See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493297003442

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

OMB No 1545-0047

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011

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

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
PO Box 7548

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

D Employer identification number
39-0817532

E Telephone number
(608) 246-4350

G Gross receipts $ 20,375,996

F Name and address of principal officer
Leslie Ann Howard
2059 Atwood Ave
Madison, WI 53704

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

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

H(c) Group exemption number ▶

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

J Website: ▶ UnitedWayDaneCounty org

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1951

M State of legal domicile WI

Part I Summary

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

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	38
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	38
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	**5**	123
6	Total number of volunteers (estimate if necessary)	**6**	7,126
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

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	18,205,774	19,262,495
9	Program service revenue (Part VIII, line 2g)	0	0
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	69,789	49,112
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	86,113	70,644
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	18,361,676	19,382,251
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	14,404,440	14,884,413
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)	3,069,275	3,230,504
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,709,212		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,057,613	1,151,061
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	18,531,328	19,265,978
19	Revenue less expenses Subtract line 18 from line 12	-169,652	116,273

Revenue

Expenses

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	21,585,705	21,574,289
21	Total liabilities (Part X, line 26)	6,045,348	6,167,884
22	Net assets or fund balances Subtract line 21 from line 20	15,540,357	15,406,405

Net Assets or Fund Balances

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 — 2012-08-10 Date

▶ Leslie Ann Howard President
Type or print name and title

Paid Preparer's Use Only

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

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

Part III **Statement of Program Service Accomplishments**

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

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 organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations 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 $ 3,791,737 including grants of $ 3,498,608) (Revenue $ 0)

Growing Up Getting Ready-All students succeed academically and graduate from high school, regardless of race 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 Born Learning Mobilization Plan's goal 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 2011, 2,352 children and 2,329 caregivers attended 14 Play & Learns, the Ages and Stages screener was administered to 2,352 children Of those screened, 12% 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 Schools of Hope Mobilization Plan goal No more than 5% of any student group will score minimal on the 4th grade WKCE (WI Knowledge and Concepts Exam) and by 2015 the proportion of Students of Color scoring advanced or proficient on the 4th grade WKCE (WI Knowledge and Concepts Exam) will increase Our Achievement Connections Mobilization Plan goals We'll improve the passage of algebra in high school, and increase the graduation rate in Dane County from 91 4% to 95% by 2020 with an interim goal of 93 2% by 2016 Strategies in this area include tutoring at all levels--Our tutoring initiative engaged 1,041 volunteers in 4 school districts, tutoring 6000+ students K-12 In 2011 5% of 4th graders scored minimal on state tests, the percent of students completing algebra increased to 80%, and all Dane County schools except seven graduated at least 90% of their high school students

4b (Code) (Expenses $ 3,465,553 including grants of $ 2,679,940) (Revenue $ 0)

Agency and Volunteer Development-United Way engages our community, mobilizes volunteers and strengthens local nonprofits to achieve measurable results and change lives Our Volunteer Engagement Mobilization Plan goal is By 2020, to increase volunteerism to 800,000 hours in the Agenda for Change to accelerate results Key strategies include aligning volunteers with opportunities that support the Agenda for Change, leveraging volunteers' intellectual capacity as well as their physical capacity, mobilizing diverse groups of volunteers, increasing opportunities for corporate volunteers, and developing youth leadership opportunities through volunteering In 2011 volunteers provided over 618,000 hours of volunteer service dedicated to advancing the Agenda for Change, and 17 6 million hours of volunteer service for Dane County 35,256 visitors searched VolunteerYourTime org to get connected with the perfect volunteer opportunity in Dane County We work to build agency effectiveness and capacity by providing training and developmental opportunities to business volunteer programs, volunteer managers, nonprofit boards and executive directors to help strengthen the leadership, governance and volunteer engagement within our partner agencies Through the Annual Campaign we are providing funding to over 500 agencies and other United Ways In 2011, United Way's 2-1-1 center answered 65,798 calls for help 2-1-1 Center is available 24 hours a day, seven days a week and is staffed by trained specialists who help individuals and families find fast, free and confidential help in health and human services

4c (Code) (Expenses $ 3,152,300 including grants of $ 2,929,473) (Revenue $ 0)

Basic Needs-There is a decrease in family homelessness Our goal is to reduce family homelessness and the number of children in shelter by 50% in Dane County by 2015 by expanding eviction prevention strategies and providing direct access to stable housing for families facing homelessness We have reduced our reliance on shelter as the first line of defense for Dane County families The strategies we invest in are landlord and tenant connections and financial counseling, quality case management, access to surplus/free 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 2010 we reduced that number to 87 (-23%) in shelters We've also reduced the total number of children in shelter by 18 5% to 1055 In 2011, 7 1 million pounds of food were distributed to 132,000 households, over a 50% increase from 2006 In 2011, 3,150 households learned financial literacy skills, 2,111 families received case management and 549 families were stably housed in our Housing First program eliminating their time in shelter and improving potential for school success

(Code) (Expenses $ 2,696,854 including grants of $ 2,511,606) (Revenue $ 0)

Healthy for Life Health issues are identified and treated early Our Health Agenda focuses on removing barriers and providing access to physical/behavioral health and dental resources so that people's health issues are identified and treated early Connecting people, particularly those with low incomes or who are uninsured, with health care and dental "homes" is a proven best practice that we promote and support as it provides a regular source of care that focuses on preventive care, managing chronic illnesses and reducing the need for hospitalizations or emergency visits In 2011, 679 children and 293 pregnant women received preventive dental care, 539 children received a well child exam prior to entrance into kindergarten and 1,056 diabetics improved the management of their disease as a result of being connected with a community-based medical home through United Way's support More specifically, our work on health is tightly connected with other United Way goals Our relationship with Dane County healthcare providers has led to use of a common developmental screening tool, the Ages & Stages Questionnaire, becoming a part of well child visits throughout our community The early detection and treatment of developmental delays is critical to assuring that children are ready to learn when they enter kindergarten Significant investments also address the early identification and treatment of behavioral and mental health issues that keep kids from learning This is a critical component of keeping youth connected to school, families and the community and on-track for graduation During the 2011/2012 school year, 2,500 sixth graders were screened for behavioral health issues, 60 of those required and received intervention Additionally, in another school-based program serving students at all grade levels, 685 students participated in 107 behavioral health groups offered in 49 schools and 5 off-site locations in 8 Dane County school districts

(Code) (Expenses $ 2,092,337 including grants of $ 1,882,933) (Revenue $ 0)

Safe Community Strong Neighborhoods There is a reduction in violence toward individuals and families We have three main focus areas 1) Achievement Connections is the initiative that works to keep our youth in school and on track to graduate from high school with a combination of middle and high school strategies Our goal is to 1)increase the graduation rate in Dane County from 91 4% to 95% by 2020 with an interim goal of 93 2% by 2016, and 2) Increase the graduation rate for MMSD students from 74 5% to 84 5% by 2020 (or an additional 197 students will graduate by 2020) with an interim goal of 79 5% by 2016 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 91 43 % We've reduced habitual truancy by 20%, drop out rates by 21 4%, and have engaged 1700+ parents 2) 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 3) We also are keeping the community safer by helping people get the literacy and numeracy skills with high school equivalency diplomas, life skills, communication skills, basic and industry specific job skills they need to find and maintain employment We also invest in programs focused on personal safety including domestic abuse and fire and disaster safety

(Code) (Expenses $ 1,520,226 including grants of $ 1,381,853) (Revenue $ 0)

Self-Reliance and Independence Seniors and people with disabilities are able to stay in their homes We work to provide support for seniors and people with disabilities to help them live independently in their homes Adverse drug events and falls are two acute yet preventable conditions that precipitate hospitalization and institutionalization 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 United Way's Delegation on Safe and Healthy Aging determined we could reduce the rate of emergency room visits and hospitalizations caused by adverse drug events and falls by 15% by 2015 To do so we are implementing four strategies (1) Identify and assess seniors at risk of Adverse Drug Events and/or falls in Dane County, (2) Connect physicians and other health care providers with community-based resources to meet the non-medical needs of their patients that can help prevent falls and Adverse Drug Events, (3) Provide caregivers with access to resources and tools that help seniors remain safe, and (4) Help the community understand and advocate for the prevention of Adverse Drug Events and falls In 2011, (1) 1,328 (of 1,532) caregivers of seniors with dementia and frailty supported seniors with dementia or frailty to remain independent in their homes by receiving respite services and trainings to manage their stress levels and learn about key caregiving knowledge and skills (87% success rate), (2) 2,332 (of 2,621) frail seniors remained independent by receiving home-delivered meals or home chore assistance or transportation services, necessary to maintain their health and independence at home (89% success rate), (3) 778 (of 817) seniors accessed available services through case managers (95% success rate), and (4) 590 (of 697) seniors maintained physical/cognitive functioning levels through educational programs and group activities at senior/community centers (85% success rate)

4d Other program services (Describe in Schedule O)
(Expenses $ 6,309,417 including grants of $ 5,776,392) (Revenue $ 0)

4e **Total program service expenses** ▶ $ 16,719,007

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 instructions)?	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 for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	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 temporarily restricted endowments, permanent endowments, 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, line10? *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, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Part I*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Part II 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, Part 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*	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.** All Form 990 filers that operated one or more hospitals must attach audited financial statements	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? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	**35a**	Yes	
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V **Statements Regarding Other IRS Filings and Tax Compliance**

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**	1		
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**	123		
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 or securities 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?		**12a**		
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.** All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state		**13a**		
b	Enter the aggregate 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 aggregate 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	38		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	38		
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	Did the organization have members or stockholders?	6		Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	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	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete 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 the Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did 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," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	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 made 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 made its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

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

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

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

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

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b **Sub-Total** . . . . . ▶										
c **Total from continuation sheets to Part VII, Section A** . . . . ▶										
d **Total (add lines 1b and 1c)** . . . . . ▶								414,677	0	81,409

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

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

			(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	39,635			
	b	Membership dues 1b	0			
	c	Fundraising events 1c	667,227			
	d	Related organizations 1d	81,804			
	e	Government grants (contributions) 1e	931,807			
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	17,542,022			
	g	Noncash contributions included in lines 1a-1f $ 592,108				
	h	**Total.** Add lines 1a-1f	19,262,495			
Program Service Revenue		Business Code				
	2a					
	b					
	c					
	d					
	e					
	f	All other program service revenue				
	g	**Total.** Add lines 2a–2f	0			
	3	Investment income (including dividends, interest and other similar amounts)	36,976	0	0	36,976
	4	Income from investment of tax-exempt bond proceeds	0	0	0	0
	5	Royalties	0	0	0	0

		(i) Real	(ii) Personal				
	6a Gross rents	50,479	0				
	b Less rental expenses	91,440	0				
	c Rental income or (loss)	-40,961	0				
	d Net rental income or (loss)			-40,961	0	0	-40,961

		(i) Securities	(ii) Other				
	7a Gross amount from sales of assets other than inventory	604,244	0				
	b Less cost or other basis and sales expenses	592,108	0				
	c Gain or (loss)	12,136	0				
	d Net gain or (loss)			12,136	0	0	12,136
Other Revenue	8a Gross income from fundraising events (not including $ 667,227 of contributions reported on line 1c) See Part IV, line 18 a 304,597						
	b Less direct expenses b 307,313						
	c Net income or (loss) from fundraising events			-2,716		0	-2,716
	9a Gross income from gaming activities See Part IV, line 19 a 44,732						
	b Less direct expenses b 2,884						
	c Net income or (loss) from gaming activities			41,848	0	0	41,848
	10a Gross sales of inventory, less returns and allowances a						
	b Less cost of goods sold b						
	c Net income or (loss) from sales of inventory						
	Miscellaneous Revenue	Business Code					
	11a Other Miscellaneous Revenue	900099		72,473	72,473	0	0
	b						
	c						
	d All other revenue			0	0	0	0
	e **Total.** Add lines 11a–11d			72,473			
	12 **Total revenue.** See Instructions			19,382,251	72,473	0	47,283

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)
Check if Schedule O contains a response to any question in this Part IX . . . . . ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	14,884,413	14,884,413		
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	523,756	234,389	104,383	184,984
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	1,942,338	829,781	401,330	711,227
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	177,213	74,280	39,566	63,367
9	Other employee benefits	389,569	149,624	92,232	147,713
10	Payroll taxes	197,628	88,127	37,626	71,875
11	Fees for services (non-employees)				
a	Management				
b	Legal				
c	Accounting	44,026	0	44,026	0
d	Lobbying				
e	Professional fundraising *See Part IV, line 17* . .				
f	Investment management fees				
g	Other	50,346	27,859	3,333	19,154
12	Advertising and promotion	273,174	77,681	7,504	187,989
13	Office expenses	9,766	7,709	381	1,676
14	Information technology	37,820	16,784	8,662	12,374
15	Royalties . .				
16	Occupancy	109,957	52,747	1,081	56,129
17	Travel	90,174	53,591	18,985	17,598
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	38,856	9,453	20,820	8,583
20	Interest				
21	Payments to affiliates	163,479	70,100	32,908	60,471
22	Depreciation, depletion, and amortization	141,838	73,050	18,949	49,839
23	Insurance	6,777	2,906	1,364	2,507
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	103,216	45,201	18,178	39,837
b	Postage and Shipping	37,218	4,619	6,901	25,698
c	Membership Dues	24,480	10,497	4,928	9,055
d					
e					
f	All other expenses	19,934	6,196	-25,398	39,136
25	**Total functional expenses.** Add lines 1 through 24f	19,265,978	16,719,007	837,759	1,709,212
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) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		0	1	250
	2	Savings and temporary cash investments		7,176,168	2	7,577,589
	3	Pledges and grants receivable, net		10,552,651	3	10,112,051
	4	Accounts receivable, net		230,357	4	373,964
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		0	5	0
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		0	6	0
	7	Notes and loans receivable, net		0	7	0
	8	Inventories for sale or use		0	8	0
	9	Prepaid expenses and deferred charges		67,759	9	68,128
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 4,603,855			
	b	Less accumulated depreciation	10b 1,874,147	2,785,692	10c	2,729,708
	11	Investments—publicly traded securities		10,161	11	29,176
	12	Investments—other securities See Part IV, line 11		750,548	12	674,343
	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		12,369	15	9,080
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		21,585,705	16	21,574,289
Liabilities	17	Accounts payable and accrued expenses		322,153	17	413,985
	18	Grants payable		5,434,093	18	5,422,620
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		289,102	25	331,279
	26	**Total liabilities.** Add lines 17 through 25		6,045,348	26	6,167,884
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		4,421,116	27	4,373,407
	28	Temporarily restricted net assets		11,119,241	28	11,032,998
	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		15,540,357	33	15,406,405
	34	Total liabilities and net assets/fund balances		21,585,705	34	21,574,289

Part XI Reconcilliation 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	19,382,251
2	Total expenses (must equal Part IX, column (A), line 25)	2	19,265,978
3	Revenue less expenses Subtract line 2 from line 1	3	116,273
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	15,540,357
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-250,225
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	15,406,405

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? . .	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a 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?	3a	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 . .	3b	Yes	

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493297003442

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
UNITED WAY OF DANE COUNTY INC

Employer identification number
39-0817532

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

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

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

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

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

_____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☑ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 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?

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

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

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

Part II **Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	17,967,110	19,414,515	18,145,159	18,205,774	19,262,495	92,995,053
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
3 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
4 **Total.** Add lines 1 through 3	17,967,110	19,414,515	18,145,159	18,205,774	19,262,495	92,995,053
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)						960,744
6 **Public Support.** Subtract line 5 from line 4						92,034,309

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	17,967,110	19,414,515	18,145,159	18,205,774	19,262,495	92,995,053
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	211,085	145,011	124,480	120,268	87,455	688,299
9 Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0	0	0
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets	75,741	77,707	75,922	77,607	72,473	379,450
11 **Total support** (Add lines 7 through 10)						94,062,802

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 2011 (line 6 column (f) divided by line 11 column (f))	14	97 843 %
15	Public Support Percentage for 2010 Schedule A, Part II, line 14	15	98 561 %

16a **33 1/3% support test—2011.** 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—2010.** 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—2011.** 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—2010.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ☐

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

Part III **Support Schedule for Organizations Described in IRC 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support** (Add lines 9, 10c, 11 and 12)						

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

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2011** (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from **2010** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2011.** 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—2010.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

20 **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions ▶☐

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. 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 and managing combined public sector campaigns

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493297003442

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, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
UNITED WAY OF DANE COUNTY INC

Employer identification number
39-0817532

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

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

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06	2d

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

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

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

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

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

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

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

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

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

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

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

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

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

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

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

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

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

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

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

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

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

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

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

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

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

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

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

		(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a	Beginning of year balance	4,269,835	3,898,508	3,196,622	3,829,268	
b	Contributions	417,796	91,801	55,045	216,894	
c	Investment earnings or losses	179,218	413,644	699,431	-690,775	
d	Grants or scholarships	0	0	0	0	
e	Other expenditures for facilities and programs	152,689	134,118	52,590	158,765	
f	Administrative expenses	0	0	0	0	
g	End of year balance	4,714,160	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 ▶ 88 %
- b Permanent endowment ▶ 9 %
- 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

		Yes	No
(i) unrelated organizations	3a(i)		No
(ii) related organizations	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 Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	0	127,593		127,593
b Buildings	0	3,492,875	1,006,916	2,485,959
c Leasehold improvements	0	9,645	2,161	7,484
d Equipment	0	635,395	545,074	90,321
e Other	0	338,347	319,996	18,351
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				2,729,708

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

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

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

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

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

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

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
Deferred Compensation	331,279
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	331,279

2. Fin 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC740)

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

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

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

1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	

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

1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
SchD_P05_S00_L04	Schedule D, Part V, Line 4	The endowment funds consist of multiple individual funds established to support the future of children, adult and elderly programs, community building and United Way purposes in Dane County
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 At December 31, 2011 and 2010, there were no unrecognized tax benefits identified or recorded as liabilities It is the Corporation's policy to recognize interest and penalties associated with unrecognized tax benefits as other expenses in the statement of operations and changes in net assets

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493297003442

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

2011

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

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising 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 **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000.

		(a) Event #1 Loaned Executive (event type)	(b) Event #2 Advertising (event type)	(c) Other Events 10 (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	859,748	50,500	103,424	1,013,672
	2 Less Charitable contributions	709,075	0	0	709,075
	3 Gross income (line 1 minus line 2)	150,673	50,500	103,424	304,597
Direct Expenses	4 Cash prizes	0	0	0	0
	5 Non-cash prizes	308	0	36,923	37,231
	6 Rent/facility costs	610	0	8,912	9,522
	7 Food and beverages	6,634	0	48,796	55,430
	8 Entertainment	0	0	940	940
	9 Other direct expenses	142,776	50,521	10,893	204,190
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(307,313)
	11 Net income summary Combine lines 3 and 10 in column (d) ▶				-2,716

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1 Gross revenue			44,732	44,732
Direct Expenses	2 Cash prizes				0
	3 Non-cash prizes			2,884	2,884
	4 Rent/facility costs				0
	5 Other direct expenses				0
	6 Volunteer labor	☐ Yes ☐ No	☐ Yes ☐ No	☑ Yes 100 % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				(2,884)
	8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶				41,848

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

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

b If "No," Explain

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

b If "Yes," Explain

11 Does the organization 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 ▶ $ 1,198

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 ▶ $ 41,848

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 achieve 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

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493297003442

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

2011

Open to Public Inspection

Name of the organization
UNITED WAY OF DANE COUNTY INC

Employer identification number
39-0817532

Part I General Information on Grants and Assistance

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

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

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . ▶ 138

3 Enter total number of other organizations listed in the line 1 table . . . ▶ 2

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

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

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

Identifier	Return Reference	Explanation
SchI_P01_S00_L02	Schedule I, Part I, Line 2	United Way of Dane County, Inc has a formal and multi-level process of grant monitoring United Way of Dane County, Inc requires funded programs to submit reports twice annually United Way of Dane County, Inc staff works with teams of community leaders (more than 150 people, organized by expertise and area of focus) to monitor to these reports These teams set and monitor program outcomes and budget for each grant as well as overall agency financial stability, governance and executive leadership Larger grants receive more regular monitoring, including site visits

Additional Data

Return to Form

Software ID: 11000129
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
Access Community Health Centers3434 E Washington Ave Madison, WI 53704	39-1391134	501c3	313,435				Program Operating Cost/Donor Designation for General Support
Access to Independence301 S Livingston St Ste 200 Madison, WI 53703	39-1240200	501c3	48,158				Program Operating Cost/Donor Designation 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
AIDS Network MadisonPO Box 731 Madison, WI 53701	39-1548528	501c3	30,125				Program Operating Cost/Donor Designation for General Support
American Red Cross Badger ChapterPO Box 5905 Madison, WI 53705	39-0806193	501c3	252,973				Program Operating Cost/Donor Designation 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
ARC Community Services2001 W Beltline Hwy Ste 102 Madison, WI 53713	51-0163796	501c3	54,035				Program Operating Cost/Donor Designation for General Support
Big Brothers Big Sisters of Dane County2059 Atwood Ave Madison, WI 53704	39-1077783	501c3	202,746				Program Operating Cost/Donor Designation 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 County 2001 Taft St Madison, WI 53713	39-1925617	501c3	128,077				Program Operating Cost/Donor Designation for General Support
Cambridge Area Youth CenterPO Box 54 Cambridge, WI 53523	39-1924511	501c3	9,160				Program Operating Cost/Donor Designation 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
Canopy Center 2120 Fordem Ave Ste 110 Madison, WI 53704	51-0211908	501c3	138,425				Program Operating Cost/Donor Designation for General Support
Care WisconsinPO Box 8693 Madison, WI 53708	39-1245329	501c3	52,477				Program Operating Cost/Donor Designation 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
Catholic Charities Diocese of MadisonPO Box 46550 Madison, WI 53744	39-0807067	501c3	498,978				Program Operating Cost/Donor Designation for General Support
Center for Families 2120 Fordem Ave Madison, WI 53704	39-1624393	501c3	431,866				Program Operating Cost/Donor Designation 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
Centro Hispano of Dane County810 W Badger Rd Madison, WI 53713	93-0844812	501c3	424,391				Program Operating Cost/Donor Designation for General Support
Children's Service Society of Wisconsin1716 Fordem Ave Madison, WI 53704	39-0806380	501c3	575,057				Program Operating Cost/Donor Designation 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
Colonial Club301 Blankenheim Ln Sun Prairie, WI 53590	23-7071027	501c3	79,247				Program Operating Cost/Donor Designation for General Support
Community Action Coalition for South Central WI1717 N Stoughton Rd Madison, WI 53704	39-1053827	501c3	250,848				Program Operating Cost/Donor Designation 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 Coordinated Child Care (4C) in Dane CoPO Box 45320 Madison, WI 53744	39-1165742	501c3	33,276				Program Operating Cost/Donor Designation for General Support
Community Partnerships1334 Dewey Ct Madison, WI 53703	91-2064768	501c3	20,572				Program Operating Cost/Donor Designation 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
Cornucopia306 N Brooks St Madison, WI 53715	39-1865263	501c3	29,903				Program Operating Cost/Donor Designation for General Support
Dane County CASA 211 S Carroll St 206 Madison, WI 53703	20-1717869	501c3	19,813				Program Operating Cost/Donor Designation 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
Dane County Parent Council 2096 Red Arrow Tr Madison, WI 53711	39-1418945	501c3	17,623				Program Operating Cost/Donor Designation for General Support
Deerfield Community Center PO Box 404 Deerfield, WI 53531	39-1899306	501c3	18,962				Program Operating Cost/Donor Designation 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
DeForest Area Community and Senior Center505 N Main St DeForest, WI 53532	39-1371808	501c3	32,368				Program Operating Cost/Donor Designation for General Support
Domestic Abuse Intervention ServicesPO Box 1761 Madison, WI 53701	39-1268238	501c3	210,241				Program Operating Cost/Donor Designation 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
East Madison Community Center 8 Straubel Ct Madison, WI 53704	39-1941839	501c3	82,784				Program Operating Cost/Donor Designation for General Support
East Madison Monona Coalition of the Aging4142 Monona Dr Madison, WI 53716	39-1211331	501c3	10,639				Program Operating Cost/Donor Designation 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
Epilepsy Foundation - South Central Wisconsin 1302 Mendota Street 100 Madison, WI 53714	39-1370658	501c3	43,237				Program Operating Cost/Donor Designation for General Support
Exchange Center for the Prevention of Child Abuse 2120 Fordem Ave Ste 200 Madison, WI 53704	93-0821148	501c3	10,680				Program Operating Cost/Donor Designation 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
Family Service128 E Olin Ave Ste 100 Madison, WI 53713	39-0806186	501c3	133,133				Program Operating Cost/Donor Designation for General Support
Friends of the Financial Education Center 2300 S Park St Ste 22 Madison, WI 53713	20-8961015	501c3	81,833				Program Operating Cost/Donor Designation 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
Girl Scouts of the Black Hawk Council 2710 Ski Ln Madison, WI 53713	39-0806331	501c3	45,342				Program Operating Cost/Donor Designation for General Support
Goodman Community Center 149 Waubesa St Madison, WI 53704	39-1919172	501c3	109,310				Program Operating Cost/Donor Designation 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
Habitat for Humanity of Dane CountyPO Box 258128 Madison, WI 53725	39-1592769	501c3	174,588				Program Operating Cost/Donor Designation for General Support
Hancock Center for Movement Arts & Therapies16 N Hancock St Madison, WI 53703	39-1443008	501c3	27,630				Program Operating Cost/Donor Designation 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
Home Health United Xtra Care4639 Hammersley Road Madison, WI 53711	39-1539827	501c3	130,264				Program Operating Cost/Donor Designation for General Support
Hope Haven702 S High Point Rd Madison, WI 53719	39-1178878	501c3	26,562				Program Operating Cost/Donor Designation 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
Hope House Building Corporation 312 Wisconsin Ave Madison, WI 53703	72-1574555	501c3	11,209				Program Operating Cost/Donor Designation for General Support
HospiceCare5395 E Cheryl Pkwy Fitchburg, WI 53711	39-1319537	501c3	223,485				Program Operating Cost/Donor Designation 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
Imagine a Child's Capacity14 Ellis Potter Ct Ste 200 Madison, WI 53711	42-1580057	501c3	5,713				Program Operating Cost/Donor Designation for General Support
Independent Living 815 Forward Dr Madison, WI 53711	39-1186642	501c3	170,476				Program Operating Cost/Donor Designation 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
Jewish Social Services of Madison6434 Enterprise Ln Madison, WI 53719	39-1300430	501c3	81,799				Program Operating Cost/Donor Designation for General Support
Kennedy Heights Community Center 199 Kennedy Heights Madison, WI 53704	39-1519846	501c3	42,358				Program Operating Cost/Donor Designation 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
Literacy Network 1118 S Park St Madison, WI 53715	51-0180488	501c3	159,109				Program Operating Cost/Donor Designation for General Support
Lussier Community Education Center 55 S Gammon Rd Madison, WI 53717	39-1938173	501c3	48,920				Program Operating Cost/Donor Designation 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
Lutheran Social Services of WI & Upper Michigan6314 Odana Rd Madison, WI 53719	39-0816846	501c3	58,991				Program Operating Cost/Donor Designation for General Support
Madison Apprenticeship ProgramPO Box 44842 Madison, WI 53711	39-2016458	501c3	15,950				Program Operating Cost/Donor Designation 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
Madison Area Technical College 3550 Anderson St Madison, WI 53707	23-7265867	501c3	36,325				Program Operating Cost/Donor Designation for General Support
Madison School Community Recreation3802 Regent St Madison, WI 53705	39-2034615	501c3	31,967				Program Operating Cost/Donor Designation 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
Madison-Area Urban Ministry 2300 S Park St Ste 5 Madison, WI 53713	23-7298482	501c3	165,863				Program Operating Cost/Donor Designation for General Support
McFarland Youth CenterPO Box 362 McFarland, WI 53558	61-1500763	501c3	17,058				Program Operating Cost/Donor Designation 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
Mental Health Center of Dane County625 W Washington Ave Madison, WI 53703	39-0806445	501c3	184,272				Program Operating Cost/Donor Designation for General Support
Meriter Foundation 202 S Park St Madison, WI 53715	23-7098688	501c3	10,277				Program Operating Cost/Donor Designation 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
Middleton Outreach Ministry 7432 Hubbard Ave Middleton, WI 53562	39-1484945	501c3	84,176				Program Operating Cost/Donor Designation for General Support
NAMI Dane County2059 Atwood Ave Madison, WI 53704	39-1270706	501c3	47,253				Program Operating Cost/Donor Designation 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
North Eastside Senior Coalition 1625 Northport Dr Ste 125 Madison, WI 53704	39-1217221	501c3	65,570				Program Operating Cost/Donor Designation for General Support
Northwest Dane Senior Services 1940 Blue Mounds St Ste 2 Black Earth, WI 53515	39-1691930	501c3	27,093				Program Operating Cost/Donor Designation 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
Omega School835 West Badger Rd Madison, WI 53713	39-1166888	501c3	105,195				Program Operating Cost/Donor Designation for General Support
Operation Fresh Start1925 Winnebago St Madison, WI 53704	23-7108090	501c3	126,750				Program Operating Cost/Donor Designation 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
Porchlight306 N Brooks St Madison, WI 53715	39-1579521	501c3	375,162				Program Operating Cost/Donor Designation for General Support
Public Health - Madison and Dane County210 Martin Luther King Jr Blvd 507 Madison, WI 53703	39-6005507	501c3	16,500				Program Operating Cost/Donor Designation 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
Rainbow Project 831 E Washington Ave Madison, WI 53703	39-1422626	501c3	71,083				Program Operating Cost/Donor Designation for General Support
Respite Center 2120 Fordem Ave Ste 180 Madison, WI 53704	93-0841957	501c3	25,005				Program Operating Cost/Donor Designation 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
The Salvation Army of Dane County630 E Washington Ave Madison, WI 53703	36-2167910	501c3	338,526				Program Operating Cost/Donor Designation for General Support
Second Harvest Foodbank of Southern WI2802 Dairy Drive Madison, WI 53718	39-1490691	501c3	257,126				Program Operating Cost/Donor Designation 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
Simpson Street Free PressPO Box 6307 Monona, WI 53716	39-1882258	501c3	23,691				Program Operating Cost/Donor Designation for General Support
South Madison Coalition of the Elderly128 E Olin Ave Suite 110 Madison, WI 53713	39-1222287	501c3	38,611				Program Operating Cost/Donor Designation 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
Stoughton Area Resource Team 248 W Main St Stoughton, WI 53589	41-2076251	501c3	15,961				Program Operating Cost/Donor Designation for General Support
Stoughton Youth Center518 S Fourth Street Stoughton, WI 53589	39-6005622	501c3	12,802				Program Operating Cost/Donor Designation 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
Sunshine Place18 Rickel Rd Sun Prairie, WI 53590	20-5398498	501c3	13,465				Program Operating Cost/Donor Designation for General Support
The Road Home 128 E Olin Ave Ste 202 Madison, WI 53713	31-1618925	501c3	213,901				Program Operating Cost/Donor Designation 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
Triangle Community Ministry755 Braxton Place Apt B109 Madison, WI 53715	39-1425047	501c3	16,276				Program Operating Cost/Donor Designation for General Support
Urban League of Greater Madison 2222 S Park St Ste 200 Madison, WI 53713	39-1098146	501c3	561,586				Program Operating Cost/Donor Designation 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
Vera Court Neighborhood Center614 Vera Ct Madison, WI 53704	39-1945609	501c3	118,160				Program Operating Cost/Donor Designation for General Support
West Madison Senior Coalition517 N Segoe Rd Ste 309 Madison, WI 53705	39-1222036	501c3	41,042				Program Operating Cost/Donor Designation 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
Wil-Mar Neighborhood Center953 Jenifer St Madison, WI 53703	39-1796793	501c3	15,205				Program Operating Cost/Donor Designation for General Support
Wisconsin Academy for Graduate Service Dogs1338 Dewey Ct Madison, WI 53703	39-1626569	501c3	48,966				Program Operating Cost/Donor Designation 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
Worker Center 2300 S Park St Ste 6 Madison, WI 53713	41- 2227413	501c3	23,147				Program Operating Cost/Donor Designation for General Support
YWCA of Madison 101 E Mifflin Street Madison, WI 53703	39- 0806303	501c3	799,600				Program Operating Cost/Donor Designation 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
YMCA of Dane County8001 Excelsior Dr Ste 200 Madison, WI 53717	39-0806253	501c3	148,851				Program Operating Cost/Donor Designation for General Support
Youth Services of Southern Wisconsin1955 Atwood Avenue Madison, WI 53704	39-1391737	501c3	164,600				Program Operating Cost/Donor Designation 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 Services3240 University Ave Ste 5 Madison, WI 53705	39-1498287	501c3	6,140				Donor Designated for General Support
Dane County Humane Society 5132 Voges Rd Madison, WI 53718	39-0806335	501c3	176,693				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
Energy Services Inc1225 S Park St Madison, WI 53715	39-1443614	501c3	29,458				Donor Designated for General Support
Family Support and Resource Centers 101 Nob Hill Rd Ste 201 Madison, WI 53713	39-1533767	501c3	6,866				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
Gilda's Club of Madison7907 UW Health Court Middleton, WI 53562	06-1662883	501c3	35,093				Donor Designated for General Support
Henry Vilas Zoological Society 606 S Randall Ave Madison, WI 53716	39-6077008	501c3	17,058				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
Madison Area Rehabilitation Centers901 Post Rd Madison, WI 53713	39-0968930	501c3	7,401				Donor Designated for General Support
Nehemiah Community Development Corp PO Box 9861 Madison, WI 53715	39-1736091	501c3	8,548				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 House2716 Marshall Ct Madison, WI 53705	39-1655790	501c3	22,001				Donor Designated for General Support
Safe Harbor Child Advocacy Center Inc1457 E Washington Ave Ste 102 Madison, WI 53703	39-2004933	501c3	8,339				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
Society of St Vincent de Paul 1109 Jonathon Dr Madison, WI 53713	39-0824876	501c3	31,922				Donor Designated for General Support
The River Food Pantry2201 Darwin Rd Madison, WI 53704	20-4179749	501c3	15,091				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
Three GaitsPO Box 153 Oregon, WI 53575	39-1472538	501c3	37,510				Donor Designated for General Support
Madison Children's Museum100 N Hamilton St Madison, WI 53703	39-1383497	501c3	20,719				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
Pharmacy Society of Wisconsin701 Heartland Tr Madison, WI 53717	39-0714490	501c6	22,500				Program Operating Cost
SAFE COMMUNITY COALITION OF MADISON AND DANE COUNTY INC PO BOX 6652 Madison, WI 53716	39-2010839	501c3	10,000				Program Operating Cost

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Thrive Inc615 EAST WASHINGTON AVENUE Madison, WI 53703	71-1015136	501c6	7,500				Program Operating Cost
Access to Community Services 5900 Monona Dr Ste 301 Madison, WI 53716	39-1485069	501c3	65,990				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
Aldo Leopold Nature Center6515 GRAND TETON PLAZA Madison, WI 53719	39-1786897	501c3	7,220				Donor Designated for General Support
American Heart Association2850 Dairy Dr Ste 300 Madison, WI 53718	13-5613797	501c3	180,103				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
America's Charities14150 Newbrook Dr 110 Chantilly, VA 20151	54-1517707	501c3	58,348				Donor Designated for Program Costs
Animal Charities 21 Tamal Vista Blvd 209 Corte Madera, CA 94925	94-3193389	501c3	7,083				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
Black United Fund of Wisconsin2669 N Martin Luther King Dr Milwaukee, WI 53212	20-1919079	501c3	10,576				Donor Designated for Program Costs
BLACKHAWK EVANGELICAL FREE CHURCH INC9620 Brader Way Middleton, WI 53562	39-1328199	501c3	13,100				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	49,656				Donor Designated for General Support
Chadab House-Lubavitch1722 REGENT ST Madison, WI 53726	39-1732644	501c3	60,000				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
Christian Charities USA Federation21 Tamal Vista Blvd 209 Corte Madera, CA 94925	94-3255961	501c3	7,114				Donor Designated for Program Costs
Christian Service Charities8001 Braddock Rd STE 301 Springfield, VA 22151	94-3193374	501c3	7,371				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
Community Health Charities National 200 N Glebe Rd STE 801 Arlington, VA 22203	13-6167225	501c3	10,998				Donor Designated for Program Costs
Community Health Charities of Wisconsin6737 W Washington St Ste 2253 West Allis, WI 53214	39-1261126	501c3	812,124				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 Shares of Wisconsin612 W Main St Ste 303 Madison, WI 53703	39-1172378	501c3	390,644				Donor Designated for Program Costs
Dean Foundation 2711 Allen Blvd Middleton, WI 53562	39-1546086	501c3	16,591				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
EarthShare7735 Old Georgetown Rd STE 900 Bethesda, MD 20814	52-1601960	501c3	145,455				Donor Designated for Program Costs
Edgewood Campus School829 Edgewood Drive Madison, WI 53711	39-0806202	501c3	21,759				Donor Designated for General Support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Edgewood High School2219 Monroe St Madison, WI 53711	39-1299613	501c3	5,268				Donor Designated for General Support
Friends of the Waisman Center Inc1500 HIGHLAND AVENUE NO 255 Madison, WI 53705	39-1272090	501c3	7,000				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
Global Impact66 Canal Ctr Plaza Ste 310 Alexandria, VA 22314	52-1273585	501c3	190,849				Donor Designated for Program Costs
Great Rivers United Way1855 E Main St Onalaska, WI 54650	39-0848188	501c3	8,708				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
Health and Medical Research Charities 21 Tamal Vista Blvd 209 Corte Madera, CA 94925	94-3217739	501c3	6,477				Donor Designated for Program Costs
Hunger Relief Fund of Wisconsin201 S Hawley Ct Milwaukee, WI 53214	39-1345847	501c3	78,137				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
Independent Charities of America 110 Larkspur Landing Cir Ste 340 Larkspur, CA 94939	94-3067804	501c3	164,663				Donor Designated for Program Costs
Jewish Federation of Madison6434 ENTERPRISE LN Madison, WI 53719	39-0867186	501c3	80,000				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
Luke House310 S INGERSOLL ST Madison, WI 53703	39-1504050	501c3	5,597				Donor Designated for General Support
Madison Community Foundation2 Science Ct Madison, WI 53711	39-6038248	501c3	6,290				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
Military Veterans and Patriotic Service21 Tamal Vista Blvd 209 Corte Madera, CA 94925	94-3193418	501c3	7,686				Donor Designated for Program Costs
Neighbor to Nation 7620 Little River Turnpike Ste 600 Annandale, VA 22003	54-1879282	501c3	38,729				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
Portage Area United WayPO Box 354 Portage, WI 53901	23-7166773	501c3	10,811				Donor Designated for General Support
Pregnancy Helpline Inc of MadisonPO Box 5261 Madison, WI 53705	39-1419746	501c3	15,841				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
Sauk-Prairie United WayPO Box 122 Prairie Du Sac, WI 53578	39-1318028	501c3	10,385				Donor Designated for General Support
St John's Lutheran Church322 East Washington Avenue Madison, WI 53703	39-1570139	501c3	21,500				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
Tellurian UCAN Inc 300 FEMRITE DR Madison, WI 53711	39-1482987	501c3	24,000				Donor Designated for General Support
United Way of Dane County Foundation 2059 Atwood Ave Madison, WI 53704	39-1763471	501c3	41,475				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
United Way of Green County Inc PO Box 511 Monroe, WI 53566	39-6060531	501c3	6,199				Donor Designated for General Support
United Way of Jefferson & N Walworth Cty734 Madison Ave Fort Atkinson, WI 53538	39-6046361	501c3	5,339				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
United Way of North Rock County 205 N Main St Ste 101 Janesville, WI 53545	39-6006734	501c3	19,376				Donor Designated for General Support
University of Wisconsin Eau Claire Foundation 105 GARFIELD AVE Eau Claire, WI 54701	39-0972350	501c3	16,000				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
University of Wisconsin Foundation1848 UNIVERSITY AVE Madison, WI 53726	39-0743975	501c3	56,751				Donor Designated for General Support
University of Wisconsin Whitewater Foundation800 W Main St Whitewater, WI 53190	39-6081189	501c3	12,000				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
VSA Arts of Wisconsin1709 Aberg Ave Madison, WI 53704	39-1526913	501c3	10,571				Donor Designated for General Support
Wisconsin Environmental Education Foundation110B College of Natural Resources UWSP Stevens Point, WI 54481	20-2042476	501c3	31,412				Donor Designated for Program Costs

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493297003442

Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
UNITED WAY OF DANE COUNTY INC

Employer identification number
39-0817532

Part I Questions Regarding Compensation

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

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

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

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

(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)	173,668	16,500	0	35,071	13,736	238,975	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

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

Identifier	Return Reference	Explanation
SchJ_P01_S00_L04	Schedule J, Part I, Line 4	Leslie Ann Howard - In 1998 the Board of Directors of United Way of Dane County, Inc and Leslie Ann Howard entered into a non-qualified deferred compensation 457 (f) plan Beginning in 1998 and annual contribution has been made to the plan In 2011 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

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493297003442

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
UNITED WAY OF DANE COUNTY INC

Employer identification number
39-0817532

Part I Types of Property

		(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining 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	42	592,108	market value at time of donation
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution—Historic structures				
14	Qualified conservation contribution—Other				
15	Real estate—Residential				
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (_____)				
26	Other ▶ (_____)				
27	Other ▶ (_____)				
28	Other ▶ (_____)				

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

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 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?	30a		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?	31	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?	32a		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

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493297003442

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
UNITED WAY OF DANE COUNTY INC

Employer identification number
39-0817532

Identifier	Return Reference	Explanation
F990_P06_S0A_L06	Form 990, Part VI, Section A, Line 6	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 Direct 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
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
F990_P06_S0A_L07b	Form 990, Part VI, Section A, Line 7b	Voting by Members Each member shall have one vote upon each matter submitted to a vote at any annual or special meeting of the members Any individual who is both a Director Member and a General Member shall have only one vote Unless expressly stated otherwise in the Bylaws, Director Members and General Members shall vote together, as one class, on each matter submitted to a vote Voting by proxy shall not be permitted
F990_P06_S0B_L11b	Form 990, Part VI, Section B, Line 11b	Prior to filing, the Form 990 is made available to the Board of Directors, Finance and Audit Committee and independent audit firm for review electronically
F990_P06_S0B_L12c	Form 990, Part VI, Section B, Line 12c	The conflict of interest policy is discussed and reviewed annually with the Board of Directors, other volunteers, and staff Each group is asked to complete a questionnaire that includes disclosing relationships that could be considered a conflict of interest
F990_P06_S0B_L15	Form 990, Part VI, Section B, Line 15	Biannually a compensation study is completed by an independent consultant The results of the study are shared with the Board Chair, Personnel Committee Chair, and Executive Committee The Board Chair and Executive Committee annually 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
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 - unitedwaydanecounty org, Guidestar, and Charity Navigator
F990_P11_S00_L05	Form 990, Part XI, Line 5	($76,204) - Change in value of funds held at Madison Community Foundation, ($169,582) - Gain on Donor Designated Pledges, $81,804 - Distribution from United Way of Dane County Foundation eliminated in audit, ($86,243) - Change in Temporarily Restricted Net Assets

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493297003442

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

2011

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

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

		Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b		No
c Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Sale of assets to related organization(s)	1f		No
g Purchase of assets from related organization(s)	1g		No
h Exchange of assets with related organization(s)	1h		No
i Lease of facilities, equipment, or other assets to related organization(s)	1i		No
j Lease of facilities, equipment, or other assets from related organization(s)	1j		No
k Performance of services or membership or fundraising solicitations for related organization(s)	1k	Yes	
l Performance of services or membership or fundraising solicitations by related organization(s)	1l		No
m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1m	Yes	
n Sharing of paid employees with related organization(s)	1n	Yes	
o Reimbursement paid to related organization(s) for expenses	1o		No
p Reimbursement paid by related organization(s) for expenses	1p	Yes	
q Other transfer of cash or property to related organization(s)	1q	Yes	
r Other transfer of cash or property from related organization(s)	1r	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	81,804	
(2) United Way of Dane County Foundation	p	294	
(3) United Way of Dane County Foundation	q	112,084	
(4) United Way of Dane County Foundation	r	59,687	
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Schedule R (Form 990) 2011

Part VII Supplemental Information

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

Identifier	Return Reference	Explanation
SchR_P05_S00_L01c	Schedule R, Part V, Line 1c	The total contribution from the related organization was $141,491 Of that contribution, $59,687 is the transfer of earnings from individual board designated funds to fulfill campaign pledges The remaining $81,804 is the contribution from the related organization for the year recorded in Part VIII of the Form 990

Additional Data

Software ID: 11000129
Software Version: v1.00
EIN: 39-0817532
Name: UNITED WAY OF DANE COUNTY INC

Form 990, Special Condition Description:

Special Condition Description

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

4d. Other program services

(Code) (Expenses $ 2,696,854 including grants of $ 2,511,606) (Revenue $ 0)

Healthy for Life Health issues are identified and treated early Our Health Agenda focuses on removing barriers and providing access to physical/behavioral health and dental resources so that people's health issues are identified and treated early Connecting people, particularly those with low incomes or who are uninsured, with health care and dental "homes" is a proven best practice that we promote and support as it provides a regular source of care that focuses on preventive care, managing chronic illnesses and reducing the need for hospitalizations or emergency visits In 2011, 679 children and 293 pregnant women received preventive dental care, 539 children received a well child exam prior to entrance into kindergarten and 1,056 diabetics improved the management of their disease as a result of being connected with a community-based medical home through United Way's support More specifically, our work on health is tightly connected with other United Way goals Our relationship with Dane County healthcare providers has led to use of a common developmental screening tool, the Ages & Stages Questionnaire, becoming a part of well child visits throughout our community The early detection and treatment of developmental delays is critical to assuring that children are ready to learn when they enter kindergarten Significant investments also address the early identification and treatment of behavioral and mental health issues that keep kids from learning This is a critical component of keeping youth connected to school, families and the community and on-track for graduation During the 2011/2012 school year, 2,500 sixth graders were screened for behavioral health issues, 60 of those required and received intervention Additionally, in another school-based program serving students at all grade levels, 685 students participated in 107 behavioral health groups offered in 49 schools and 5 off-site locations in 8 Dane County school districts

(Code) (Expenses $ 2,092,337 including grants of $ 1,882,933) (Revenue $ 0)

Safe Community Strong Neighborhoods There is a reduction in violence toward individuals and families We have three main focus areas 1) Achievement Connections is the initiative that works to keep our youth in school and on track to graduate from high school with a combination of middle and high school strategies Our goal is to 1)increase the graduation rate in Dane County from 91 4% to 95% by 2020 with an interim goal of 93 2% by 2016, and 2) Increase the graduation rate for MMSD students from 74 5% to 84 5% by 2020 (or an additional 197 students will graduate by 2020) with an interim goal of 79 5% by 2016 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 91 43 % We've reduced habitual truancy by 20%, drop out rates by 21 4%, and have engaged 1700+ parents 2) 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 3) We also are keeping the community safer by helping people get the literacy and numeracy skills with high school equivalency diplomas, life skills, communication skills, basic and industry specific job skills they need to find and maintain employment We also invest in programs focused on personal safety including domestic abuse and fire and disaster safety

(Code) (Expenses $ 1,520,226 including grants of $ 1,381,853) (Revenue $ 0)

Self-Reliance and Independence Seniors and people with disabilities are able to stay in their homes We work to provide support for seniors and people with disabilities to help them live independently in their homes Adverse drug events and falls are two acute yet preventable conditions that precipitate hospitalization and institutionalization 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 United Way's Delegation on Safe and Healthy Aging determined we could reduce the rate of emergency room visits and hospitalizations caused by adverse drug events and falls by 15% by 2015 To do so we are implementing four strategies (1) Identify and assess seniors at risk of Adverse Drug Events and/or falls in Dane County, (2) Connect physicians and other health care providers with community-based resources to meet the non-medical needs of their patients that can help prevent falls and Adverse Drug Events, (3) Provide caregivers with access to resources and tools that help seniors remain safe, and (4) Help the community understand and advocate for the prevention of Adverse Drug Events and falls In 2011, (1) 1,328 (of 1,532) caregivers of seniors with dementia and frailty supported seniors with dementia or frailty to remain independent in their homes by receiving respite services and trainings to manage their stress levels and learn about key caregiving knowledge and skills (87% success rate), (2) 2,332 (of 2,621) frail seniors remained independent by receiving home-delivered meals or home chore assistance or transportation services, necessary to maintain their health and independence at home (89% success rate), (3) 778 (of 817) seniors accessed available services through case managers (95% success rate), and (4) 590 (of 697) seniors maintained physical/cognitive functioning levels through educational programs and group activities at senior/community centers (85% success rate)

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 Board Chair	1	X		X				0	0	0
Gary Wolter Vice Board Chair	1	X		X				0	0	0
Kevin Heppner Board Secretary/Treasurer	1	X		X				0	0	0
Bettsey Barhorst Board Member	1	X						0	0	0
Darrell Bazzell Board Member	1	X						0	0	0
Ryan E Behling Board Member	1	X						0	0	0
Ellen L Brothers Board Member	1	X						0	0	0
Mary P Burke Board Member	1	X						0	0	0
Salvador Carranza Board Member	1	X						0	0	0
Lau Christensen Board Member	1	X						0	0	0
Greg Dombrowski Board Member	1	X						0	0	0
Dundeana K Doyle Board Member	1	X						0	0	0
Enid Glenn Board Member	1	X						0	0	0
JoAnn M Hart Board Member	1	X						0	0	0
William Johnston Board Member	1	X						0	0	0
Jina L Jonen Board Member	1	X						0	0	0
Scott C Lockard Board Member	1	X						0	0	0
Jay V Loewi Board Member	1	X						0	0	0
Gretchen R Lowe Board Member	1	X						0	0	0
Richard M Lynch Board Member	1	X						0	0	0
Nick Meriggioli Board Member	1	X						0	0	0
Deirdre A Morgan Board Member	1	X						0	0	0
Douglas S Nelson Board Member	1	X						0	0	0
Daniel A Nerad Board Member	1	X						0	0	0
Lucia Nunez Board Member	1	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			
Kathleen S Ralph Board Member	1	X						0	0	0
Dan Rashke Board Member	1	X						0	0	0
Anne E Ross Board Member	1	X						0	0	0
Jack C Salzwedel Board Member	1	X						0	0	0
Craig Samitt MD Board Member	1	X						0	0	0
Dave K Stark Board Member	1	X						0	0	0
Doug Strub Board Member	1	X						0	0	0
Tim J Sullivan Board Member	1	X						0	0	0
Maryann Sumi Board Member	1	X						0	0	0
Michael E Victorson Board Member	1	X						0	0	0
James L Woodward Board Member	1	X						0	0	0
Noble L Wray Board Member	1	X						0	0	0
Thomas J Zimbrick Board Member	1	X						0	0	0
Leslie Ann Howard President	45			X				190,168	0	48,807
Rick C Spiel EVP-Chief Financial Officer	45			X				105,257	0	22,371
Deedra Atkinson Senior VP of Community Impact	45				X			119,252	0	10,231