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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public By law, the IRS generally cannot redact the information on the form

▶ Information about Form 990 and its instructions is at www.IRS.gov/form990

OMB No 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 01-01-2013 , 2013, and ending 12-31-2013

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 province, country, and ZIP or foreign postal code
Madison, WI 537077548

D Employer identification number
39-0817532

E Telephone number
(608) 246-4350

G Gross receipts $ 20,889,859

F Name and address of principal officer
Leslie Ann Howard
PO Box 7548
Madison, WI 537077548

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

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

H(c) Group exemption number ▶

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

J Website: ▶ UnitedWayDaneCounty org

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

L Year of formation 1951

M State of legal domicile WI

Part I Summary

1 Briefly describe the organization's mission or most significant activities
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**	34
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	34
5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	**5**	82
6	Total number of volunteers (estimate if necessary)	**6**	7,807
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
Revenue	**8** Contributions and grants (Part VIII, line 1h)	18,922,161	19,551,983
	9 Program service revenue (Part VIII, line 2g)	0	0
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	50,436	18,313
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	73,473	80,277
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	19,046,070	19,650,573
Expenses	**13** Grants and similar amounts paid (Part IX, column (A), lines 1–3)	14,303,913	14,717,538
	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)	3,505,886	3,735,106
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶1,845,495		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,260,592	1,284,771
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	19,070,391	19,737,415
	19 Revenue less expenses Subtract line 18 from line 12	-24,321	-86,842

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	**20** Total assets (Part X, line 16)	22,164,676	24,171,215
	21 Total liabilities (Part X, line 26)	5,979,653	5,404,097
	22 Net assets or fund balances Subtract line 21 from line 20	16,185,023	18,767,118

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

▶ Signature of officer — Date: 2014-08-13

▶ Leslie Ann Howard President
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Firm's name ▶			Firm's EIN ▶	
Firm's address ▶			Phone no	

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

Part III **Statement of Program Service Accomplishments**

Check if Schedule O contains a response or note to any line 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 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 $ 4,965,577 including grants of $ 4,406,286) (Revenue $ 0)

Born Learning goal "Children are cared for and have fun as they become prepared for school " We have three major Born Learning strategies that are helping us achieve the goal that 80% of Dane County young children are at age-expected development and ready to begin school by 2020 (1) home visitation, (2) Play and Learn and (3) developmental screening We served 307 young children and their families with home visiting in 2013 Home Visitation is in-home education and support to low-income parents of young children facing multiple risk factors to help them nurture their children Our home visitation programs include the Parent-Child Home Program, Welcome Baby, and KinderReady We served 1,338 children and 1,162 caregivers at 15 Play and Learns sites in 2013 Play and Learn sessions are weekly early childhood and parent enrichment programs that model for parents how to be their children's first teacher We administered the Ages and Stages screener for early detection of potential developmental delays to 2,968 children in 2013 Our lead partners on these three Born Learning initiatives include Access Community Health Centers, Center for Families, Children's Hospital - Community Services Division, Community Coordinated Child Care, and the Literacy Network Academic Achievement goal "Students succeed academically and graduate from high school, regardless of race Our major initiatives in this area are tutoring and academic support programs at the elementary, middle and high school levels to help increase the graduation rate in Dane County to 95% by 2020, with an interim goal of 93 2% by 2016 To help all children succeed in school, the Schools of Hope literacy tutoring mobilized 852 volunteers to tutor 2,828 students at elementary schools in Madison, Middleton/Cross Plains and Sun Prairie Centro Hispano is the lead agency partner on elementary tutoring The result 96% of teachers report volunteers contributed to increase in student skills In addition we partnered with neighborhood and school-based programs aligned with our vision to promote academic achievement and engagement for more than 2,300 children and youth, including Big Brother Big Sisters, Cambridge Youth Centers, Deerfield Community Center, East Madison Community Center, Goodman Community Center, Kennedy Height Community Center, Literacy Network, Lussier Community Education Center, Madison Schools and Community Recreation, McFarland Community Center, Stoughton Community Center, and Vera Court We are also working to help middle and high school students succeed in school and life Our middle school tutoring initiative engaged 569 volunteers to tutor 1,263 students in the Madison, Sun Prairie and Oregon schools Urban League of Greater Madison is the lead agency partner on middle school tutoring Our high school tutoring program recruited 196 volunteers to tutor 585 students in the Madison and Middleton schools Recognizing that students learn best when supported by their parents, more than 600 parents attended programs we organized to model strategies to help children be successful in school In addition, we partnered with community and school-based programs to promote success in school, work and life for more than 2,440 youth, including Big Brother Big Sisters, Boys and Girls Club, By Youth For Youth, partners, Centro Hispano, East Madison Community Center, Goodman Community Center, Kennedy Heights Neighborhood Center, Salvation Army, Simpson Street Free Press, and Vera Court

4b (Code) (Expenses $ 4,628,153 including grants of $ 3,734,581) (Revenue $ 0)

United Way engages our community, mobilizes volunteers and strengthens local nonprofits to achieve measurable results and change lives Our volunteer engagement goal is "To increase volunteerism to 800,000 hours in Agenda for Change programs to accelerate results " Key strategies include aligning volunteers with opportunities that support the Agenda for Change, leveraging volunteers' intellectual capacity as well as their physical capacity, mobilizing diverse groups of volunteers, increasing opportunities for corporate volunteers, and developing youth leadership opportunities through volunteering In 2013, volunteers provided over 496,000 hours of volunteer service dedicated to advancing the Agenda for Change Nearly 26,000 visitors searched VolunteerYourTime org to get connected with a volunteer opportunity in Dane County that matched their interest, skills and time availability We work to build agency effectiveness and capacity by providing training and developmental opportunities to business volunteer programs, volunteer managers, nonprofit boards and executive directors to help strengthen the leadership, governance and volunteer engagement within our partner agencies In 2013, 250 agency staff and board members participated in our training programs In 2013, United Way 2-1-1 received 51,881 calls for help in areas including food, rent utilities, support groups, health and dental services, employment and much more 2-1-1 is available 24 hours a day, seven days a week and is staffed by trained specialists who help individuals and families access health and human services 2-1-1 was a key partner in the implementation of our HealthConnect initiative (see Healthy for Life section above) Over 4,700 callers were offered preventative healthcare resources through 2-1-1

4c (Code) (Expenses $ 3,116,955 including grants of $ 2,878,774) (Revenue $ 0)

Basic Needs goal "There is a decrease in family homelessness " We have four primary strategies to reduce family homelessness and the number of children in shelter by 50% in Dane County from 2007 to 2015 (1) provide quality housing case management and eviction prevention, (2) increase financial literacy, (3) increase access to free food, and (4) provide direct access to housing through Housing First Among the results of our work in 2013 (1) 2,330 families and individuals received case management to remain stably housed, (2) More than 3,000 tax filers were assisted in filing state and federal taxes returning $4 278 million in refund dollars and $1 567 million in Earned Income Tax Credits to low-income individuals and families and 1,467 households learned financial literacy skills, (3) 8 million pounds of food were distributed to 150,000 households, a 60% increase from 2006, and (4) 163 families were stably housed in our Housing First programs eliminating their time in shelter and improving potential for their children's' school success Lead partners in this work include the Community Action Coalition for South-central Wisconsin, Domestic Abuse Intervention Services, the Financial Education Center, Habitat for Humanity, Porchlight, The Road Home, Second Harvest of Southern Wisconsin, and YWCA of Madison

(Code) (Expenses $ 1,859,424 including grants of $ 1,642,371) (Revenue $ 0)

Healthy for Life goal "Health issues are identified and treated early " We have three main strategies in this area (1) providing access to behavioral health services, (2) providing access to physical health services, and (3) providing access to dental services Connecting people who have low incomes and are uninsured with health care and dental homes is a primary strategy and proven best practice Health care homes provide a regular source of care that focuses on preventive care, managing chronic illnesses and reducing the need for hospitalizations or emergency visits A top priority in this area is our work to identify and treat behavioral and mental health issues that keep children and youth connected to school, families and the community and on-track for graduation During the 2012-2013 school year, 2,748 sixth graders were screened for behavioral health issues and referred as needed for treatment In addition, the FACE-Kids program conducted 102 behavioral health groups for 655 students in 44 schools and 6 off-site locations in 9 Dane County school districts In addition, more than 2,530 students received mental health support and treatment through partnerships with Agrace, Canopy Center, Catholic Charities, Children's Hospital- Community Services Division, Community Partnerships, Family Services, Hancock Center, and Journey Mental Health and YMCA In 2013, through United Way's support, 2,800 children and 294 pregnant women received preventive dental care, 1,742 children ages five and under received a well-child exam during the year, and 995 diabetics improved the management of their disease as a result of being connected with a community-based medical home We partner with multiple health agencies including Access Community Health Centers, Triangle Community Ministry, the AIDS Network, American Heart Association, and Community Health Charities In addition, United Way's new HealthConnect premium assistance program allowed 91 low-income individuals in 2013 to become or remain insured by paying their 2014 premiums for plans purchased through the Health Insurance Marketplace

(Code) (Expenses $ 1,229,766 including grants of $ 1,090,563) (Revenue $ 0)

Safe Community Strong Neighborhoods goals are "There is a reduction in violence toward individuals and families" and "More people are on pathways out of poverty " We have two main strategies in this area" (1) the HIRE Education Employment Initiative and the (2) Journey Home program The HIRE initiative keeps our community safe and people on pathways out of poverty by helping them complete a high school diploma, improve their employment and life skills, as well as train for and secure new or improved employment employment The initiative began in April of 2013 and within the first 8 months we were able to help 227 people get a diploma, 132 people find employment, and 12 pass their apprenticeship exam for a skilled trade Our HIRE partners who prepare individuals for their high school diploma and teach employability skills are Literacy Network, Madison College, Madison-Area Urban Ministry, Omega School, and Vera Court Our HIRE partners who teach employability Skills and provide employment training and placement are Centro Hispano, Urban League ,League, Vera Court, and, and the YWCA Another partner on employment issues is the Madison Apprenticeship Program The Journey Home initiative links ex-offenders who are returning to the community to four research-based strategies Residency, Employment, Support and Treatment (REST) so they can successfully reintegrate back into the community In 2013, Journey Home provided services for 676 individuals, including intensive one-to-one services to 71 individuals, only four of whom returned to prison In 2013, Journey Home participants are returning to prison at a rate of 5 6% , since the Journey Home program was launched to serve all returning prisoners to Dane County, the return-to-prison rate for Dane County has decreased from 66% (in 2006) to 19% (in 2012) Our lead partner on Journey Home is Madison-Area Urban Ministry Other partners on our work to help children, youth, women, men and the community remain safe include American Red Cross, Canopy Center, Centro Hispano, Dane County CASA, Domestic Abuse Intervention Services, Family Services, Rainbow Project, Youth Services of South-central Wisconsin, and the YWCA of Madison

(Code) (Expenses $ 1,133,204 including grants of $ 964,963) (Revenue $ 0)

Self-Reliance and Independence goal "Seniors and people with disabilities are able to stay in their homes " To achieve our goal to reduce the rate of emergency room visits and hospitalizations of older adults in Dane County caused by adverse drug events and falls by 15% by 2015 we are focusing on two primary strategies (1) identify seniors at risk of Adverse Drug Events (ADE) and provide them with comprehensive medication reviews and appropriate follow-up and (2) identify seniors at risk of falls and provide falls prevention programs and home assessments with follow-up Falls and adverse drug events are the two primary preventable causes of emergency room visits and hospitalizations for older adults In 2013, in partnership with the Wisconsin Pharmacy Quality Collaborative, we provided 257 comprehensive medication reviews to older adults, whose average age was 78 The Safety Assessments for the Elderly (S A F E) at Home program provided 240 low-income seniors at high fall risk with in-home assessments of their physiological limitations and hazards Their average age was 82 Out of these assessments came 947 recommendations Most importantly, the fall rate for our participants post-assessment was 17 2% compared to the national average of 50% for seniors over 80 years old Our partner on this work is Home Health United In addition, we supported a variety of important falls prevention programs for 468 seniors ages 65 and older in 2013, such as Exercise and Balancing Classes, Walking Club, Stretch and Strength and Tai Chi Our partner agencies on these programs include the Catholic Charities, Goodman Community Center, and Northwest Dane Senior Services We also support case management, nutrition and personal care programs for more than 3,100 seniors Partner agencies include Agrace, Colonial Club, Jewish Social Services, Journey Mental Health, DeForest Area Community and Senior Center, East Madison-Monona Coalition of the Aging, Independent Living, Middleton Outreach Ministry, North-Eastside Senior Coalition, South Madison Coalition of the Elderly and West Madison Senior Coalition In 2013 we also worked in partnership with multiple agencies supporting more than 2,150 children, youth and adults with disabilities to remain independent, including Access to Independence, Cornucopia, Epilepsy Foundation, Independent Living, Jewish Social Services, Lutheran Social Services, and NAMI Dane County

4d Other program services (Describe in Schedule O)
(Expenses $ 4,222,394 including grants of $ 3,697,897) (Revenue $ 0)

4e **Total program service expenses** ▶ 16,933,079

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 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	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, line 10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	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 and XII 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, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I (see instructions)*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	Yes	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19	Yes	
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or government 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 or 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, line 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 lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	**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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If so, 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *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 direct or indirect 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, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *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 11b 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 or note to any line in this Part V . . . . . ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	**1a**	4		
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**	82		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	**2b**		Yes	
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" to line 3b, provide an explanation in Schedule O* . . .	**3b**			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	**4a**			No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	**5a**			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	**5b**			No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	**5c**			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .	**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.** See the instructions for additional information the organization must report on Schedule O	**13a**			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	**14a**			No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .	**14b**			

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

Check if Schedule O contains a response or note to any line 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**	34		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	34		
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 this 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 ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

20 State the name, 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 or note to any line in this Part VII . . . . . ☐

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b **Sub-Total** . . . . . ▶										
c **Total from continuation sheets to Part VII, Section A** . . . . ▶										
d **Total (add lines 1b and 1c)** . . . . . ▶								808,514	0	93,718

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 ▶ 4

			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

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a 440,833				
	b	Membership dues	1b 0				
	c	Fundraising events	1c 582,664				
	d	Related organizations	1d 103,088				
	e	Government grants (contributions)	1e 673,221				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 17,752,177				
	g	Noncash contributions included in lines 1a-1f $	817,513				
	h	**Total.** Add lines 1a-1f		19,551,983			
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)		15,995	0	0	15,995
	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	56,749	0				
	b Less rental expenses	99,464	0				
	c Rental income or (loss)	-42,715	0				
	d Net rental income or (loss)			-42,715	0	0	-42,715

		(i) Securities	(ii) Other				
	7a Gross amount from sales of assets other than inventory	828,210	0				
	b Less cost or other basis and sales expenses	825,892	0				
	c Gain or (loss)	2,318	0				
	d Net gain or (loss)			2,318	0	0	2,318
Other Revenue	8a Gross income from fundraising events (not including $ 582,664 of contributions reported on line 1c) See Part IV, line 18	a 297,983					
	b Less direct expenses	b 303,317					
	c Net income or (loss) from fundraising events			-5,334		0	-5,334
	9a Gross income from gaming activities See Part IV, line 19	a 62,709					
	b Less direct expenses	b 10,613					
	c Net income or (loss) from gaming activities			52,096	0	0	52,096
	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	76,230	76,230	0	0
	b						
	c						
	d All other revenue			0	0	0	0
	e **Total.** Add lines 11a–11d			76,230			
	12 **Total revenue.** See Instructions			19,650,573	76,230	0	22,360

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States See Part IV, line 21	14,717,538	14,717,538		
2 Grants and other assistance to individuals in the United States See Part IV, line 22	0	0		
3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	0	0		
4 Benefits paid to or for members	0	0		
5 Compensation of current officers, directors, trustees, and key employees	674,700	309,360	123,787	241,553
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0
7 Other salaries and wages	2,157,838	972,495	406,342	779,001
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	208,316	91,413	44,269	72,634
9 Other employee benefits	481,315	205,740	104,808	170,767
10 Payroll taxes	212,937	95,572	38,650	78,715
11 Fees for services (non-employees)				
a Management	0	0	0	0
b Legal	0	0	0	0
c Accounting	33,215	0	33,215	0
d Lobbying	0	0	0	0
e Professional fundraising services See Part IV, line 17	0			0
f Investment management fees	0	0	0	0
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	63,294	40,345	6,325	16,624
12 Advertising and promotion	246,522	95,206	14,292	137,024
13 Office expenses	9,409	6,972	574	1,863
14 Information technology	34,841	16,733	7,352	10,756
15 Royalties . .	0	0	0	0
16 Occupancy	161,383	68,375	29,139	63,869
17 Travel	86,445	50,003	14,666	21,776
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	48,120	12,364	27,046	8,710
20 Interest	0	0	0	0
21 Payments to affiliates	168,666	71,092	32,620	64,954
22 Depreciation, depletion, and amortization	131,844	56,387	21,702	53,755
23 Insurance	1,708	721	330	657
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a Data Processing	123,522	50,783	20,402	52,337
b Postage and Shipping	32,566	3,574	5,294	23,698
c Membership Dues	25,187	10,689	4,905	9,593
d				
e All other expenses	118,049	57,717	23,123	37,209
25 **Total functional expenses.** Add lines 1 through 24e	19,737,415	16,933,079	958,841	1,845,495
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X . . . . . ☑

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		250	1	250
	2	Savings and temporary cash investments		7,858,022	2	8,741,093
	3	Pledges and grants receivable, net		10,548,312	3	10,671,090
	4	Accounts receivable, net		318,856	4	1,100,600
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		0	6	0
	7	Notes and loans receivable, net		0	7	0
	8	Inventories for sale or use		0	8	0
	9	Prepaid expenses and deferred charges		57,478	9	126,077
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 4,765,186			
	b	Less accumulated depreciation	10b 2,164,741	2,639,779	10c	2,600,445
	11	Investments—publicly traded securities		24,916	11	8,092
	12	Investments—other securities See Part IV, line 11		711,708	12	916,212
	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		5,355	15	7,356
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		22,164,676	16	24,171,215
Liabilities	17	Accounts payable and accrued expenses		466,705	17	311,273
	18	Grants payable		5,139,294	18	4,918,992
	19	Deferred revenue		0	19	0
	20	Tax-exempt bond liabilities		0	20	0
	21	Escrow or custodial account liability Complete Part IV of Schedule D		0	21	0
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties		0	23	0
	24	Unsecured notes and loans payable to unrelated third parties		0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		373,654	25	173,832
	26	**Total liabilities.** Add lines 17 through 25		5,979,653	26	5,404,097
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		4,484,315	27	4,568,703
	28	Temporarily restricted net assets		11,700,708	28	14,198,415
	29	Permanently restricted net assets		0	29	0
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		16,185,023	33	18,767,118
	34	Total liabilities and net assets/fund balances		22,164,676	34	24,171,215

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	19,650,573
2	Total expenses (must equal Part IX, column (A), line 25)	2	19,737,415
3	Revenue less expenses Subtract line 2 from line 1	3	-86,842
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	16,185,023
5	Net unrealized gains (losses) on investments	5	79,109
6	Donated services and use of facilities	6	0
7	Investment expenses	7	0
8	Prior period adjustments	8	0
9	Other changes in net assets or fund balances (explain in Schedule O)	9	2,589,828
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	18,767,118

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line 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
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	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	

Additional Data

Software ID: 13000241
Software Version: v1.00
EIN: 39-0817532
Name: UNITED WAY OF DANE COUNTY INC

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Michael E Victorson Board Chair	1 0	X		X				0	0	0
Nick Meriggioli Board Vice Chair	1 0	X		X				0	0	0
Dave K Stark Board Secretary/Treasurer	1 0	X		X				0	0	0
Darrell Bazzell Board Member	1 0	X						0	0	0
Ryan E Behling Board Member	1 0	X						0	0	0
Anna Marie Bunsh Board Member	1 0	X						0	0	0
Jennifer Cheatham Board Member	1 0	X						0	0	0
Tim Culver Board Member	1 0	X						0	0	0
Greg Dombrowski Board Member	1 0	X						0	0	0
Dan Frazier Board Member	1 0	X						0	0	0
Enid Glenn Board Member	1 0	X						0	0	0
Brenda Gonzalez Board Member	1 0	X						0	0	0
Fritz Grutzner Board Member	1 0	X						0	0	0
Kevin Gundlach Board Member	1 0	X						0	0	0
Mike Hamerlik Board Member	1 0	X						0	0	0
Kevin Heppner Board Member	1 0	X						0	0	0
Patricia Kampling Board Member	1 0	X						0	0	0
Gretchen R Lowe Board Member	1 0	X						0	0	0
Richard M Lynch Board Member	1 0	X						0	0	0
Deirdre A Morgan Board Member	1 0	X						0	0	0
Michael L Morgan Board Member	1 0	X						0	0	0
Douglas S Nelson Board Member	1 0	X						0	0	0
Lucia Nunez Board Member	1 0	X						0	0	0
Rajesh Rajaraman Board Member	1 0	X						0	0	0
Dan Rashke Board Member	1 0	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Anne E Ross Board Member	1 0	X						0	0	0
Sam Rovit Board Member	1 0	X						0	0	0
Jack C Salzwedel Board Member	1 0	X						0	0	0
Kim M Sponem Board Member	1 0	X						0	0	0
Doug Strub Board Member	1 0	X						0	0	0
Tim J Sullivan Board Member	1 0	X						0	0	0
Maryann Sumi Board Member	1 0	X						0	0	0
Karen E Timberlake Board Member	1 0	X						0	0	0
Gary Wolter Board Member	1 0	X						0	0	0
Leslie Ann Howard President/CEO (see schedule J) sec B, 1 & 2	41 4			X				212,121	0	31,656
Leslie Ann Howard President/CEO (see schedule J) Sec B, 3	41 4			X				241,261	0	0
Rick C Spiel Executive VP-Chief Financial Officer	40 5			X				121,227	0	25,914
Deedra Atkinson Senior VP of Community Impact	40 0				X			126,160	0	10,942
Renee Moe Salus Executive VP of Resource Development and Marketing	40 0				X			107,745	0	25,206

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**
▶ **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

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 described in **section 170(b)(1)(A)(i).**

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

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

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

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

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

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

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

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

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

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

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

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

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	18,145,159	18,205,774	19,262,495	18,922,161	19,551,983	94,087,572
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
3 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
4 **Total.** Add lines 1 through 3	18,145,159	18,205,774	19,262,495	18,922,161	19,551,983	94,087,572
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)						1,677,955
6 **Public support.** Subtract line 5 from line 4						92,409,617

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	18,145,159	18,205,774	19,262,495	18,922,161	19,551,983	94,087,572
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	124,480	120,268	87,455	86,714	72,744	491,661
9 Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0	0	0
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	75,922	77,607	72,473	70,781	76,230	373,013
11 **Total support** (Add lines 7 through 10)						94,952,246

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 2013 (line 6, column (f) divided by line 11, column (f))	**14**	97 322 %
15 Public support percentage for 2012 Schedule A, Part II, line 14	**15**	97 241 %

16a **33 1/3% support test—2013.** 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—2012.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2013.** 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—2012.** 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 Section 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 2013 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2012 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2013** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2012** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2013.** 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—2012.** 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.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

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

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions. ▶ Information about Schedule D (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

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 can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" 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 education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

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

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, 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 section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

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

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

(i) 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 (ASC 958) 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 acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

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

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

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

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" 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 XIII 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 XIII Check here if the explanation has been provided in Part XIII . . . . . ☐

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

		(a) Current year	(b) Prior year	b (c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance	5,547,108	4,714,160	4,269,835	3,898,508	3,196,622
b	Contributions	97,253	436,620	417,796	91,801	55,045
c	Net investment earnings, gains, and losses	905,538	561,540	179,218	413,644	699,431
d	Grants or scholarships	0	0	0	0	0
e	Other expenditures for facilities and programs	216,206	165,212	152,689	134,118	52,590
f	Administrative expenses	0	0	0	0	0
g	End of year balance	6,333,693	5,547,108	4,714,160	4,269,835	3,898,508

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a Board designated or quasi-endowment ▶ 89 %
- b Permanent endowment ▶ 7 %
- c Temporarily restricted endowment ▶ 4 %

The percentages in lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

		Yes	No
(i) unrelated organizations	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 XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	0	127,593		127,593
b Buildings	0	3,496,566	1,189,041	2,307,525
c Leasehold improvements	0	9,645	4,090	5,555
d Equipment	0	776,233	642,679	133,554
e Other	0	355,149	328,931	26,218
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				2,600,445

Part VII **Investments—Other Securities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

Part VIII **Investments—Program Related.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX **Other Assets.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d See Form 990, Part X, line 15

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

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

1 (a) Description of liability	(b) Book value
Federal income taxes	0
Deferred Compensation	173,832
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	173,832

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☑

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

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

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

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

Part XIII Supplemental Information

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

Return Reference	Explanation
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
Schedule D, Part X, Line 2	The Corporation is exempt from federal income tax under Section 501(c)(3) of the Internal Revenue Code The Corporation is also exempt from state income and franchise taxes The Corporation follows the provisions of the Uncertainty in Income Taxes Section of the Income Taxes Topic of the FASB Accounting Standards Codification These provisions address the determination of whether tax benefits claimed or expected to be claimed on a tax return should be recorded in the financial statements The Corporation files a Form 990 (Return of Organization Exempt from Income Tax) annually When these returns are filed it is highly certain that some positions taken would be sustained upon examination by the taxing authorities, while others are subject to uncertainty about the merits of the position taken or the amount of the position that would ultimately be sustained Examples of tax positions include such matters as the following, the tax exempt status of the Corporation and various positions relative to potential sources of unrelated business taxable income (UBIT) UBIT is reported on 990T, as appropriate The benefit of a tax position is recognized in the financial statements in the period during which, based on all available evidence, management believes that it is more likely than not that the position will be sustained upon examination, including the resolution of appeals or litigation processes, if any As of December 31, 2013, there were no unrecognized tax benefits identified or recorded as liabilities Forms 990 filed by the Corporation are subject to examination by the Internal Revenue Service up to three years from the extended due date of each return Forms 990 filed by the Corporation are no longer subject to examination for the years 2009 and prior

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

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

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
UNITED WAY OF DANE COUNTY INC

Employer identification number
39-0817532

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

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

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

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

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

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

3 List all states in which the organization is registered or licensed to solicit contributions 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 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. 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	738,353	32,906	109,388	880,647
	2 Less Contributions	582,664	0	0	582,664
	3 Gross income (line 1 minus line 2)	155,689	32,906	109,388	297,983
Direct Expenses	4 Cash prizes	0	0	0	0
	5 Noncash prizes	297	0	3,894	4,191
	6 Rent/facility costs	310	0	22,180	22,490
	7 Food and beverages	3,711	0	33,929	37,640
	8 Entertainment	0	0	2,080	2,080
	9 Other direct expenses	161,155	26,013	49,748	236,916
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(303,317)
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				-5,334

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	0	0	62,709	62,709
Direct Expenses	2 Cash prizes	0	0	0	0
	3 Non-cash prizes	0	0	10,613	10,613
	4 Rent/facility costs	0	0	0	0
	5 Other direct expenses	0	0	0	0
	6 Volunteer labor	☐ Yes % ☐ No	☐ Yes % ☐ No	☑ Yes 100 % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				10,613
	8 Net gaming income summary Subtract line 7 from line 1, column (d) ▶				52,096

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	100 %

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

Name ▶ Bill Monkemeyer

Address ▶ 2059 Atwood Avenue
Madison, WI 53704

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . . ☐ Yes ☑ No

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

c If "Yes," enter name and address of the third party

Name ▶

Address ▶

16 Gaming manager information

Name ▶ Renee Moe

Gaming manager compensation ▶ $ 1,432

Description of services provided ▶ Supervises and manages the gaming operations

☐ Director/officer ☑ Employee ☐ Independent contractor

17 Mandatory distributions

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

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $ 0

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

Return Reference	Explanation
Schedule G, Part III, Line 17b	Profits were utilized to achieve long-lasting solutions through the Agenda for Change, the 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: 93493227041614

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**

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

OMB No 1545-0047

2013

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. Part II can be duplicated 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 . . . ▶ 136

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

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. Part III can be duplicated if additional space is needed.

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

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

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

Additional Data

Software ID: 13000241
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
Meriter Foundation 202 S Park St Madison, WI 53715	23-7098688	501c3	6,113				Program Operating Cost/Donor Designation for General Support
Madison Area Rehabilitation Centers 901 Post Rd Madison, WI 53713	39-0968930	501c3	5,042				Donor Designation for General Support
Care Wisconsin PO Box 8693 Madison, WI 53708	39-1245329	501c3	5,073				Donor Designation for General Support
Community Work Services 3240 University Ave Ste 5 Madison, WI 53705	39-1498287	501c3	5,415				Donor Designation for General Support
Mount Horeb Youth Center 105 N Grove St Mt Horeb, WI 53572	45-5558011	501c3	6,248				Program Operating Cost/Donor Designation for General Support
Family Support and Resource Centers 101 Nob Hill Rd Ste 201 Madison, WI 53713	39-1533767	501c3	6,312				Donor Designation for General Support
Wil-Mar Neighborhood Center 953 Jenifer St Madison, WI 53703	39-1796793	501c3	6,739				Donor Designation for General Support
Madison Children's Museum 100 N Hamilton St Madison, WI 53703	39-1383497	501c3	9,107				Donor Designation for General Support
Worker Center 2300 S Park St Ste 6 Madison, WI 53713	41-2227413	501c3	9,156				Program Operating Cost/Donor Designation for General Support
Safe Harbor Child Advocacy Center Inc 1457 E Washington Ave Ste 102 Madison, WI 53703	39-2004933	501c3	9,411				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
Cambridge Area Youth Center PO Box 54 Cambridge, WI 53523	39-1924511	501c3	9,470				Program Operating Cost/Donor Designation for General Support
Stoughton Youth Center 518 S Fourth Street Stoughton, WI 53589	39-6005622	501c3	10,067				Program Operating Cost/Donor Designation for General Support
Hope House Building Corporation 312 Wisconsin Ave Madison, WI 53703	72-1574555	501c3	11,814				Donor Designation for General Support
Nehemiah Community Development Corp PO Box 9861 Madison, WI 53715	39-1736091	501c3	12,624				Donor Designation for General Support
East Madison Monona Coalition of the Aging 4142 Monona Dr Madison, WI 53716	39-1211331	501c3	12,806				Program Operating Cost/Donor Designation for General Support
Deerfield Community Center PO Box 404 Deerfield, WI 53531	39-1899306	501c3	14,134				Program Operating Cost/Donor Designation for General Support
Girl Scouts of the Black Hawk Council 2710 Ski Ln Madison, WI 53713	39-0806331	501c3	14,662				Program Operating Cost/Donor Designation for General Support
Madison School Community Recreation 3802 Regent St Madison, WI 53705	39-2034615	501c3	16,375				Program Operating Cost/Donor Designation for General Support
Madison Apprenticeship Program PO Box 44842 Madison, WI 53711	39-2016458	501c3	16,548				Program Operating Cost/Donor Designation for General Support
Triangle Community Ministry 755 Braxton Place Apt B109 Madison, WI 53715	39-1425047	501c3	16,562				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
McFarland Youth Center PO Box 362 McFarland, WI 53558	61-1500763	501c3	16,786				Program Operating Cost/Donor Designation for General Support
Community Coordinated Child Care (4C) in Dane Co PO Box 45320 Madison, WI 53744	39-1165742	501c3	17,862				Program Operating Cost/Donor Designation for General Support
Pharmacy Society of Wisconsin 701 Heartland Tr Madison, WI 53717	39-0714490	501c6	18,000				Program Operating Cost
Ronald McDonald House 2716 Marshall Ct Madison, WI 53705	39-1655790	501c3	18,165				Donor Designation for General Support
Community Partnerships 1334 Dewey Ct Madison, WI 53703	91-2064768	501c3	19,121				Program Operating Cost/Donor Designation for General Support
Sunshine Place 18 Rickel Rd Sun Prairie, WI 53590	20-5398498	501c3	20,289				Program Operating Cost/Donor Designation for General Support
Dane County CASA 211 S Carroll St 206 Madison, WI 53703	20-1717869	501c3	20,310				Program Operating Cost/Donor Designation for General Support
Henry Vilas Zoological Society 606 S Randall Ave Madison, WI 53716	39-6077008	501c3	21,389				Donor Designation for General Support
Hope Haven 702 S High Point Rd Madison, WI 53719	39-1178878	501c3	22,594				Program Operating Cost/Donor Designation for General Support
Stoughton Area Resource Team 248 W Main St Stoughton, WI 53589	41-2076251	501c3	23,720				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
Lussier Community Education Center 55 S Gammon Rd Madison, WI 53717	39-1938173	501c3	23,910				Program Operating Cost/Donor Designation for General Support
Simpson Street Free Press PO Box 6307 Monona, WI 53716	39-1882258	501c3	24,096				Program Operating Cost/Donor Designation for General Support
Society of St Vincent de Paul 1109 Jonathon Dr Madison, WI 53713	39-0824876	501c3	24,140				Donor Designation for General Support
AIDS Network Madison PO Box 731 Madison, WI 53701	39-1548528	501c3	26,123				Program Operating Cost/Donor Designation for General Support
Gilda's Club of Madison 7907 UW Health Court Middleton, WI 53562	06-1662883	501c3	27,802				Donor Designation for General Support
Cornucopia 306 N Brooks St Madison, WI 53715	39-1865263	501c3	28,572				Program Operating Cost/Donor Designation for General Support
Hancock Center for Movement Arts & Therapies 16 N Hancock St Madison, WI 53703	39-1443008	501c3	28,803				Program Operating Cost/Donor Designation for General Support
The River Food Pantry 2201 Darwin Rd Madison, WI 53704	20-4179749	501c3	30,557				Donor Designation for General Support
Energy Services Inc 1225 S Park St Madison, WI 53715	39-1443614	501c3	33,733				Donor Designation for General Support
Three Gaits PO Box 153 Oregon, WI 53575	39-1472538	501c3	35,193				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
South Madison Coalition of the Elderly 128 E Olin Ave Suite 110 Madison, WI 53713	39-1222287	501c3	36,460				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	36,846				Program Operating Cost/Donor Designation for General Support
DeForest Area Community and Senior Center 505 N Main St DeForest, WI 53532	39-1371808	501c3	37,099				Program Operating Cost/Donor Designation for General Support
Epilepsy Foundation - South Central Wisconsin 1302 Mendota Street 100 Madison, WI 53714	39-1370658	501c3	37,443				Program Operating Cost/Donor Designation for General Support
Madison Area Technical College 3550 Anderson St Madison, WI 53707	23-7265867	501c3	38,810				Program Operating Cost
Wisconsin Academy for Graduate Service Dogs 1338 Dewey Ct Madison, WI 53703	39-1626569	501c3	41,174				Donor Designation for General Support
Kennedy Heights Community Center 199 Kennedy Heights Madison, WI 53704	39-1519846	501c3	41,569				Program Operating Cost/Donor Designation for General Support
Access to Independence 301 S Livingston St Ste 200 Madison, WI 53703	39-1240200	501c3	42,149				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	42,784				Program Operating Cost/Donor Designation for General Support
West Madison Senior Coalition 517 N Segoe Rd Ste 309 Madison, WI 53705	39-1222036	501c3	43,409				Program Operating Cost/Donor Designation for General Support

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NAMI Dane County 2059 Atwood Ave Madison, WI 53704	39-1270706	501c3	46,330				Program Operating Cost/Donor Designation for General Support
Lutheran Social Services of WI & Upper Michigan 6314 Odana Rd Madison, WI 53719	39-0816846	501c3	50,073				Program Operating Cost/Donor Designation for General Support
ARC Community Services 2001 W Beltline Hwy Ste 102 Madison, WI 53713	51-0163796	501c3	50,735				Program Operating Cost/Donor Designation for General Support
North Eastside Senior Coalition 1625 Northport Dr Ste 125 Madison, WI 53704	39-1217221	501c3	61,284				Program Operating Cost/Donor Designation for General Support
East Madison Community Center 8 Straubel Ct Madison, WI 53704	39-1941839	501c3	61,901				Program Operating Cost/Donor Designation for General Support
Goodman Community Center 149 Waubesa St Madison, WI 53704	39-1919172	501c3	78,914				Program Operating Cost/Donor Designation for General Support
Rainbow Project 831 E Washington Ave Madison, WI 53703	39-1422626	501c3	80,403				Program Operating Cost/Donor Designation for General Support
Colonial Club 301 Blankenheim Ln Sun Prairie, WI 53590	23-7071027	501c3	83,079				Program Operating Cost/Donor Designation for General Support
Middleton Outreach Ministry 7432 Hubbard Ave Middleton, WI 53562	39-1484945	501c3	90,860				Program Operating Cost/Donor Designation for General Support
Jewish Social Services of Madison 6434 Enterprise Ln Madison, WI 53719	39-1300430	501c3	147,071				Program Operating Cost/Donor Designation for General Support

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Habitat for Humanity of Dane County PO Box 258128 Madison, WI 53725	39-1592769	501c3	112,552				Program Operating Cost/Donor Designation for General Support
YMCA of Dane County 8001 Excelsior Dr Ste 200 Madison, WI 53717	39-0806253	501c3	121,228				Program Operating Cost/Donor Designation for General Support
Omega School 835 West Badger Rd Madison, WI 53713	39-1166888	501c3	121,230				Program Operating Cost/Donor Designation for General Support
Operation Fresh Start 1925 Winnebago St Madison, WI 53704	23-7108090	501c3	123,566				Program Operating Cost/Donor Designation for General Support
Vera Court Neighborhood Center 614 Vera Ct Madison, WI 53704	39-1945609	501c3	125,958				Program Operating Cost/Donor Designation for General Support
Family Service 128 E Olin Ave Ste 100 Madison, WI 53713	39-0806186	501c3	128,689				Program Operating Cost/Donor Designation for General Support
Canopy Center 2120 Fordem Ave Ste 110 Madison, WI 53704	51-0211908	501c3	130,481				Program Operating Cost/Donor Designation for General Support
Home Health United Xtra Care 4639 Hammersley Road Madison, WI 53711	39-1539827	501c3	140,675				Program Operating Cost/Donor Designation for General Support
Independent Living 815 Forward Dr Madison, WI 53711	39-1186642	501c3	151,635				Program Operating Cost/Donor Designation for General Support
Youth Services of Southern Wisconsin 1955 Atwood Avenue Madison, WI 53704	39-1391737	501c3	159,804				Program Operating Cost/Donor Designation for General Support

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(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Journey Mental Health Center 625 W Washington Ave Madison, WI 53703	39-0806445	501c3	167,402				Program Operating Cost/Donor Designation for General Support
Agrace HospiceCare 5395 E Cheryl Pkwy Fitchburg, WI 53711	39-1319537	501c3	172,135				Program Operating Cost/Donor Designation for General Support
Boys & Girls Club of Dane County 2001 Taft St Madison, WI 53713	39-1925617	501c3	181,322				Program Operating Cost/Donor Designation for General Support
Dane County Humane Society 5132 Voges Rd Madison, WI 53718	39-0806335	501c3	181,993				Donor Designation for General Support
Madison-Area Urban Ministry 2300 S Park St Ste 5 Madison, WI 53713	23-7298482	501c3	193,148				Program Operating Cost/Donor Designation for General Support
American Red Cross Badger Chapter PO Box 5905 Madison, WI 53705	39-0806193	501c3	222,494				Program Operating Cost/Donor Designation for General Support
Domestic Abuse Intervention Services PO Box 1761 Madison, WI 53701	39-1268238	501c3	262,903				Program Operating Cost/Donor Designation for General Support
The Road Home 128 E Olin Ave Ste 202 Madison, WI 53713	31-1618925	501c3	242,538				Program Operating Cost/Donor Designation for General Support
Big Brothers Big Sisters of Dane County 2059 Atwood Ave Madison, WI 53704	39-1077783	501c3	243,011				Program Operating Cost/Donor Designation for General Support
Literacy Network 1118 S Park St Madison, WI 53715	51-0180488	501c3	258,367				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
Second Harvest Foodbank of Southern WI 2802 Dairy Drive Madison, WI 53718	39-1490691	501c3	284,419				Program Operating Cost/Donor Designation for General Support
Community Action Coalition for South Central WI 1717 N Stoughton Rd Madison, WI 53704	39-1053827	501c3	291,683				Program Operating Cost/Donor Designation for General Support
The Salvation Army of Dane County 630 E Washington Ave Madison, WI 53703	36-2167910	501c3	303,539				Program Operating Cost/Donor Designation for General Support
Access Community Health Centers 3434 E Washington Ave Madison, WI 53704	39-1391134	501c3	330,461				Program Operating Cost/Donor Designation for General Support
Porchlight 306 N Brooks St Madison, WI 53715	39-1579521	501c3	426,994				Program Operating Cost/Donor Designation for General Support
Children's Service Society of Wisconsin 1716 Fordem Ave Madison, WI 53704	39-0806380	501c3	432,397				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	457,182				Program Operating Cost/Donor Designation for General Support
Centro Hispano of Dane County 810 W Badger Rd Madison, WI 53713	93-0844812	501c3	494,102				Program Operating Cost/Donor Designation for General Support
Catholic Charities Diocese of Madison PO Box 46550 Madison, WI 53744	39-0807067	501c3	648,658				Program Operating Cost/Donor Designation for General Support
YWCA of Madison 101 E Mifflin Street Madison, WI 53703	39-0806303	501c3	844,698				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
Center for Families 2120 Fordem Ave Madison, WI 53704	39-1624393	501c3	964,676				Program Operating Cost/Donor Designation for General Support
United Way of Green County Inc PO Box 511 Monroe, WI 53566	39-6060531	501c3	7,202				Donor Designation for General Support
Portage Area United Way PO Box 354 Portage, WI 53901	23-7166773	501c3	8,218				Donor Designation for General Support
Sauk-Prairie United Way PO Box 122 Prairie Du Sac, WI 53578	39-1318028	501c3	12,429				Donor Designation for General Support
United Way of Blackhawk Region 205 N Main St Ste 101 Janesville, WI 53545	39-6006734	501c3	17,609				Donor Designation for General Support
Boy Scouts of America PO Box 14135 Madison, WI 53708	39-1417416	501c3	31,271				Donor Designation for General Support
Madison Public Library Foundation 201 W MIFFLIN ST Madison, WI 53703	39-1777242	501c3	23,322				Donor Designation for General Support
St John's Lutheran Church 322 East Washington Avenue Madison, WI 53703	39-1570139	501c3	21,500				Donor Designation for General Support
University of Wisconsin Eau Claire Foundation 105 GARFIELD AVE Eau Claire, WI 54701	39-0972350	501c3	19,400				Donor Designation for General Support
Pregnancy Helpline Inc of Madison PO Box 5261 Madison, WI 53705	39-1419746	501c3	18,107				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
BLACKHAWK EVANGELICAL FREE CHURCH INC 9620 Brader Way Middleton, WI 53562	39-1328199	501c3	13,600				Donor Designation for General Support
University of Wisconsin Whitewater Foundation 800 W Main St Whitewater, WI 53190	39-6081189	501c3	12,000				Donor Designation for General Support
Foundation for Madison Public Schools 455 SCIENCE DR STE 130 Madison, WI 53711	39-2043104	501c3	8,405				Donor Designation for General Support
Care Net Pregnancy Center of Dane County 1350 MacArthur Rd Madison, WI 53714	39-1472091	501c3	7,721				Donor Designation for General Support
United Fund of Iowa County PO BOX 63 Dodgeville, WI 53533	23-7140278	501c3	7,649				Donor Designation for General Support
Aldo Leopold Nature Center 6515 GRAND TETON PLAZA Madison, WI 53719	39-1786897	501c3	6,596				Donor Designation for General Support
Foundation for Big Brothers Big Sisters of Dane County 2059 Atwood Ave Madison, WI 53704	39-1576671	501c3	6,235				Donor Designation for General Support
Wisconsin Lutheran Child and Family Services W175 N11120 Stonewood Drive Germantown, WI 53022	39-1047224	501c3	5,231				Donor Designation for General Support
Home Health United Foundation 4639 Hammersley Rd Madison, WI 53711	39-1705111	501c3	5,186				Donor Designation for General Support
American Heart Association 2850 Dairy Dr Ste 300 Madison, WI 53718	13-5613797	501c3	189,159				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 Health Charities of Wisconsin 6737 W Washington St Ste 2253 West Allis, WI 53214	39-1261126	501c3	850,434				Donor Designation for General Support
Beth Israel Center 1406 Mound St Madison, WI 53711	13-1659707	501c3	30,000				Donor Designation for General Support
Congregation Shaarei Shamayim PO Box 55061 Madison, WI 53705	39-1678580	501c3	30,000				Donor Designation for General Support
UW Hillel Foundation 611 LANGDON ST Madison, WI 53703	39-2035142	501c3	30,000				Donor Designation for General Support
Madison Jewish Community Day School 2702 Arbor Drive Madison, WI 53711	30-0469084	501c3	25,000				Donor Designation for General Support
Temple Beth El 2702 ARBOR DR Madison, WI 53711	39-6007966	501c3	30,000				Donor Designation for General Support
Dean Foundation 2711 Allen Blvd Middleton, WI 53562	39-1546086	501c3	27,935				Donor Designation for General Support
United Way of Dane County Foundation 2059 Atwood Ave Madison, WI 53704	39-1763471	501c3	46,357				Donor Designation for General Support
University of Wisconsin Foundation 1848 UNIVERSITY AVE Madison, WI 53726	39-0743975	501c3	11,058				Donor Designation for General Support
Special Olympics Wisconsin 2310 CROSSROADS DRIVE Madison, WI 53718	39-1176591	501c3	5,111				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
America's Charities 14150 Newbrook Drive Suite 110 Chantilly, VA 20151	54-1517707	501c3	58,999				Donor Designation for General Support
American Red Cross National Headquarters PO Box 73857 Chicago, IL 606737857	53-0196605	501c3	6,198				Donor Designation for General Support
Animal Charities of America PO Box 45754 San Francisco, CA 94145	94-3193389	501c3	6,885				Donor Designation for General Support
Christian Charities USA Federation PO Box 45754 San Francisco, CA 94145	94-3255961	501c3	7,025				Donor Designation for General Support
Christian Service Charities PO Box 79704 Baltimore, MD 212799704	94-3193374	501c3	6,079				Donor Designation for General Support
Community Health Charities National PO Box 75153 Baltimore, MD 212755153	13-6167225	501c3	11,180				Donor Designation for General Support
Community Shares of Wisconsin 612 W Main St Ste 200 Madison, WI 537034714	39-1172378	501c3	371,146				Donor Designation for General Support
EarthShare PO Box 4011 Washington, DC 200424011	52-1601960	501c3	127,798				Donor Designation for General Support
Global Impact PO Box 409616 Atlanta, GA 303849616	52-1273585	501c3	149,630				Donor Designation for General Support
Great Rivers United Way 1855 E Main St Onalaska, WI 54650	39-0848188	501c3	8,093				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
Health & Medical Research Charities PO Box 45754 San Francisco, CA 94145	94-3217739	501c3	7,048				Donor Designation for General Support
Military Family and Veterans Service Organizations of America PO Box 45754 San Francisco, CA 94145	94-3193418	501c3	8,813				Donor Designation for General Support
Access to Community Services 5900 Monona Dr Suite 203 Monona, WI 53716	39-1485069	501c3	55,158				Donor Designation for General Support
Hunger Relief Fund Wisconsin 201 S Hawley Ct Milwaukee, WI 53214	39-1345847	501c3	87,348				Donor Designation for General Support
Independent Charities of America 1100 Larkspur Landing Circle Suite 340 Larkspur, CA 94939	94-3067804	501c3	133,055				Donor Designation for General Support
Neighbor to Nation co Sun Trust Bank 1000 Stewart Ave Lock Box 79991 Glen Burnie, MD 21061	54-1879282	501c3	35,039				Donor Designation for General Support
Wisconsin Environmental Education Foundation 110B College of Natural Resources UW-Stevens Point 800 Reserve St Stevens Point, WI 54481	20-2042476	501c3	37,951				Donor Designation for General Support

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 23.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**
▶ **Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

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 or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III ☑ 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 Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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

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

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

(A) Name and Title		**(B)** Breakdown of W-2 and/or 1099-MISC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation reported as deferred in prior Form 990
		(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
(1) Leslie Ann Howard President	**(i)** **(ii)**	194,621 0	17,500 0	241,261 0	15,372 0	15,052 0	483,806 0	220,388 0

Part III Supplemental Information

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

Return Reference	Explanation
Schedule J, Part I, Line 4	United Way of Dane County has always practiced total financial transparency The details of this performance incentive were made public via local news media in 1998 and ever year since, the annual performance incentive was shared publicly on our Federal Form 990 Ms Howard is obligated to aggressive annual goals and objectives that are approved and reviewed by the Board of Directors She has consistently received outstanding annual performance reviews by the Board for meeting or exceeding these goals and objectives The use of performance incentives is standard practice in many nonprofits and businesses across our community and in our nation, to retain a highly qualified and effective individual as President and CEO Ms Howard's leadership and guidance has been crucial to the growth and impact of United Way of Dane County In the past several decades, she has lead our United Way to become a nationally recognized leader for our work in community impact and nearly quadrupled the size of our annual campaign In 2013 Leslie Ann Howard President / CEO vested in a performance incentive fund under her Executive Incentive Agreement with United Way of Dane County and received a one-time distribution of the fund balance in the amount of $241,261

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No 1545-0047

2013

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) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art—Works of art				
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded	X	52	817,513	market value at time of donation
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution—Historic structures				
14	Qualified conservation contribution—Other				
15	Real estate—Residential				
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (_____)				
26	Other ▶ (_____)				
27	Other ▶ (_____)				
28	Other ▶ (_____)				

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

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which 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 noncash contributions?	32a		No
b	If "Yes," describe in Part II			
33	If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II			

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

Return Reference	Explanation

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
UNITED WAY OF DANE COUNTY INC

Employer identification number
39-0817532

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, Line 6	The members of the corporation shall be divided into two classes Director Members and General Members Only individuals are eligible to be members Each member shall be a resident of or be employed in Dane County, Wisconsin Director Members shall consist of those persons who are serving (from time to time) as members of the Board of Directors of the corporation The number and identity of the Director Members shall at all times be the same as the number and identity of the persons serving as Directors of the corporation Upon any change in the number or identity of the Directors of the corporation for any reason, the number and identity of the Director Members shall be changed accordingly without the requirement of any action by the members or by the Board of Directors General Members shall be divided into two categories agency members and public members Agency members shall consist of the principal staff officer (usually the Executive Director) and the principal volunteer officer (usually the Chair of the Board) of each partner United Way agency, who are present in person at a meeting of members For this purpose, a partner United Way agency shall be as defined in the corporation's policies from time to time Agency members shall include only those persons serving in the above positions for their respective agency at the time of the meeting of members If an agency member cannot attend a meeting, the partner United Way agency cannot send a substitute in his or her place Public Members Public members shall consist of any other persons who are invited by the Board of Directors to attend the annual or any special meeting of the members and who are present in person at a meeting of members The Board of Directors shall have the complete discretion to decide the number and identity of the persons, if any, to invite to attend a special meeting of the members, provided, however, that the general public shall be invited to attend the annual meeting of the members, through public notice of the meeting
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 and Governance Committee, and those persons, if any, nominated by the members from the floor At the annual meeting of members, nominations of candidates for election to the Board of Directors may be made from the floor by any member who is present at the meeting, provided that each individual so nominated (1) meets, to the reasonable satisfaction of the Chair, the requirements of these Bylaws, and (2) has submitted a written consent to his or her nomination to the President of the corporation at least forty-eight (48) hours before the opening of the annual meeting of members The Chair of the meeting may request that the members vote upon a single slate of all nominees, subject, however, to the right of the members to require, by a duly adopted resolution, that each nominee be voted upon separately If in an election of Directors the number of nominees for election exceeds the number of vacancies on the Board of Directors to be filled by the election, then the nominees who receive the highest number of votes shall be elected
Form 990, Part VI, Section A, Line 7b	Voting by Members Each member shall have one vote upon each matter submitted to a vote at any annual or special meeting of the members Any individual who is both a Director Member and a General Member shall have only one vote Unless expressly stated otherwise in these Bylaws, Director Members and General Members shall vote together, as one class, on each matter submitted to a vote Voting by proxy shall not be permitted
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
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
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
Form 990, Part VI, Section C, Line 19	United Way of Dane County, Inc makes information available through printed materials - annual reports, newsletters, etc , and websites - unitedwaydanecounty org, Guidestar, and Charity Navigator
Form 990, Part XI, Line 9	$(10,967) - Gain on Donor Designated Pledges, $103,088 - Distribution from United Way of Dane County Foundation eliminated in audit, $2,497,707 - Change in Temporarily Restricted Net Assets

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

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 (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) 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	Yes	

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) 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	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No

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

		Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule			
1 During the tax year, did the 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 or **(iv)** rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b		No
c Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
o Sharing of paid employees with related organization(s)	1o	Yes	
p Reimbursement paid to related organization(s) for expenses	1p		No
q Reimbursement paid by related organization(s) for expenses	1q	Yes	
r Other transfer of cash or property to related organization(s)	1r	Yes	
s Other transfer of cash or property from related organization(s)	1s		No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) United Way of Dane County Foundation	c	307,082	
(2) United Way of Dane County Foundation	q	1,538	
(3) United Way of Dane County Foundation	r	61,964	

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	

Part VII Supplemental Information

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

Return Reference	Explanation
Schedule R, Part V, Line 1c	The total contribution from the related organization was $307,082 Of that contribution, $203,994 is the transfer of earnings from individual board designated funds to fulfill campaign pledges The remaining $103,088 is the contribution from the related organization for the year recorded in Part VIII of the Form 990