high school students-on track to our goal of 95% by 2012	

4b	(Code) (Expenses \$ 3,464,580 including grants of \$ 2,744,033) (Revenue \$ 0)
Agency and Volunteer Development - We're mobilizing strong nonprofits and increased volunteerism to create measurable results Our goal is to increase the number of annual volunteer service hours in Dane County to 17 million by 2015 Key strategies include aligning volunteers with opportunities that support the Agenda for Change, leveraging volunteers" intellectual capacity as well as their physical capacity, mobilizing diverse groups of volunteers, increasing opportunities for corporate volunteers, and developing youth leadership opportunities through volunteering In 2010 we exceeded our goal with 17 6 million hours of volunteer service in Dane County We provide training and developmental opportunities to volunteers, volunteer managers, and non profit boards	

4c	(Code) (Expenses \$ 2,751,268 including grants of \$ 2,583,738) (Revenue \$ 0)
Healthy for Life - Health Issues Are identified and treated early and our health agenda provides support for education and early childhood United Way works to ensure that people in Dane County have access to preventive and early care for health, behavioral health, and dental issues Our work with youth includes the early identification and treatment of behavioral and mental health issues that keep kids from learning--it is critical to keeping them connected to school, families and the community and on-track for graduating During the 2010/2011 school year, 2,500 sixth graders were screened for behavioral health issues, 70 of those required and received intervention In 2010, 520 students participated in 211 behavioral health groups offered in 34 schools and several off-site locations in 7 Dane County school districts Our work with early childhood insures that healthcare providers and nonprofits use a common screening tool to ensure children are developing normally so they will be ready for academic success in kindergarten Connecting people with "health care homes" and dental homes provides a regular source of care that focuses on preventive care, managing chronic illnesses and reducing the need for hospitalizations or emergency visits For example, 352 children and 218 pregnant women received preventive dental care, 461 children received a well child exam prior to entrance into kindergarten and 710 diabetics improved the management of their disease	

4d	Other program services (Describe in Schedule O) See also Additional Data for Description
	(Expenses \$ 6,114,232 including grants of \$ 5,637,324) (Revenue \$ 0)
4e	Total program service expenses \$ 16,075,866

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 (see instruction)? 	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, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	No
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 Yes	
11 If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. 	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X. 	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional 	12b 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, Parts I and IV	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, Parts II and IV	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, Parts III and IV	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 (see instructions)	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 Yes	
20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b	

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? <i>If "Yes," complete Schedule I, Parts I and II</i>	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? <i>If "Yes," complete Schedule I, Parts I and III</i>	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? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b–24d and complete Schedule K. If "No," go to line 25</i>	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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part II</i>	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? <i>If "Yes," complete Schedule L, Part III</i>	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? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	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? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35	Yes	
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> ☒ Yes ☐ No			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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? <i>If "Yes," complete Schedule R, Part VI</i>	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

Check if Schedule O contains a response to any question in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.		
	1a	3	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
	1b	1	
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	99	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	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 instructions for 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?	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 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	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8 Sponsoring organizations maintaining donor advised funds 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?			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b	
c	Enter the amount of reserves on hand.	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b	

Part VI

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

Section A. Governing Body and Management			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 36		
b	Enter the number of voting members included in line 1a, above, who are independent	1b 36		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	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 governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant 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		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this 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 15a or 15b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	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

Check if Schedule O contains a response to any question in this Part VII ☐ ☒

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

Form **990** (2010)

Part VII

1b	Sub-Total			
c	Total from continuation sheets to Part VII, Section A			
d	Total (add lines 1b and 1c)	403,836	0	73,720

2 Total number of individuals (including but not limited to those listed in Item 1) who received or accrued 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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such individual</i>	4	Yes
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	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	31,177				
	b	Membership dues	1b	0				
	c	Fundraising events	1c	639,097				
	d	Related organizations	1d	73,999				
	e	Government grants (contributions)	1e	595,689				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	16,865,812				
	g	Noncash contributions included in lines 1a-1f \$		506,706				
	h	Total. Add lines 1a-1f			18,205,774			
Program Service Revenue			Business Code					
	2a							
	b							
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f			0			
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)						
				69,789	0	0	69,789	
	4	Income from investment of tax-exempt bond proceeds . . .		0	0	0	0	
	5	Royalties		0	0	0	0	
	6a	(i) Real		(ii) Personal				
		Gross Rents		50,479	0			
		Less rental expenses		94,545	0			
		Rental income or (loss)		-44,066	0			
	d	Net rental income or (loss)			-44,066	0	0	-44,066
	7a	(i) Securities		(ii) Other				
		Gross amount from sales of assets other than inventory		0	0			
		Less cost or other basis and sales expenses		0	0			
		Gain or (loss)		0	0			
	d	Net gain or (loss)			0	0	0	0
	8a	Gross income from fundraising events (not including \$ 639,097 of contributions reported on line 1c) See Part IV, line 18						
		a		378,040				
		b Less direct expenses		b	347,637			
	c	Net income or (loss) from fundraising events . . .			30,403		0	30,403
	9a	Gross income from gaming activities See Part IV, line 19		a	23,286			
		b Less direct expenses		b	1,117			
		c Net income or (loss) from gaming activities . . .			22,169	0	0	22,169
	10a	Gross sales of inventory, less returns and allowances		a	0			
b Less cost of goods sold		b	0					
c Net income or (loss) from sales of inventory . . .			0	0	0	0		
Miscellaneous Revenue		Business Code						
11a	Other Miscellaneous Revenue		900099	77,607	77,607	0	0	
b								
c								
d	All other revenue			0	0	0	0	
e	Total. Add lines 11a-11d			77,607				
12	Total revenue. See Instructions			18,361,676	77,607	0	78,295	

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	14,404,440	14,404,440		
2	Grants and other assistance to individuals in the U S See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	507,572	189,832	151,815	165,925
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,832,208	807,087	318,012	707,109
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	164,260	73,917	41,065	49,278
9	Other employee benefits	378,871	147,551	79,316	152,004
10	Payroll taxes	186,364	78,473	35,338	72,553
a	Fees for services (non-employees)				
	Management				
b	Legal				
c	Accounting	35,850		35,850	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other	40,166	27,046	4,734	8,386
12	Advertising and promotion	211,940	26,935	8,559	176,446
13	Office expenses	5,634	3,386	716	1,532
14	Information technology	41,720	18,843	8,822	14,055
15	Royalties				
16	Occupancy	107,613	51,585	1,213	54,815
17	Travel	59,451	36,944	16,741	5,766
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	26,588	3,749	9,400	13,439
20	Interest				
21	Payments to affiliates	157,896	66,774	30,632	60,490
22	Depreciation, depletion, and amortization	145,593	77,165	18,392	50,036
23	Insurance	1,695	717	329	649
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	Data Processing	117,424	45,951	40,053	31,420
b	Postage and Shipping	28,740	1,570	1,509	25,661
c	Membership Dues	12,500	5,286	2,425	4,789
d					
e					
f	All other expenses	64,803	8,615	4,021	52,167
25	Total functional expenses. Add lines 1 through 24f	18,531,328	16,075,866	808,942	1,646,520
26	Joint costs. Check here ☐ if following SOP 98-2 (ASC 958-720) 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)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			0	1	0
	2	Savings and temporary cash investments			7,407,241	2	7,176,168
	3	Pledges and grants receivable, net			10,789,358	3	10,552,651
	4	Accounts receivable, net			206,940	4	230,357
	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)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). 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			74,992	9	67,759
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.	10a	4,518,001	2,912,012	10c	2,785,692
	b	Less: accumulated depreciation	10b	1,732,309			
	11	Investments—publicly traded securities			3,361	11	10,161
	12	Investments—other securities. See Part IV, line 11			0	12	750,548
	13	Investments—program-related. See Part IV, line 11			0	13	0
	14	Intangible assets			0	14	0
	15	Other assets. See Part IV, line 11			40,114	15	12,369
16	Total assets. Add lines 1 through 15 (must equal line 34)			21,434,018	16	21,585,705	
Liabilities	17	Accounts payable and accrued expenses			306,485	17	322,153
	18	Grants payable			6,072,412	18	5,434,093
	19	Deferred revenue			0	19	
	20	Tax-exempt bond liabilities			0	20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			0	21	
	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	
	23	Secured mortgages and notes payable to unrelated third parties			0	23	
	24	Unsecured notes and loans payable to unrelated third parties			0	24	
	25	Other liabilities. Complete Part X of Schedule D			252,474	25	289,102
	26	Total liabilities. Add lines 17 through 25			6,631,371	26	6,045,348
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			4,110,455	27	4,421,116
	28	Temporarily restricted net assets			10,692,192	28	11,119,241
	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			14,802,647	33	15,540,357
	34	Total liabilities and net assets/fund balances			21,434,018	34	21,585,705

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	18,361,676
2	Total expenses (must equal Part IX, column (A), line 25)	2	18,531,328
3	Revenue less expenses Subtract line 2 from line 1	3	-169,652
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	14,802,647
5	Other changes in net assets or fund balances (explain in Schedule O)	5	907,362
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	15,540,357

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII ☐

		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?		No
b	Were the organization's financial statements audited by an independent accountant?	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	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 separate basis, consolidated 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?	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	Yes	

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization
UNITED WAY OF DANE COUNTY INC

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

2010

Open to Public Inspection

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 described in **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 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 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?

(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?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?
- h

☐

Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(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?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	17,068,895	17,967,110	19,414,515	18,145,159	18,205,774	90,801,453
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	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
4 Total. Add lines 1 through 3	17,068,895	17,967,110	19,414,515	18,145,159	18,205,774	90,801,453
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)						196,452
6 Public Support. Subtract line 5 from line 4						90,605,001

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	17,068,895	17,967,110	19,414,515	18,145,159	18,205,774	90,801,453
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	154,870	211,085	145,011	124,480	120,268	755,714
9 Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0		0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	63,278	75,741	77,707	75,922	77,607	370,255
11 Total support (Add lines 7 through 10)						91,927,422
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 2010 (line 6 column (f) divided by line 11 column (f))	14	98 561 %
15 Public Support Percentage for 2009 Schedule A, Part II, line 14	15	98 818 %
16a 33 1/3% support test—2010. 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—2009. 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—2010. 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—2009. 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 IIISupport Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 section 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage		
15 Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2010. 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—2009. 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 explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation
Other income primarily consists of fiscal agent fees charged for processing combined campaigns

Schedule A (Form 990 or 990-EZ) 2010

Additional Data

Software ID: 10000077

Software Version: v1.00

EIN: 39-0817532

Name: UNITED WAY OF DANE COUNTY INC

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

(A) Name and Title	(B) Average hours per week	(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			
Noble L Wray Board Chair	0	X		X				0	0	0
Bettsey Barhorst Board Member	0	X						0	0	0
Darrell Bazzell 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
Greg Dombrowski 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
JoAnn M Hart Board Member	0	X						0	0	0
Kevin Heppner Board Secretary/Treasurer	0	X		X				0	0	0
William Johnston Board Member	0	X						0	0	0
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
Nick Meriggioni 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
Kathleen S Ralph Board Member	0	X						0	0	0
Dan Rashke Board Member	0	X						0	0	0

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

(A) Name and Title	(B) Average hours per week	(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			
Jim Riordan Vice Board Chair	0	X		X				0	0	0
Anne E Ross Board Member	0	X						0	0	0
Jack C Salzwedel 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
James L Woodward Board Member	0	X						0	0	0
Thomas J Zimbrick Board Member	0	X						0	0	0
Leslie Ann Howard President	45	X		X				184,732	0	42,754
Rick C Spiel EVP-Chief Financial Officer	45			X				104,460	0	21,069
Deedra Atkinson Senior VP of Community Impact	45				X			114,644	0	9,897

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

4d. Other program services				
(Code)	(Expenses \$	2,685,810	including grants of \$	2,483,114) (Revenue \$ 0)
Basic Needs-Homelessness - Our goal is to reduce family homelessness in Dane County by expanding eviction prevention strategies and providing direct access to stable housing for families facing homelessness. We will reduce our reliance on shelter as the first line of defense for these families. The strategies we invest in are landlord and tenant connections and financial counseling, quality case management, access to surplus food, and direct access to permanent housing through Housing First. By 2015, we will reduce the number of Dane County school-age children in shelter from 109 to 54 by 2015. We are on track to achieve that number. In 2010, there were 87 school age children from Dane County in Shelters. There was a total of 1055 children in the shelter system in 2010, an 18.5% reduction from 2009. In 2010, 6.7 Million pounds of food was distributed to 132,000 households, a 50% increase from 2006. In 2010, 3180 households were provided with financial literacy skills, 1960 families received case management and 131 Families were housed in Housing First Programs, with over 300 family members, eliminating their time in shelter and improving potential for school success.				
(Code)	(Expenses \$	1,937,740	including grants of \$	1,780,989) (Revenue \$ 0)
Safe Community Strong Neighborhoods - We are reducing violence toward individuals and families, we have three main focus areas: 1) Our Journey Home initiative links ex-offenders who are returning to the community to the four research-based strategies, Residency, Employment, Support and Treatment so they can successfully reintegrate back into the community. We've reduced the return-to-prison rate for Dane County from 66% to 21% in four years-long term goal is 10% by 2015 to keep our community safer. Since 2006 we have interviewed and provided services for 3,066 individuals. We have worked with 821 individuals to provide more intensive services with 62 of those individuals return to prison giving us a return to prison rate of 7.5% since 2006. Also, 1,488 have attended the service fairs with 430 services providers, 142 have found permanent or temporary residency, 262 have found employment, 342 have received support and treatment and an additional 2,007 bus tokens have been given out to facilitate transportation. 2) Achievement Connections is the initiative that works to keep our youth in school and on track to graduate from high school. Our goal for Achievement Connections is to increase the Dane County graduation rate to 95% by 2015, reducing the non-graduation rate by 50%. To achieve this goal, our strategies are: 1) Increase student engagement in the classroom, after school and in the community. 2) Increase parents' engagement and social support. 3) Increase the identification and treatment of behavioral health issues. 4) Drop-out recovery. High school graduation rates in Middleton/Cross Plains and Oregon are increasing thanks to these strategies. In 2005 Dane County's graduation rate was 90%--it's now 94.5% and we are on track to achieve our goal of 95% by 2012. We've reduced habitual truancy by 20%, drop out rates by 21.4%, and have engaged 1700+ parents. 3) We also are keeping the community safer by helping people get the life skills, communication skills, basic and industry specific job skills they need to find and maintain employment. We invest in programs focused on personal safety including domestic abuse, fire and disaster safety.				
(Code)	(Expenses \$	1,490,682	including grants of \$	1,373,221) (Revenue \$ 0)
Self-Reliance and Independence - Support for seniors and people with disabilities helping them live with independence. Adverse drug events and falls are identified as two acute yet preventable conditions that precipitate the functional decline of older adults, and thus cause them to be sent to institutional care, or place a heavier burden of care on their caregivers. In 2010, 6,200 seniors, 3,000 people with disabilities, and 2,000 caregivers received needed support such as home-delivered meals, case management, home chores, and caregiver respite, to keep their independence. And, with the work of the Delegation on Safe and Healthy Aging, we determined a more focused goal with these populations to reduce the rate of hospitalizations and Emergency Room visits caused by adverse drug events and falls by 15% by 2015. In 2009, 1,579 emergency department visits and 2,698 hospitalizations occurred as a result of adverse drug events and falls among older adults aged 65 and over in Dane County. Key strategies include the identification and assessment of the risk, improving connections among health providers and the human service systems providing access to available resources, and educating the community. Key results thus far include: developing an assessment and intervention protocol with pharmacies and social service providers, creating a geriatric tool kit for health care providers, social service providers, and caregivers to raise their awareness of the issues and potential problems, and working on the community-wide public awareness campaign. In 2010, 1,792 caregivers received help, training, or respite to care for their loved ones, 8010 seniors received a variety of services that to help them remain independent, including meals, transportation, financial counseling, and services to improve cognitive skills and reduce isolation. 3,456 people with disabilities received services to retain their independence including social-educational activities, volunteer mentors, day programming, and companionship, and 46 were assisted by trained service dogs.				

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

2010

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
2a	
2b	
2c	
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▶ \$ _____

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

Cat No 52283D

Schedule D (Form 990) 2010

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
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	3,898,508	3,196,622	3,829,268		
b Contributions	91,801	55,045	216,894		
c Investment earnings or losses	413,644	699,431	-690,775		
d Grants or scholarships	0	0	0		
e Other expenditures for facilities and programs	134,118	52,590	158,765		
f Administrative expenses	0	0	0		
g End of year balance	4,269,835	3,898,508	3,196,622		

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶ 87 %

b

Permanent endowment ▶ 10 %

c

Term endowment ▶ 3 %

3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i)

unrelated organizations

(ii)

related organizations

3a(i)

Yes

No

3a(ii)

Yes

b

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

3b

Yes

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	916,214	2,568,635
c Leasehold improvements	0	2,991	1,196	1,795
d Equipment	0	578,201	498,720	79,481
e Other	0	324,367	316,179	8,188
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				2,785,692

Part XIReconciliation 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 XIIReconciliation 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 XIIIReconciliation 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 XIVSupplemental 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_P05_S00_L04	Schedule D, Part V, Line 4	The endowment consists of several individual funds established for programs intended to protect the future of children, adult and elderly programs, community building and Vision Council purposes.
SchD_P10_S00_L02	Schedule D, Part X, Line 2	The Corporation is classified as a publicly-supported organization by the Internal Revenue Service and is exempt from federal income taxes under Section 501(c)(3) of the Internal Revenue Code. The corporation is also exempt from Wisconsin franchise, income and property tax. The Corporation follows the provisions of the Uncertainty in Income Taxes Section of the Income Taxes Topic of the FASB Accounting Standards Codification. These provisions address the determination of whether tax benefits claimed or expected to be claimed on a tax return should be recorded in the financial statements. 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 taxexempt 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 December 31, 2010, there were no unrecognized tax benefits identified or recorded as liabilities. The Corporation files a Form 990 (Return of Organization Exempt from Income Tax) annually in the U S federal jurisdiction and the state of Wisconsin. With few exceptions, the Corporation is no longer subject to examination by the Internal Revenue Service for the years 2006 and prior.

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

2010

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.

1

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

a

☐

Mail solicitations

e

☐

Solicitation of non-government grants

b

☐

Internet and e-mail solicitations

f

☐

Solicitation of government grants

c

☐

Phone solicitations

g

☐

Special fundraising events

d

☐

In-person solicitations

2a

Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes

☐ No

b

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

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

Review

Direct Expenses

Part III

Direct Expenses

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

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

11

Does the organization operate gaming activities with nonmembers?

☒ Yes ☐ No

12

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

☐ Yes ☒ No

13

Indicate the percentage of gaming activity operated in

a	The organization's facility	13a	0 %
b	An outside facility	13b	1 00 %

14

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

Name

Cheryl Loesel

Address

2059 Atwood Ave
Madison, WI 53704

15a

Does the organization have a contract with a third party from whom the organization receives gaming revenue?

☐ Yes ☒ No

b

If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$

c

If "Yes," enter name and address

Name

Address

16

Gaming manager information

Name

Renee Moe

Gaming manager compensation \$

1,149

Description of services provided

Supervises and manages the gaming operations

☐ Director/officer

☒ Employee

☐ Independent contractor

17

Mandatory distributions

a

Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

☐ Yes ☒ No

b

Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ 22,169

Part IV

Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
SchG_P03_S00_L17b	Schedule G, Part III, Line 17b	Profits were utilized to acheive results in the Agenda for Change

Schedule G (Form 990 or 990-EZ) 2010

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

2010

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. Part II can be duplicated if additional space is needed. ▶ ☐

1 (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

154

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 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.

Software ID: 10000077
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
Beth Israel Center1406 Mound St Madison, WI 53711	13-1659707	501c3	25,000				Donor Designated for General Support
American Heart Association2850 Dairy Dr Ste 300 Madison, WI 53718	13-5613797	501c3	174,842				Donor Designated for General Support
Community Health Charities National200 N Glebe Rd STE 801 Arlington, VA 22203	13-6167225	501c3	23,949				Donor Designated for Program Costs
Movin' Out600 Williamson St Madison, WI 53703	19-1833482	501c3	7,920				Program Operating Cost and Donor Designated for General Support
Dane County CASA211 S Carroll St 206 Madison, WI 53703	20-1717869	501c3	18,227				Program Operating Cost and Donor Designated for General Support
Black United Fund of Wisconsin2669 N Martin Luther King Dr Milwaukee, WI 53212	20-1919079	501c3	9,183				Donor Designated for Program Costs
Wisconsin Environmental Education Foundation110B College of Natural Resources Stevens Point, WI 54481	20-2042476	501c3	34,067				Donor Designated for Program Costs
The River Food Pantry2201 Darwin Rd Madison, WI 53704	20-4179749	501c3	9,736				Donor Designated for General Support
Sunshine Place18 Rickel Rd Sun Prairie, WI 53590	20-5398498	501c3	6,000				Program Operating Cost
Friends of the Financial Education Center2300 S Park St Ste 22 Madison, WI 53713	20-8961015	501c3	80,400				Program Operating Cost
Colonial Club301 Blankenheim Ln Sun Prairie, WI 53590	23-7071027	501c3	85,800				Program Operating Cost and Donor Designated for General Support
St Mary's Foundation700 S Park St Madison, WI 53715	23-7083559	501c3	21,000				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
Meriter Foundation202 S Park St Madison, WI 53715	23-7098688	501c3	8,111				Program Operating Cost and Donor Designated for General Support
Operation Fresh Start1925 Winnebago St Madison, WI 53704	23-7108090	501c3	101,734				Program Operating Cost
Operation Fresh Start1925 Winnebago St Madison, WI 53704	23-7108090	501c3	20,310				Donor Designated for General Support
United Fund of Iowa County PO Box 63 Dodgeville, WI 53533	23-7140278	501c3	5,414				Donor Designated for General Support
Portage Area United WayPO Box 354 Portage, WI 53901	23-7166773	501c3	9,220				Donor Designated for General Support
Madison Area Technical College3550 Anderson St Madison, WI 53707	23-7265867	501c3	35,300				Program Operating Cost
Madison-Area Urban Ministry2300 S Park St Ste 5 Madison, WI 53713	23-7298482	501c3	151,717				Program Operating Cost and Donor Designated for General Support
The Road Home128 E Olin Ave Ste 202 Madison, WI 53713	31-1618925	501c3	194,798				Program Operating Cost and Donor Designated for General Support
Madison Parks FoundationPO BOX 2987 Madison, WI 53701	33-1047992	501c3	21,300				Donor Designated for General Support
The Salvation Army of Dane County630 E Washington Ave Madison, WI 53703	36-2167910	501c3	335,961				Program Operating Cost and Donor Designated for General Support
University of Wisconsin Foundation1848 UNIVERSITY AVE Madison, WI 53726	39-0743975	501c3	16,801				Donor Designated for General Support
Family Service128 E Olin Ave Ste 100 Madison, WI 53713	39-0806186	501c3	176,307				Program Operating Cost and 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
American Red Cross Badger ChapterPO Box 5905 Madison, WI 53705	39-0806193	501c3	294,033				Program Operating Cost and Donor Designated for General Support
Edgewood Campus School 829 Edgewood Drive Madison, WI 53711	39-0806202	501c3	22,238				Donor Designated for General Support
YMCA of Dane County8001 Excelsior Dr Ste 200 Madison, WI 53717	39-0806253	501c3	147,557				Program Operating Cost and Donor Designated for General Support
YWCA of Madison101 E Mifflin Street Madison, WI 53703	39-0806303	501c3	843,561				Program Operating Cost and Donor Designated for General Support
Girl Scouts of the Black Hawk Council2710 Ski Ln Madison, WI 53713	39-0806331	501c3	64,104				Program Operating Cost and Donor Designated for General Support
Dane County Humane Society5132 Voges Rd Madison, WI 53718	39-0806335	501c3	189,043				Donor Designated for General Support
Children's Service Society of Wisconsin1716 Fordem Ave Madison, WI 53704	39-0806380	501c3	584,849				Program Operating Cost and Donor Designated for General Support
Mental Health Center of Dane County625 W Washington Ave Madison, WI 53703	39-0806445	501c3	175,818				Program Operating Cost and Donor Designated for General Support
Catholic Charities Diocese of MadisonPO Box 46550 Madison, WI 53744	39-0807067	501c3	540,272				Program Operating Cost and Donor Designated for General Support
Lutheran Social Services of WI & Upper Michigan6314 Odana Rd Madison, WI 53719	39-0816846	501c3	73,905				Program Operating Cost and Donor Designated for General Support
Society of St Vincent de Paul 1109 Jonathon Dr Madison, WI 53713	39-0824876	501c3	41,881				Donor Designated for General Support
Great Rivers United Way 1855 E Main St Onalaska, WI 54650	39-0848188	501c3	12,109				Donor Designated for Program Costs

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
Madison Jewish Community Council6434 Enterprise Lane Madison, WI 53719	39-0867186	501c3	7,500				Donor Designated for General Support
Madison Area Rehabilitation Centers901 Post Rd Madison, WI 53713	39-0968930	501c3	10,197				Donor Designated for General Support
Saint Maria Goretti5313 Flad Ave Madison, WI 53711	39-0969724	501c3	5,220				Donor Designated for General Support
Wisconsin Council of the Blind and754 Williamson St Madison, WI 53704	39-0977746	501c3	6,472				Donor Designated for General Support
Child Development2012 Fisher St Madison, WI 53713	39-1049261	501c3	6,356				Donor Designated for General Support
Community Action Coalition for South Central WI1717 N Stoughton Rd Madison, WI 53704	39-1053827	501c3	258,399				Program Operating Cost and Donor Designated for General Support
Big Brothers Big Sisters of Dane County2059 Atwood Ave Madison, WI 53704	39-1077783	501c3	199,448				Program Operating Cost and Donor Designated for General Support
United Way of Greater Eau Claire131 S Barstow St FL 5 Eau Claire, WI 54702	39-1077901	501c3	6,089				Donor Designated for Program Costs
Urban League of Greater Madison2222 S Park St Ste 200 Madison, WI 53713	39-1098146	501c3	605,033				Program Operating Cost and Donor Designated for General Support
Community Coordinated Child Care (4C) in Dane Co PO Box 45320 Madison, WI 53744	39-1165742	501c3	61,782				Program Operating Cost and Donor Designated for General Support
Omega School835 West Badger Rd Madison, WI 53713	39-1166888	501c3	114,867				Program Operating Cost and Donor Designated for General Support
Community Shares of Wisconsin612 W Main St Ste 303 Madison, WI 53703	39-1172378	501c3	352,595				Donor Designated for Program Costs

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
Hope Haven702 S High Point Rd Madison, WI 53719	39-1178878	501c3	41,200				Donor Designated for General Support
Independent Living815 Forward Dr Madison, WI 53711	39-1186642	501c3	197,600				Program Operating Cost and Donor Designated for General Support
East Madison Monona Coalition of the Aging4142 Monona Dr Madison, WI 53716	39-1211331	501c3	17,222				Program Operating Cost and Donor Designated for General Support
North Eastside Senior Coalition1625 Northport Dr Ste 125 Madison, WI 53704	39-1217221	501c3	82,503				Program Operating Cost and Donor Designated for General Support
West Madison Senior Coalition517 N Segoe Rd Ste 309 Madison, WI 53705	39-1222036	501c3	43,283				Program Operating Cost and Donor Designated for General Support
South Madison Coalition of the Elderly128 E Olin Ave Suite 110 Madison, WI 53713	39-1222287	501c3	52,461				Program Operating Cost and Donor Designated for General Support
Access to Independence301 S Livingston St Ste 200 Madison, WI 53703	39-1240200	501c3	50,658				Program Operating Cost and Donor Designated for General Support
Care WisconsinPO Box 8693 Madison, WI 53708	39-1245329	501c3	81,549				Program Operating Cost and Donor Designated for General Support
Community Health Charities of Wisconsin6737 W Washington St Ste 2253 West Allis, WI 53214	39-1261126	501c3	799,189				Donor Designated for General Support
Domestic Abuse Intervention ServicesPO Box 1761 Madison, WI 53701	39-1268238	501c3	203,480				Program Operating Cost and Donor Designated for General Support
NAMI Dane County2059 Atwood Ave Madison, WI 53704	39-1270706	501c3	42,121				Program Operating Cost and Donor Designated for General Support
Friends of the Waisman Center Inc1500 HIGHLAND AVENUE NO 255 Madison, WI 53705	39-1272090	501c3	7,500				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
RSVP of Dane Co517 N Segoe Rd Ste 300 Madison, WI 53705	39-1273164	501c3	283,673				Program Operating Cost and Donor Designated for General Support
Edgewood High School2219 Monroe St Madison, WI 53711	39-1299613	501c3	5,736				Donor Designated for General Support
Jewish Social Services of Madison6434 Enterprise Ln Madison, WI 53719	39-1300430	501c3	81,837				Program Operating Cost and Donor Designated for General Support
Sauk-Prairie United WayPO Box 122 Prairie Du Sac, WI 53578	39-1318028	501c3	17,341				Donor Designated for General Support
Family Enhancement2120 Fordem Ave Suite 210 Madison, WI 53704	39-1318176	501c3	118,733				Program Operating Cost and Donor Designated for General Support
HospiceCare5395 E Cheryl Pkwy Fitchburg, WI 53711	39-1319537	501c3	258,909				Program Operating Cost and Donor Designated for General Support
Hunger Relief Fund of Wisconsin201 S Hawley Ct Milwaukee, WI 53214	39-1345847	501c3	60,077				Donor Designated for Program Costs
Epilepsy Foundation - South Central Wisconsin1302 Mendota Street 100 Madison, WI 53714	39-1370658	501c3	43,752				Program Operating Cost and Donor Designated for General Support
DeForest Area Community and Senior Center505 N Main St DeForest, WI 53532	39-1371808	501c3	32,305				Program Operating Cost and Donor Designated for General Support
Madison Children's Museum 100 N Hamilton St Madison, WI 53703	39-1383497	501c3	12,204				Donor Designated for General Support
Access Community Health Centers3434 E Washington Ave Madison, WI 53704	39-1391134	501c3	357,175				Program Operating Cost and Donor Designated for General Support
Youth Services of Southern Wisconsin1955 Atwood Avenue Madison, WI 53704	39-1391737	501c3	166,077				Program Operating Cost and 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
Boy Scouts of AmericaPO Box 14135 Madison, WI 53708	39-1417416	501c3	50,679				Donor Designated for General Support
Dane County Parent Council 2096 Red Arrow Tr Madison, WI 53711	39-1418945	501c3	29,462				Program Operating Cost and Donor Designated for General Support
Pregnancy Helpline Inc of MadisonPO Box 5261 Madison, WI 53705	39-1419746	501c3	14,663				Donor Designated for General Support
Rainbow Project831 E Washington Ave Madison, WI 53703	39-1422626	501c3	75,677				Program Operating Cost and Donor Designated for General Support
Triangle Community Ministry 755 Braxton Place Apt B109 Madison, WI 53715	39-1425047	501c3	16,617				Program Operating Cost and Donor Designated for General Support
Hancock Center for Movement Arts & Therapies 16 N Hancock St Madison, WI 53703	39-1443008	501c3	29,043				Program Operating Cost and Donor Designated for General Support
Energy Services Inc1225 S Park St Madison, WI 53715	39-1443614	501c3	30,824				Donor Designated for General Support
Three GaitsPO Box 153 Oregon, WI 53575	39-1472538	501c3	41,004				Donor Designated for General Support
Tellurian UCAN Inc300 FEMRITE DR Madison, WI 53711	39-1482987	501c3	56,045				Donor Designated for General Support
Middleton Outreach Ministry 7432 Hubbard Ave Middleton, WI 53562	39-1484945	501c3	79,178				Program Operating Cost and Donor Designated for General Support
Access to Community Services5900 Monona Dr Ste 301 Madison, WI 53716	39-1485069	501c3	60,182				Donor Designated for Program Costs
Second Harvest Foodbank of Southern WI2802 Dairy Drive Madison, WI 53718	39-1490691	501c3	272,948				Program Operating Cost and 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
Community Work Services 3240 University Ave Ste 5 Madison, WI 53705	39-1498287	501c3	5,997				Donor Designated for General Support
United Asian Services of Wisconsin 2132 Fordem Ave Madison, WI 53704	39-1513150	501c3	8,173				Program Operating Cost and Donor Designated for General Support
Kennedy Heights Community Center 199 Kennedy Heights Madison, WI 53704	39-1519846	501c3	56,356				Program Operating Cost and Donor Designated for General Support
VSA Arts of Wisconsin 1709 Aberg Ave Madison, WI 53704	39-1526913	501c3	10,101				Donor Designated for General Support
Family Support and Resource Centers 101 Nob Hill Rd Ste 201 Madison, WI 53713	39-1533767	501c3	5,867				Donor Designated for General Support
AIDS Resource Center of Wisconsin 121 S Pinckney St Ste 320 Madison, WI 53703	39-1534049	501c3	5,320				Donor Designated for General Support
Home Health United Xtra Care 4639 Hammersley Road Madison, WI 53711	39-1539827	501c3	114,721				Program Operating Cost and Donor Designated for General Support
AIDS Network Madison PO Box 731 Madison, WI 53701	39-1548528	501c3	31,699				Program Operating Cost and 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
Porchlight 306 N Brooks St Madison, WI 53715	39-1579521	501c3	367,012				Program Operating Cost and Donor Designated for General Support
Habitat for Humanity of Dane County PO Box 258128 Madison, WI 53725	39-1592769	501c3	186,601				Program Operating Cost and Donor Designated for General Support
Wisconsin Academy for Graduate Service Dogs 1338 Dewey Ct Madison, WI 53703	39-1626569	501c3	62,581				Program Operating Cost and 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
Ronald McDonald House 2716 Marshall Ct Madison, WI 53705	39-1655790	501c3	27,579				Donor Designated for General Support
Northwest Dane Senior Services 1940 Blue Mounds St Ste 2 Black Earth, WI 53515	39-1691930	501c3	26,844				Program Operating Cost and Donor Designated for General Support
Chadab House- Lubavitch 1722 REGENT ST Madison, WI 53726	39-1732644	501c3	30,000				Donor Designated for General Support
Nehemiah Community Development Corp PO Box 9861 Madison, WI 53715	39-1736091	501c3	11,689				Donor Designated for General Support
United Way of Dane County Foundation 2059 Atwood Ave Madison, WI 53704	39-1763471	501c3	33,108				Donor Designated for General Support
South Madison Health & Family Center (Harambee) PO Box 259127 Madison, WI 53725	39-1778915	501c3	7,649				Program Operating Cost and Donor Designated for General Support
Wil-Mar Neighborhood Center 953 Jenifer St Madison, WI 53703	39-1796793	501c3	31,215				Program Operating Cost and Donor Designated for General Support
Cornucopia 306 N Brooks St Madison, WI 53715	39-1865263	501c3	31,686				Program Operating Cost and Donor Designated for General Support
Simpson Street Free Press PO Box 6307 Monona, WI 53716	39-1882258	501c3	27,198				Program Operating Cost and Donor Designated for General Support
Deerfield Community Center PO Box 404 Deerfield, WI 53531	39-1899306	501c3	19,916				Program Operating Cost and Donor Designated for General Support
Goodman Community Center 149 Waubesa St Madison, WI 53704	39-1919172	501c3	220,587				Program Operating Cost and Donor Designated for General Support
Cambridge Area Youth Center PO Box 54 Cambridge, WI 53523	39-1924511	501c3	12,323				Program Operating Cost and 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
Boys & Girls Club of Dane County2001 Taft St Madison, WI 53713	39-1925617	501c3	126,937				Program Operating Cost and Donor Designated for General Support
Neighborhood House29 S Mills St Madison, WI 53715	39-1930073	501c3	14,202				Program Operating Cost and Donor Designated for General Support
Lussier Community Education Center55 S Gammon Rd Madison, WI 53717	39-1938173	501c3	55,608				Program Operating Cost and Donor Designated for General Support
Wheelchair Recycling Program2554 Advance Rd Madison, WI 53718	39-1940532	501c3	6,325				Donor Designated for General Support
East Madison Community Center8 Straubel Ct Madison, WI 53704	39-1941839	501c3	117,248				Program Operating Cost and Donor Designated for General Support
Vera Court Neighborhood Center614 Vera Ct Madison, WI 53704	39-1945609	501c3	124,236				Program Operating Cost and Donor Designated for General Support
Madison Apprenticeship ProgramPO Box 44842 Madison, WI 53711	39-2016458	501c3	13,433				Program Operating Cost and Donor Designated for General Support
Madison School Community Recreation3802 Regent St Madison, WI 53705	39-2034615	501c3	33,159				Program Operating Cost and Donor Designated for General Support
UW Hillel Foundation611 LANGDON ST Madison, WI 53703	39-2035142	501c3	25,000				Donor Designated for General Support
Public Health - Madison and Dane County210 MLK Jr Blvd Rm 507 Madison, WI 53703	39-6005507	501c3	16,500				Program Operating Cost
Stoughton Youth Center518 S Fourth Street Stoughton, WI 53589	39-6005622	501c3	15,024				Program Operating Cost and Donor Designated for General Support
United Way of North Rock County205 N Main St Ste 101 Janesville, WI 53545	39-6006734	501c3	20,323				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
Temple Beth El2702 ARBOR DR Madison, WI 53711	39-6007966	501c3	25,000				Donor Designated for General Support
United Way of Jefferson & N Walworth Cty734 Madison Ave Fort Atkinson, WI 53538	39-6046361	501c3	6,290				Donor Designated for General Support
United Way of Green County IncPO Box 511 Monroe, WI 53566	39-6060531	501c3	6,796				Donor Designated for General Support
Henry Vilas Zoological Society606 S Randall Ave Madison, WI 53716	39-6077008	501c3	18,045				Donor Designated for General Support
Stoughton Area Resource Team248 W Main St Stoughton, WI 53589	41-2076251	501c3	13,708				Program Operating Cost and Donor Designated for General Support
Worker Center2300 S Park St Ste 6 Madison, WI 53713	41-2227413	501c3	28,477				Program Operating Cost and Donor Designated for General Support
Imagine a Child's Capacity14 Ellis Potter Ct Ste 200 Madison, WI 53711	42-1580057	501c3	16,120				Program Operating Cost and Donor Designated for General Support
ARC Community Services2001 W Beltline Hwy Ste 102 Madison, WI 53713	51-0163796	501c3	53,367				Program Operating Cost and Donor Designated for General Support
Literacy Network1118 S Park St Madison, WI 53715	51-0180488	501c3	165,348				Program Operating Cost and Donor Designated for General Support
Canopy Center2120 Fordem Ave Ste 110 Madison, WI 53704	51-0211908	501c3	159,652				Program Operating Cost and Donor Designated for General Support
Global Impact66 Canal Ctr Plaza Ste 310 Alexandria, VA 22314	52-1273585	501c3	215,834				Donor Designated for Program Costs
Earth Share7735 Old Georgetown Rd STE 900 Bethesda, MD 20814	52-1601960	501c3	155,883				Donor Designated for Program Costs

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
American Red Cross-National Headquarters2025 E St NW Washington,DC 20006	53-0196605	501c3	6,149				Donor Designated for Program Costs
America's Charities14150 Newbrook Dr 110 Chantilly,VA 20151	54-1517707	501c3	84,508				Donor Designated for Program Costs
Neighbor to Nation7620 Little River Turnpike Ste 600 Annandale,VA 22003	54-1879282	501c3	41,136				Donor Designated for Program Costs
McFarland Youth CenterPO Box 362 McFarland,WI 53558	61-1500763	501c3	13,626				Program Operating Cost and Donor Designated for General Support
Gilda's Club of Madison7907 UW Health Court Middleton,WI 53562	06-1662883	501c3	41,306				Donor Designated for General Support
Hope House Building Corporation312 Wisconsin Ave Madison,WI 53703	72-1574555	501c3	15,193				Program Operating Cost and Donor Designated for General Support
CancerCure of America21 Tamal Vista Blvd 209 Corte Madera,CA 94925	81-0648432	501c3	7,401				Donor Designated for Program Costs
Young Life - WisconsinPO Box 323 Mount Horeb,WI 53572	84-0385934	501c3	10,537				Donor Designated for General Support
Community Partnerships 1334 Dewey Ct Madison,WI 53703	91-2064768	501c3	20,941				Program Operating Cost and Donor Designated for General Support
Exchange Center for the Prevention of Child Abuse 2120 Fordem Ave Ste 200 Madison,WI 53704	93-0821148	501c3	159,181				Program Operating Cost and Donor Designated for General Support
Respite Center2120 Fordem Ave Ste 180 Madison,WI 53704	93-0841957	501c3	124,230				Program Operating Cost and Donor Designated for General Support
Centro Hispano of Dane County810 W Badger Rd Madison,WI 53713	93-0844812	501c3	161,392				Program Operating Cost and 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
Independent Charities of America110 Larkspur Landing Cir Ste 340 Larkspur, CA 94939	94-3067804	501c3	182,610				Donor Designated for Program Costs
Children's Charities of America21 Tamal Vista Blvd 209 Corte Madera, CA 94925	94-3148588	501c3	8,353				Donor Designated for Program Costs
Do Unto Others America's Emergency Relief21 Tamal Vista Blvd 209 Corte Madera, CA 94925	94-3148590	501c3	5,210				Donor Designated for Program Costs
Medical Research Charities8001 Braddock Rd STE 301 Springfield, VA 22151	94-3148591	501c3	6,825				Donor Designated for Program Costs
Christian Service Charities8001 Braddock Rd STE 301 Springfield, VA 22151	94-3193374	501c3	17,625				Donor Designated for Program Costs
Animal Charities of America21 Tamal Vista Blvd 209 Corte Madera, CA 94925	94-3193389	501c3	15,809				Donor Designated for Program Costs
Military Veterans & Patriotic Service21 Tamal Vista Blvd 209 Corte Madera, CA 94925	94-3193418	501c3	15,352				Donor Designated for Program Costs
Conservation & Preservation CharitiesPO Box 45759 San Francisco, CA 94145	94-3217738	501c3	6,216				Donor Designated for Program Costs
Health & Medical Research Charities21 Tamal Vista Blvd 209 Corte Madera, CA 94925	94-3217739	501c3	13,357				Donor Designated for Program Costs
Christian Charities USA Federation21 Tamal Vista Blvd 209 Corte Madera, CA 94925	94-3255961	501c3	10,825				Donor Designated for Program Costs

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2010

Open to Public Inspection

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.

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 appropriate 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 or provision 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 from the organization or a related organization?	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 accrued 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 duplicate copies if additional space is 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				
(1) Leslie Ann Howard	(i)	184,732	16,500	0	13,600	12,654	227,486	0
	(ii)	0	0	0	0	0	0	0
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

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 2010 the contributions were \$18,500. 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 M
(Form 990)

NonCash Contributions

OMB No 1545-0047

2010

Open to Public Inspection

►Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30.
► Attach to Form 990.

Name of the organization
UNITED WAY OF DANE COUNTY INC

Employer identification number
39-0817532

Part I

Types of Property

	(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining oncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles .				
7 Boats and planes				
8 Intellectual property . .				
9 Securities—Publicly traded	X	39	512,406	market value at time of donation
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests .				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other . .				
15 Real estate—Residential .				
16 Real estate—Commercial				
17 Real estate—Other . .				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts . .				
23 Scientific specimens . .				
24 Archeological artifacts .				
25 Other ► ()				
26 Other ► ()				
27 Other ► ()				
28 Other ► ()				
29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement			29	0

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

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
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SCHEDULE O
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ****2010****Open to Public
Inspection**

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

Department of the Treasury
Internal Revenue Service**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	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 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.

Identifier	Return Reference	Explanation
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 of the President of the corporation before the annual meeting of members.

Identifier	Return Reference	Explanation
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.

Identifier	Return Reference	Explanation
F990_P06_S0B_L11a	Form 990, Part VI, Section B, Line 11a	Prior to filing, the Form 990 is made available to the Board of Directors, Finance and Audit Committee and independent audit firm for review electronically

Identifier	Return Reference	Explanation
F990_P06_S0B_L12c	Form 990, Part VI, Section B, Line 12c	The conflict of interest policy is discussed and review ed annually w ith the Board of Directors, other volunteers, and staff Each group is asked to complete a questionnaire that includes disclosing relationships that could be considered a conflict of interest

Identifier	Return Reference	Explanation
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 conduct a performance review of the President and approve the salary for the year. The President conducts a performance review of the other officers and key employees and recommends a salary for the year which is approved by the Executive Committee.

Identifier	Return Reference	Explanation
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 , websites - unitedwaydaneconomy org, Guidestar, and Charity Navigator

Identifier	Return Reference	Explanation
F990_P11_S00_L05	Form 990, Part XI, Line 5	\$742,282 - Restatement of Fund held at Madison Community Foundation, (\$344,235) - Gain on Donor Designated Pledges, \$73,999 - Distribution from United Way of Dane County Foundation eliminated in audit, \$427,050 - Growth in Temporarily Restricted Net Assets, \$8,266 - Change in beneficial interest in assets held by Madison Community Foundation

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

2010

Open to Public Inspection

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	(g) Section 512(b)(13) controlled organization	
						Yes	No
(1) 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) Disproporionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

Part V

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

Note. Complete line 1 if any entity is listed in Parts II, III or IV

1

During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a

Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity

b

Gift, grant, or capital contribution to other organization(s)

c

Gift, grant, or capital contribution from other organization(s)

d

Loans or loan guarantees to or for other organization(s)

e

Loans or loan guarantees by other organization(s)

f

Sale of assets to other organization(s)

g

Purchase of assets from other organization(s)

h

Exchange of assets

i

Lease of facilities, equipment, or other assets to other organization(s)

j

Lease of facilities, equipment, or other assets from other organization(s)

k

Performance of services or membership or fundraising solicitations for other organization(s)

l

Performance of services or membership or fundraising solicitations by other organization(s)

m

Sharing of facilities, equipment, mailing lists, or other assets

n

Sharing of paid employees

o

Reimbursement paid to other organization for expenses

p

Reimbursement paid by other organization for expenses

q

Other transfer of cash or property to other organization(s)

r

Other transfer of cash or property from other organization(s)

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

No

No

Yes

No

No

No

No

No

No

No

Yes

No

Yes

Yes

No

Yes

Yes

Yes

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	(d) Method of determining amount involved
(1) United Way of Dane County Foundation	c	73,999	
(2) United Way of Dane County Foundation	p	421	
(3) United Way of Dane County Foundation	q	33,287	
(4) United Way of Dane County Foundation	r	61,281	
(5)			
(6)			

Schedule R (Form 990) 2010

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.

[illegible]

Part VII **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation
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