Department of the Treasury Internal Revenue Service

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.

OMB No 1545-0047 18

► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

	A F	or th	e 2018 calendar year, or tax year beginning and ending	
	Во	heck if	C Name of organization	D Employer identification number
			1	
	X	Addre	100 MEN OF DANE COUNTY, INC. HACK	
		Name		46-0881065
	<u> </u>	Initial		
	<u> </u>	_lreturn ∃Fınal		Ite E Telephone number 608.220.3282
	_	Final return termii	n-	
	_	ated Amen	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$ 249,086.
		_lreturr	MADISON, WI 33711 09	H(a) Is this a group return
_		Appli- tion pendi	F Name and address of principal officer CITACLES WILLS	for subordinates? Yes X No
n3			4/1/ WAUKESHA STREET, MADISON, WI 53/11 •	H(b) Are all subordinates included? Yes No
	I T	ax-ex	empt status X 501(c)(3) 501(c)() (insert no.) 4947(a)(1) or 1	527 If "No," attach a list (see instructions)
10			te: ► N/A	H(c) Group exemption number ▶
1				ear of formation: 2012 M State of legal domicile: WI
		ırt I		
		1		THE WORLD A BETTER PLACE
	ည	'	FOR THE CHILDREN OF DANE COUNTY.	
	nar	,	Check this box I if the organization discontinued its operations or displace of	FILM (FIE) of the not assets
	Ver	2	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	Ĝ	3	Number of voting members of the governing body (Part VI, line 1a)	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
	త	4	Number of independent voting members of the governing body (Part VI, IIII 1b) MAY Total number of individuals employed in calendar year 2018 (Part VI line 18)	2 0 2019 9 4 0
	les	5	Total number of individuals employed in calendar year 2018 (Part V, line	5 0
<u> </u>	Ξ	6	Total number of volunteers (estimate if necessary)	
20	Activities & Governance	7 a	Total unrelated business revenue from Part VIII, column (C), line 12	5N, UT 7a 0.
1 JUN 2 1 2019		b	Net unrelated business taxable income from Form 990-T, line 38	7b 0.
લ્યું				Prior Year Current Year
2	ø	8	Contributions and grants (Part VIII, line 1h)	0. 249,086.
\Rightarrow	Revenue	9	Program service revenue (Part VIII, line 2g)	0. 0.
	ě	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.
7	Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0. 0.
		12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	0. 249,086.
6		13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0. 221,000.
59		14	Benefits paid to or for members (Part IX, column (A), line 4)	0. 0.
5	s	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0. 0.
M	se		Professional fundraising fees (Part IX, column (A), line 11e)	0. 0.
~1	Expenses		Total fundraising expenses (Part IX, column (D), line 25)	
70S 042	Ä		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	0. 24,966.
≥ 0			Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	0. 245,966.
SCANNED		18		0. 3,120.
Z	_ <u>S</u>	19	Revenue less expenses Subtract line 18 from line 12	
H	sets or	۱		Beginning of Current Year End of Year 324. 82,520.
-	SSe	20	Total assets (Part X, line 16)	
Æ	Net As		Total liabilities (Part X, line 26)	0. 68,000.
AUG	쫉	22	Net assets or fund balances Subtract line 21 from line 20	324. 14,520.
			Signature Block	
0 8 2019			alties of perjury, I declare that I have examined this eturn, including accompanying schedules and sta	
≥.	true,	corre	ct, and complete. Declaration of preparer to ther man officer) is based on all information of which prep	arer has any knowledge,
			Z	5/15/19
	Sign	า	Signature of officer	Date /
	Her	е	CHARLES WILLS, MEMBER	
\cup			Type or print name and title	
Thee!			Print/Etype preparer's name Preparer's signature	Date Check PTIN
\approx	Paid	1	DOUG GROSS, CPA DOUG GROSS, CFA	05/14/19 self-employed P00921928
\sim	Prep	arer	Firm's name MBE CPAS, LLP	Firm's EIN ▶ 20-0794302
10	Use	Only	Firm's address 1015 W MAIN STREET, PO BOX 190	
		•	SUN PRAIRIE, WI 53590	Phone no. 608-837-2584
	Mar	the !	RS discuss this return with the preparer shown above? (see instructions)	X Yes No
<u>,</u> _ 3	$\overline{}$	01 12-	•	Form 990 (2018)
-522	6 320	UI 12-	or to the roll raperwork neutron act notice, see the separate instructions.	7 OHH 333 (2016)
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Form	1990 (2018) 100 MEN OF DANE COUNTY, INC.	46-0881065 Page 2
Рa	rt 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 NONE	
	,	
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 X 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 X No
3	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	massured by expenses
4		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe	rs, the total expenses, and
	revenue, if any, for each program service reported (Code) (Expenses \$ 230,252 · including grants of \$ 221,000 ·) (Revenue)	- \
4a	(Code ARE DRIVEN BY A SINGLE GOAL; TO DO OUR PART IN MAKING	
	BETTER PLACE FOR THE CHILDREN OF DANE COUNTY. WE PROVIDE	
	PROGRAMS AND ORGANIZATIONS THAT HELP YOUTH IN DANE COUNT	
	ADVERSITY AND REACH THEIR FULL POTENTIAL AS PRODUCTIVE,	CARING,
	RESPONSIBLE CITIZENS.	
4b	(Code) (Expenses \$	
40		
4c	(Code) (Expenses \$ including grants of \$) (Revenu	e \$)
		-
4d	Other program services (Describe in Schedule O)	
_	(Expenses \$ including grants of \$) (Revenue \$)
40	Total program service expenses 230 , 252 .	

832002 12-31-18

Form **990** (2018)

Х

Yes No

Х

X

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3

A D L 46-0881065

Pa	rt IV	Checklist of Required Schedules	•
1	ls the	e organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation	n)î
-		es." complete Schedule A	•

- 2 Is the organization required to complete Schedule B, Schedule of Contributors?
- 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
- 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
- 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
- 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
- 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
- 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D. Part III
- 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
- 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
- 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
 - 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
 - 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
 - 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
 - e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X
 - 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
- 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D. Parts XI and XII
 - **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
- 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 14a Did the organization maintain an office, employees, or agents outside of the United States?
 - 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
- 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
- 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
- 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
- 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
- 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
- 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H
 - b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?
- 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

CL	4		x
	5		X
t /	6		х
	7		х
	8		x
	9		х
nt	10		Х
	11a		x
	11b		x
	11c		X
	11d 11e		X
	11f		<u>x</u>
	12a		X
	12b		X
	13 14a		X
	14b		x
	15		x
	16		х
	17		<u>x</u>
	18		<u>X</u>
	19		X
	20a 20b		
	21	х	
		000	

832003 12-31-18

 \boldsymbol{b} Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

Form **990** (2018)

832004 12-31-18

1b

46-0881065 100 MEN OF DANE COUNTY, Page 5 Form 990 (2018) Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) 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 2b 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) X За 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 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 X financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a **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 5b b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit Х any contributions that were not tax deductible as charitable contributions? 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts 6ь were not tax deductible? 1 Organizations that may receive deductible contributions under section 170(c). 7 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? X 7a 7b b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required X 7с to file Form 8282? | 7a | Set C d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e 7f f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 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 375 7.36 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 8 sponsoring organization have excess business holdings at any time during the year? 2 FOR Sponsoring organizations maintaining donor advised funds. 9a a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9h 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 Section 501(c)(12) organizations. Enter. 11 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 11h amounts due or received from them) 12a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the 13b organization is licensed to issue qualified health plans 13c c Enter the amount of reserves on hand 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a 14b b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or

> Form 990 (2018)

15

16

X

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

excess parachute payment(s) during the year?

If "Yes," complete Form 4720, Schedule O

If "Yes," see instructions and file Form 4720, Schedule N

Form 990 (2018)

100 MEN OF DANE COUNTY, INC.

46-0881065 Page
Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response

	to line 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			X
Sec	tion 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	黎家		
	If there are material differences in voting rights among members of the governing body, or if the governing		200	34
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	麦莲	2	
b	Enter the number of voting members included in line 1a, above, who are independent 1b		2	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			2.2
-	officer, director, trustee, or key employee?	2	22.67	X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	<u> </u>		
3	of officers, directors, or trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
4		5		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	6	-	X
6	Did the organization have members or stockholders?	₽	\vdash	 ^ -
/a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	l	1	x
	more members of the governing body?	7a		<u>├</u> ^
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	l		_v
	persons other than the governing body?	7b	EN VEST	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	Ь—
b	Each committee with authority to act on behalf of the governing body?	8b	X	<u> </u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			l
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
<u>Sec</u>	tion 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		X
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	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	1	14	壁
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent	A223	\$85E	£18.00
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a	Establish.	X
	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		PV.	22.23
16^	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a		3.	
104		16a	ننسبة ا	X
	taxable entity during the year?	-	Call Call	28,81
D	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation		20	
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	l'drai		IN SEC.
<u></u>	exempt status with respect to such arrangements?	16b		<u> </u>
	tion 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 Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)	s only	availa	able
	for public inspection Indicate how you made these available. Check all that apply			
	Own website Another's website X 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	d fınan	cıal	
	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			
	CHARLES WILLS - 608.220.3282			
	4717 WAUKESHA STREET, MADISON, WI 53711			
832006	3 12-31-18	Form	990	(2018)

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 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, and 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

Average hours per week (list any hours for related organizations below line) (1) CHARLES WILLS MEMBER Average hours per week (list and officer and a director/trustee) Average hours per week (list any hours for related organizations below line) X X X Position Reportable compensation from the organizations (W-2/1099-MISC) Reportable compensation from the organizations (W-2/1099-MISC) Reportable compensation from the organizations (W-2/1099-MISC) (W-2/1099-MISC) Reportable compensation from the organizations (W-2/1099-MISC) Other compensation (W-2/1099-MISC) Average hours per week (list any hours for related organizations below line) Average hours per week (list any hours for related organizations below line) Average hours per week (list any hours for related organization and related organizations) Average hours per week (list any hours for related organizations) Average hours per week (list any hours for related organization) Average hours per week (list any hours for related organization) Average hours per week (list any hours for related organization) Average hours per week (list any hours for related organization) Average hours per week (list any hours for related organization) Average hours per week (list any hours for related organization) Average hours per week (list any hours for related organization) Average hours per week (list any hours for related organization) Average hours per week (list any hours for related organization) Average hours per week (list any hours for related organization) Average hours per week (list any hours for related organization) Average hours per week (list any hours for related organization) Average hours per week (list any hours for mean and related organization) Average hours per week (list any hours for mean and related organization) Average hours per week (list any hours for mean and related organization) Average hours per week (list any hours for mean and related organization) Average hours per week (list any hours for mean and related organi	Check this box if neither the organization							nsat		1		
Nours for related organizations Nour	(A)	(B)	(C)						(D)	(E)	(F)	
### defice and defector/rusteen from from related organizations (W2/1099-MISC) from the organization (W2/1099-MISC) from the orga	. Name and Title		(do	(do not check r		eck more than one		one				
Compensation Comp			box	, unle cer an	ss pe id a d	rson irecto	ıs bot or/trus	h an itee)				
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(1) CHARLES WILLS MEMBER 100.00			liect				_			(M-2/1099.MISC)		
(1) CHARLES WILLS MEMBER 100.00			e 0 r (eg.			sate		(W-2/1099-MISC)	(11-27 1033 111130)		
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MEMBER	MEMBER		X		Х				0.	0.	0.	
	(2) JASON GUTTENBERG	100.00										
	MEMBER		X		X		ļ		0.	0.	0.	
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Form 990 (2018)

Pai	t.VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	/ees	, and	d Hi	ighe	st C	Compensated Employe	es (continued)				
	(A) Name and title	(B) Average hours per	(do	not c	Posi heck ss pe	C) ition more rson		one h an	(D) Reportable compensation	(E) Reportable compensati	on	b		
		week (list any hours for related organizations below line)	tee or director	Institutional trustee	Officer		Highest compensated employee		from the organization (W-2/1099-MISC)	from relate organization (W-2/1099-MI	าร	org an	other opensa rom th janizat d relat anizati	ation le tion ted
													-	
			_											
			_											
			_											
			_			_	_							
	a.,,, = -		_											
	Sub-total								0.		0.			0.
С	Total from continuation sheets to Part V Total (add lines 1b and 1c)	II, Section A							0.		0.			0.
2	Total number of individuals (including but recompensation from the organization	ot limited to th	nose	liste	ed al	bove	e) wł	no re	eceived more than \$100	0,000 of reportal	ole			(
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s			e, ke	ey en	nplo	yee,	or	highest compensated e	mployee on		3	Yes	No ∴ X
4	For any individual listed on line 1a, is the stand related organizations greater than \$15	ım of reportab	le co	•					•	the organization	i	4	***	X
5	Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com	accrue compe	nsat	ion f	rom	any	unr/			idual for service:	S	5	3	X
Sec	tion B. Independent Contractors								<u>-</u>					
1	Complete this table for your five highest co the organization Report compensation for										npens	sation	from	
	(A) Name and business	address	N	ONI	3				(B) Description of s	services	((C Compe	C) nsatio	n
													·······	
														
														
								-						
	Total number of independent contractors (i	including but n	ot lu	mite	d to	tho	se lis	stec	d above) who received n	nore than	20 S	T. 49	- 3-5-4	
	\$100,000 of compensation from the organi	zation 🕨				()				L	" " 12 July	المجارة	7.2

Form **990** (2018)

100		d-Ser	Check if Schedule O cont	ains a response	or note to any lir	ne 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	1		Federated campaigns	1a	020 160				
Gra	٠		Membership dues	1b	230,168.				
fts, 'An			Fundraising events	1c					
ia ia			Related organizations	1d					
ons, Sir			• ,						
utic		f	All other contributions, gifts, gran		18 [.] ,918.				
P. P			similar amounts not included abor		10,910.				
on	-	g	Noncash contributions included in lines	1a-1f \$. •	249,086.			
<u>0 %</u>		h	Total, Add lines 1a-1f		Business Code	ALTERNATION OF THE STATE OF THE STATE OF	THE PROPERTY OF THE PARTY OF TH		
a	,	а			Business Code				
vic	_	b				-		· · · · · · · · · · · · · · · · · · ·	
Ser		c							
am eve		d					<u> </u>		
Program Service Revenue		e		· · · · · · · · · · · · · · · · · · ·					
Pr		f	All other program service reve	enue					
			Total. Add lines 2a-2f		<u> </u>				W. Harrison
	3		Investment income (including	dividends, inter	est, and				
			other similar amounts)		>				
	4		Income from investment of tax	x-exempt bond p	oroceeds >				
	5		Royalties		> _				
			-	(i) Real	(ıi) Personal				
	6	a	Gross rents						
		b	Less rental expenses						
			Rental income or (loss)		L				
			Net rental income or (loss)		▶_	THE RESIDENCE AND A SHAPE WALL WAS	Telegraphy on the Service and the	Á-VY-Geredenské svokasná se transk	denni-rates esent secon acon
	7	а	Gross amount from sales of	(i) Securities	(II) Other				
			assets other than inventory						
		b	Less: cost or other basis						
		_	and sales expenses		<u> </u>				
			Gain or (loss)	-	•				
			Net gain or (loss) Gross income from fundraising	a ovente (net					
Revenue	٥	a	including \$	of	1				
) Ve	٠,		contributions reported on line		1				
			Part IV, line 18	а					
Other		ь	Less direct expenses	_ b					
0			Net income or (loss) from fund	draising events				A STATE OF STREET SQUARES GENERAL SQUARE,	"HENDALES W. M. TORRESSERVE TO
	9		Gross income from gaming ac						
			Part IV, line 19	а					
-		b	Less: direct expenses	b					
		С	Net income or (loss) from gam	ing activities					
	10	а	Gross sales of inventory, less	returns	}				
			and allowances	а					
		b	Less cost of goods sold	b					
		С	Net income or (loss) from sale	s of inventory	▶	A Min To Live The Arm worker the Territor Till I	Tempor company to a per addition.	ligari bos esmy densi, erron, en	244 544703 1 234 64276-5, 1556 45
			Miscellaneous Revenu	e	Business Code				
	11	а							
		b							
		C			-	· -			
,· .		•	All other revenue		L		AND AND PARTY OF THE PROPERTY OF THE PARTY O	ACTERNATION OF THE BOOK PARTY.	ASSESS ASSESSED AND AND AND AND AND AND AND AND AND AN
		е	Total. Add lines 11a-11d			240 006			0
	12		Total revenue See instructions		<u> </u>	249,086.	0.	0.	0 . Form 990 (2018

Form 990 (2018) 100 MEN OF DANE COUNTY, INC. Part IX Statement of Functional Expenses

Secu	on 501(c)(3) and 501(c)(4) organizations must com	·		ompiete column (7 y	· · · · · · · · · · · · · · · · · · ·
	Check if Schedule O contains a respon		this Part IX	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
· 1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	221,000.	221,000.		
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
. 5	Compensation of current officers, directors,		,		u.
	trustees, and key employees				
6	Compensation not included above, to disqualified		,		t.
	persons (as defined under section 4958(f)(1)) and			•	
	persons described in section 4958(c)(3)(B)			** , * *	
7	Other salaries and wages		, , , , , , , , , , , , , , , , , , , ,		
8	Pension plan accruals and contributions (include			!	
~	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)			,	
ļа	Management '				
b	Legal				•
С	Accounting	6,463.	6,463.	"	
d	Lobbying	•	PARAGAIN NE BOOK SANGE MORE MERELLA	LA PROSERVA LA PROGRAMA COMPANIONAL DE LA PROSERVA LA PROGRAMA DE LA PROGRAMA DEL PROGRAMA DE LA	
е	Professional fundraising services. See Part IV, line 17	··			÷ ,
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25,	45 665	1 051	45 544	
	column (A) amount, list line 11g expenses on Sch O.)	17,665.	1,951.	15,714.	,
12	Advertising and promotion	385.	385.		
13	Office expenses				
14	Information technology			-,-	
15	Royalties	T			
16	Occupancy		3		
17	Travel	3.	3.		
18	Payments of travel or entertainment expenses	,]		
	for any federal, state, or local public officials				,
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates			<u> </u>	
22	Depreciation, depletion, and amortization	450.	450.		
23	Insurance	400.	4JU.	600 300 60 300 00 00 00 00 00 00 00 00 00 00 00 0	
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 0.)				
а		•			
b					
С					
ď					
е	All other expenses	A 7	000000	4	
25	Total functional expenses. Add lines 1 through 24e	245,966.	230,252.	15,714.	0.
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)		<u></u>		<u> </u>
					Form 990 (2018)

:gar	t X≱	Balance Sheet	•			
		Check if Schedule O contains a response or note to	any line in this Part X			
		•		(A)		(B)
—		<u></u> .		Beginning of year		End of year
1	1	Cash · non-interest-bearing		324.	1_	76,520.
- 1	2	Savings and temporary cash investments		2		
1	3	Pledges and grants receivable, net		3	,	
İ	4	Accounts receivable, net		4	6,000.	
ŀ	5	Loans and other receivables from current and forme	r officers, directors,			
1		trustees, key employees, and highest compensated	employees Complete			
		Part II of Schedule L			5	Test de la completa del completa de la completa del completa de la completa del completa de la completa del completa de la completa del completa de
	6	Loans and other recoivables from other disqualified				
		section 4958(f)(1)), persons described in section 495	58(c)(3)(D), and contributing			
		employers and sponsoring organizations of section				
ş		employees' beneficiary organizations (see instr) Con	mplete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net			7	
۸	8	Inventories for sale or use	•		8	
	9	Prepaid expenses and deferred charges	•	•	9	•
١.	10a	Land, buildings, and equipment cost or other				
	•	basis Complete Part VI of Schedule D	а			
	b	Less accumulated depreciation 10	b	-	10c	
	11	Investments - publicly traded securities		•	11	
	12	Investments - other securities See Part IV, line 11	,		12	
	13	Investments - program-related See Part IV, line 11			13	
	14	Intangible assets		14		
	15	Other assets See Part IV, line 11	204	15	20 500	
→	16	Total assets. Add lines 1 through 15 (must equal lin	e 34)	324.	16	82,520.
ı	17	Accounts payable and accrued expenses			17	68,000.
ŀ	18	Grants payable	• •		18	
l	19	Deferred revenue	1		19	
ĺ	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part		MARCHANIA COMMENTE SERVICIO DE ARC	21	MANAGE SAME AND
Liabilities	22	Loans and other payables to current and former offi				
<u> </u>		key employees, highest compensated employees, a	na aisqualitiea persons			
<u> </u>		Complete Part II of Schedule L	nt a		22	
	23	Secured mortgages and notes payable to unrelated	•		23	
	24	Unsecured notes and loans payable to unrelated the	•		24	,
ł	25	Other liabilities (including federal income tax, payable		,		'
-		parties, and other liabilities not included on lines 17-	24) Complete Part X of		25	
1	26	Schedule D Total liabilities. Add lines 17 through 25		· 0.	26	68,000.
\dashv	20	Organizations that follow SFAS 117 (ASC 958), cl	neck here		20 1000	
ای		complete lines 27 through 29, and lines 33 and 3				
ğ	27	Unrestricted net assets	••		27	
ig	28	Temporarily restricted net assets			28	
ğ	26 29	Permanently restricted net assets			29	,
š	23	Organizations that do not follow SFAS 117 (ASC	958), check here 🛌 💢		影節 器	
Net Assets or Fund Balances		and complete lines 30 through 34.				
ış (30	Capital stock or trust principal, or current funds		0.	30	0.
sse	31	Paid-in or capital surplus, or land, building, or equip	ment fund	0.	31	, 0.
<u>ک</u>	32	Retained earnings, endowment, accumulated incom		324.	32	14,520.
<u>o</u> l	33	Total net assets or fund balances		324.	33	14,520.
z						
z	34	Total liabilities and net assets/fund balances		324.	34	82,520.

Form	1990 (2018) 100 MEN OF DANE COUNTY, INC.	46-0	881065	Pag	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				\Box
		1 1			
1	Total revenue (must equal Part VIII, column (A), line 12)	1			86.
2	Total expenses (must equal Part IX, column (A), line 25)	2			<u>66.</u>
3	Revenue less expenses Subtract line 2 from line 1	3			20.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		3	24.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8	11	<u>L,O</u>	76.
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,	1 1			
	column (B))	10	14	1,5	<u> 20.</u>
Ŗа	rt XIII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				<u>Щ</u>
				Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	; O			
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	2000	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a			
	separate basis, consolidated basis, or both			***	
	Separate basis Consolidated basis Both consolidated and separate basis				
b	,		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	ie basis,	28		医
	consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,	1 1		
	review, or compilation of its financial statements and selection of an independent accountant?		2c	transmin	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch		1		
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			٠,
	Act and OMB Circular A-133?		3a		<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit	L L		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
	'		Form 9	990 ((2018)

SCHEDULE A

(Form 990 or 990-EZ)

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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

2018
Open to Public
Inspection

Name of the organization

Employer identification number

46-0881065 100 MEN OF DANE COUNTY, INC. 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 12, 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)) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 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). 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) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university 10 X 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) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type 1. 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. 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. 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. 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. 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 Provide the following information about the supported organization(s) (iv) Is the organization listed (v) Amount of monetary (vi) Amount of other (iii) Type of organization (i) Name of supported (ii) EIN (described on lines 1-10 support (see instructions) support (see instructions) organization Yes Nο above (see instructions))

CONTRACTOR AND SHARE SEE STATE OF THE STATE

Schedule A (Form 990 or 990-EZ) 2018 100 MEN OF DANE COUNTY,

Partill Support Schedule for Organizations Described in Section 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										
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received (Do not			ļ		/	,			
	include any "unusual grants ")									
2	Tax revenues levied for the organ-									
	ızatıon's benefit and either paid to									
	or expended on its behalf									
3	The value of services or facilities									
	furnished by a governmental unit to		•		,					
	the organization without charge			1						
4	Total. Add lines 1 through 3						·			
5	The portion of total contributions				77//					
	by each person (other than a	176								
	governmental unit or publicly									
	supported organization) included				/ ************************************					
	on line 1 that exceeds 2% of the	4.17					· •			
	amount shown on line 11,		400	//						
	column (f)			5 × / * *						
6	Public support. Subtract line 5 from line 4	THE STATE OF THE S	がある。	10 m / 10 m	ACCRESS OF THE PARTY OF					
Sec	ction B. Total Support									
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	√(c) 2016	(d) 2017	(e) 2018	(f) Total			
7	Amounts from line 4									
8	Gross income from interest,		.//	/	1					
	dividends, payments received on									
	secunties loans, rents, royalties,	-		1 %	•	-	-			
	and income from similar sources									
9	Net income from unrelated business	<u> </u>								
	activities, whether or not the			•						
	business is regularly carried on		//			•				
10	Other income Do not include gain	,	,							
	or loss from the sale of capital	`								
	assets (Explain in Part VI.)	,	7							
12	Gross receipts from related activities	, etc (see instruction	ons)			12				
13	First five years. If the Form 990 is fo	- //	s first, second, thir	d, fourth, or fifth to	ax year as a sectio	n 501(c)(3)				
<u> </u>	organization, check this box and stor	here /		•			<u> </u>			
	ction C. Computation of Publ	"				I I				
	Public support percentage for 2018 (column (f))		14	<u>%</u>			
	Public support percentage from 2017	/			44 00 4/00/	15	<u>%</u>			
16a	33 1/3% support test - 2018. If the	- //			14 is 33 1/3% or n	nore, check this bo	x and			
	stop here. The organization qualifies	<i>y</i>	-		11 45 00 4 /00					
b	33 1/3% support test - 2017. If the	- //			l line 15 is 33 1/3%	or more, cneck tr	is dox			
	and stop here. The organization qua	,			- 40 40 401		P			
17a	10% -facts-and-circumstances tes	//								
	and if the organization meets the "fac	//		=		rt vi now the organ	iization			
	meets the "facts-and-circumstances"	_	-		_	47a and 6 45	100/ ==			
b	10% -facts-and-circumstances tes	_								
	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.									
	y ,		•			•				
18	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 Schedule A (Form 990 or 990-EZ) 2018									
	·- #				JUILE	, a a i e A (i : Oi i i i 330	J. 330-LEJ 20 10			

832022 10-11-18

Schedule A (Form 990 or 990-EZ) 2018 100 MEN OF DANE COUNTY, INC. Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 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)

Se	Section A. Public Support								
Cale	endar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total		
1	Gifts, grants, contributions, and				-				
	membership fees received (Do not								
	ınclude any "unusual grants ")					230,830.	230,830.		
2	Gross receipts from admissions,				-				
	merchandise sold or services per-								
	formed, or facilities furnished in any activity that is related to the								
	organization's tax-exempt purpose		17,866.	12,500.		17,865.	48,231.		
3	Gross receipts from activities that								
	are not an unrelated trade or bus-								
	iness under section 513								
4	Tax revenues levied for the organ-								
	ization's benefit and either paid to								
	or expended on its behalf		1						
5	The value of services or facilities								
Ī	furnished by a governmental unit to	1	1						
	the organization without charge								
6	Total. Add lines 1 through 5		17,866.	12,500.		248,695.	279,061.		
	a Amounts included on lines 1, 2, and					, , ,	· · · · · · · · · · · · · · · · · · ·		
•	3 received from disqualified persons						0.		
ı	Amounts included on lines 2 and 3 received		·						
	from other than disqualified persons that		1						
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.		
	Add lines 7a and 7b		1			-	0.		
	Public support. (Subtract line 7c from line 6.)		.,				279,061.		
	ction B. Total Support				. ,	<u> </u>			
	endar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total		
	Amounts from line 6	(2) 2014	17,866.	12,500.	(4) 2011	248,695.	279,061.		
	a Gross income from interest,								
	dividends, payments received on		[]						
	securities loans, rents, royalties, and income from similar sources								
	Unrelated business taxable income		†	···		-			
•	(less section 511 taxes) from businesses								
	acquired after June 30, 1975		!						
	,					·			
	Add lines 10a and 10b Net income from unrelated business								
•	activities not included in line 10b,								
	whether or not the business is								
12	regularly carried on Other income Do not include gain		 	-	<u> </u>				
_	or loss from the sale of capital								
12	assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12)		17,866.	12,500.		248,695.	279,061.		
	First five years. If the Form 990 is for	r the ergonization'			v voar as a sectio	· · · · · · · · · · · · · · · · · · ·			
14	-	r the organization:	s ilist, second, tillic	ı, iourui, or mui ta	ix year as a sectio	11 30 I (C)(S) Organiz	ation,		
۵۵	check this box and stop here ction C. Computation of Publ	lic Support Pe	rcentage						
	Public support percentage for 2018 (column (f)		15	100.00 %		
	,, , ,		•	Joidinin (1))			100.00 %		
_	Public support percentage from 2017 ction D. Computation of Investigation					_ 10]	100:00 76		
				o 13 column (A)		17	.00 %		
	Investment income percentage for 20			ie ra, column (f))		<u> </u>			
	18 Investment income percentage from 2017 Schedule A, Part III, line 17								
19	19a 33 1/3% support tests - 2018. 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								
	•	•	•				<u>-</u>		
ı	o 33 1/3% support tests - 2017. If the						and _		
	line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions								
		n did not check a	box on line 14, 19a	i, or 196, check th		structions edule A (Form 990	or 990 E7\ 2040		
4771	22 10 11 19				>cn	ecome witcom 996	2201257171171		

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

- 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.
- 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)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- 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
- 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
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below
- 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
- 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
- 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)
- 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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) 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
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 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 I of Schedule L (Form 990 or 990-EZ)
- 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.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) 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.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
 - 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)

1			Yes	No
2 3a		-		
3a		2		
3b				
3c				
4a	3977	Tr.		TH
4c	1.	4a	W.	
4c		a.		
5a 5b 5c 77 7 88 8 9a 9b 9c 9c 10a				
5b 5c 5c 7 7 8 8 9a 9b 9c 10a	平 多 美 。			
5c				
6 6 7 7 8 8 9 9 9 9 9 9 9 10 10 a 10 a				
7 8 8 9a 9b 9c	2384			
9a 9b 9c 10a				
9a 9b 9c 10a	7	N.		
9b 9c 10a				
9c 10a	9	9b		
10a		9c		
		l0a		
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Schedule A (Form 990 or 990-EZ) 2018

	Type III Non-Functionally Integrated 509(a)(3) Supporting			0-0001005 Page 6
1	Check here if the organization satisfied the Integral Part Test as a qualifyin			Part VI) See instructions Al
•	other Type III non-functionally integrated supporting organizations must co	-		art vi / occ man dettoria. A
Sect	ion 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		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see	特色		
	instructions for short tax year or assets held for part of year)			
	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	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)			BUNDAN
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		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	ANY PROPERTY	
. 2	Enter 85% of line 1	2	REPUBLICANIA DE LA COMPONIA DEL COMPONIA DE LA COMPONIA DEL COMPONIA DE LA COMPONIA DEL COMPONIA DE LA COMPONIA DEL COMPONIA DE LA COMPONIA DEL LA COMPONIA DE LA COMPONIA DEL	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	PERSONAL PROPERTY.	
4	Enter greater of line 2 or line 3	4	CHAIR COME THE STATE	
5	Income tax imposed in prior year	5	THE PROPERTY OF THE PARTY OF TH	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to	6		
_	emergency temporary reduction (see instructions) Check here if the current year is the organization's first as a non-functional		ested Tune III supporting are	anization (see
7	Gheck here if the current year is the organization's first as a non-functional	ny nitegr	area Type III supporting org	anitation (see

	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	10 0001003 Page 7			
14.014	ion D - Distributions	(-)(-)	(continued)	Current Year			
1							
2	Amounts paid to perform activity that directly furthers exem						
	organizations, in excess of income from activity						
3	Administrative expenses paid to accomplish exempt purpos	es of supported organization	ns				
4	Amounts paid to acquire exempt-use assets						
5	Qualified set-aside amounts (pnor IRS approval required)			1			
6	Other distributions (describe in Part VI) See instructions						
7	Total annual distributions. Add lines 1 through 6		ı				
8	Distributions to attentive supported organizations to which t	the organization is responsive	 -				
	(provide details in Part VI) See instructions	·					
9	Distributable amount for 2018 from Section C, line 6						
10	Line 8 amount divided by line 9 amount		<u> </u>				
		(i)	(ii) '	(iii)			
Sect	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2018	Distributable Amount for 2018			
1	Distributable amount for 2018 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2018 (reason-						
	able cause required- explain in Part VI) See instructions						
3	Excess distributions carryover, if any, to 2018						
a	From 2013						
b	From 2014			LEW PARTY.			
	From 2015	经验的证据					
d	From 2016			F-DESCRIPTION OF			
е	From 2017)						
f	Total of lines 3a through e			THE PARTY OF THE			
g	Applied to underdistributions of prior years						
h	Applied to 2018 distributable amount		ACCEPTANCE OF THE PARTY OF THE				
i	Carryover from 2013 not applied (see instructions)						
j	Remainder Subtract lines 3g, 3h, and 3i from 3f						
4	Distributions for 2018 from Section D,						
	line 7 [·] \$						
, a	Applied to underdistributions of prior years						
b	Applied to 2018 distributable amount						
c	Remainder Subtract lines 4a and 4b from 4						
5	Remaining underdistributions for years prior to 2018, if		,				
	any. Subtract lines 3g and 4a from line 2 For result greater						
	than zero, explain in Part VI. See instructions						
6	Remaining underdistributions for 2018 Subtract lines 3h						
	and 4b from line 1 For result greater than zero, explain in						
	Part VI See instructions						
7	Excess distributions carryover to 2019. Add lines 3j	,					
	and 4c			THE STATE OF			
8	Breakdown of line 7.						
a	Excess from 2014						
<u>b</u>	Excess from 2015						
c	Excess from 2016						
<u>d</u>	Excess from 2017			7,000			
е	Excess from 2018						

Schedule A (Form 990 or 990-EZ) 2018

Schedule A	(Form 990 or 99 <u>0-E</u>	Z) 2018 IUU	MEN OF	DANE (COUNTY,	INC.		46-0881065 Page 8
Part VI	Supplemental Part IV, Section A, line 1, Part IV, Sec Section D, lines 5,	Information lines 1, 2, 3b, 3 tion D, lines 2 a 6, and 8, and F	1. Provide the 3c, 4b, 4c, 5a nd 3. Part IV.	e explanation , 6, 9a, 9b, 9d Section E. lir	s required by c, 11a, 11b, and nes 1c. 2a. 2b	Part II, line 10, nd 11c, Part IV, a. 3a. and 3b: Part	Section B, lines 1 art V. line 1: Part V	17b; Part III, line 12, and 2, Part IV, Section C, 7. Section B. line 1e. Part V.
	(See instructions)					.	· · ·	
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SCHEDULE (Form 990) Department of the Treasury Internal Revenue Service Name of the organization

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

▶ Go to www.irs.gov/Form990 for the latest information. ▶ Attach to Form 990.

INC

100 MEN OF DANE COUNTY,

OMB No 1545-0047*

Employer identification number Open to Public

46-0881065

% X (h) Purpose of grant 1ST QUARTER WINNER 3RD QUARTER WINNER 4TH QUARTER WINNER or assistance 2ND QUARTER WINNER Yes 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 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 (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) Ö 0 0 Ö (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States recipient that received more than \$5,000 Part II can be duplicated if additional space is needed (d) Amount of cash grant 38,000, 54,000, 61,000 000 89 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section (if applicable) Enter total number of other organizations listed in the line 1 table 20-5779146 39-1268238 39-1919172 Part 12 General Information on Grants and Assistance 39-1925617 (b) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization or government 5501 SCHROEDER RD #100 FIRST TEE OF MADISON MADISON, WI 53711 MADISON, WI 53704 BOYS & GIRLS CLUB MADISON, WI 53713 MADISON, WI 53704 FOOD FOR THOUGHT 2102 FORDEM AVE 149 WAUBESA ST 2001 TAFT ST *Part II DAIS

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2018)

Page 2 Schedule I (Form 990) (2018) (f) Description of noncash assistance 46-0881065 (e) Method of valuation (book, FMV, appraisal, other) Pariv: Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information 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 (d) Amount of non-cash assistance (c) Amount of cash grant 100 MEN OF DANE COUNTY, INC. (b) Number of recipients (a) Type of grant or assistance Schedule | (Form 990) (2018) 832102 11-02-18

SCHEDULE O (Form 990 or 990-EZ)

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.

2018
Open to Public A

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990 for the latest information.

Employer identification number Name of the organization 100 MEN OF DANE COUNTY, INC. 46-0881065 FORM 990, PART VI, SECTION B, LINE 11B: NO REVIEW WILL BE CONDUCTED. FORM 990, PART VI, SECTION C, LINE 18: UPON REQUEST BY ANY ORGANIZATION OR INDIVIDUAL. FORM 990, PART VI, SECTION C, LINE 19: UPON REQUEST BY ANY ORGANIZATION OR INDIVIDUAL.