

**Return of Organization Exempt From Income Tax**

**2023**

Department of the Treasury  
Internal Revenue Service

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.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**Open to Public Inspection**

**A** For the **2023** calendar year, or tax year beginning **01/01/2023** and ending **12/31/2023**

**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  
**2059 Atwood Ave**  
 City or town, state or province, country, and ZIP or foreign postal code  
**Madison, WI 53704**

**D** Employer identification number  
**39-0817532**

**E** Telephone number  
**608-246-4350**

**F** Name and address of principal officer: **Renee Moe**  
**2059 Atwood Ave, Madison, WI 53704**

**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.

**G** Gross receipts \$ **22,064,731**

**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**

<b>Activities &amp; Governance</b>	<b>1</b>	Briefly describe the organization's mission or most significant activities: <u>United Way of Dane County unites the community to achieve measurable results that change lives. We are committed to the vision of a Dane County where everyone can</u> <u>(Continued on Schedule O, Statement 1)</u>		
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>39</b>
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>39</b>
	<b>5</b>	Total number of individuals employed in calendar year 2023 (Part V, line 2a)	<b>5</b>	<b>128</b>
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	<b>7,052</b>
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0</b>
<b>b</b>	Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0</b>	
<b>Revenue</b>	<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b> 21,892,701	<b>Current Year</b> 21,152,374
	<b>9</b>	Program service revenue (Part VIII, line 2g)	0	0
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	88,315	242,446
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-63,238	-258,202
	<b>12</b>	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	21,917,778	21,136,618
<b>Expenses</b>	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	14,278,819	13,319,973
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	5,534,011	5,783,363
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25)	2,089,692	
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	2,298,459	2,262,224
<b>18</b>	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	22,111,289	21,365,560	
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	-193,511	-228,942	
<b>Net Assets or Fund Balances</b>	<b>20</b>	Total assets (Part X, line 16)	<b>Beginning of Current Year</b> 23,323,648	<b>End of Year</b> 23,454,609
	<b>21</b>	Total liabilities (Part X, line 26)	5,695,008	5,705,659
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	17,628,640	17,748,950

**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: Renee Moe, President/CEO Date: \_\_\_\_\_  
 Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name: Kevin Ensminger Preparer's signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Check  if self-employed PTIN: P01310558  
 Firm's name: RSM US LLP Firm's EIN: 42-0714325  
 Firm's address: 4622 Pennsylvania Ave, Kansas City, MO 64112 Phone no.: 816-804-9068

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 that 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 \$ 5,480,044 including grants of \$ 4,108,891) (Revenue \$ 0)

United Way of Dane County mobilizes the caring power of our community so all can thrive. From advancing health and education to strengthening livelihoods and local resilience, we connect people to possibility. We are committed to creating through our Plan for Community Well-Being - a plan built with our community, for our community. Our vision for a brighter future focuses on improving individual and family well-being so that everyone in Dane County can lead healthy, successful and secure lives. When you look at what makes United Way of Dane County really work, it goes beyond the numbers - it's the collective spirit of caring to solve whole problems. Through our network of caring connections, we're able to address big-picture issues no one person or organization can solve alone. Every dollar donated to United Way is a powerful catalyst - multiplying six times over to create lasting, meaningful change, right here in Dane County. At United Way of Dane County, we come together to close gaps and open opportunities in our community. In 2023, we supported over 73,000 neighbors in Dane County. And with our Plan for Community Well-Being, we'll transform measurable outcomes into life-changing support for our neighbors in these areas: EDUCATION Goal: All students succeed academically and graduate high school prepared for higher education, career and community. Result: In  
(Continued on Schedule O, Statement 2)

**4b** (Code: ) (Expenses \$ 4,848,989 including grants of \$ 4,098,877) (Revenue \$ 0)

INCOME Goal: More people are on pathways out of poverty, ending family homelessness. Result: 21,630 Dane County neighbors supported through our income programming in 2023. When more individuals have jobs earning family-sustaining wages and safe and affordable housing, they are less stressed and more able to provide for themselves and their families - better positioning the entire community and our economy to thrive. At United Way, we're invested in local nonprofits and programs that help families get what they need to be economically stable through job training, homelessness prevention and affordable housing. In 2023, 1,693 households remained stably housed after 12 months. Addressing Family Homelessness: At United Way, we believe everyone deserves a place of their own to call home. But finding safe and affordable housing in Dane County isn't always easy. By investing in programs that help families avoid eviction and rapidly re-house those that do become homeless, we're helping parents/caregivers and their children build a solid foundation for success across all areas of life. Through our Reducing School Mobility Collaborative - a program focused on keeping families in their homes and kids attending the same school, funded, in part, by The Siemer Institute - we were able to help 174 families in 2023 at risk of losing their housing with financial assistance and  
(Continued on Schedule O, Statement 3)

**4c** (Code: ) (Expenses \$ 4,138,751 including grants of \$ 3,431,469) (Revenue \$ 0)

HEALTH Goal: A Dane County absent of racial health disparities in physical and mental health, emphasizing a trauma-informed approach. Result: 20,030 Dane County Neighbors Supported Through Health Programming in 2023 While Dane County remains a top place to live, raise a family and retire, for our BIPOC neighbors (including Black, Indigenous, Latinx, Southeast Asian and/or people of color), education, income and health inequities and disparities remain consistent. Unfortunately, in Dane County the color of your skin and the ZIP code in which you live have a significant impact on your quality of life, life expectancy and a wide range of health outcomes. To help address and dismantle the existing inequities, United Way invests in local nonprofits and programs that aim to reduce health disparities faced by our BIPOC community members. In 2023, 594 participants reported improved health outcomes in programs to increase culturally-safe-and-responsive trauma and resiliency programs for BIPOC communities. 726 participants completed goals in culturally-relevant, reflective-and-safe wellness programs defined or led by BIPOC communities. Saving our Babies Through ConnectRx: The ConnectRx Wisconsin program is an initiative of the Dane  
(Continued on Schedule O, Statement 4)

**4d** Other program services (Describe on Schedule O.) See Schedule O, Statement 5

(Expenses \$ 3,627,351 including grants of \$ 1,680,736) (Revenue \$ 0)

**4e** Total program service expenses 18,095,135

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A . . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors? See instructions . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>5</b> 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 Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>6</b> 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? <i>If "Yes," complete Schedule D, Part I . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>9</b> 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? <i>If "Yes," complete Schedule D, Part IV . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V . . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>11</b> 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.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI . . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>b</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? <i>If "Yes," complete Schedule D, Part VII . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>c</b> 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? <i>If "Yes," complete Schedule D, Part VIII . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>d</b> 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? <i>If "Yes," complete Schedule D, Part IX . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X . . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>f</b> 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)? <i>If "Yes," complete Schedule D, Part X . . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional . . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</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? <i>If "Yes," complete Schedule F, Parts I and IV . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>15</b> 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? <i>If "Yes," complete Schedule F, Parts II and IV . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>16</b> 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? <i>If "Yes," complete Schedule F, Parts III and IV . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>17</b> 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? <i>If "Yes," complete Schedule G, Part I. See instructions . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II . . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>21</b> 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? <i>If "Yes," complete Schedule I, Parts I and II . . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**Part IV Checklist of Required Schedules** *(continued)*

	Yes	No
<b>22</b> 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? <i>If "Yes," complete Schedule I, Parts I and III</i>		✓
<b>23</b> 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? <i>If "Yes," complete Schedule J</i>	✓	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		✓
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		✓
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		✓
<b>26</b> Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		✓
<b>27</b> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		✓
<b>28</b> Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		✓
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		✓
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		✓
<b>29</b> Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i>	✓	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		✓
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		✓
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		✓
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		✓
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	✓	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?	✓	
<b>b</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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	✓	
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		✓
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		✓
<b>38</b> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O	✓	

**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
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	✓	

<b>Part V</b> <b>Statements Regarding Other IRS Filings and Tax Compliance</b> <i>(continued)</i>		Yes	No		
<b>2a</b>	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	<b>2a</b>	128		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<b>2b</b>		✓	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>			✓
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	<b>3b</b>			
<b>4a</b>	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)?	<b>4a</b>			✓
<b>b</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).				
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>			✓
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>			✓
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>			
<b>6a</b>	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?	<b>6a</b>			✓
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>			
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>				
<b>a</b>	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?	<b>7a</b>		✓	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>		✓	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>			✓
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>			
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>			✓
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>			✓
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>			
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>			
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>			
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>				
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>			
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>			
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:				
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>			
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>			
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:				
<b>a</b>	Gross income from members or shareholders	<b>11a</b>			
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>			
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>			
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>			
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>				
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>			
<b>b</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	<b>13b</b>			
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>			
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>			✓
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	<b>14b</b>			
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	<b>15</b>			✓
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>			✓
<b>17</b>	<b>Section 501(c)(21) organizations.</b> Did the trust, or any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	<b>17</b>			



**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 on 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
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year . . . . .		
	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 on Schedule O.		
<b>1b</b>	Enter the number of voting members included on line 1a, above, who are independent . . . . .		
<b>2</b>	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? . . . . .		<input checked="" type="checkbox"/>
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? . . . . .		<input checked="" type="checkbox"/>
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .		<input checked="" type="checkbox"/>
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .		<input checked="" type="checkbox"/>
<b>6</b>	Did the organization have members or stockholders? . . . . .	<input checked="" type="checkbox"/>	
<b>7a</b>	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? . . . . .	<input checked="" type="checkbox"/>	
<b>7b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .	<input checked="" type="checkbox"/>	
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>8a</b>	The governing body? . . . . .	<input checked="" type="checkbox"/>	
<b>8b</b>	Each committee with authority to act on behalf of the governing body? . . . . .	<input checked="" type="checkbox"/>	
<b>9</b>	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 on Schedule O . . . . .		<input checked="" type="checkbox"/>

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates? . . . . .		<input checked="" type="checkbox"/>
<b>10b</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? . . . . .		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . .	<input checked="" type="checkbox"/>	
<b>11b</b>	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	<input checked="" type="checkbox"/>	
<b>12b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	<input checked="" type="checkbox"/>	
<b>12c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done . . . . .	<input checked="" type="checkbox"/>	
<b>13</b>	Did the organization have a written whistleblower policy? . . . . .	<input checked="" type="checkbox"/>	
<b>14</b>	Did the organization have a written document retention and destruction policy? . . . . .	<input checked="" type="checkbox"/>	
<b>15</b>	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?		
<b>15a</b>	The organization's CEO, Executive Director, or top management official . . . . .	<input checked="" type="checkbox"/>	
<b>15b</b>	Other officers or key employees of the organization . . . . .	<input checked="" type="checkbox"/>	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .		<input checked="" type="checkbox"/>
<b>16b</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? . . . . .		

**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 Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 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 on Schedule O)
- 19** Describe on 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.

**Nicholas Wood, United Way of Dane County Inc, (608)246-4397**  
 2059 Atwood Ave, Madison, WI 53704

**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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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			
Renee Moe President/CEO	41.00 4.00			✓				252,878	0	72,879
Nicholas Wood CFO/Vice President Administration	41.00 4.00			✓				130,914	0	32,571
Karen Burch Vice President of Community Engagement/Marketi	40.00 0.00					✓		119,190	0	33,354
Jody Bartnick Vice President Community Impact	40.00 0.00					✓		132,457	0	16,866
Jay Sekelsky Board Chair	1.00 1.00	✓		✓				0	0	0
Paul Kundert Vice Chair	1.00 0.00	✓		✓				0	0	0
Tim Ryan Treasurer	1.00 0.00	✓		✓				0	0	0
Jane F Zimmerman Secretary	1.00 0.00	✓		✓				0	0	0
Chief Shon Barnes Board Member	1.00 0.00	✓						0	0	0
Jacquelyn Boggess Board Member	1.00 0.00	✓						0	0	0
Nolan Brown Board Member	1.00 0.00	✓						0	0	0
Bryan Chan Board Member	1.00 0.00	✓						0	0	0
Christine Dahlhauser Board Member	1.00 0.00	✓						0	0	0
Dulce Maria Danel Board Member	1.00 0.00	✓						0	0	0

**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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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			
Robert Durian	1.00									
Board Member	0.00	✓					0	0	0	
Dave Florin	1.00									
Board Member	0.00	✓					0	0	0	
Noel Gallagher	1.00									
Board Member	0.00	✓					0	0	0	
Fabiola Hamdan	1.00									
Board Member	0.00	✓					0	0	0	
Claiborne Hill	1.00									
Board Member	0.00	✓					0	0	0	
Jeff Keebler	1.00									
Board Member	0.00	✓					0	0	0	
Mark Koehl	1.00									
Board Member	0.00	✓					0	0	0	
Sean LaBorde	1.00									
Board Member	0.00	✓					0	0	0	
Ross McDuffie	1.00									
Board Member	0.00	✓					0	0	0	
Barbara McKinney	1.00									
Board Member	0.00	✓					0	0	0	
Everett Mitchell	1.00									
Board Member	0.00	✓					0	0	0	
Christine Negovani	1.00									
Board Member	0.00	✓					0	0	0	
Rachel Neill	1.00									
Board Member	0.00	✓					0	0	0	
Lisa Peyton	1.00									
Board Member	0.00	✓					0	0	0	



**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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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			
Dr Corinda Rainey-Moore	1.00									
Board Member	0.00	✓					0	0	0	
Ananth Seshedri	1.00									
Board Member	0.00	✓					0	0	0	
Kim Sponem	1.00									
Board Member	0.00	✓					0	0	0	
Dr Martha Stacker	1.00									
Board Member	0.00	✓					0	0	0	
Adam Stevenson	1.00									
Board Member	0.00	✓					0	0	0	
Scott Strong	1.00									
Board Member	0.00	✓					0	0	0	
Gisele Sutherland	1.00									
Board Member	0.00	✓					0	0	0	
David Sweitzer	1.00									
Board Member	0.00	✓					0	0	0	
Karen Timberlake	1.00									
Board Member	0.00	✓					0	0	0	
Pete Vogel	1.00									
Board Member	0.00	✓					0	0	0	
Amber Walker	1.00									
Board Member	0.00	✓					0	0	0	
Derek Wallace	1.00									
Board Member	0.00	✓					0	0	0	
Jesi Wang	1.00									
Board Member	0.00	✓					0	0	0	
William Westrate	1.00									
Board Member	0.00	✓					0	0	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		
<b>Contributions, Gifts, Grants, and Other Similar Amounts</b>	<b>1a</b>	Federated campaigns . . . . .	<b>1a</b> 357,985					
	<b>b</b>	Membership dues . . . . .	<b>1b</b> 0					
	<b>c</b>	Fundraising events . . . . .	<b>1c</b> 329,297					
	<b>d</b>	Related organizations . . . . .	<b>1d</b> 701,013					
	<b>e</b>	Government grants (contributions)	<b>1e</b> 944,128					
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b> 18,819,951					
	<b>g</b>	Noncash contributions included in lines 1a-1f . . . . .	<b>1g</b> \$ 505,462					
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . .		21,152,374				
	<b>Program Service Revenue</b>	<b>2a</b>	Business Code					
<b>b</b>								
<b>c</b>								
<b>d</b>								
<b>e</b>								
<b>f</b>		All other program service revenue . .		0	0	0		
<b>g</b>		<b>Total.</b> Add lines 2a-2f . . . . .		0				
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) . . . . .		242,206	0	0	242,206	
	<b>4</b>	Income from investment of tax-exempt bond proceeds		0	0	0	0	
	<b>5</b>	Royalties . . . . .		0	0	0	0	
	<b>6a</b>	Gross rents . . . . .	(i) Real	66,765				
			(ii) Personal	0				
			<b>6a</b>					
	<b>b</b>	Less: rental expenses	<b>6b</b> 100,811	0				
	<b>c</b>	Rental income or (loss)	<b>6c</b> -34,046	0				
	<b>d</b>	Net rental income or (loss) . . . . .		-34,046	0	0	-34,046	
	<b>7a</b>	Gross amount from sales of assets other than inventory	(i) Securities	505,202				
			(ii) Other	0				
			<b>7a</b>					
	<b>b</b>	Less: cost or other basis and sales expenses . . . . .	<b>7b</b> 504,962	0				
	<b>c</b>	Gain or (loss) . . . . .	<b>7c</b> 240	0				
	<b>d</b>	Net gain or (loss) . . . . .		240	0	0	240	
	<b>8a</b>	Gross income from fundraising events (not including \$ 329,297 of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>8a</b> 72,884					
	<b>b</b>	Less: direct expenses . . . . .	<b>8b</b> 320,530					
<b>c</b>	Net income or (loss) from fundraising events . . . . .		-247,646		0	-247,646		
<b>9a</b>	Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>9a</b> 6,119						
<b>b</b>	Less: direct expenses . . . . .	<b>9b</b> 1,810						
<b>c</b>	Net income or (loss) from gaming activities . . . . .		4,309	0	0	4,309		
<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . .		0					
			0					
		<b>10a</b>						
<b>b</b>	Less: cost of goods sold . . . . .	<b>10b</b> 0						
<b>c</b>	Net income or (loss) from sales of inventory . . . . .		0	0	0	0		
<b>Miscellaneous Revenue</b>	<b>11a</b>	Business Code						
	<b>b</b>							
	<b>c</b>							
	<b>d</b>	All other revenue . . . . .		19,181	0	0	19,181	
	<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . .		19,181				
<b>12</b>	<b>Total revenue.</b> See instructions . . . . .		21,136,618	0	0	-15,756		

**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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b>	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	13,319,973	13,319,973		
<b>2</b>	Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	0	0		
<b>3</b>	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .	0	0		
<b>4</b>	Benefits paid to or for members . . . . .	0	0		
<b>5</b>	Compensation of current officers, directors, trustees, and key employees . . . . .	791,109	470,774	117,294	203,041
<b>6</b>	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
<b>7</b>	Other salaries and wages . . . . .	3,893,401	2,295,314	579,266	1,018,821
<b>8</b>	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	252,897	148,212	39,358	65,327
<b>9</b>	Other employee benefits . . . . .	505,117	279,290	84,725	141,102
<b>10</b>	Payroll taxes . . . . .	340,839	203,440	48,168	89,231
<b>11</b>	Fees for services (nonemployees):				
<b>a</b>	Management . . . . .	0	0	0	0
<b>b</b>	Legal . . . . .	0	0	0	0
<b>c</b>	Accounting . . . . .	45,250	0	45,250	0
<b>d</b>	Lobbying . . . . .	0	0	0	0
<b>e</b>	Professional fundraising services. See Part IV, line 17 . . . . .	0			0
<b>f</b>	Investment management fees . . . . .	0	0	0	0
<b>g</b>	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.) . . . . .	513,550	459,288	5,147	49,115
<b>12</b>	Advertising and promotion . . . . .	146,485	106,546	14,132	25,807
<b>13</b>	Office expenses . . . . .	91,080	88,134	484	2,462
<b>14</b>	Information technology . . . . .	23,827	17,384	2,882	3,561
<b>15</b>	Royalties . . . . .	0	0	0	0
<b>16</b>	Occupancy . . . . .	199,223	75,376	47,307	76,540
<b>17</b>	Travel . . . . .	61,991	27,684	7,027	27,280
<b>18</b>	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0	0	0	0
<b>19</b>	Conferences, conventions, and meetings . . . . .	47,991	29,006	10,567	8,418
<b>20</b>	Interest . . . . .	0	0	0	0
<b>21</b>	Payments to affiliates . . . . .	280,771	146,765	48,708	85,298
<b>22</b>	Depreciation, depletion, and amortization . . . . .	189,938	85,698	28,049	76,191
<b>23</b>	Insurance . . . . .	15,118	8,189	2,518	4,411
<b>24</b>	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) . . . . .				
<b>a</b>	<u>Data Processing</u> . . . . .	493,789	265,923	74,152	153,714
<b>b</b>	<u>Postage and Shipping</u> . . . . .	38,892	32,948	3,887	2,057
<b>c</b>	<u>Membership Dues</u> . . . . .	30,993	16,787	5,162	9,044
<b>d</b>	<u>Lease Expense</u> . . . . .	17,683	8,046	3,839	5,798
<b>e</b>	All other expenses . . . . .	65,643	10,358	12,811	42,474
<b>25</b>	<b>Total functional expenses.</b> Add lines 1 through 24e . . . . .	21,365,560	18,095,135	1,180,733	2,089,692
<b>26</b>	<b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> 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)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	250	<b>1</b>	250
	<b>2</b> Savings and temporary cash investments . . . . .	12,326,713	<b>2</b>	11,997,585
	<b>3</b> Pledges and grants receivable, net . . . . .	6,752,015	<b>3</b>	7,423,980
	<b>4</b> Accounts receivable, net . . . . .	588,750	<b>4</b>	55,499
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .	0	<b>5</b>	0
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .	0	<b>6</b>	0
	<b>7</b> Notes and loans receivable, net . . . . .	0	<b>7</b>	0
	<b>8</b> Inventories for sale or use . . . . .	0	<b>8</b>	0
	<b>9</b> Prepaid expenses and deferred charges . . . . .	264,852	<b>9</b>	299,864
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	5,700,616	<b>10a</b>	
	<b>b</b> Less: accumulated depreciation . . . . .	3,482,982	<b>10b</b>	
	<b>11</b> Investments—publicly traded securities . . . . .	190,991	<b>11</b>	477,809
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	903,604	<b>12</b>	946,708
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .		<b>13</b>	0
	<b>14</b> Intangible assets . . . . .		<b>14</b>	0
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	34,288	<b>15</b>	35,280
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) . . . . .	23,323,648	<b>16</b>	23,454,609	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	512,560	<b>17</b>	878,799
	<b>18</b> Grants payable . . . . .	5,021,955	<b>18</b>	4,689,327
	<b>19</b> Deferred revenue . . . . .	0	<b>19</b>	0
	<b>20</b> Tax-exempt bond liabilities . . . . .	0	<b>20</b>	0
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .	0	<b>21</b>	0
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .	0	<b>22</b>	0
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	0	<b>23</b>	0
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	0	<b>24</b>	0
	<b>25</b> 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 . . . . .	160,493	<b>25</b>	137,533
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	5,695,008	<b>26</b>	5,705,659
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions . . . . .	6,799,171	<b>27</b>	6,775,562
	<b>28</b> Net assets with donor restrictions . . . . .	10,829,469	<b>28</b>	10,973,388
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>31</b>	
<b>32</b> Total net assets or fund balances . . . . .	17,628,640	<b>32</b>	17,748,950	
<b>33</b> Total liabilities and net assets/fund balances . . . . .	23,323,648	<b>33</b>	23,454,609	



**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	21,136,618
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	21,365,560
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-228,942
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	17,628,640
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	85,815
<b>6</b>	Donated services and use of facilities	<b>6</b>	0
<b>7</b>	Investment expenses	<b>7</b>	0
<b>8</b>	Prior period adjustments	<b>8</b>	0
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	263,437
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	17,748,950

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? 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. <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		✓
<b>b</b> Were the organization's financial statements audited by an independent accountant? 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. <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	✓	
<b>c</b> 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? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	✓	
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		✓
<b>b</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 on Schedule O and describe any steps taken to undergo such audits.		

**SCHEDULE A  
(Form 990)**

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

<b>Name of the organization</b> UNITED WAY OF DANE COUNTY INC	<b>Employer identification number</b> 39-0817532
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**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 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).)
- 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)(vii)**. (Complete Part II.)
- 9  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  An organization that normally receives (1) more than 33<sup>1</sup>/<sub>3</sub>% 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<sup>1</sup>/<sub>3</sub>% 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.)
- 11  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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - 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 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

**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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	21,852,761	25,440,204	22,522,545	21,892,701	21,152,374	112,860,585
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .	0	0	0	0	0	0
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .	0	0	0	0	0	0
<b>4 Total.</b> Add lines 1 through 3 . . . . .	21,852,761	25,440,204	22,522,545	21,892,701	21,152,374	112,860,585
<b>5</b> 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) . . . . .						10,148,919
<b>6 Public support.</b> Subtract line 5 from line 4						102,711,666

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>7</b> Amounts from line 4 . . . . .	21,852,761	25,440,204	22,522,545	21,892,701	21,152,374	112,860,585
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .	172,312	159,631	154,322	160,585	308,971	955,821
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .	0	0	0	0	0	0
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .	73,189	16,639	18,098	16,533	19,181	143,640
<b>11 Total support.</b> Add lines 7 through 10						113,960,046
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					12	0
<b>13 First 5 years.</b> 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 <b>stop here</b> . . . . .						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) . . . . .	<b>14</b>	90.13 %
<b>15</b> Public support percentage from 2022 Schedule A, Part II, line 14 . . . . .	<b>15</b>	92.54 %
<b>16a 33 1/3% support test—2023.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . .		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test—2022.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>17a 10%-facts-and-circumstances test—2023.</b> 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 <b>stop here</b> . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>b 10%-facts-and-circumstances test—2022.</b> 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 <b>stop here</b> . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .		<input type="checkbox"/>

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> 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 . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . .						
<b>b</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						
<b>c</b> Add lines 7a and 7b . . . .						
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>9</b> Amounts from line 6 . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . .						
<b>c</b> Add lines 10a and 10b . . . .						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . .						
<b>14 First 5 years.</b> 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 <b>stop here</b> . . . . <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2022 Schedule A, Part III, line 15 . . . .	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2023</b> (line 10c, column (f), divided by line 13, column (f)) . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2022</b> Schedule A, Part III, line 17 . . . .	<b>18</b>	%

- 19a 33 1/3% support tests—2023.** 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—2022.** 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 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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? <i>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.</i>		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
3b	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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
3c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
4b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
4c	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)? <i>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.</i>		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c 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).</i>		
5b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
5c	<b>Substitutions only.</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
9b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
9c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
10b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		



**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?	<b>11a</b>	
<b>b</b> A family member of a person described on line 11a above?	<b>11b</b>	
<b>c</b> A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in <b>Part VI</b> .	<b>11c</b>	

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> 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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	<b>1</b>	
<b>2</b> 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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	<b>2</b>	

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	<b>1</b>	

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	<b>1</b>	
<b>2</b> 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 <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	<b>2</b>	
<b>3</b> By reason of the relationship described on line 2, above, 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 <b>Part VI</b> the role the organization's supported organizations played in this regard.	<b>3</b>	

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see instructions).		
<b>2</b> Activities Test. <b>Answer lines 2a and 2b below.</b>		
<b>a</b> 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 <b>Part VI identify those supported organizations and explain</b> 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.	<b>2a</b>	
<b>b</b> Did the activities described on line 2a, above, 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 <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	<b>2b</b>	
<b>3</b> Parent of Supported Organizations. <b>Answer lines 3a and 3b below.</b>		
<b>a</b> 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? If "Yes" or "No," provide details in <b>Part VI</b> .	<b>3a</b>	
<b>b</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 <b>Part VI</b> the role played by the organization in this regard.	<b>3b</b>	

**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 (*explain in Part VI*). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A—Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3.	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	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)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	<b>8</b>	
<b>Section B—Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
<b>2</b>	Acquisition indebtedness applicable to non-exempt-use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d.	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by 0.035.	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	
<b>Section C—Distributable Amount</b>			Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, column A)	<b>1</b>	
<b>2</b>	Enter 0.85 of line 1.	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3.	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	<b>6</b>	
<b>7</b>	<input type="checkbox"/> 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)

<b>Section D—Distributions</b>		<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required—provide details in <b>Part VI</b> )	<b>5</b>
<b>6</b>	Other distributions (describe in <b>Part VI</b> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2023 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

<b>Section E—Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2023</b>	<b>(iii) Distributable Amount for 2023</b>
<b>1</b> Distributable amount for 2023 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2023 (reasonable cause required—explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2023			
<b>a</b> <b>From 2018</b> . . . . .			
<b>b</b> <b>From 2019</b> . . . . .			
<b>c</b> From 2020 . . . . .			
<b>d</b> From 2021 . . . . .			
<b>e</b> From 2022 . . . . .			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2023 distributable amount			
<b>i</b> Carryover from 2018 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2023 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2023 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2024.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> <b>Excess from 2019</b> . . .			
<b>b</b> Excess from 2020 . . .			
<b>c</b> Excess from 2021 . . .			
<b>d</b> Excess from 2022 . . .			
<b>e</b> Excess from 2023 . . .			



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.

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

OMB No. 1545-0047

2023

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 for values, 5-6 for Yes/No questions.

Part II Conservation Easements

Form with multiple rows for questions 1-9 regarding conservation easements, including a table for 'Held at the End of the Tax Year'.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets

Form with rows 1a-2 for questions regarding art and historical treasures, including dollar amounts.



**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 make 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 program
- 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

**b** If "Yes," explain the arrangement in Part XIII and complete the following table.

	Amount
<b>1c</b> Beginning balance	
<b>1d</b> Additions during the year	
<b>1e</b> Distributions during the year	
<b>1f</b> Ending balance	

**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" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance	21,826,180	23,054,644	12,947,985	10,110,439	8,665,297
<b>b</b> Contributions	2,721,980	2,128,414	8,131,317	1,717,330	80,481
<b>c</b> Net investment earnings, gains, and losses	3,426,581	-2,719,429	2,485,243	1,565,034	1,732,833
<b>d</b> Grants or scholarships	0	0	0	0	0
<b>e</b> Other expenditures for facilities and programs	682,109	637,449	509,901	444,818	368,172
<b>f</b> Administrative expenses	0	0	0	0	0
<b>g</b> End of year balance	27,292,632	21,826,180	23,054,644	12,947,985	10,110,439

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

- a** Board designated or quasi-endowment 96.5 %
- b** Permanent endowment 0 %
- c** Term endowment 3.5 %

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
<b>(i)</b> Unrelated organizations?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>(ii)</b> Related organizations?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>b</b> If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**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" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land	0	127,593		127,593
<b>b</b> Buildings	0	4,020,068	2,216,474	1,803,594
<b>c</b> Leasehold improvements	0	9,645	9,645	0
<b>d</b> Equipment	0	1,003,282	793,934	209,348
<b>e</b> Other	0	540,028	462,929	77,099
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				2,217,634

**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 _____		
(A) _____		
(B) _____		
(C) _____		
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 12, col. (B)) . . . . .		

**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
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 13, col. (B)) . . . . .		

**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
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 15, col. (B)) . . . . .	

**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
(1) Federal income taxes	0
(2) <b>Deferred Compensation - Former President/CEO</b>	<b>115,033</b>
(3) <b>Deferred Compensation - Current President/CEO</b>	<b>22,500</b>
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B)) . . . . .	<b>137,533</b>

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 FASB 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.

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

**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.

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

**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.

Schedule D, Part V, Line 4 - The endowment funds consist of multiple individual funds established to support the mission of United Way through education, financial stability and health programs for children, youth, families, adults and older adults.

Schedule D, Part X, Line 1 - line (2): The corporation has a 457b deferred compensation agreement with its former President/CEO. The deferred compensation liability was \$115,033 at December 31, 2023. 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. line (3): The corporation entered into a 457b deferred compensation agreement with the current President/CEO in 2023. The deferred compensation liability was \$22,500 at December 31, 2023. The full value of the fund will be paid to the 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.

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 files a Form 990(Return of Organization Exempt from Income Tax) annually. When this return is 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.

**SCHEDULE G  
(Form 990)**

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, line 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.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

**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 10 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?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
<b>Total</b>						

- 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.

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**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	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		Loaned Executives	Community Celebration	8	
		(event type)	(event type)	(total number)	
Revenue	<b>1</b> Gross receipts . . . . .	329,297	37,750	35,134	402,181
	<b>2</b> Less: Contributions . . . . .	329,297	0	0	329,297
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	0	37,750	35,134	72,884
Direct Expenses	<b>4</b> Cash prizes . . . . .	0	0	0	0
	<b>5</b> Noncash prizes . . . . .	43	9,634	11,840	21,517
	<b>6</b> Rent/facility costs . . . . .	237	0	9,159	9,396
	<b>7</b> Food and beverages . . . . .	2,561	45,383	30,549	78,493
	<b>8</b> Entertainment . . . . .	0	2,645	0	2,645
	<b>9</b> Other direct expenses . . . . .	165,390	27,863	15,566	208,819
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . .				320,870
<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) . . . . .				-247,986	

**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))
		<b>1</b> Gross revenue . . . . .			
Direct Expenses	<b>2</b> Cash prizes . . . . .				
	<b>3</b> Noncash prizes . . . . .				
	<b>4</b> Rent/facility costs . . . . .				
	<b>5</b> Other direct expenses . . . . .				
<b>6</b> Volunteer labor . . . . .	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No		
<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) . . . . .					
<b>8</b> Net gaming income summary. Subtract line 7 from line 1, column (d) . . . . .					

**9** Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

**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: \_\_\_\_\_

\_\_\_\_\_



**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**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.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

Employer identification number

39-0817532

UNITED WAY OF DANE COUNTY INC

**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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) Sch I, Stmt 1							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 131

3 Enter total number of other organizations listed in the line 1 table 4



**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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1					
2					
3					
4					
5					
6					
7					

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

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

## Description of Grants and Other Assistance to Governments and Organizations in the United States

		Recipient EIN	Amt. of cash grant	Amt. of non- cash asst.
<b>Name and address</b>	100 Black Men of Madison PO Box 787 Madison, WI 53701	39-1803848	16,418	
<b>IRC code section</b>	501c3			
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>				
<b>Purpose of grant</b>	Program Operating Cost/Donor Designation for General Support			
<b>Name and address</b>	Access Community Health Centers 3434 E Washington Ave Madison, WI 53704	39-1391134	201,138	
<b>IRC code section</b>	501c3			
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>				
<b>Purpose of grant</b>	Program Operating Cost/Donor Designation for General Support			
<b>Name and address</b>	Access to Community Services ATTN M Mortell Special Olympics WI 2310 Crossroads Dr Suite 1000 Madison, WI 53718	39-1485069	32,734	
<b>IRC code section</b>	501c3			
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>				
<b>Purpose of grant</b>	Donor Designation for General Support			
<b>Name and address</b>	Agrace HospiceCare 5395 E Cheryl Pkwy Fitchburg, WI 53711	39-1319537	64,102	
<b>IRC code section</b>	501c3			
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>				
<b>Purpose of grant</b>	Donor Designation for General Support			
<b>Name and address</b>	American Family Children's Hospital c/o UW Foundation 1675 Highland Ave Madison, WI 53792	39-1835630	7,396	
<b>IRC code section</b>	501c3			
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>				
<b>Purpose of grant</b>	Donor Designation for General Support			
<b>Name and address</b>	American Heart Association 2850 Dairy Dr Ste 300 Madison, WI 53718	13-5613797	156,128	
<b>IRC code section</b>	501c3			
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>				
<b>Purpose of grant</b>	Donor Designation for General Support			
<b>Name and address</b>	American Red Cross Badger Chapter PO Box 5905 Madison, WI 53705	39-0806193	29,031	

## Schedule I, Part IV, Statement 1

UNITED WAY OF DANE COUNTY INC

<b>IRC code section</b>	501c3		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Donor Designation for General Support		
<b>Name and address</b>	America's Best Charities 1100 Larkspur Landing Circle Suite 340 Larkspur, CA 94939	94-3067804	92,561
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Donor Designation for General Support		
<b>Name and address</b>	America's Charities 14150 Newbrook Drive Suite 110 Chantilly, VA 20151	54-1517707	40,777
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Donor Designation for General Support		
<b>Name and address</b>	ARC Community Services 2001 W Beltline Hwy Ste 102 Madison, WI 53713	51-0163796	31,336
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Program Operating Cost/Donor Designation for General Support		
<b>Name and address</b>	Avicenna Society of Madison 5771 Golden Terrace Fitchburg, WI 53711	81-5202062	7,450
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Donor Designation for General Support		
<b>Name and address</b>	Babson College 231 Forest St Babson Park, MA 02457	04-2103544	5,857
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Donor Designation for General Support		
<b>Name and address</b>	Badger Prairie Needs Network 1200 E Verona Ave Verona, WI 53593	45-1159288	10,221
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Donor Designation for General Support		
<b>Name and address</b>	Big Brothers Big Sisters of Dane County 2059 Atwood Ave Madison, WI 53704	39-1077783	151,797
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			

## Schedule I, Part IV, Statement 1

## UNITED WAY OF DANE COUNTY INC

Purpose of grant	Program Operating Cost/Donor Designation for General Support		
<b>Name and address</b>	Boy Scouts of America PO Box 14135 Madison, WI 53708	39-1417416	5,242
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Donor Designation for General Support		
<b>Name and address</b>	Boys & Girls Club of the Colorado River 2250 Highland Rd Bullhead City, AZ 86442	86-0573993	19,780
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Program Operating Cost/Donor Designation for General Support		
<b>Name and address</b>	Boys & Girls Clubs of Boston 200 High St Suite 3B Boston, MA 02110	04-2103922	9,371
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Program Operating Cost/Donor Designation for General Support		
<b>Name and address</b>	Boys & Girls Club of Dane County 2001 Taft St Madison, WI 53713	39-1925617	119,385
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Program Operating Cost/Donor Designation for General Support		
<b>Name and address</b>	Boys and Girls Club of Greater Milwaukee 1558 N Sixth St Milwaukee, WI 53212	39-0806292	17,200
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Program Operating Cost/Donor Designation for General Support		
<b>Name and address</b>	Briarpatch Youth Services Inc 1955 Atwood Avenue Madison, WI 53704	39-1391737	83,128
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Program Operating Cost/Donor Designation for General Support		
<b>Name and address</b>	Brigham & Women's Hospital Inc 116 Huntington Ave 3rd Floor Boston, MA 02116	04-2312909	9,371
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Donor Designation for General Support		
<b>Name and address</b>	Catholic Charities Diocese of Madison PO Box 46550	39-0807067	265,537

Schedule I, Part IV, Statement 1

UNITED WAY OF DANE COUNTY INC

	Madison, WI 53744		
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Program Operating Cost/Donor Designation for General Support		
<b>Name and address</b>	Center for Community Stewardship 116 N Few St Ste 3 Madison, WI 53703	68-0501459	34,078
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Program Operating Cost/Donor Designation for General Support		
<b>Name and address</b>	Centro Hispano of Dane County 810 W Badger Rd Madison, WI 53713	93-0844812	432,021
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Program Operating Cost/Donor Designation for General Support		
<b>Name and address</b>	CHC Creating Healthier Communities PO Box 715153 Philadelphia, PA 19171-5153	39-1261126	596,739
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Donor Designation for General Support		
<b>Name and address</b>	Children's Service Society of Wisconsin 1716 Fordem Ave Madison, WI 53704	39-0806380	180,805
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Program Operating Cost/Donor Designation for General Support		
<b>Name and address</b>	Christians in Action Community Food Pantry c/o New Heights Lutheran Church 4940 Deneen Rd Black Earth, WI 53515	20-5077434	8,800
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Donor Designation for General Support		
<b>Name and address</b>	City of Stoughton Food Pantry 207 S Forrest St Stoughton, WI 53589	39-6005622	8,869
<b>IRC code section</b>			
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Donor Designation for General Support		
<b>Name and address</b>	Clean Lakes Alliance 150 E Gilman St Ste 2600 Madison, WI 53703	27-3917243	18,881
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>			

## Desc. of Non-Cash Asst.

<b>Purpose of grant</b>	Donor Designation for General Support		
<b>Name and address</b>	Community Action Coalition for South Central WI 1717 N Stoughton Rd Madison, WI 53704	39-1053827	301,294
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Program Operating Cost/Donor Designation for General Support		
<b>Name and address</b>	Community Coordinated Child Care (4C) in Dane Co PO Box 45320 Madison, WI 53744	39-1165742	81,504
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Program Operating Cost/Donor Designation for General Support		
<b>Name and address</b>	Community Shares of Wisconsin 612 W Main St Ste 200 Madison, WI 53703	39-1172378	301,150
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Donor Designation for General Support		
<b>Name and address</b>	Cottage Grove Food Pantry c/o Bryn Mawr Presbyterian Church 229 N Main St Cottage Grove, WI 53527	39-1137661	8,800
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Donor Designation for General Support		
<b>Name and address</b>	Cultural Practices That Are Relevant Professional Development Organization 7002 New Washburn Way Madison, WI 53719	88-2060573	16,000
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Program Operating Cost		
<b>Name and address</b>	Dane County Human Services 1202 Northport Dr Madison, WI 53704	39-6005684	51,834
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Program Operating Cost		
<b>Name and address</b>	Dane County Humane Society 5132 Voges Rd Madison, WI 53718	39-0806335	104,941
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Donor Designation for General Support		

<b>Name and address</b>	Dear Diary Inc 2921 Landmark PI Suite 215 Madison, WI 53713	87-2749262	15,500
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Program Operating Cost		
<b>Name and address</b>	Domestic Abuse Intervention Services PO Box 1761 Madison, WI 53701	39-1268238	6,484
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Donor Designation for General Support		
<b>Name and address</b>	EarthShare PO Box 424011 Washington, DC 20042	52-1601960	119,441
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Donor Designation for General Support		
<b>Name and address</b>	East Madison Community Center 8 Straubel Ct Madison, WI 53704	39-1941839	82,425
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Program Operating Cost/Donor Designation for General Support		
<b>Name and address</b>	Edgewood High School 2219 Monroe St Madison, WI 53711	39-1299613	14,185
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Donor Designation for General Support		
<b>Name and address</b>	Energy Services Inc 1225 S Park St Madison, WI 53715	39-1443614	39,084
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Donor Designation for General Support		
<b>Name and address</b>	EOTO LLC C4CS 116 N Few St Suite 3 Madison, WI 53703	83-3246772	11,467
<b>IRC code section</b>			
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Donor Designation for General Support		
<b>Name and address</b>	Families & Schools Together 2801 International Ln Ste 212 Madison, WI 53704	39-1895298	15,587



## Schedule I, Part IV, Statement 1

UNITED WAY OF DANE COUNTY INC

IRC code section	501c3		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Program Operating Cost/Donor Designation for General Support		
<b>Name and address</b>	Foundation for Black Women's Wellness 6601 Grand Teton Plaza Suite A2 Madison, WI 53719	46-0832901	131,980
IRC code section	501c3		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Program Operating Cost		
<b>Name and address</b>	Friends of the Waisman Center Inc 1500 Highland Ave Suite 553 Madison, WI 53705	39-1272090	10,000
IRC code section	501c3		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Donor Designation for General Support		
<b>Name and address</b>	Gilda's Club of Madison 7907 UW Health Court Middleton, WI 53562	06-1662883	18,853
IRC code section	501c3		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Donor Designation for General Support		
<b>Name and address</b>	Global Impact PO Box 409616 Atlanta, GA 30384	52-1273585	68,802
IRC code section	501c3		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Donor Designation for General Support		
<b>Name and address</b>	Goodman Community Center 149 Waubesa St Madison, WI 53704	39-1919172	198,649
IRC code section	501c3		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Program Operating Cost/Donor Designation for General Support		
<b>Name and address</b>	Goodwill Industries of South Central Wisconsin 1302 Mendota St Madison, WI 53714	39-1147571	6,558
IRC code section	501c3		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Donor Designation for General Support		
<b>Name and address</b>	Grace Episcopal Church 116 W Washington Ave Madison, WI 53703	39-1823207	8,800
IRC code section	501c3		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Donor Designation for General Support		

<b>Name and address</b>	Great Rivers United Way 1855 E Main St Onalaska, WI 54650	39-0848188	6,823
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Donor Designation for General Support		
<b>Name and address</b>	Habitat for Humanity of Dane County PO Box 258128 Madison, WI 53725	39-1592769	64,305
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Program Operating Cost/Donor Designation for General Support		
<b>Name and address</b>	Hunger Relief Fund Wisconsin 201 S Hawley Ct Milwaukee, WI 53214	39-1345847	96,086
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Donor Designation for General Support		
<b>Name and address</b>	High Point Church Inc 7702 Old Sauk Rd Madison, WI 53717	23-7134962	7,826
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Donor Designation for General Support		
<b>Name and address</b>	Holsey Chapel ICM Church 1001 S 14th St Saint Joseph, MO 64503	46-4493114	8,600
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Donor Designation for General Support		
<b>Name and address</b>	Jewish Social Services of Madison 6434 Enterprise Ln Madison, WI 53719	39-1300430	13,586
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Program Operating Cost/Donor Designation for General Support		
<b>Name and address</b>	Journey Mental Health Center 625 W Washington Ave Madison, WI 53703	39-0806445	162,865
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Program Operating Cost/Donor Designation for General Support		
<b>Name and address</b>	JustDane 2115 S Park St Madison, WI 53713	23-7298482	328,479

Schedule I, Part IV, Statement 1

UNITED WAY OF DANE COUNTY INC

<b>IRC code section</b>	501c3		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Program Operating Cost/Donor Designation for General Support		
<b>Name and address</b>	Latino Academy of Workforce Development 1917 Lake Point Dr Madison, WI 53713	87-2679293	102,923
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Program Operating Cost		
<b>Name and address</b>	Literacy Network 1118 S Park St Madison, WI 53715	51-0180488	207,471
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Program Operating Cost/Donor Designation for General Support		
<b>Name and address</b>	Lussier Community Education Center 55 S Gammon Rd Madison, WI 53717	39-1938173	40,819
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Program Operating Cost/Donor Designation for General Support		
<b>Name and address</b>	Lutheran Social Services of WI & Upper Michigan 6314 Odana Rd Madison, WI 53719	39-0816846	7,172
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Donor Designation for General Support		
<b>Name and address</b>	Madison Audubon Society Inc 211 S Paterson St Suite 340 Madison, WI 53703	39-1393389	10,000
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Program Operating Cost		
<b>Name and address</b>	Madison Children's Museum 100 N Hamilton St Madison, WI 53703	39-1383497	15,245
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Program Operating Cost/Donor Designation for General Support		
<b>Name and address</b>	Madison College Foundation Inc 1701 Wright St Madison, WI 53704	23-7265867	22,328
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Donor Designation for General Support		

<b>Name and address</b>	Madison Metropolitan School District 545 W Dayton St Madison, WI 53703	39-6003202	150,854
<b>IRC code section</b>	170c		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Program Operating Cost		
<b>Name and address</b>	Marine Toys for Tots c/o US Marine Corps Reserve center 2001 Manufacturers Dr Madison, WI 53704	20-3021444	9,946
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Donor Designation for General Support		
<b>Name and address</b>	Marshfield Area United Way 101 W 29 St Suite 104 Marshfield, WI 54449	39-1035073	41,705
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Donor Designation for General Support		
<b>Name and address</b>	MBA Open Doors Foundation 1919 M St Washington, DC 20036	32-0355086	5,590
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Donor Designation for General Support		
<b>Name and address</b>	McFarland Community Food Pantry PO Box 101 McFarland, WI 53558	36-4613663	9,230
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Donor Designation for General Support		
<b>Name and address</b>	McFarland Youth Center 5114 Farwell St McFarland, WI 53558	61-1500763	7,787
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Donor Designation for General Support		
<b>Name and address</b>	WayForward Resources 3502 Parmenter St Middleton, WI 53562	39-1484945	181,256
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Program Operating Cost/Donor Designation for General Support		
<b>Name and address</b>	Middleton Youth Center c/o City of Middleton	39-6006320	13,158

7426 Hubbard Ave  
Middleton, WI 53562

## IRC code section

## Method of valuation

## Desc. of Non-Cash Asst.

Purpose of grant Program Operating Cost

<b>Name and address</b>	Mt Zion Baptist Church 2019 Fisher St Madison, WI 53713	39-1562299	7,500
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## IRC code section

## Method of valuation

## Desc. of Non-Cash Asst.

Purpose of grant Program Operating Cost

<b>Name and address</b>	NAMI Dane County 818 W Badger Rd Suite 104 Madison, WI 53713	39-1270706	14,887
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## IRC code section

## Method of valuation

## Desc. of Non-Cash Asst.

Purpose of grant Program Operating Cost/Donor Designation for General Support

<b>Name and address</b>	Nehemiah Community Development Corp PO Box 9861 Madison, WI 53715	39-1736091	26,476
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## IRC code section

## Method of valuation

## Desc. of Non-Cash Asst.

Purpose of grant Donor Designation for General Support

<b>Name and address</b>	NewBridge Madison 128 E Olin Ave Madison, WI 53713	39-1211331	70,353
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## IRC code section

## Method of valuation

## Desc. of Non-Cash Asst.

Purpose of grant Program Operating Cost/Donor Designation for General Support

<b>Name and address</b>	Northwoods United Way 7A N Brown St Rhineland, WI 54501	39-1247457	5,991
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## IRC code section

## Method of valuation

## Desc. of Non-Cash Asst.

Purpose of grant Donor Designation for General Support

<b>Name and address</b>	Operation Fresh Start 1925 Winnebago St Madison, WI 53704	23-7108090	66,504
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## IRC code section

## Method of valuation

## Desc. of Non-Cash Asst.

Purpose of grant Program Operating Cost/Donor Designation for General Support

<b>Name and address</b>	Oregon Food Pantry PO Box 92 Oregon, WI 53575	81-4012258	8,800
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## IRC code section

## Method of valuation

## Desc. of Non-Cash Asst.

<b>Purpose of grant</b>	Donor Designation for General Support		
<b>Name and address</b>	Oregon Youth Center 110 N Oak St Oregon, WI 53575	47-1988801	7,596
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Donor Designation for General Support		
<b>Name and address</b>	Porchlight 306 N Brooks St Madison, WI 53715	39-1579521	143,025
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Program Operating Cost/Donor Designation for General Support		
<b>Name and address</b>	Potosi Foundation-Potosi Brewing Co 209 S Main St Potosi, WI 53820	39-2000608	30,100
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Donor Designation for General Support		
<b>Name and address</b>	Rainbow Project 831 E Washington Ave Madison, WI 53703	39-1422626	214,751
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Program Operating Cost/Donor Designation for General Support		
<b>Name and address</b>	Reach Dane 2096 Red Arrow Trl Madison, WI 53711	39-1418945	57,921
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Program Operating Cost/Donor Designation for General Support		
<b>Name and address</b>	RISE Wisconsin 2120 Fordem Ave Madison, WI 53704	91-2064768	1,241,418
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Program Operating Cost/Donor Designation for General Support		
<b>Name and address</b>	Ronald McDonald House 2716 Marshall Ct Madison, WI 53705	39-1655790	14,697
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Donor Designation for General Support		
<b>Name and address</b>	Rooted WI Inc	39-1854762	6,430

	517 E Badger Rd Madison, WI 53713		
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Program Operating Cost/Donor Designation for General Support		
<b>Name and address</b>	Safe Communities of Madison and Dane County PO Box 6652 Madison, WI 53716	39-2010839	19,262
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Program Operating Cost/Donor Designation for General Support		
<b>Name and address</b>	Safe Harbor Child Advocacy Center Inc 2445 Darwin Rd Suite 20 Madiison, WI 53704	39-2004933	6,076
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Donor Designation for General Support		
<b>Name and address</b>	Sankofa Behavioral & Community Health 1955 W Broadway Suite 105 Monona, WI 53713	80-0906744	75,047
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Program Operating Cost		
<b>Name and address</b>	Sankofa Educational Leadership United SELU 1026 W Main St Sun Prairie, WI 53590	82-4737988	46,740
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Program Operating Cost		
<b>Name and address</b>	Sauk-Prairie United Way PO Box 122 Prairie Du Sac, WI 53578	39-1318028	15,210
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Donor Designation for General Support		
<b>Name and address</b>	Second Harvest Foodbank of Southern WI 2802 Dairy Drive Madison, WI 53718	39-1490691	255,221
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Program Operating Cost/Donor Designation for General Support		
<b>Name and address</b>	Simpson Street Free Press PO Box 6307 Monona, WI 53716	39-1882258	43,091
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>			



## Desc. of Non-Cash Asst.

Purpose of grant	Program Operating Cost/Donor Designation for General Support		
<b>Name and address</b>	Society of St Vincent de Paul 1109 Jonathon Dr Madison, WI 53713	39-0824876	10,670
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
Purpose of grant	Donor Designation for General Support		
<b>Name and address</b>	St Jerome Catholic Church c/o St Olaf Catholic Church Nativit 1550 Farnham St Columbus, WI 53925	39-6056474	7,568
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
Purpose of grant	Donor Designation for General Support		
<b>Name and address</b>	Stoughton Area Resource Team 248 W Main St Stoughton, WI 53589	41-2076251	103,843
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
Purpose of grant	Program Operating Cost/Donor Designation for General Support		
<b>Name and address</b>	Sunshine Place 18 Rickel Rd Sun Prairie, WI 53590	20-5398498	80,560
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
Purpose of grant	Program Operating Cost/Donor Designation for General Support		
<b>Name and address</b>	Sustain Dane PO Box 144 Madison, WI 53701	43-1953180	10,000
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
Purpose of grant	Donor Designation for General Support		
<b>Name and address</b>	The Aly Wolff Foundation Inc 2022 Uphoff Rd Cottage Grove, WI 53527	46-4707392	19,350
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
Purpose of grant	Donor Designation for General Support		
<b>Name and address</b>	The Hmong Institute 5310 Arapahoe Ln Madison, WI 53704	82-4232925	142,310
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
Purpose of grant	Program Operating Cost		

Schedule I, Part IV, Statement 1

UNITED WAY OF DANE COUNTY INC

<b>Name and address</b>	The Playing Field 3910 Mineral Point Rd Madison, WI 53705	47-4112110	176,190
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Program Operating Cost		
<b>Name and address</b>	The River Food Pantry 2201 Darwin Rd Madison, WI 53704	20-4179749	40,610
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Donor Designation for General Support		
<b>Name and address</b>	The Road Home 128 E Olin Ave Ste 202 Madison, WI 53713	31-1618925	460,357
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Program Operating Cost/Donor Designation for General Support		
<b>Name and address</b>	The Salvation Army of Dane County 630 E Washington Ave Madison, WI 53703	36-2167910	298,832
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Program Operating Cost/Donor Designation for General Support		
<b>Name and address</b>	Three Gaits PO Box 153 Oregon, WI 53575	39-1472538	14,855
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Donor Designation for General Support		
<b>Name and address</b>	Triangle Community Ministry 755 Braxton Place Apt B109 Madison, WI 53715	39-1425047	20,929
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Program Operating Cost/Donor Designation for General Support		
<b>Name and address</b>	Two Foundation 8410 Washington St Chagrin Falls, OH 44023	46-3258319	21,070
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Donor Designation for General Support		
<b>Name and address</b>	United Community Fund - Columbus WI PO Box 343 Columbus, WI 53925	39-6050167	7,568
<b>IRC code section</b>	501c3		

## Method of valuation

## Desc. of Non-Cash Asst.

Purpose of grant Donor Designation for General Support

<b>Name and address</b>	United Way Bay Area 550 Kearny St Suite 1000 San Francisco, CA 94108	94-1312348	42,961
<b>IRC code section</b>	501c3		

## Method of valuation

## Desc. of Non-Cash Asst.

Purpose of grant Donor Designation for General Support

<b>Name and address</b>	United Way of Blackhawk Region 205 N Main St Ste 101 Janesville, WI 53545	39-6006734	9,722
<b>IRC code section</b>	501c3		

## Method of valuation

## Desc. of Non-Cash Asst.

Purpose of grant Donor Designation for General Support

<b>Name and address</b>	United Way of Central Maryland 1800 Washington Blvd Suite 340 Baltimore, MD 21230	52-0591543	23,489
<b>IRC code section</b>	501c3		

## Method of valuation

## Desc. of Non-Cash Asst.

Purpose of grant Donor Designation for General Support

<b>Name and address</b>	United Way of Dane County Foundation 2059 Atwood Ave Madison, WI 53704	39-1763471	462,542
<b>IRC code section</b>	501c3		

## Method of valuation

## Desc. of Non-Cash Asst.

Purpose of grant Donor Designation for General Support

<b>Name and address</b>	United Way of Greater Lorain County 642 Broadway Ave Lorain, OH 44052	34-1011104	24,596
<b>IRC code section</b>	501c3		

## Method of valuation

## Desc. of Non-Cash Asst.

Purpose of grant Donor Designation for General Support

<b>Name and address</b>	United Way of Greater Milwaukee & Waukesha County 225 W Vine St Milwaukee, WI 53212	39-0806190	16,517
<b>IRC code section</b>	501c3		

## Method of valuation

## Desc. of Non-Cash Asst.

Purpose of grant Donor Designation for General Support

<b>Name and address</b>	United Way of Green County Inc PO Box 511 Monroe, WI 53566	39-6060531	8,281
<b>IRC code section</b>	501c3		

## Method of valuation

## Desc. of Non-Cash Asst.

Purpose of grant Donor Designation for General Support

Schedule I, Part IV, Statement 1

UNITED WAY OF DANE COUNTY INC

<b>Name and address</b>	United Way of Jefferson & North Walworth Counties 734 Madison Ave Fort Atkinson, WI 53538	39-6046361	5,106
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Donor Designation for General Support		
<b>Name and address</b>	United Way of Massachusetts Bay and Merrimack Valley 9 Channel Center St Suite 500 Boston, MA 02210	04-2382233	24,594
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Donor Designation for General Support		
<b>Name and address</b>	United Way of Metropolitan Chicago 333 S Wabash Ave 30th Floor Chicago, IL 60604	30-0200478	5,300
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Donor Designation for General Support		
<b>Name and address</b>	United Way of Salt Lake 257 East 200 South Suite 300 Salt Lake City, UT 84111	08-0227091	20,849
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Donor Designation for General Support		
<b>Name and address</b>	United Way of San Diego County 4699 Murphy Canyon Rd San Diego, CA 92123	95-2213995	50,138
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Donor Designation for General Support		
<b>Name and address</b>	University of Wisconsin Foundation 1848 University Ave Madison, WI 53726	39-0743975	27,711
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Donor Designation for General Support		
<b>Name and address</b>	University of Wisconsin Platteville Foundation One University Plaza Platteville, WI 53818	39-6051705	11,610
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Donor Designation for General Support		
<b>Name and address</b>	Urban League of Greater Madison 2222 S Park St Ste 200 Madison, WI 53713	39-1098146	382,708
<b>IRC code section</b>	501c3		

## Method of valuation

## Desc. of Non-Cash Asst.

Purpose of grant Program Operating Cost/Donor Designation for General Support

<b>Name and address</b>	Urban Triage 3834 Whitman Ln Ste 308 Madison, WI 53704	84-3297905	103,468
<b>IRC code section</b>	501c3		

## Method of valuation

## Desc. of Non-Cash Asst.

Purpose of grant Program Operating Cost

<b>Name and address</b>	Valley of the Sun United Way AZ 3200 E Camelback Rd Suite 375 Phoenix, AZ 85018	86-0104419	33,554
<b>IRC code section</b>	501c3		

## Method of valuation

## Desc. of Non-Cash Asst.

Purpose of grant Donor Designation for General Support

<b>Name and address</b>	Vera Court Neighborhood Center 614 Vera Ct Madison, WI 53704	39-1945609	69,344
<b>IRC code section</b>	501c3		

## Method of valuation

## Desc. of Non-Cash Asst.

Purpose of grant Program Operating Cost/Donor Designation for General Support

<b>Name and address</b>	Vivent Health 600 Williamson St Ste H Madison, WI 53703	39-1534049	16,283
<b>IRC code section</b>	501c3		

## Method of valuation

## Desc. of Non-Cash Asst.

Purpose of grant Program Operating Cost/Donor Designation for General Support

<b>Name and address</b>	Waukesha Express Swim Team Inc W237s4372 Big Bend Rd Waukesha, WI 53189	39-1368110	8,600
<b>IRC code section</b>	501c3		

## Method of valuation

## Desc. of Non-Cash Asst.

Purpose of grant Donor Designation for General Support

<b>Name and address</b>	Wisconsin Academy for Graduate Service Dogs 1338 Dewey Ct Madison, WI 53703	39-1626569	15,695
<b>IRC code section</b>	501c3		

## Method of valuation

## Desc. of Non-Cash Asst.

Purpose of grant Donor Designation for General Support

<b>Name and address</b>	Wisconsin Association for Environmental Education PO Box 418 Stevens Point, WI 54481	20-2042476	33,859
<b>IRC code section</b>	501c3		

## Method of valuation

## Desc. of Non-Cash Asst.

Purpose of grant Donor Designation for General Support

Schedule I, Part IV, Statement 1

UNITED WAY OF DANE COUNTY INC

<b>Name and address</b>	YMCA of Dane County 8001 Excelsior Dr Ste 200 Madison, WI 53717	39-0806253	16,769
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Program Operating Cost/Donor Designation for General Support		
<b>Name and address</b>	YWCA of Madison 101 E Mifflin Street Madison, WI 53703	39-0806303	894,970
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	Program Operating Cost/Donor Designation for General Support		

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**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.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

**Open to Public Inspection**

UNITED WAY OF DANE COUNTY INC

Employer identification number

39-0817532

**Part I Questions Regarding Compensation**

	Yes	No
<p><b>1a</b> Check the appropriate 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.</p> <p> <input type="checkbox"/> First-class or charter travel                      <input type="checkbox"/> Housing allowance or residence for personal use  <input type="checkbox"/> Travel for companions                                      <input type="checkbox"/> Payments for business use of personal residence  <input type="checkbox"/> Tax indemnification and gross-up payments              <input type="checkbox"/> Health or social club dues or initiation fees  <input type="checkbox"/> Discretionary spending account                              <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) </p>		
<p><b>b</b> If any of the boxes on 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 . . . . .</p>	<b>1b</b>	
<p><b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? . . . . .</p>	<b>2</b>	
<p><b>3</b> Indicate which, if any, of the following the 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.</p> <p> <input checked="" type="checkbox"/> Compensation committee                                      <input type="checkbox"/> Written employment contract  <input checked="" type="checkbox"/> Independent compensation consultant                      <input checked="" type="checkbox"/> Compensation survey or study  <input checked="" type="checkbox"/> Form 990 of other organizations                              <input checked="" type="checkbox"/> Approval by the board or compensation committee </p>		
<p><b>4</b> 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:</p>		
<p><b>a</b> Receive a severance payment or change-of-control payment? . . . . .</p>	<b>4a</b>	✓
<p><b>b</b> Participate in or receive payment from a supplemental nonqualified retirement plan? . . . . .</p>	<b>4b</b>	✓
<p><b>c</b> Participate in or receive payment from an equity-based compensation arrangement? . . . . .</p> <p>If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.</p>	<b>4c</b>	✓
<p><b>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.</b></p>		
<p><b>5</b> 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:</p>		
<p><b>a</b> The organization? . . . . .</p>	<b>5a</b>	✓
<p><b>b</b> Any related organization? . . . . .</p> <p>If "Yes" on line 5a or 5b, describe in Part III.</p>	<b>5b</b>	✓
<p><b>6</b> 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:</p>		
<p><b>a</b> The organization? . . . . .</p>	<b>6a</b>	✓
<p><b>b</b> Any related organization? . . . . .</p> <p>If "Yes" on line 6a or 6b, describe in Part III.</p>	<b>6b</b>	✓
<p><b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III . . . . .</p>	<b>7</b>	✓
<p><b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued 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 . . . . .</p>	<b>8</b>	✓
<p><b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? . . . . .</p>	<b>9</b>	



**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 aren't 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 and/or 1099-NEC 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	Renee Moe, President/CEO	(i)	252,878	0	23,130	20,804	28,945	325,757	0
	(ii)	0	0	0	0	0	0	0	0
2	Nicholas Wood, CFO/Vice President Administration	(i)	130,914	0	266	10,959	21,346	163,485	0
	(ii)	0	0	0	0	0	0	0	0
3	Karen Burch, Vice President of Community Engagement/Marketing	(i)	119,190	0	236	10,136	22,982	152,544	0
	(ii)	0	0	0	0	0	0	0	0
4		(i)							
	(ii)								
5		(i)							
	(ii)								
6		(i)							
	(ii)								
7		(i)							
	(ii)								
8		(i)							
	(ii)								
9		(i)							
	(ii)								
10		(i)							
	(ii)								
11		(i)							
	(ii)								
12		(i)							
	(ii)								
13		(i)							
	(ii)								
14		(i)							
	(ii)								
15		(i)							
	(ii)								
16		(i)							
	(ii)								



**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

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

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

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 . . . . .	✓	37	504,962	market value at time of donati
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 . . . . .	✓	1	500	vendor invoice
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 V, Donee Acknowledgement . . . . .	29	0
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	Yes	No
30a		✓
31	✓	
32a		✓
33		



**SCHEDULE O  
(Form 990)**

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 Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

Name of the organization

UNITED WAY OF DANE COUNTY INC

Employer identification number

39-0817532

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 shall consist of any other persons who are invited by the Board of Directors to attend the annual or any special meeting of the members and who are present in person at a meeting of members. The board of Directors shall have the complete discretion to decide the number and identity of the persons, if any, to invite to attend a special meeting of the members, provided, however, that the general public shall be invited to attend the annual meeting of the members through public notice of the meeting.

Form 990, Part VI, Section A, Line 7a - Nomination and Election of Directors. Replacements for Directors whose terms are expiring. Special Appointments, and any new Directors to be added to the Board of Directors shall be elected by the members at the annual meeting of the members. The candidates for election shall consist of a slate of nominees recommended by the Nominating and Governance committee, and those persons, if any, nominated by the members from the floor. At the annual meeting of members, nominations of candidates for election to the Board of Directors may be made from the floor by any member who is present at the meeting, provided that each individual so nominated (1) meets, to the reasonable satisfaction of the Chair, the requirements of these Bylaws, and (2) has submitted a written consent to his or her nomination to the President of the corporation at least forty-eight (48) hours before the opening of the annual meeting of members. The chair of the meeting may request that the members vote upon a single slate of all nominees, subject however to the right of the members to require, by a duly adopted resolution, that each nominee be voted upon separately. If, in an election of Directors, the number of nominees for election exceeds the number of vacancies on the Board of Directors to be filled by the election, then the nominees who receive the highest number of votes shall be elected.

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

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

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

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

Form 990, Part VI, Section C, Line 19 - United Way of Dane County, Inc. makes information available through printed materials - annual reports, newsletters, etc., and websites - [unitedwaydanecounty.org](http://unitedwaydanecounty.org), Guidestar by Candid and Charity Navigator.

Form 990, Part XI, Line 9 - Change in Value of Beneficial Interest in Assets Held by Others: \$43,104; Gain on Donor Designations: \$76,409; Change in Temporarily Restricted Assets: \$143,924.

**Activity Or Mission Description**

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**Description**

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succeed in school, work and life. To facilitate this, we mobilize our community's caring power and advance 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 and thriving community. By targeting specific goals and forging partnerships, United Way is tackling the root causes of critical local issues and achieving real, measurable results in education, financial stability, housing, health and more. Through strategic partnerships and collaborative work, we bring the many voices of Dane County together 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.

**First Program Service Accomplishments Description**

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**Description**

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2023, AmeriCorps member spent 3,420 hours tutoring children through our Schools of Hope and Achievement Connections program. Individuals who finish high school are more likely to have the skills required to be successful in postsecondary education, an increasingly complicated job market and society. And adults with higher education levels are more likely to gain employment with family-sustaining wages. At United Way, we invest in nonprofits and programs that help prepare youth for the classroom and life beyond through mentorship, tutoring and social-emotional learning. 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 2024. In 2023, 347 elementary school and middle school students improved academic performance and 186 high school students improved social/emotional skills. Schools of Hope (Elementary Reading) and Achievement Connections (High School Math): The Elementary Schools of Hope and Achievement Connections AmeriCorps programs are dynamic community partnerships which have developed an evidence-based model of tutoring intervention fueled by impassioned AmeriCorps members and committed community volunteers. Both are unique collaborations. Elementary Schools of Hope is a collaboration with United Way of Dane County, AmeriCorps and the Madison Metropolitan School District. Achievement Connections is a partnership between United Way of Dane County, the Madison Metropolitan School District, the Middleton-Cross Plains Area School District and the UW-Madison Morgridge Center for Public Service. Elementary Schools of Hope's mission is to provide literacy tutoring support to improve the academic achievement of kindergarten through fifth grade students. While Achievement Connections mobilizes AmeriCorps members and the community to support student achievement in Algebra and Geometry. For the first time since the pandemic, AmeriCorps members and volunteers were back in school buildings in 2023! And 303 elementary students were tutored by nine AmeriCorps members and 20 community volunteers. Additionally, 257 high school students were tutored by five AmeriCorps members and 111 community volunteers through the Achievement Connections program. Overall, AmeriCorps members spent 3,420 hours tutoring children through our Schools of Hope and Achievement Connections program.

**Second Program Service Accomplishments Description**

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**Description**

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individualized case management. This was made possible through work with our partners at Community Action Coalition for South Central Wisconsin (CAC), Cultural Practices that are Relevant, Stoughton Area Resource Team (START) and WayForward Resources. Journey Home: Led with our partners at JustDane, Journey Home, works to reduce recidivism (return to prison) and creates a stronger community. This is accomplished by helping recently incarcerated individuals find housing, employment, support and treatment as well as transportation and education. In 2023, resource specialists met one-on-one with 446 individuals, getting them the support and resources they need to thrive in our community. 198 Journey Home participants did not return to prison within two years of their release. HIRE Initiative: In 2013, we launched our HIRE Initiative - a program that focuses on helping adults prepare for and find steady employment. We partner with six local nonprofits and 50 local employers through this initiative and, in 2023, we helped 613 people find new or better employment - 320 of those landing in jobs paying \$18+/hour. Mike was one of those people. When Mike was looking for a new career path, he turned to our HIRE Initiative. Through the support of our partners at the Latino Academy of Workforce Development, he began pursuing his Commercial Driver's License (CDL), knowing it would lead to a well-paying career. This collaboration provided Mike with financial support for his CDL training, covering costs and furnishing resources for study materials. Once he received his CDL - after training with enthusiasm and determination - we helped to place him at a job earning \$28/hour, plus great benefits.



**Third Program Service Accomplishments Description**

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**Description**

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County Health Council (DCHC), and United Way of Dane County is a proud partner of this large collaborative. The program is designed to improve birthing outcomes for Black families by screening for the social determinants of health among Black birthing people in Dane County. Those who enroll in the program are supported with community health workers, referrals to services and doula care. In 2023, the program received 469 referrals and served 202 patients! HealthConnect: At United Way of Dane County we believe cost should not prevent you from getting the health care you need. That's why we're helping lower-income individuals and families who make too much to qualify for BadgerCare purchase insurance through healthcare.gov via our HealthConnect Premium Assistance Program. In 2023, \$1.05 million was invested into the HealthConnect program - allowing us to pay insurance premiums for 578 people through 492 plans. Helping more individuals and families across Dane County lead healthier, happier lives.

Other Program Services Accomplishments

Activity Code	Description	Expense	Grants	Revenue
	<p>EARLY CHILDHOOD Goal: Build family well-being by intentionally and simultaneously working with children under five and the adults in their lives together. Result: In 2023, 6,125 neighbors were supported through our Early Childhood programing in Dane County Research and community input consistently show that coordinated programs and policies that help meet children's and caregivers' goals simultaneously lead to increased family stability and mobility from poverty - leading to greater success across generations. At United Way, we bring together nonprofits and invest in multi-generational collaborations to meet families where they're at, providing holistic support and access to resources that'll help them thrive. Our Home Visiting Program, creates connections with families with young children and we invests in home-visiting programs for young families, including Welcome Baby and Beyond and ParentChild+ (at RISE Wisconsin), and KinderReady (at Children's Service Society). Through these programs, family support specialists meet with parents/caregivers and their children at home to focus parent support, social connections and resource connections. And, in order to ensure each family has what they need to be successful, we work to connect families to additional resources to holistically meet their needs and goals - including housing and employment support, mental health support and more. * 270 Families reported improved parent-child interaction and/or increased knowledge about parenting. * 200 Children and their families participated in weekly or monthly visits depending on their unique needs. * 175 Children who were screened received an intervention, referral or appropriate support as a result. * 174 Children achieved developmental milestones while in programing with their families.</p>	2,165,612	1,510,709	0
	<p>CORPORATE AND COMMUNITY ENGAGEMENT Championing Change Through Volunteerism At United Way, we know that building community well-being is a team project. That's why we're constantly working to engage community members and local businesses in volunteerism - mobilizing the caring power of our community to create lasting, generational change. By offering several ways to get involved in the workplace and in our community, we're empowering more people to make a difference. Results: * Employee groups at 49 local companies donated 4,385 volunteer hours to create 54,317 ImPacks (essential need items) that were distributed to neighbors in need - Leading to \$180,000+ in economic impact. * 3,688 volunteers participated in Corporate and Community Volunteer Engagements * 2,162 individuals responded to opportunities posted on VolunteerYourTime.org * ImPacks created: o 22, 584 Snack Packs, 5,195 Paper Product Packs, 5,173 Menstrual Hygiene Packs, 4,595 Diaper Packs, 158 Blankets and 120 Backpacks. 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. Our work in Community Engagement identifies and trains lived-experience experts who will take on leadership roles in community-change initiatives. Additionally, our trust-building work of the Law Enforcement and Leaders of Color Collaboration strengthens lines of communication between law enforcement and communities of color to drive overall collective impact. UNITED WAY 211 United Way 211 provides 24/7 live, local assistance to every person in our community who needs it. In times of crisis, navigating resources and solutions can be difficult - but we're here to help. From finding food to paying rent or connecting to addiction treatment (and so much more), 211 can help. Our specialists listen, offer comfort, hope and solutions in times of crisis. 211 hosts the most comprehensive health and human services database in Dane County and provides real-time, up-to-date information on needs. Results: * 47,546 Referrals to community resources * 23,695 Dane County Neighbors were supported by 211 * 160,000+ minutes dedicated to serving clients * 1,486,211 Wisconsin App visitor * Referrals by</p>	1,461,739	170,027	0

**Schedule O, Statement 5**

**UNITED WAY OF DANE COUNTY INC**

Category: o 14,750 Housing, 7,954 Food, 4,042 Utilities, 4,027 Behavioral Health/Additions,  
2,472 Individual and Family Support, 2,337 Transportation and 2,261 Healthcare.

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<b>Total:</b>	<b>3,627,351</b>	<b>1,680,736</b>	<b>0</b>
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**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**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.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

**Open to Public Inspection**

Employer identification number

**39-0817532**

**UNITED WAY OF DANE COUNTY INC**

**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
(1) -----					
(2) -----					
(3) -----					
(4) -----					
(5) -----					
(6) -----					

**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	No
(1) <u>United Way of Dane County Foundation (39-1763471)</u> <u>2059 Atwood Ave, Madison, WI 53704</u>	<u>Fundraising</u>	<u>WI</u>	<u>501(c)(3)</u>	<u>12a</u>	<u>United Way of Dane County Inc</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(2) -----							
(3) -----							
(4) -----							
(5) -----							
(6) -----							
(7) -----							

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512–514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(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	
(1) -----												
(2) -----												
(3) -----												
(4) -----												
(5) -----												
(6) -----												
(7) -----												

**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
(1) -----									
(2) -----									
(3) -----									
(4) -----									
(5) -----									
(6) -----									
(7) -----									

**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.

**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?

	Yes	No
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .		✓
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	✓	
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	✓	
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .		✓
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .		✓
<b>f</b> Dividends from related organization(s) . . . . .		✓
<b>g</b> Sale of assets to related organization(s) . . . . .		✓
<b>h</b> Purchase of assets from related organization(s) . . . . .		✓
<b>i</b> Exchange of assets with related organization(s) . . . . .		✓
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .		✓
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .		✓
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	✓	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .		✓
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	✓	
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	✓	
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .		✓
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	✓	
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .	✓	
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .		✓

**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
United Way of Dane County Foundation	b	462,542	Cash value
(1) United Way of Dane County Foundation	c	701,013	Cash value
(2)			
(3)			
(4)			
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512–514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate 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	
(1) .....													
(2) .....													
(3) .....													
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