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

OMB No 1545-0047

2015

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 01-01-2015 , and ending 12-31-2015

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

C Name of organization
UNITED WAY OF DANE COUNTY INC

Doing business as

Number and street (or P O box if mail is not delivered to street address) | Room/suite
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 $ 25,319,492

F Name and address of principal officer
Renee Moe
PO Box 7548
Madision, WI 53707

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

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

H(c) Group exemption number ▶

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

J Website: ▶ UnitedWayDaneCounty org

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

L Year of formation 1951

M State of legal domicile WI

Part I Summary

1 Briefly describe the organization's mission or most significant activities
United Way of Dane County fights for the education, financial stability, and health of everyone in Dane County We are committed to the vision of a Dane County where everyone can succeed in school, work and life To facilitate this, we follow our community's Agenda for Change, six goals focused on three priority areas of Education, Income and Health - the building blocks of a stable life By targeting specific goals and forging 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 Through strategic partnerships and collaborative work, we are bringing the many voices of Dane County around a neutral table to find common ground and make measurable progress, while providing organizations and individuals the opportunity to give, advocate and volunteer to change lives in Dane County

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

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 2015 (Part V, line 2a)	**5**	141
6	Total number of volunteers (estimate if necessary)	**6**	10,370
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	20,798,486	22,593,973
9	Program service revenue (Part VIII, line 2g)	0	0
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	40,243	26,747
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	63,189	48,192
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	20,901,918	22,668,912
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	15,799,423	16,925,498
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	4,074,996	4,265,677
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶2,033,213		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,306,949	1,504,762
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	21,181,368	22,695,937
19	Revenue less expenses Subtract line 18 from line 12	-279,450	-27,025

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	25,661,914	25,719,895
21	Total liabilities (Part X, line 26)	5,814,419	6,171,353
22	Net assets or fund balances Subtract line 21 from line 20	19,847,495	19,548,542

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: 2016-08-12

Renee Moe 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
James Graham	James Graham	2016-08-12		P00006111

Firm's name ▶ RSM US LLP — Firm's EIN ▶ 42-0714325
Firm's address ▶ 8020 Excelsior Drive Ste 100, Madison, WI 53717 — Phone no (608) 829-5443

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

Unite the community to achieve measurable results and change lives

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ 6,296,452 including grants of $ 5,421,710) (Revenue $ 0)

Born Learning goal "Children are cared for and have fun as they become prepared for school " We have three major Born Learning strategies that are helping us achieve the goal that 80% of our 4-year olds are at age-expected development and ready to begin school by 2020 (1) home visitation, (2) Play and Learn and (3) developmental screening We served 286 young children, and their families, with home visiting in 2015 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 In 2015, 90% of the children who graduated from the Parent-Child Home Program had skills that were Kindergarten Ready We served 1,002 children and 821 caregivers at 17 Play and Learns sites in 2015 Play and Learn sessions are weekly early childhood and parent enrichment programs that model for parents how to be their children's first teacher The Ages and Stages Questionnaire was administered in all home visitation and Play and Learn programs as well as through community partners Our lead partners on these three Born Learning initiatives include Access Community Health Centers, Center for Families, Children's Hospital - Community Services Division, and Community Coordinated Child Care Academic Success 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 401 volunteers and a team of 24 AmeriCorps members to tutor 1,750 students at elementary schools in Madison, Middleton/Cross Plains and Sun Prairie in the 2015-2016 school year Centro Hispano is the lead agency partner on elementary tutoring To address summer reading loss, also called the "summer slide," we provided 418 low-income students with 5 self-selected books during the summer of 2015 The result more than 75% of students maintained or increased their reading levels compared to 49% in summer school but not in the program We are also working to help middle and high school students succeed in school and life In the 2015-2016 school year our middle school tutoring initiative engaged 473 volunteers to tutor 948 students in literacy and math 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, Achievement Connections, recruited 191 volunteers, as well as a team of 27 AmeriCorps members, to tutor 152 students in the Madison and Middleton schools in Algebra and Geometry in the 2015-2016 school year 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 neighborhood, community and school-based programs to promote academic achievement and engagement and success in school, work and life for more than 4,412 youth, including 100 Black Men of Madison, Big Brother Big Sisters, Boys and Girls Club, Briarpatch Youth Services, Centro Hispano, East Madison Community Center, Goodman Community Center, Kennedy Heights Neighborhood Center, Literacy Network, Lussier Community Education Center, Madison Schools and Community Recreation, McFarland Community Center, Salvation Army, Simpson Street Free Press, the Urban League of Greater Madison, Vera Court, the Worker Center and the YWCA of Madison

4b (Code) (Expenses $ 3,319,373 including grants of $ 2,858,225) (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 2015-2016 school year 2,584 sixth graders were screened for behavioral health issues and referred as needed for treatment The FACE-Kids program conducted 134 behavioral health groups for 854 students in 50 schools and 4 off-site locations in 9 Dane County school districts In addition, more than 3,400 students received mental health support and treatment through partnerships with Agrace, Canopy Center, Catholic Charities, Children's Hospital - Community Services Division (Children's Service Society of WI), East Madison Community Center, Family Services Madison, and Hancock Center for Dance/Movement Therapy In 2015, through United Way's support, 3,055 children received preventive and/or restorative dental care through school and community based partnerships 1,875children ages five and under received a well-child exam during the year, 120 children with ADHD received medical and mental health care and monitoring in a primary care setting, and 932 diabetics improved the management of their disease as a result of being connected with a community-based medical home United Way of Dane County's HealthConnect premium assistance program managed total payments of $1 million that allowed 1,351 low-income individuals to become or remain insured by paying their 2015 premiums for 1,074 plans purchased through the Health Insurance Marketplace We partner with multiple health agencies including Access Community Health Centers, Triangle Community Ministry, AIDS Resource Center of WI, American Heart Association, and Community Health Charities

4c (Code) (Expenses $ 3,193,712 including grants of $ 2,750,022) (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 In 2015 since that time, we were able to help 13people get a diploma, 469 people find employment, 65 people found jobs earning $15 an hour or more and 246 people have received a promotion Our HIRE partners who prepare individuals for their high school diploma and teach employability skills are Literacy Network, Omega School, and Vera Court Our HIRE partners who teach employability Skills and provide employment training and placement are Centro Hispano, Madison area Urban Ministry, Urban League of Greater Madison, Vera Court, and the YWCA The Journey Home initiative links ex-offenders who are returning to the community to four research-based strategies Residency, Employment, Support and Treatment (REST) so they can successfully reintegrate back into the community In 2015, Journey Home provided services for 650 individuals (221 individuals were interviewed for services), including intensive one-to one services to 79 individuals, only four of whom returned to prison In 2015, Journey Home participants are returning to prison at a rate of 5 1% , 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, ARC Community Services, Canopy Center, Centro Hispano, Domestic Abuse Intervention Services, Family Services, Rainbow Project, Youth Services of South-central Wisconsin, and the YWCA of Madison

See Additional Data

4d Other program services (Describe in Schedule O)

(Expenses $ 6,846,731 including grants of $ 5,895,541) (Revenue $ 0)

4e **Total program service expenses** ▶ 19,656,268

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 domestic 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 or for domestic individuals 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), 501(c)(4), and 501(c)(29) 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 "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or 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**	17		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	**1c**		Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2a**	141		
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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
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**		Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	**7b**		Yes	
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.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	**8**			
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .	**9a**			
b	Did the sponsoring 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, address, and telephone number of the person who possesses the organization's books and records ▶ Rick C Spiel United Way of Dane County Inc 2059 Atwood Ave Madison, WI 53704 (608) 246-4352

Part 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			
See Additional Data Table										

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

(A) Name and Title	(B) Average hours per week (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			
See Additional Data Table										
1b **Sub-Total** . . . . . ▶										
c **Total from continuation sheets to Part VII, Section A** . . . . ▶										
d **Total (add lines 1b and 1c)** . . . . . ▶								612,882	0	131,118

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*		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*	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*		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 938,899				
	b	Membership dues	1b 0				
	c	Fundraising events	1c 559,747				
	d	Related organizations	1d 192,226				
	e	Government grants (contributions)	1e 719,913				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 20,183,188				
	g	Noncash contributions included in lines 1a-1f $	1,297,300				
	h	**Total.** Add lines 1a-1f		22,593,973			
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)		44,098	0	0	44,098
	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	55,661	0				
	b Less rental expenses	95,610	0				
	c Rental income or (loss)	-39,949	0				
	d Net rental income or (loss)			-39,949	0	0	-39,949

		(i) Securities	(ii) Other				
	7a Gross amount from sales of assets other than inventory	2,148,897	0				
	b Less cost or other basis and sales expenses	2,166,248	0				
	c Gain or (loss)	-17,351	0				
	d Net gain or (loss)			-17,351	0	0	-17,351
	8a Gross income from fundraising events (not including $ 559,747 of contributions reported on line 1c) See Part IV, line 18	a 312,798					
	b Less direct expenses	b 374,573					
	c Net income or (loss) from fundraising events			-61,775		0	-61,775
	9a Gross income from gaming activities See Part IV, line 19	a 77,472					
	b Less direct expenses	b 14,149					
	c Net income or (loss) from gaming activities			63,323	0	0	63,323
	10a Gross sales of inventory, less returns and allowances	a 0					
	b Less cost of goods sold	b 0					
	c Net income or (loss) from sales of inventory			0	0	0	0
Other Revenue	Miscellaneous Revenue		Business Code				
	11a Other Miscellaneous Revenue		900099	86,593	86,593	0	0
	b						
	c						
	d All other revenue			0	0	0	0
	e **Total.** Add lines 11a–11d			86,593			
	12 **Total revenue.** See Instructions			22,668,912	86,593	0	-11,654

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	16,925,498	16,925,498		
2 Grants and other assistance to domestic individuals See Part IV, line 22	0	0		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	0	0		
4 Benefits paid to or for members	0	0		
5 Compensation of current officers, directors, trustees, and key employees	805,696	412,505	124,880	268,311
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	2,554,206	1,301,868	401,923	850,415
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	168,080	74,362	32,432	61,286
9 Other employee benefits	489,583	209,474	97,241	182,868
10 Payroll taxes	248,112	122,548	38,351	87,213
11 Fees for services (non-employees)				
a Management	0	0	0	0
b Legal	0	0	0	0
c Accounting	34,000	0	34,000	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)	124,941	21,000	58,108	45,833
12 Advertising and promotion	242,746	105,955	21,084	115,707
13 Office expenses	23,401	21,100	294	2,007
14 Information technology	32,215	16,393	6,417	9,405
15 Royalties	0	0	0	0
16 Occupancy	152,706	55,252	37,073	60,381
17 Travel	106,167	68,163	16,916	21,088
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19 Conferences, conventions, and meetings	59,031	25,959	25,362	7,710
20 Interest	0	0	0	0
21 Payments to affiliates	180,829	81,704	32,019	67,106
22 Depreciation, depletion, and amortization	152,614	68,393	24,491	59,730
23 Insurance	7,273	3,286	1,288	2,699
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	219,356	102,192	33,547	83,617
b Postage and shipping	29,171	5,026	5,186	18,959
c Membership dues	26,885	12,148	4,760	9,977
d				
e All other expenses	113,427	23,442	11,084	78,901
25 **Total functional expenses.** Add lines 1 through 24e	22,695,937	19,656,268	1,006,456	2,033,213
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		9,441,359	2	9,213,962
	3	Pledges and grants receivable, net		11,841,488	3	11,154,630
	4	Accounts receivable, net		755,960	4	1,633,076
	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		140,843	9	231,245
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 5,062,568			
	b	Less accumulated depreciation	10b 2,489,637	2,551,385	10c	2,572,931
	11	Investments—publicly traded securities		10,031	11	33,834
	12	Investments—other securities See Part IV, line 11		913,743	12	865,696
	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		6,855	15	14,271
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		25,661,914	16	25,719,895
Liabilities	17	Accounts payable and accrued expenses		459,437	17	531,566
	18	Grants payable		5,162,582	18	5,428,492
	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		192,400	25	211,295
	26	**Total liabilities.** Add lines 17 through 25		5,814,419	26	6,171,353
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		4,422,744	27	4,480,430
	28	Temporarily restricted net assets		15,424,751	28	15,068,112
	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		19,847,495	33	19,548,542
	34	Total liabilities and net assets/fund balances		25,661,914	34	25,719,895

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	22,668,912
2	Total expenses (must equal Part IX, column (A), line 25)	2	22,695,937
3	Revenue less expenses Subtract line 2 from line 1	3	-27,025
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	19,847,495
5	Net unrealized gains (losses) on investments	5	-49,277
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	-222,651
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	19,548,542

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		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Additional Data

Software ID: 15000352
Software Version: v1.00
EIN: 39-0817532
Name: UNITED WAY OF DANE COUNTY INC

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

(Code) (Expenses $ 2,900,481 including grants of $ 2,497,528) (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, providing training , resources and networking opportunities to increase the diversity of nonprofit and United leadership volunteers, increasing opportunities for corporate volunteers, and developing youth leadership opportunities through volunteering In 2015, volunteers provided over 437,000 hours of volunteer service dedicated to advancing the Agenda for Change Nearly 35,000 visitors searched VolunteerYourTime org to get connected with a volunteer opportunity in Dane County that matched their interest, skills and time availability We work to build agency effectiveness and capacity by providing training and developmental opportunities to business volunteer programs, volunteer managers, nonprofit boards and executive directors to help strengthen the leadership, governance and volunteer engagement within our partner agencies In 2015, 435 agency staff and board members participated in our training programs In 2015, United Way 2-1-1 received over 41,000 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 continued to be a key partner in the implementation of our HealthConnect initiative (see Healthy for Life section above) Over 9,000 callers were offered preventative healthcare resources through 2-1-1

(Code) (Expenses $ 2,698,872 including grants of $ 2,323,928) (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 in 2015 (1) provide quality housing case management and eviction prevention, (2) increase financial literacy, (3) increase access to food, and (4) provide direct access to housing through Housing First Among the results of our work in 2015 (1) 2,330 families and individuals received case management to remain stably housed, (2) 3,401 tax filers were assisted in filing state and federal taxes yielding $3,790,546 in tax refunds, of which $1,515,179 were from Earned Income Tax Credits (EITC) to low-income individuals and families and 1,467 households learned financial literacy skills, (3) 8 7 million pounds of food or were distributed to 158,000 households, and (4) 170 families were stably housed in our Housing First programs eliminating their time in shelter and improving potential for their children's' school success In 2015 we also developed and implemented a Housing Locator program to increase relationships with area landlords and decrease the time families spend looking for apartments Lead partners in this work include the Community Action Coalition for South-central Wisconsin, Domestic Abuse Intervention Services, the Financial Education Center, and Habitat for Humanity, Porchlight, The Road Home, Second Harvest of Southern Wisconsin, and YWCA of Madison, city of Madison and Dane County Housing Authorities

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

(Code) (Expenses $ 1,247,378 including grants of $ 1,074,085) (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 2015, in partnership with the Wisconsin Pharmacy Quality Collaborative, we provided 150 comprehensive medication reviews to older adults, whose average age was 78 The Safety Assessments for the Elderly (S A F E) at Home program (a partnership with Home Health United) provided 220 high fall risk low-income seniors with in-home assessments of their physiological limitations and hazards The average age of a participant is 82 with a median age of 86 Out of these assessments came 695 recommendations Most importantly, the fall rate for our participants post-assessment was 18 49% compared to the national average of 50% for seniors over 80 years old In addition, we supported a variety of important falls prevention programs for 255 seniors ages 65 and older in 2015, such as Exercise and Balancing Classes, Walking Club, Stretch and Strength and Tai Chi Our partner agencies on these programs include Goodman Community Center and North/Eastside Senior Coalition We also support case management, nutrition, transportation, caregiving and personal care programs for more than 3,000 seniors Partner agencies include Catholic Charities, Colonial Club, DeForest Area Community and Senior Center, East Madison Monona Coalition of the Aging, Goodman Community Center, Home Health United, Independent Living, Jewish Social Services, Journey Mental Health, North/Eastside Senior Coalition, South Madison Coalition of the Elderly, Vera Court, and West Madison Senior Coalition In 2015, we aligned our disabilities portfolio with a plan to help youth with emotional and behavioral disorders transition successfully from high school to postsecondary education and/or employment This plan is referred to as Youth Transition and three new programs were piloted from this plan We continue to work in partnership with agencies that help youth and adults with other disabilities (ex Deaf & hard of hearing, epilepsy, etc) to remain independent We have served over 500 participants Partner agencies for this work include Access to Independence, Briar Patch Youth Services, Epilepsy Foundation, Goodman Community Center, Madison Metropolitan School District, NAMI Dane County and Porchlight

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Richard M Lynch Board Chair	1 1	X		X				0	0	0
Darrell Bazzell Board Vice Chair	1 0	X		X				0	0	0
Ryan E Behling Board Secretary/Treasurer	1 0	X		X				0	0	0
Marcia Anderson Board Member	1 0	X						0	0	0
Julia Arata-Fratta Board Member	1 0	X						0	0	0
Anna Marie Burish Board Member	1 0	X						0	0	0
Bryan Chan Board Member	1 0	X						0	0	0
Jennifer Cheatham Board Member	1 0	X						0	0	0
Dr Jack Daniels III Board Member	1 0	X						0	0	0
Menatu Maaneb de Macedo 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
Patricia Kampling Board Member	1 0	X						0	0	0
Donna Katen-Bahensky Board Member	1 0	X						0	0	0
Gretchen R Lowe Board Member	1 0	X						0	0	0
Nick Meriggioli 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
Barbara Nichols Board Member	1 0	X						0	0	0
Rajesh Rajaraman 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			
Dan Rashke Board Member	1 0	X						0	0	0
Susan Riseling Board Member	1 0	X						0	0	0
Anne E Ross Board Member	1 0	X						0	0	0
John Humenik Board Member	1 0	X						0	0	0
Jack C Salzwedel Board Member	1 0	X						0	0	0
Dave K Stark Board Member	1 0	X						0	0	0
Tim J Sullivan 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 CEO	41 4			X				223,435	0	40,837
Renee Moe President	40 0			X				127,727	0	41,537
Rick C Spiel Executive VP-Chief Financial Officer	41 4			X				127,337	0	35,718
Deedra Atkinson Senior VP of Community Impact	40 0				X			134,383	0	13,026

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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.**

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

OMB No 1545-0047

2015

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 (Form 990 or 990-EZ))

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

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

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

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

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

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

9 ☐ An 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f Enter the number of supported organizations . . . . . _____

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

(i) Name of supported organization	(ii)EIN	(iii) Type of organization (described on lines 1- 9 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any unusual grants)	19,262,495	18,922,161	19,551,983	20,798,486	22,593,973	101,129,098
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	19,262,495	18,922,161	19,551,983	20,798,486	22,593,973	101,129,098
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)						2,616,507
6 **Public support.** Subtract line 5 from line 4						98,512,591

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4	19,262,495	18,922,161	19,551,983	20,798,486	22,593,973	101,129,098
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	87,455	86,714	72,744	96,896	99,759	443,568
9 Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0	0	0
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	72,473	70,781	76,230	91,080	86,593	397,157
11 **Total support.** Add lines 7 through 10						101,969,823

12 Gross receipts from related activities, etc (see instructions) **12**

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

Section C. Computation of Public Support Percentage

14	Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	**14**	96 610 %
15	Public support percentage for 2014 Schedule A, Part II, line 14	**15**	97 340 %

16a **33 1/3% support test—2015.** 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—2014.** 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—2015.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2014.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

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

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2014 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2015** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2014** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2015.** 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—2014.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990) .*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part II of Schedule L (Form 990).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).*	10b		
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI.*	11c		

Part IV Supporting Organizations (continued)

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in* ***Part VI*** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* ***Part VI*** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.*	2		

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in* ***Part VI*** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*	1		

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s).*	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard.*	3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**

- **a** ☐ The organization satisfied the Activities Test Complete **line 2** below
- **b** ☐ The organization is the parent of each of its supported organizations Complete **line 3** below
- **c** ☐ The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instructions)

2	Activities Test **Answer (a) and (b) below.**		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	2b		
3	Parent of Supported Organizations **Answer (a) and (b) below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E ☐

Section A - Adjusted Net Income

			(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	**Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)	8		

Section B - Minimum Asset Amount

			(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**Discount** claimed for blockage or other factors (explain in detail in Part VI) _____			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	**Minimum Asset Amount** (add line 7 to line 6)	8		

Section C - Distributable Amount

			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	

7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions) ☐

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 **Total annual distributions.** Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2015			
d From 2013.			
e From 2014.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 $ _____			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 **Excess distributions carryover to 2016.** Add lines 3j and 4c			
8 Breakdown of line 7			
c Excess from 2013.			
d From 2014.			
e From 2015.			

Part VI **Supplemental Information.**

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

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

OMB No 1545-0047

2015

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" on Form 990, Part IV, line 6.

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

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

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

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

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

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

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 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, handling of violations, and enforcing conservation easements during the year
▶ _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part IV Escrow and Custodial Arrangements.

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

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

		Amount
b	If "Yes," explain the arrangement in Part XIII and complete the following table	
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, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII . . . . . ☐

Part V Endowment Funds. Complete if the organization answered "Yes" 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	6,722,748	6,333,693	5,547,108	4,714,160	4,269,835
b	Contributions	1,129,427	263,049	97,253	436,620	417,796
c	Net investment earnings, gains, and losses	-109,069	372,658	905,538	561,540	179,218
d	Grants or scholarships	0	0	0	0	0
e	Other expenditures for facilities and programs	322,085	246,652	216,206	165,212	152,689
f	Administrative expenses	0	0	0	0	0
g	End of year balance	7,421,021	6,722,748	6,333,693	5,547,108	4,714,160

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

- a Board designated or quasi-endowment ▶ 91 4 %
- b Permanent endowment ▶ 6 %
- c Temporarily restricted endowment ▶ 2 6 %

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

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

		Yes	No
(i)	unrelated organizations	3a(i)	No
(ii)	related organizations	3a(ii)	Yes
b	If "Yes" on 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)	Accumulated (c) depreciation	(d)Book value
1a Land	0	127,593		127,593
b Buildings	0	3,611,849	1,383,282	2,228,567
c Leasehold improvements	0	9,645	6,019	3,626
d Equipment	0	900,269	758,048	142,221
e Other	0	413,212	342,288	70,924
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				2,572,931

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

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

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

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

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

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

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

1. (a) Description of liability	(b) Book value
Federal income taxes	0
Deferred Compensation	211,295
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	211,295

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

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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

Part XIII Supplemental Information

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

Return Reference	Explanation
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, 2015, there were no unrecognized tax benefits identified or recorded as liabilities

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" on 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.**

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

OMB No 1545-0047

2015

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" on 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
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
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" on Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

		(a) Event #1 Loaned Executive (event type)	(b) Event #2 Campaign Celebration (event type)	(c) Other events 12 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	733,441	37,477	101,627	872,545
	2 Less Contributions	559,747	0	0	559,747
	3 Gross income (line 1 minus line 2)	173,694	37,477	101,627	312,798
Direct Expenses	4 Cash prizes	0	0	0	0
	5 Noncash prizes	473	0	1,729	2,202
	6 Rent/facility costs	0	18,485	3,351	21,836
	7 Food and beverages	1,264	20,497	36,187	57,948
	8 Entertainment	0	0	3,750	3,750
	9 Other direct expenses	210,918	0	77,919	288,837
	10 Direct expense summary Add lines 4 through 9 in column (d)				374,573
	11 Net income summary Subtract line 10 from line 3, column (d)				-61,775

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

		(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	77,472	77,472
Direct Expenses	2 Cash prizes	0	0	6,347	6,347
	3 Noncash prizes	0	0	7,802	7,802
	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)				14,149
	8 Net gaming income summary Subtract line 7 from line 1, column (d)				63,323

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

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

b If "No," explain

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

b If "Yes," explain

11 Does the organization conduct gaming activities with nonmembers? ☑ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☑ No

13 Indicate the percentage of gaming activity conducted in

a The organization's facility	**13a**	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 ▶ Bill Monkemeyer

Gaming manager compensation ▶ $ 1,000

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

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes," on 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

2015

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 Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000 Part II can be duplicated if additional space is needed

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of 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 Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22
Part III can be duplicated if additional space is needed

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of 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: 15000352
Software Version: v1.00
EIN: 39-0817532
Name: UNITED WAY OF DANE COUNTY INC

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Access Community Health Centers 3434 E Washington Ave Madison, WI 53704	39-1391134	501c3	333,805				Program Operating Cost/Donor Designation for General Support
Access to Independence 301 S Livingston St Ste 200 Madison, WI 53703	39-1240200	501c3	20,115				Program Operating Cost/Donor Designation for General Support
Agrace HospiceCare 5395 E Cheryl Pkwy Fitchburg, WI 53711	39-1319537	501c3	132,067				Program Operating Cost/Donor Designation for General Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
AIDS Network Madison PO Box 731 Madison, WI 53701	39-1548528	501c3	29,533				Program Operating Cost/Donor Designation for General Support
Aldo Leopold Nature Center 6515 GRAND TETON PLAZA Madison, WI 53719	39-1786897	501c3	7,310				Donor Designation for General Support
American Heart Association 2850 Dairy Dr Ste 300 Madison, WI 53718	13-5613797	501c3	194,273				Donor Designation for General Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
American Red Cross Badger Chapter PO Box 5905 Madison, WI 53705	39-0806193	501c3	142,133				Program Operating Cost/Donor Designation for General Support
ARC Community Services 2001 W Beltline Hwy Ste 102 Madison, WI 53713	51-0163796	501c3	51,607				Program Operating Cost/Donor Designation for General Support
Beth Israel Center 1406 Mound St Madison, WI 53711	13-1659707	501c3	32,000				Donor Designation for General Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Big Brothers Big Sisters of Dane County 2059 Atwood Ave Madison, WI 53704	39-1077783	501c3	218,688				Program Operating Cost/Donor Designation for General Support
BLACKHAWK EVANGELICAL FREE CHURCH INC 9620 Brader Way Middleton, WI 53562	39-1328199	501c3	14,400				Donor Designation for General Support
Boy Scouts of America PO Box 14135 Madison, WI 53708	39-1417416	501c3	20,338				Donor Designation for General Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Boys & Girls Club of Dane County 2001 Taft St Madison, WI 53713	39-1925617	501c3	192,627				Program Operating Cost/Donor Designation for General Support
Canopy Center 2120 Fordem Ave Ste 110 Madison, WI 53704	51-0211908	501c3	104,973				Program Operating Cost/Donor Designation for General Support
Care Net Pregnancy Center of Dane County 1350 MacArthur Rd Madison, WI 53714	39-1472091	501c3	7,995				Donor Designation for General Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Catholic Charities Diocese of Madison PO Box 46550 Madison, WI 53744	39-0807067	501c3	635,753				Program Operating Cost/Donor Designation for General Support
Center for Families 2120 Fordem Ave Madison, WI 53704	39-1624393	501c3	1,181,077				Program Operating Cost/Donor Designation for General Support
Chabad-Lubavitch Inc 1722 Regent St Madison, WI 53726	39-1732644	501c3	64,000				Donor Designation for General Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Children's Service Society of Wisconsin 1716 Fordem Ave Madison, WI 53704	39-0806380	501c3	207,099				Program Operating Cost/Donor Designation for General Support
Colonial Club 301 Blankenheim Ln Sun Prairie, WI 53590	23-7071027	501c3	72,736				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	291,722				Program Operating Cost/Donor Designation for General Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Community Coordinated Child Care (4C) in Dane Co PO Box 45320 Madison, WI 53744	39-1165742	501c3	343,595				Program Operating Cost/Donor Designation for General Support
Community Health Charities of Wisconsin 6737 W Washington St Ste 2253 West Allis, WI 53214	39-1261126	501c3	838,626				Donor Designation for General Support
Community Work Services 3240 University Ave Ste 5 Madison, WI 53705	39-1498287	501c3	5,755				Donor Designation for General Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Dane County CASA 211 S Carroll St 206 Madison, WI 53703	20-1717869	501c3	22,482				Program Operating Cost/Donor Designation for General Support
Dane County Humane Society 5132 Voges Rd Madison, WI 53718	39-0806335	501c3	187,437				Donor Designation for General Support
Dane County Parent Council 2096 Red Arrow Trl Madison, WI 53711	39-1418945	501c3	6,179				Donor Designation for General Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Dean Foundation 2711 Allen Blvd Middleton, WI 53562	39-1546086	501c3	9,648				Donor Designation for General Support
Deerfield Community Center PO Box 404 Deerfield, WI 53531	39-1899306	501c3	10,662				Program Operating Cost/Donor Designation for General Support
DeForest Area Community and Senior Center 505 N Main St DeForest, WI 53532	39-1371808	501c3	35,930				Program Operating Cost/Donor Designation for General Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Eagle School of Madison 5454 Gunflint Trl Fitchburg, WI 53711	39-1413598	501c3	52,519				Donor Designation for General Support
East Madison Community Center 8 Straubel Ct Madison, WI 53704	39-1941839	501c3	55,391				Program Operating Cost/Donor Designation for General Support
East Madison Monona Coalition of the Aging 4142 Monona Dr Madison, WI 53716	39-1211331	501c3	15,160				Program Operating Cost/Donor Designation for General Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Edgewood High School 2219 Monroe St Madison, WI 53711	39-1299613	501c3	9,868				Donor Designation for General Support
Energy Services Inc 1225 S Park St Madison, WI 53715	39-1443614	501c3	33,301				Donor Designation for General Support
Epilepsy Foundation - South Central Wisconsin 1302 Mendota Street 100 Madison, WI 53714	39-1370658	501c3	20,304				Program Operating Cost/Donor Designation for General Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Family Service 128 E Olin Ave Ste 100 Madison, WI 53713	39-0806186	501c3	141,619				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	5,872				Donor Designation for General Support
Foundation for Madison Public Schools 455 SCIENCE DR STE 130 Madison, WI 53711	39-2043104	501c3	5,992				Donor Designation for General Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Friends of the Financial Education Center 2300 S Park St Ste 22 Madison, WI 53713	20-8961015	501c3	29,125				Program Operating Cost/Donor Designation for General Support
Gilda's Club of Madison 7907 UW Health Court Middleton, WI 53562	06-1662883	501c3	27,406				Donor Designation for General Support
Girl Scouts of the Black Hawk Council 2710 Ski Ln Madison, WI 53713	39-0806331	501c3	11,319				Program Operating Cost/Donor Designation for General Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Goodman Community Center 149 Waubesa St Madison, WI 53704	39-1919172	501c3	129,504				Program Operating Cost/Donor Designation for General Support
Greater Twin Cities United Way 404 S 8th St Minneapolis, MN 55404	41-1973442	501c3	11,716				Donor Designation for General Support
Habitat for Humanity of Dane County PO Box 258128 Madison, WI 53725	39-1592769	501c3	115,845				Program Operating Cost/Donor Designation for General Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Hancock Center for Movement Arts & Therapies 16 N Hancock St Madison, WI 53703	39-1443008	501c3	28,393				Program Operating Cost/Donor Designation for General Support
Henry Vilas Zoological Society 606 S Randall Ave Madison, WI 53716	39-6077008	501c3	26,870				Donor Designation for General Support
Home Health United Xtra Care 4639 Hammersley Road Madison, WI 53711	39-1539827	501c3	162,063				Program Operating Cost/Donor Designation for General Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Hope Haven 702 S High Point Rd Madison, WI 53719	39-1178878	501c3	23,338				Program Operating Cost/Donor Designation for General Support
Hope House Building Corporation 312 Wisconsin Ave Madison, WI 53703	72-1574555	501c3	6,228				Donor Designation for General Support
Independent Living 815 Forward Dr Madison, WI 53711	39-1186642	501c3	117,097				Program Operating Cost/Donor Designation for General Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Jewish Federation of Madison 6434 Enterprise Ln Madison, WI 53719	39-0867186	501c3	99,016				Donor Designation for General Support
Jewish Social Services of Madison 6434 Enterprise Ln Madison, WI 53719	39-1300430	501c3	54,782				Program Operating Cost/Donor Designation for General Support
Journey Mental Health Center 625 W Washington Ave Madison, WI 53703	39-0806445	501c3	177,126				Program Operating Cost/Donor Designation for General Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Junior Achievement Dane County 2501 West Beltline Hwy co WIPFLI Ste 401 Madison, WI 53713	39-0826295	501c3	6,388				Donor Designation for General Support
Kennedy Heights Community Center 199 Kennedy Heights Madison, WI 53704	39-1519846	501c3	40,379				Program Operating Cost/Donor Designation for General Support
Literacy Network 1118 S Park St Madison, WI 53715	51-0180488	501c3	252,595				Program Operating Cost/Donor Designation for General Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Lussier Community Education Center 55 S Gammon Rd Madison, WI 53717	39-1938173	501c3	33,072				Program Operating Cost/Donor Designation for General Support
Lutheran Social Services of WI & Upper Michigan 6314 Odana Rd Madison, WI 53719	39-0816846	501c3	19,052				Program Operating Cost/Donor Designation for General Support
Madison Apprenticeship Program PO Box 44842 Madison, WI 53711	39-2016458	501c3	16,968				Program Operating Cost/Donor Designation for General Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Madison Area Rehabilitation Centers 901 Post Rd Madison, WI 53713	39-0968930	501c3	7,159				Donor Designation for General Support
Madison Children's Museum 100 N Hamilton St Madison, WI 53703	39-1383497	501c3	6,369				Donor Designation for General Support
Madison Public Library Foundation 201 W MIFFLIN ST Madison, WI 53703	39-1777242	501c3	11,003				Donor Designation for General Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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Madison-Area Urban Ministry 2300 S Park St Ste 5 Madison, WI 53713	23-7298482	501c3	253,044				Program Operating Cost/Donor Designation for General Support
McFarland Youth Center PO Box 362 McFarland, WI 53558	61-1500763	501c3	19,112				Program Operating Cost/Donor Designation for General Support
Middleton Outreach Ministry 7432 Hubbard Ave Middleton, WI 53562	39-1484945	501c3	87,982				Program Operating Cost/Donor Designation for General Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Movin' Out 902 Royster Oaks Dr Ste 105 Madison, WI 53714	19-1833482	501c3	5,417				Donor Designation for General Support
NAMI Dane County 2059 Atwood Ave Madison, WI 53704	39-1270706	501c3	56,034				Program Operating Cost/Donor Designation for General Support
Nehemiah Community Development Corp PO Box 9861 Madison, WI 53715	39-1736091	501c3	61,673				Program Operating Cost/Donor Designation for General Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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North Eastside Senior Coalition 1625 Northport Dr Ste 125 Madison, WI 53704	39-1217221	501c3	58,375				Program Operating Cost/Donor Designation for General Support
Omega School 835 West Badger Rd Madison, WI 53713	39-1166888	501c3	111,426				Program Operating Cost/Donor Designation for General Support
Operation Fresh Start 1925 Winnebago St Madison, WI 53704	23-7108090	501c3	125,768				Program Operating Cost/Donor Designation for General Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Oregon Youth Center 110 N Oak Street Oregon, WI 53575	47-1988801	501c3	5,563				Donor Designation for General Support
Pharmacy Society of Wisconsin 701 Heartland Tr Madison, WI 53717	39-0714490	501c6	25,000				Program Operating Cost
Porchlight 306 N Brooks St Madison, WI 53715	39-1579521	501c3	854,421				Program Operating Cost/Donor Designation for General Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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Portage Area United Way PO Box 354 Portage, WI 53901	23-7166773	501c3	6,402				Donor Designation for General Support
Pregnancy Helpline Inc of Madison PO Box 5261 Madison, WI 53705	39-1419746	501c3	13,524				Donor Designation for General Support
Rainbow Project 831 E Washington Ave Madison, WI 53703	39-1422626	501c3	81,784				Program Operating Cost/Donor Designation for General Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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Ronald McDonald House 2716 Marshall Ct Madison, WI 53705	39-1655790	501c3	15,343				Donor Designation for General Support
Safe Communities of Madison and Dane County PO Box 6652 Madison, WI 53716	39-2010839	501c3	8,600				Donor Designation for General Support
Safe Harbor Child Advocacy Center Inc 1457 E Washington Ave Ste 102 Madison, WI 53703	39-2004933	501c3	10,582				Donor Designation for General Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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Sauk-Prairie United Way PO Box 122 Prairie Du Sac, WI 53578	39-1318028	501c3	9,263				Donor Designation for General Support
Science and Math for Everyone PO Box 8577 Madison, WI 53708	20-0437146	501c3	10,000				Donor Designation for General Support
Second Harvest Foodbank of Southern WI 2802 Dairy Drive Madison, WI 53718	39-1490691	501c3	259,691				Program Operating Cost/Donor Designation for General Support

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(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Simpson Street Free Press PO Box 6307 Monona, WI 53716	39-1882258	501c3	44,999				Program Operating Cost/Donor Designation for General Support
Society of St Vincent de Paul 1109 Jonathon Dr Madison, WI 53713	39-0824876	501c3	22,595				Donor Designation for General Support
South Madison Coalition of the Elderly 128 E Olin Ave Suite 110 Madison, WI 53713	39-1222287	501c3	39,141				Program Operating Cost/Donor Designation for General Support

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St John's Lutheran Church 322 East Washington Avenue Madison, WI 53703	39-1570139	501c3	21,500				Donor Designation for General Support
St Paul University Catholic Foundation 723 State St Madison, WI 53703	20-8844817	501c3	8,600				Donor Designation for General Support
Stoughton Area Resource Team 248 W Main St Stoughton, WI 53589	41-2076251	501c3	25,732				Program Operating Cost/Donor Designation for General Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Stoughton Youth Center 518 S Fourth Street Stoughton, WI 53589	39-6005622	501c3	5,357				Program Operating Cost/Donor Designation for General Support
Sunshine Place 18 Rickel Rd Sun Prairie, WI 53590	20-5398498	501c3	31,026				Program Operating Cost/Donor Designation for General Support
The River Food Pantry 2201 Darwin Rd Madison, WI 53704	20-4179749	501c3	36,094				Donor Designation for General Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
The Road Home 128 E Olin Ave Ste 202 Madison, WI 53713	31-1618925	501c3	318,146				Program Operating Cost/Donor Designation for General Support
The Salvation Army of Dane County 630 E Washington Ave Madison, WI 53703	36-2167910	501c3	244,439				Program Operating Cost/Donor Designation for General Support
Three Gaits PO Box 153 Oregon, WI 53575	39-1472538	501c3	36,428				Donor Designation for General Support

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(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Triangle Community Ministry 755 Braxton Place Apt B109 Madison, WI 53715	39-1425047	501c3	15,764				Program Operating Cost/Donor Designation for General Support
United Fund of Iowa County PO BOX 63 Dodgeville, WI 53533	23-7140278	501c3	6,361				Donor Designation for General Support
United Way of Blackhawk Region 205 N Main St Ste 101 Janesville, WI 53545	39-6006734	501c3	16,010				Donor Designation for General Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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United Way of Dane County Foundation 2059 Atwood Ave Madison, WI 53704	39-1763471	501c3	70,965				Donor Designation for General Support
United Way of Green County Inc PO Box 511 Monroe, WI 53566	39-6060531	501c3	8,302				Donor Designation for General Support
University of Wisconsin Foundation 1848 UNIVERSITY AVE Madison, WI 53726	39-0743975	501c3	11,419				Donor Designation for General Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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Urban League of Greater Madison 2222 S Park St Ste 200 Madison, WI 53713	39-1098146	501c3	408,192				Program Operating Cost/Donor Designation for General Support
Valley of the Sun United Way 3200 E Camelback Rd Ste 375 Phoenix, AZ 85018	86-0104419	501c3	5,233				Donor Designation for General Support
Vera Court Neighborhood Center 614 Vera Ct Madison, WI 53704	39-1945609	501c3	177,871				Program Operating Cost/Donor Designation for General Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
West Madison Senior Coalition 517 N Segoe Rd Ste 309 Madison, WI 53705	39-1222036	501c3	39,199				Program Operating Cost/Donor Designation for General Support
Wil-Mar Neighborhood Center 953 Jenifer St Madison, WI 53703	39-1796793	501c3	5,779				Donor Designation for General Support
Wisconsin Academy for Graduate Service Dogs 1338 Dewey Ct Madison, WI 53703	39-1626569	501c3	36,885				Donor Designation for General Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Wisconsin Regional Training Partnership Big Step 3841 W Wisconsin Ave Milwaukee, WI 53208	39-1838210	501c3	10,000				Program Operating Cost
Wisconsin Equal Justice Fund PO Box 475 Wausau, WI 54402	39-1904737	501c3	14,040				Donor Designation for General Support
Worker Center 2300 S Park St Ste 6 Madison, WI 53713	41-2227413	501c3	9,070				Program Operating Cost/Donor Designation for General Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
WorldVentures Foundation-DreamCourts Madison 5100 Tennyson Pky Plano,TX 75024	27-2526240	501c3	6,000				Donor Designation for General Support
YMCA of Dane County 8001 Excelsior Dr Ste 200 Madison,WI 53717	39-0806253	501c3	17,048				Donor Designation for General Support
Youth Services of Southern Wisconsin 1955 Atwood Avenue Madison,WI 53704	39-1391737	501c3	216,056				Program Operating Cost/Donor Designation for General Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Community Shares of Wisconsin 612 W Main St Ste 200 Madison, WI 53703	39-1172378	501c3	350,097				Donor Designation for General Support
Global Impact PO Box 409616 Atlanta, GA 30384	52-1273585	501c3	189,868				Donor Designation for General Support
Independent Charities of America 1100 Larkspur Landing Circle Suite 340 Larkspur, CA 94939	94-3067804	501c3	142,171				Donor Designation for General Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
EarthShare PO Box 4011 Washington, DC 20042	52-1601960	501c3	133,528				Donor Designation for General Support
Hunger Relief Fund Wisconsin 201 S Hawley Ct Milwaukee, WI 53214	39-1345847	501c3	73,549				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	27,857				Donor Designation for General Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Neighbor to Nation co Sun Trust Bank 1000 Stewart Ave Lock Box 79991 Glen Burnie, MD 21061	54-1879282	501c3	26,662				Donor Designation for General Support
Community Health Charities National PO Box 75153 Baltimore, MD 21275	13-6167225	501c3	10,328				Donor Designation for General Support
Great Rivers United Way 1855 E Main St Onalaska, WI 54650	39-0848188	501c3	8,281				Donor Designation for General Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Marshfield Clinic Research Foundation 1000 N Oak Ave F1C Marshfield, WI 54449	39-0452970	501c3	6,750				Program Operating Cost
Domestic Abuse Intervention Services PO Box 1761 Madison, WI 53701	39-1268238	501c3	244,940				Program Operating Cost/Donor Designation for General Support
YWCA of Madison 101 E Mifflin Street Madison, WI 53703	39-0806303	501c3	1,115,941				Program Operating Cost/Donor Designation for General Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Centro Hispano of Dane County 810 W Badger Rd Madison, WI 53713	93-0844812	501c3	853,930				Program Operating Cost/Donor Designation for General Support
Madison Metropolitan School District 545 W Dayton St Madison, WI 53703	39-6003202	170c	320,746				Program Operating Cost
Middleton-Cross Plains Area School District 3180 Deming Way Middleton, WI 53562	39-1100780	170c	66,659				Program Operating Cost

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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" on Form 990, Part IV, line 23.**

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2015

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 on 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 on 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**		No
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), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," on line 5a or 5b, describe in Part III			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," on line 6a or 6b, describe in Part III			
7	For persons listed on 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 on 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" on 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 on 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 in column(B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 Leslie Ann HowardCEO	(i)	205,935	17,500	0	16,465	24,372	264,272	0
	(ii)	0	0	0	0	0	0	0
2 Renee MoePresident	(i)	127,727	0	0	11,165	30,372	169,264	0
	(ii)	0	0	0	0	0	0	0
3 Rick C Spiel Executive VP-Chief Financial Officer	(i)	127,337	0	0	10,633	25,085	163,055	0
	(ii)	0	0	0	0	0	0	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

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SCHEDULE M (Form 990)

Noncash Contributions

OMB No 1545-0047

2015

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Department of the Treasury
Internal Revenue Service

►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

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	90	1,297,300	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?		No
b	If "Yes," describe the arrangement in Part II		
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		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 990-EZ 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

2015

Open to Public Inspection

Name of the organization	Employer identification number
UNITED WAY OF DANE COUNTY INC	39-0817532

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

Return Reference	Explanation
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

Return Reference	Explanation
Form 990, Part VI, Section A, Line 7b	Voting by Members Each member shall have one vote upon each matter submitted to a vote at any annual or special meeting of the members Any individual who is both a Director Member and a General Member shall have only one vote Unless expressly stated otherwise in these Bylaws, Director Members and General Members shall vote together, as one class, on each matter submitted to a vote Voting by proxy shall not be permitted

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

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

Return Reference	Explanation
Form 990, Part VI, Section B, Line 15	Biannually a compensation study is completed by an independent consultant The results of the study are shared with the Board Chair, Personnel Committee Chair, and Executive Committee The Board Chair and Executive Committee annually conduct a performance review of the President and approve the salary for the year The President conducts a performance review of the other officers and key employees and recommends a salary for the year which is approved by the Executive Committee

Return Reference	Explanation
Form 990, Part VI, Section C, Line 19	United Way of Dane County, Inc makes information available through printed materials - annual reports, newsletters, etc , and websites - unitedwaydanecounty org, Guidestar, and Charity Navigator

Return Reference	Explanation
Form 990, Part VII, Section A, Line 1a	The Corporation has a deferred compensation agreement with its former President/CEO The deferred compensation expense is being recognized ratably over the term of the agreement and was $1,395 in 2015 The annual installment made in 2015 was $17,500 The deferred compensation liability was $211,300 at December 31, 2015 The full value of the fund will be paid to the former president either as a lump sum or in a stated number of equal installments no earlier than termination of employment or in an unforeseeable emergency, but no later than reaching seventy and one half years of age

Return Reference	Explanation
Form 990, Part XI, Line 9	Gain on Donor Designated Pledges $133,988, Change in Temporarily Restricted Net Assets ($356,639)

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

OMB No 1545-0047

2015

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(c)(3)	11	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.

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

		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a	Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity	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	418,824	
(2) United Way of Dane County Foundation	q	26,450	
(3) United Way of Dane County Foundation	r	224,806	

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 $418,824 Of that contribution, $226,598 is the transfer of earnings from individual board designated funds to fulfill campaign pledges The remaining $192,226 is the contribution from the related organization for the year recorded in Part VIII of the Form 990