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UNITED WAY OF RACINE COUNTY, INC.

FORM 990 INCOME TAX RETURN

FOR YEAR ENDED DECEMBER 31, 2022



CliftonLarsonAllen LLP
CLAconnect.com

June 28, 2023

United Way of Racine County, Inc.
2000 Domanik Drive
Racine, WI 53404
Attention: Stephen McLaughlin

Dear Stephen

Enclosed is the organization's 2022 Exempt Organization return.

Specific filing instructions are as follows.

FORM 990 RETURN:

This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-TE to our office. We will transmit the return electronically to the IRS and no further action is required. Please return Form 8879-TE to us as soon as possible, but no later than by November 15, 2023 the filing deadline.

In addition, tax-exempt organizations must make available for public inspection a copy of their annual returns for the preceding three years and exemption application, if applicable. An organization generally must furnish filings to anyone who requests them in person or in writing. An exempt organization may meet this requirement by posting all the documents on its website or at another organizations site as part of a database of similar materials. Specific requirements must be met to meet this exception.

WISCONSIN FORM 1952

Please sign and mail or email on or before December 31, 2023.

Mail to:

DEPARTMENT OF FINANCIAL INSTITUTIONS
DIVISION OF CORPORATE & CONSUMER SERVICES
PO BOX 7879
MADISON, WI 53707-7879

Email to:

DFICHARITABLEORGS@WI.GOV

Pursuant to disclosure regulations, tax-exempt organizations must make available for public inspection a copy of their application for exemption indefinitely and their annual tax returns for the preceding three years. These documents must be made available without charge at the organization's principal, regional and district offices during regular business hours. In addition, an organization generally must furnish a copy of the application and annual tax returns to anyone who requests them in person or in writing. An exempt organization can avoid providing copies by posting all the documents on its website or at another organization's website as part of a database of similar materials. Specific requirements must be met to fit within this exception. As a courtesy we have provided a public disclosure copy of your annual return for the current year, including Form 990-T if applicable.

A few final reminders relating to your tax return filings:

- There are substantial penalties for failure to properly disclose and report foreign financial accounts and foreign activity. Please make sure you have informed us of any foreign financial accounts or foreign activity so that we have the necessary information to complete any required disclosures or filings.
- Be sure to review the returns prior to signing as you have final responsibility for all information included in the returns. Please contact us if you have any questions or concerns.
- We recommend you keep a paper or electronic copy of your tax returns permanently. Supporting documentation should be kept for a minimum of seven years based on IRS guidance.

CLA exists to create opportunities – for our clients, our people, and our communities. We value our relationship with you and thank you for your trust and confidence in allowing us to serve you. If we can assist you in making strategic, informed decisions in areas of tax or beyond, please contact us as questions arise throughout the year.

Sincerely,

CliftonLarsonAllen LLP

Form **8879-TE**

IRS e-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2022, or fiscal year beginning _____, 2022, and ending _____, 20____

2022

Department of the Treasury
Internal Revenue Service

Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879TE for the latest information.

Name of filer **UNITED WAY OF RACINE COUNTY, INC.** EIN or SSN **39-0806349**

Name and title of officer or person subject to tax **BRIAN AGEN
BOARD CHAIR**

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b <u>4,187,802.</u>
2a Form 990-EZ check here <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b _____
5a Form 8868 check here <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b _____
6a Form 990-T check here <input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b _____
7a Form 4720 check here <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b _____
8a Form 5227 check here <input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b _____
9a Form 5330 check here <input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b _____
10a Form 8038-CP check here <input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b _____

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize CLIFTONLARSONALLEN LLP to enter my PIN 53403
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax Brian Agen Date 6/30/2023

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 3996065902
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature KIMBERLY ANDERSON Date 06/28/23

ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions. Form **8879-TE** (2022)

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2022

Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the **2022** calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization UNITED WAY OF RACINE COUNTY, INC.		D Employer identification number 39-0806349
	Doing business as		E Telephone number 262-898-2240
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	2000 DOMANIK DRIVE		G Gross receipts \$ 7,190,162.
	City or town, state or province, country, and ZIP or foreign postal code RACINE, WI 53404		
F Name and address of principal officer: RALPH MALICKI SAME AS C ABOVE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number	

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: **WWW.UNITEDWAYRACINE.ORG**

K Form of organization: Corporation Trust Association Other **L** Year of formation: **1922** **M** State of legal domicile: **WI**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: UNITED WAY OF RACINE COUNTY'S MISSION IS MOBILIZING THE CARING POWER OF RACINE COUNTY TO IMPROVE		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	24
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	23
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	17
	6 Total number of volunteers (estimate if necessary)	6	492
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 9,461,078.	Current Year 3,934,551.
	9 Program service revenue (Part VIII, line 2g)	0.	0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	446,632.	253,251.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	9,907,710.	4,187,802.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	3,646,354.
14 Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,151,844.	1,255,814.
16a Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
b Total fundraising expenses (Part IX, column (D), line 25)		443,135.	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		814,832.	926,510.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		5,613,030.	4,874,985.
19 Revenue less expenses. Subtract line 18 from line 12	4,294,680.	-687,183.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 12,886,220.	End of Year 12,258,964.
	21 Total liabilities (Part X, line 26)	1,584,094.	2,832,812.
	22 Net assets or fund balances. Subtract line 21 from line 20	11,302,126.	9,426,152.

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	Proposed by <i>Brian Ager</i>	Date 6/30/2023			
	Signature of officer RALPH MALICKI, BOARD CHAIR Type or print name and title	Date			
Paid Preparer Use Only	Print/Type preparer's name KIMBERLY ANDERSON	Preparer's signature KIMBERLY ANDERSON	Date 06/28/23	Check if self-employed <input type="checkbox"/>	PTIN P00188889
	Firm's name CLIFTONLARSONALLEN LLP	Firm's EIN 41-0746749	Phone no. 608-662-8600		
Firm's address 8215 GREENWAY BOULEVARD, SUITE 600 MIDDLETON, WI 53562					

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 [X]

1 Briefly describe the organization's mission: OUR MISSION IS MOBILIZING THE CARING POWER OF RACINE COUNTY TO IMPROVE LIVES AND TRANSFORM OUR COMMUNITY. WE ARE A COMMUNITY CONVENER WITH EXPERTISE IN CONNECTING PEOPLE AND RESOURCES IN ORDER TO MAKE A POSITIVE IMPACT ON THE COMMUNITY AND ITS RESIDENTS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No 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 \$ 2,692,661. including grants of \$ 2,692,661.) (Revenue \$) COMMUNITY INVESTMENT/ALLOCATIONS UNITED WAY OF RACINE COUNTY IS COMMITTED TO INVESTING FUNDS IN THE LOCAL COMMUNITY. UNITED WAY OF RACINE COUNTY STAFF AND INVESTMENT COMMITTEE VOLUNTEERS WORK HARD THROUGHOUT THE YEAR TO MAKE SURE THAT UNITED WAY OF RACINE COUNTY'S INVESTMENT STRATEGIES ARE FOCUSED IN THE AREAS OF EDUCATION, FINANCIAL STABILITY AND HEALTH-THE BUILDING BLOCKS OF A GOOD LIFE. WE FUND PROGRAMS THAT PREPARE CHILDREN AND YOUTH TO ACHIEVE THEIR POTENTIAL THROUGH EDUCATION; PREPARE INDIVIDUALS AND FAMILIES TO BECOME FINANCIALLY STABLE AND INDEPENDENT; AND HELP INDIVIDUALS ACHIEVE MAXIMUM PHYSICAL, EMOTIONAL, AND MENTAL HEALTH AND SAFETY OUTCOMES. THESE EFFORTS ALLOW RACINE COUNTY RESIDENTS TO GAIN KNOWLEDGE AND SKILLS THAT WILL EMPOWER THEM TO ACHIEVE THEIR FULL

4b (Code:) (Expenses \$ 254,231. including grants of \$) (Revenue \$) COMMUNITY IMPACT UNITED WAY TRANSFORMS THE COMMUNITY BY INITIATING AND FACILITATING SYSTEMS-WIDE PROJECTS AROUND EDUCATION, FINANCIAL STABILITY AND HEALTH, SUCH AS SCHOOLS OF HOPE, IMAGINATION LIBRARY, VITA AND LIFT. ADDITIONALLY, UNITED WAY IS WORKING TO INCREASE KNOWLEDGE OF THE IMPORTANCE OF EARLY CHILDHOOD LEARNING WITH A PUBLIC AWARENESS CAMPAIGN. UNITED WAY ENGAGES IN THE COMMUNITY IN A NUMBER OF WAYS. UNITED WAY IS SEEKING TO LEARN THE ASPIRATIONS, HOPES AND CONCERNS OF COMMUNITY MEMBERS THROUGH A SERIES OF TARGETED COMMUNITY CONVERSATIONS WITH DIVERSE SEGMENTS OF THE LOCAL COMMUNITY. ALSO, UNITED WAY STAYS ABREAST OF COMMUNITY ISSUES BY RESEARCHING AND PUBLISHING A BIENNIAL COMMUNITY INDICATORS REPORT THAT INCLUDES CURRENT DATA ON COMMUNITY

4c (Code:) (Expenses \$ 476,221. including grants of \$) (Revenue \$) FULL-SERVICE COMMUNITY SCHOOLS THE FEDERAL FULL-SERVICE COMMUNITY SCHOOLS (FSCS) GRANT SUPPORTS UWRC'S LIFT (LINK AND INSPIRE FOR TOMORROW) COMMUNITY SCHOOL WORK AT KNAPP AND JULIAN THOMAS. LIFT COMMUNITY SCHOOLS EMPLOY INTEGRATED STUDENT SUPPORTS, EXPANDED LEARNING TIME AND OPPORTUNITIES, FAMILY AND COMMUNITY ENGAGEMENT, AND COLLABORATIVE LEADERSHIP AND PRACTICES TO IMPROVE OUTCOMES FOR THE STUDENTS AND FAMILIES IN THE SCHOOL NEIGHBORHOOD. KNAPP BECAME A COMMUNITY SCHOOL IN THE 2016-17 SCHOOL YEAR; JULIAN THOMAS IN THE 2019-20 SCHOOL YEAR. THE FSCS GRANT WILL SUPPORT THIS WORK DURING THE GRANT PERIOD OF OCTOBER 2020-SEPTEMBER 2025.

4d Other program services (Describe on Schedule O.) (Expenses \$ 440,135. including grants of \$) (Revenue \$)

4e Total program service expenses 3,863,248.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	X	
3 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>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 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>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 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>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
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>		X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
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>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
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>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions		X
18 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>		X
19 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>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
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>		X
26 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>		X
27 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>		X
28 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):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c 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>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 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>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 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>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
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>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	X	

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

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a		17
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
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>		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b	
15	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.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X
17	Section 501(c)(21) organizations. 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.	17	

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
1a	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.		
	1a 24		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 23		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X
3	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?	3	X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X
6	Did the organization have members or stockholders?	6	X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	8a	X
b	Each committee with authority to act on behalf of the governing body?	8b	X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9	X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c	X
13	Did the organization have a written whistleblower policy?	13	X
14	Did the organization have a written document retention and destruction policy?	14	X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	15a	X
b	Other officers or key employees of the organization	15b	X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed WI
- 18** Section 6104 requires an organization to make its 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
ANANDHI KRISHNAN - 262-898-2240
2000 DOMANIK DRIVE, RACINE, WI 53404

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 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			
(1) ALEXA HAIGH SECRETARY-PRESIDENT	40.00	X		X				118,012.	0.	2,405.
(2) STEPHEN MCLAUGHLIN IMMEDIATE PAST CHAIR	1.00	X		X				0.	0.	0.
(3) RALPH MALICKI CHAIR	1.00	X		X				0.	0.	0.
(4) DAVE DURMENT VICE-CHAIR, COMMUNITY INVESTMENTS	1.00	X		X				0.	0.	0.
(5) BRIAN AGEN VICE-CHAIR, HUMAN RESOURCES	1.00	X		X				0.	0.	0.
(6) ERIC GALLIEN VICE-CHAIR, AT-LARGE	1.00	X		X				0.	0.	0.
(7) KEITH CRUISE VICE-CHAIR, AT-LARGE	1.00	X		X				0.	0.	0.
(8) HECTOR DIAZ BOARD MEMBER	1.00	X						0.	0.	0.
(9) MATT MONTEMURRO VICE-CHAIR, NOMINATING	1.00	X		X				0.	0.	0.
(10) CHRIS ANTONNEAU VICE-CHAIR, AT-LARGE	1.00	X						0.	0.	0.
(11) KELLY MOULD TREASURER AND VICE- CHAIR FINANCE	1.00	X		X				0.	0.	0.
(12) DARRYL BABU BOARD MEMBER	1.00	X						0.	0.	0.
(13) KRISTEN BEGLINGER BOARD MEMBER	1.00	X						0.	0.	0.
(14) JASON GREENWOOD BOARD MEMBER	1.00	X						0.	0.	0.
(15) JONATHAN DELAGRAVE BOARD MEMBER	1.00	X						0.	0.	0.
(16) KIMBERLY KANE BOARD MEMBER	1.00	X						0.	0.	0.
(17) SCOTT HERRMANN BOARD MEMBER	1.00	X						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 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			
(18) LINDA HOOVER BOARD MEMBER	1.00	X						0.	0.	0.
(19) KRISTIN MCMANMON BOARD MEMBER	1.00	X						0.	0.	0.
(20) WILLIE JUDE II BOARD MEMBER	1.00	X						0.	0.	0.
(21) JOHN MAHOME JR. BOARD MEMBER	1.00	X						0.	0.	0.
(22) NICHOLAS BORTH BOARD MEMBER	1.00	X						0.	0.	0.
(23) ERNEST NI 'A BOARD MEMBER	1.00	X						0.	0.	0.
(24) MARUICE ROBINSON BOARD MEMBER	1.00	X						0.	0.	0.
(25) CORY SEBASTIAN BOARD MEMBER	1.00	X						0.	0.	0.
(26) STEPHANIE SKLBA BOARD MEMBER	1.00	X						0.	0.	0.
1b Subtotal								118,012.	0.	2,405.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								118,012.	0.	2,405.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 1

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

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

SEE PART VII, SECTION A CONTINUATION SHEETS

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 line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) ASHLEY STAECK BOARD MEMBER	1.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0.	0.	0.
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Total to Part VII, Section A, line 1c		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	501,344.				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	3,433,207.				
	g Noncash contributions included in lines 1a-1f	1g	\$				
	h Total. Add lines 1a-1f			3,934,551.			
Program Service Revenue	2 a _____	Business Code					
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		357,679.			357,679.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses ...	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	2,897,932.			
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b	3,002,360.				
	c Gain or (loss)	7c	-104,428.				
d Net gain or (loss)			-104,428.		-104,428.		
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a _____	Business Code					
	b _____						
	c _____						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions			4,187,802.	0.	0.	253,251.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	2,692,661.	2,692,661.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	120,417.	6,021.	24,083.	90,313.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	812,535.	444,963.	238,243.	129,329.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	97,355.	37,008.	37,274.	23,073.
9 Other employee benefits	155,630.	75,112.	43,077.	37,441.
10 Payroll taxes	69,877.	33,329.	19,833.	16,715.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	17,350.	7,825.	4,650.	4,875.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	31,804.		31,804.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	304,360.	292,653.	11,707.	
12 Advertising and promotion				
13 Office expenses	233,885.	180,495.	41,910.	11,480.
14 Information technology	20,356.	152.	9,048.	11,156.
15 Royalties				
16 Occupancy	130,866.	55,022.	40,957.	34,887.
17 Travel	34,583.	15,331.	16,225.	3,027.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	217.	217.		
20 Interest				
21 Payments to affiliates	42,966.	19,378.	11,515.	12,073.
22 Depreciation, depletion, and amortization	10,931.		10,931.	
23 Insurance	3,079.	1,389.	825.	865.
24 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.)				
a <u>PRINTING AND PUBLICATIO</u>	78,112.	1,692.	8,519.	67,901.
b <u>MEMBERSHIP DUES</u>	11,716.		11,716.	
c <u>REPAIRS AND MAINTENANCE</u>	6,285.		6,285.	
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	4,874,985.	3,863,248.	568,602.	443,135.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <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
Assets	1 Cash - non-interest-bearing	150.	1	150.
	2 Savings and temporary cash investments	2,814,595.	2	3,106,009.
	3 Pledges and grants receivable, net	2,010,854.	3	2,051,384.
	4 Accounts receivable, net	2,729.	4	0.
	5 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		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	26,344.	9	43,608.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 285,755.		
	b Less: accumulated depreciation	10b 260,094.		
	11 Investments - publicly traded securities	8,010,518.	11	6,881,992.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	510.	15	150,160.
16 Total assets. Add lines 1 through 15 (must equal line 33)	12,886,220.	16	12,258,964.	
Liabilities	17 Accounts payable and accrued expenses	418,781.	17	536,751.
	18 Grants payable		18	
	19 Deferred revenue		19	1,000,000.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 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		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	1,165,313.	25	1,296,061.
	26 Total liabilities. Add lines 17 through 25	1,584,094.	26	2,832,812.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	6,817,441.	27	5,161,105.
	28 Net assets with donor restrictions	4,484,685.	28	4,265,047.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	11,302,126.	32	9,426,152.
33 Total liabilities and net assets/fund balances	12,886,220.	33	12,258,964.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,187,802.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,874,985.
3	Revenue less expenses. Subtract line 2 from line 1	3	-687,183.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	11,302,126.
5	Net unrealized gains (losses) on investments	5	-1,188,791.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	9,426,152.

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <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.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
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 Were the organization's financial statements audited by an independent accountant?	X	
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 checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		X
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		

Form 990 (2022)

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 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

Table with 2 columns: Name of the organization (UNITED WAY OF RACINE COUNTY, INC.) and Employer identification number (39-0806349)

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).
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).
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).
6 [] A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7 [X] 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).
8 [] A community trust described in section 170(b)(1)(A)(vi).
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.
10 [] An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions...
11 [] An organization organized and operated exclusively to test for public safety.
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...
a [] Type I. A supporting organization operated, supervised, or controlled by its supported organization(s)...
b [] Type II. A supporting organization supervised or controlled in connection with its supported organization(s)...
c [] Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s)...
d [] Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated...
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).

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Includes a Total row at the bottom.

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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3860118.	3862568.	4634560.	9287035.	3934551.	25578832.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	3860118.	3862568.	4634560.	9287035.	3934551.	25578832.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						3022531.
6 Public support. Subtract line 5 from line 4.						22556301.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	3860118.	3862568.	4634560.	9287035.	3934551.	25578832.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	59,184.	67,549.	224,340.	286,354.	357,679.	995,106.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)			1,418.			1,418.
11 Total support. Add lines 7 through 10						26575356.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))	14	84.88	%
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	86.04	%
16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input checked="" type="checkbox"/>
b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			<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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2022. 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 - 2021. 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>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c 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>		
b 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>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <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>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <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>		
b 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>		
c 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>		
b 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)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls... b A family member... c A 35% controlled entity...

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity... Row 2: Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated...

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year... Row 2: Were any of the organization's officers, directors, or trustees either (i) appointed or elected... Row 3: By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice...

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). a The organization satisfied the Activities Test... b The organization is the parent of each of its supported organizations... c The organization supported a governmental entity... Row 2: Activities Test. Answer lines 2a and 2b below. a Did substantially all of the organization's activities during the tax year directly further the exempt purposes... b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement... Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees... b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations?

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.

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<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)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2022		
a	From 2017		
b	From 2018		
c	From 2019		
d	From 2020		
e	From 2021		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2022 distributable amount		
i	Carryover from 2017 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2022 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2022 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2023. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2018		
b	Excess from 2019		
c	Excess from 2020		
d	Excess from 2021		
e	Excess from 2022		

Schedule A (Form 990) 2022

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

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

MISCELLANEOUS INCOME

2020 AMOUNT: \$ 1,418.

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Attach to Form 990 or Form 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Name of the organization

UNITED WAY OF RACINE COUNTY, INC.

Employer identification number

39-0806349

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization UNITED WAY OF RACINE COUNTY, INC.	Employer identification number 39-0806349
--	---

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	SC JOHNSON & SON, INC. 1525 HOWE STREET RACINE, WI 53403	\$ 779,387.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization UNITED WAY OF RACINE COUNTY, INC.	Employer identification number 39-0806349
--	---

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

Name of organization UNITED WAY OF RACINE COUNTY, INC.	Employer identification number 39-0806349
--	---

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

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

2022

Open to Public Inspection

Name of the organization UNITED WAY OF RACINE COUNTY, INC. Employer identification number 39-0806349

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

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

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

Table with 2 columns: Revenue, Assets. Rows include: 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. 1b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2022

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 |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on 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
1a Beginning of year balance	1,879,773.	1,651,381.	1,463,127.	1,309,647.	1,447,642.
b Contributions					
c Net investment earnings, gains, and losses	-251,992.	231,891.	188,254.	234,854.	-78,858.
d Grants or scholarships					
e Other expenditures for facilities and programs	35,340.	3,499.		81,374.	59,137.
f Administrative expenses					
g End of year balance	1,592,441.	1,879,773.	1,651,381.	1,463,127.	1,309,647.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 25.7700 %
 - b Permanent endowment _____ %
 - c Term endowment 74.2300 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|-----|----|
| (i) Unrelated organizations | X | |
| (ii) Related organizations | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b | |
- 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
1a Land				
b Buildings				
c Leasehold improvements		75,000.	75,000.	0.
d Equipment		210,755.	185,094.	25,661.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				25,661.

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)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) AGENCY ALLOCATIONS	737,334.
(3) AGENCY DESIGNATIONS	409,063.
(4) LEASE LIABILITY	149,664.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

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.

1	Total revenue, gains, and other support per audited financial statements		1	2,944,207.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-1,188,791.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	-1,188,791.	
3	Subtract line 2e from line 1	3	4,132,998.	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	54,804.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	54,804.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	4,187,802.	

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

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

1	Total expenses and losses per audited financial statements		1	4,820,181.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	0.	
3	Subtract line 2e from line 1	3	4,820,181.	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	54,804.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	54,804.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	4,874,985.	

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.

PART V, LINE 4:

SUCCESS BY SIX ENDOWMENT FUND - THE PRINCIPAL BALANCE IS INTENDED TO BE PERMANENTLY RESTRICTED WITH INTEREST INCOME USED FOR PROGRAMS FOR AGE 0 TO 6 CHILDREN.

W.R. WADEWITZ FUND - A PORTION OF THIS FUND IS PERMANENTLY RESTRICTED. THE REMAINING BALANCE IS TEMPORARILY RESTRICTED FOR PROVIDING EMERGENCY CAPITAL NEEDS TO UNITED WAY OF RACINE COUNTY, INC. AND UNITED WAY OF RACINE COUNTY, INC. FUNDED AGENCIES. FUNDS ARE PERIODICALLY DISTRIBUTED AS NEEDED BASED ON ADVISORY RECOMMENDATIONS FROM UNITED WAY OF RACINE COUNTY, INC.

Part XIII Supplemental Information (continued)

PLANNED GIVING FUND (BOARD DESIGNATED) - THE PURPOSE OF THIS FUND IS TO PROVIDE PROGRAM SERVICES IN RACINE COUNTY.

PART X, LINE 2:

NO PROVISION OR BENEFIT FROM INCOME TAXES HAS BEEN INCLUDED IN THESE FINANCIAL STATEMENT SINCE THE ENTITY IS EXEMPT FROM FEDERAL INCOME TAXES, EXCEPT FOR TAX ON UNRELATED BUSINESS INCOME, UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. THE ORGANIZATION HAD NO UNRELATED BUSINESS INCOME FOR THE YEAR ENDED. MANAGEMENT ANALYZED THE REQUIREMENTS FOR UNCERTAIN TAX POSITIONS. THE ORGANIZATION DETERMINED THAT IT WAS NOT REQUIRED TO RECORD A LIABILITY RELATED TO UNCERTAIN TAX POSITIONS AT DECEMBER 31, 2022.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Name of the organization **UNITED WAY OF RACINE COUNTY, INC.** Employer identification number **39-0806349**

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
ALLIANCE FOR MENTALLY ILL, INC. AMI RACINE COUNTY - 2300 DEKOVEN AVENUE - RACINE, WI 53403	39-1341452	501(C)(3)	42,613.	0.			ADVOCACY AND SUPPORT, COVID RELIEF
BELEAF SURVIVORS INC 2000 DOMANIK DRIVE RACINE, WI 53404	85-2092471	501(C)(3)	140,389.	0.			SEXUAL ASSAULT SERVICES, STOP CHILD ABUSE AND NEGLECT,
BIG BROTHERS/BIG SISTERS OF RACINE & KENOSHA COUNTY - 1330 52ND STREET - KENOSHA, WI 53140	39-1052882	501(C)(3)	14,025.	0.			OUTCOME BASED MENTORING (SITE-BASED, VIRTUAL AND COMMUNITY-BASED), RECRUITING BIG SISTERS
BURLINGTON TRANSITIONAL LIVING CENTER INC - 482 S OINE STREET - BURLINGTON, WI 53105	39-1760980	501(C)(3)	10,530.	0.			SHELTER FOR THE HOMELESS
CATHERINE MARIAN HOUSING, INC. 806 WISCONSIN AVENUE RACINE, WI 53403	39-1657098	501(C)(3)	23,000.	0.			SHELTER FOR WOMEN, SCHOOL STARS AND TECHNOLOGY FUND
CEREBRAL PALSY OF RACINE COUNTY, INC./RADD - 5801 WASHINGTON AVEUNE - RACINE, WI 53406	39-1098877	501(C)(3)	9,963.	0.			RECREATION & RESPITE PROGRAMS, COVID RELIEF

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **53.**

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

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

Schedule I (Form 990) 2022

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990)

UNITED WAY OF RACINE COUNTY, INC.

39-0806349

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

(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 non-cash assistance	(h) Purpose of grant or assistance
CHILDREN'S HOSPITAL OF WISCONSIN, COMMUNITY SERVICES - 8800 WASHINGTON AVENUE - MOUNT PLEASANT, WI 53404	39-0806380	501(C)(3)	98,880.	0.			CHILD AND FAMILY COUNSELING, SCHOOL BASED MENTAL HEALTH CLINIC
CHILDREN'S WISCONSIN FOUNDATION P.O. BOX 1997 MILWAUKEE, WI 53201	39-1500075	501(C)(3)	50,000.	0.			ASSISTANCE TO THE COMMUNITY NEEDS FUND
ELCA OUTREACH CENTER 6218 26TH AVENUE KENOSHA, WI 53143	02-0638260	501(C)(3)	5,250.	0.			TRAINING AND TECHNOLOGY
FAITH, HOPE & LOVE 1718 LAYARD AVE RACINE, WI 53404	46-3848797	501(C)(3)	23,484.	0.			WOMEN'S UNITED SUPPORT
FIGHT TO END EXPLOITATION INC 2310 SOUTH GREEN BAY ROAD RACINE, WI 53406-4957	47-2517666	501(C)(3)	10,499.	0.			TRAINING AND TECHNOLOGY
FOCUS ON COMMUNITY, INC. 1240 WASHINGTON AVENUE RACINE, WI 53403	39-1369356	501(C)(3)	193,600.	0.			FAST, SUBSTANCE ABUSE PREVENTION, OPPORTUNITIES CLUB, ADVANCING FAMILY ASSETS
GIRL SCOUTS OF WISCONSIN SOUTHEAST 131 S. 69TH STREET MILWAUKEE, WI 53214	39-0892833	501(C)(3)	15,000.	0.			RACINE GIRL SCOUT LEADERSHIP EXPERIENCE
GREAT LAKES COMMUNITY CONSERVATION CORPS - 1437 MARQUETTE ST - RACINE, WI 53404	39-1840567	501(C)(3)	15,838.	0.			CONSERVATION PROGRAMS TO ADDRESS CLIMATE CHANGE, ADVANCE GREENER LIVING AND PROVIDE EDUCATION
HALO- HOMELESS ASSISTANCE LEADERSHIP ORGANIZATION - 2000 DEKOVEN AVE UNIT 1 - RACINE, WI 53403	20-2041432	501(C)(3)	140,745.	0.			PROVIDE CARE FOR MEMBERS OF THE HOMELESS POPULATION

Schedule I (Form 990)

Schedule I (Form 990)

UNITED WAY OF RACINE COUNTY, INC.

39-0806349

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

(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 non-cash assistance	(h) Purpose of grant or assistance
HEALTH CARE NETWORK, INC. 500 WISCONSIN AVENUE RACINE, WI 53403	42-1299913	501(C)(3)	92,124.	0.			HEALTHCARE SERVICES, COVID RELIEF
HOPES CENTER OF RACINE 521 6TH ST RACINE, WI 53403	26-3080281	501(C)(3)	11,697.	0.			PROVIDE CARE FOR MEMBERS OF THE HOMELESS POPULATION
HOSPICE ALLIANCE 10220 PRAIRIE RIDGE BLVD PLEASANT PRAIRIE, WI 53158	39-1403883	501(C)(3)	4,076.	0.			HOSPICE CARE AND SUPPORTIVE CARE MANAGEMENT
HOSPITALITY CENTER INC PO BOX 45179 RACINE, WI 53404	84-4255704	501(C)(3)	36,921.	0.			PROVIDES BASIC NEEDS FOR ALL
HOUSING RESOURCES INC. - RACINE 500 WISCONSIN AVENUE SUITE #205 RACINE, WI 53403	39-1706658	501(C)(3)	71,582.	0.			RACINE FINANCIAL EMPOWERMENT CENTER AND LIFT, HOME BUYER EDUCATION AND COUNSELING
ST. PATRICK'S PARISH (JOHN XXIII EDUCATIONAL CENTER) - 1101 DOUGLAS AVE - RACINE, WI 53402	39-0829538	501(C)(3)	39,000.	0.			EARLY CHILDHOOD EDUCATION
LGBT CENTER OF SE WISCONSIN 1456 JUNCTION AVENUE RACINE, WI 53403	26-3743532	501(C)(3)	17,448.	0.			TRAINING AND TECHNOLOGY PROGRAM
LUTHERAN SOCIAL SERVICES OF WISCONSIN - 6737 W WASHINGTON STREET NO 2275 - WEST ALLIS, WI 53214	39-0816846	501(C)(3)	10,000.	0.			SOCIAL SERVICES TO THOSE IN NEED
PROFESSIONAL WOMEN IN TRADES, INC. 1840 SYCAMORE AVE STE 1 RACINE, WI 53406	85-3603846	501(C)(3)	4,000.	0.			SUPPORT TRADE EDUCATION AMONG WOMEN

Schedule I (Form 990)

Schedule I (Form 990)

UNITED WAY OF RACINE COUNTY, INC.

39-0806349

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

(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 non-cash assistance	(h) Purpose of grant or assistance
RACINE COMMUNITY FOUNDATION 1135 WARWICK WAY RACINE, WI 53406	51-0188377	501(C)(3)	778.	0.			DONOR ADVISORY FUND
RACINE COUNTY 1717 TAYLOR AVENUE RACINE, WI 53404	39-6005734	GOVT'T	70,000.	0.			FAMILY CONNECTS
RACINE COUNTY FOODBANK 2000 DEKOVEN AVE UNIT 2 RACINE, WI 53403	39-1269080	501(C)(3)	56,700.	0.			FOOD FOR THOSE IN NEED
RACINE COUNTY HUMAN SERVICES DEPT 1717 TAYLOR AVENUE RACINE, WI 53403	39-6005734	501(C)(3)	11,760.	0.			COVID RELIEF
RACINE FAMILY YMCA 8501 CAMPUS DR MT PLEASANT, WI 53406	39-0807254	501(C)(3)	82,818.	0.			THE SCHOOL ACHIEVERS PROGRAM
RACINE FRIENDSHIP CLUBHOUSE 2000 - 17TH STREET RACINE, WI 53403	39-1705768	501(C)(3)	26,590.	0.			WORK-ORDERED DAY
RACINE HABITAT FOR HUMANITY 1501 VILLA ST RACINE, WI 53403	39-1616230	501(C)(3)	4,494.	0.			GENERAL SUPPORT FOR THEIR PROGRAMS
RACINE HERITAGE MUSEUM 701 S MAIN ST RACINE, WI 53403	39-1433914	501(C)(3)	9,907.	0.			SUPPORT FOR THE HISTORICAL MUSEUM
RACINE LITERACY COUNCIL 734 LAKE AVENUE RACINE, WI 53403	51-0190214	501(C)(3)	51,900.	0.			ADULT LITERACY PROGRAM

Schedule I (Form 990)

Schedule I (Form 990)

UNITED WAY OF RACINE COUNTY, INC.

39-0806349

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

(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 non-cash assistance	(h) Purpose of grant or assistance
RACINE MONTESSORI SCHOOL 2317 HOWE ST MOUNT PLEASANT, WI 53403	39-1024012	501(C)(3)	16,376.	0.			EARLY CHILDHOOD EDUCATION
RACINE REVITALIZATION PARTNERSHIP 1405 16TH STREET 4006 RACINE, WI 53403	81-1338331	501(C)(3)	11,475.	0.			ECONOMIC REVIALIZATION
RACINE UNIFIED SCHOOL DISTRICT 3109 MOUNT PLEASANT ST RACINE, WI 53404	46-5503578	501(C)(3)	33,364.	0.			EARLY CHILDHOOD EDUCATION
RACINE VOCATIONAL MINISTRY 214 SEVENTH STREET RACINE, WI 53403	71-0894219	501(C)(3)	61,000.	0.			RVM WALK IN PROGRAM, SECOND CHANCE PROGRAM FOR WOMEM, TRAINING AND TECHNOLOGY FUND
RADD/CEREBRAL PALSY 3312 WASHINGTON AVE RACINE, WI 53405	39-1098877	501(C)(3)	21,400.	0.			SERVICES FOR INDIVIDUALS WITH CEREBRAL PALSY
RACINE AREA MANUFACTURERS AND COMMERCE - 300 5TH ST - RACINE, WI 53403	39-1713952	501(C)(3)	26,395.	0.			CHAMPION BUSINESS IN RACINE
RIVER BEND NATURE CENTER 3600 N GREEN BAY RD RACINE, WI 53404	45-5347146	501(C)(3)	3,300.	0.			PROVIDE ENVIRONMENTAL EDUCATION
SAFE HAVEN OF RACINE, INC. 1030 WASHINGTON AVENUE RACINE, WI 53403	39-1155004	501(C)(3)	74,175.	0.			YOUTH SHELTER; OUTREACH PROGRAMS, GIRLS INC., AFTERSCHOOL PROGRAM, COVID RELIEF
SIENA RETREAT CENTER 5637 ERIE STREET RACINE, WI 53402	27-2468917	501(C)(3)	7,693.	0.			HOLISTIC SPIRITUALITY PROVIDED THROUGH RETREATS AND PROGRAMS IN NATURE

Schedule I (Form 990)

Schedule I (Form 990)

UNITED WAY OF RACINE COUNTY, INC.

39-0806349

Page 1

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

(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 non-cash assistance	(h) Purpose of grant or assistance
ST MONICA'S SENIOR LIVING 3920 N GREEN BAY RD RACINE, WI 53404	39-1137868	501(C)(3)	12,708.	0.			ELDER CARE
THE ARC OF RACINE COUNTY, INC. 6216 WASHINGTON AVENUE MOUNT PLEASANT, WI 53406	39-1232958	501(C)(3)	49,368.	0.			WORKFORCE DEVELOPMENT
THE HARBORS COUNCIL - BOYS SCOUTS OF AMERICA - 330 S 84TH STREET - MILWAUKEE, WI 53214	45-3321626	501(C)(3)	20,000.	0.			SCOUTING EDUCATION
UNIVERSITY OF WISCONSIN - MADISON, DIVISION OF EXTENSION - 1072 MILWAUKEE AVENUE - BURLINGTON, WI 53105	39-6006492	501(C)(3)	56,230.	0.			EARLY LEARNING AND SCHOOL READINESS PROGRAM
UW MADISON ACCOUNT SERVICES PO BOX 78004 MILWAUKEE, WI 53278	39-1805963	501(C)(3)	12,500.	0.			COMMUNITY SCHOOL SUPPORT
VETERANS OUTREACH SERVICES 1624 YOUT ST RACINE, WI 53404	46-4449307	501(C)(3)	10,000.	0.			SUPPORT FOR VETERANS
VOLUNTEER CENTER OF RACINE COUNTY, INC - 6216 WASHINGTON AVE STE G - MOUNT PLEASANT, WI 53406	39-1997779	501(C)(3)	7,212.	0.			PROVIDE RESOURCES FOR VOLUNTEERISM
WOMEN'S RESOURCE CENTER OF RACINE, INC. - P. O. BOX 1764 - RACINE, WI 53401	39-1356335	501(C)(3)	41,450.	0.			EMPOWERMENT PROGRAM, MOVING AHEAD PROGRAM, TRAINING AND TECHNOLOGY, WADEWITZ FUND, COVID
YOUNG WOMEN'S CHRISTIAN 1915 N. DOCTOR M.L.K. DRIVE MILWAUKEE, WI 53212	39-0806258	501(C)(3)	75,000.	0.			ADULT EDUCATION AND GED PROGRAMS

Schedule I (Form 990)

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

(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 non-cash assistance	(h) Purpose of grant or assistance
YOUTH FOR CHRIST 3001 CARPENTER AVE MOUNT PLEASANT, WI 53403	39-0977052	501(C)(3)	10,000.	0.			WORKFORCE DEVELOPMENT PROGRAMS
WISCONSIN DEPARTMENT OF EDUCATION PO BOX 7841 MADISON, WI 53707		GOV	32,896.	0.			21ST CENTURY COMMUNITY LEARNING CENTER SUPPORT

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

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

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

PART I, LINE 2:

FOR THOSE DISTRIBUTIONS LABELED "DONOR DESIGNATED PLEDGES," NO MONITORING OF THE USE OF THESE FUNDS IS PERFORMED SINCE THE DOLLARS ARE SENT TO THE AGENCIES AT THE REQUEST OF THE DONOR AND, THEREFORE, ARE NOT DISTRIBUTED AT THE DISCRETION OF UNITED WAY OF RACINE COUNTY, INC. FOR ALL THE OTHER DISTRIBUTIONS, USE OF THE FUNDS IS CLOSELY MONITORED BY UNITED WAY OF RACINE COUNTY'S GRANT MANAGER. THE AGENCIES COMPLY WITH OUR "AGENCY OUTCOMES POLICY," THE IMPACT OF WHICH IS TO ENABLE UWRC TO MEASURE, IN A STANDARD FASHION, THE RESULTS OF THE PROGRAMS THAT IT FUNDS.

Part IV Supplemental Information

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT:

BIG BROTHERS/BIG SISTERS OF RACINE & KENOSHA COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: OUTCOME BASED MENTORING (SITE-BASED, VIRTUAL AND COMMUNITY-BASED) , RECRUITING BIG SISTERS AND PALS

NAME OF ORGANIZATION OR GOVERNMENT:

WOMEN'S RESOURCE CENTER OF RACINE, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: EMPOWERMENT PROGRAM, MOVING AHEAD PROGRAM, TRAINING AND TECHNOLOGY, WADEWITZ FUND, COVID RELIEF

**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 for the latest information.

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

UNITED WAY OF RACINE COUNTY, INC.

Employer identification number

39-0806349

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

LIVES AND TRANSFORM OUR COMMUNITY. THE VISION STATEMENT IS THAT UNITED WAY ENVISIONS A COMMUNITY WHERE INDIVIDUALS AND FAMILIES ACHIEVE THEIR POTENTIAL THROUGH EDUCATION, FINANCIAL STABILITY AND HEALTHY LIVES. OUR MISSION IS FULFILLED BY STRATEGICALLY FUNDING PROGRAMS AND INITIATIVES, DEVELOPING INNOVATIVE APPROACHES TO ADDRESSING COMMUNITY-WIDE CHALLENGES AND PROVIDING COMMUNITY ENGAGEMENT OPPORTUNITIES TO LOCAL COMMUNITY MEMBERS.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

POTENTIAL.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

CONDITIONS. THE REPORT IS SHARED BROADLY WITH UNITED WAYS STAKEHOLDERS AND THE COMMUNITY AT LARGE.

FORM 990, PART VI, SECTION A, LINE 1A:

THE EXECUTIVE COMMITTEE SHALL CONSIST OF THE CHAIR, VICE-CHAIRS, IMMEDIATE PAST CHAIR, AND THE TREASURER. THE PRESIDENT SHALL BE AN EX-OFFICIO NON-VOTING MEMBER OF THE EXECUTIVE COMMITTEE. THE DUTIES OF THE COMMITTEE SHALL INCLUDE STRATEGIC PLANNING, AND THE GENERAL SUPERVISION AND DIRECTION FOR THE WORK AND ADMINISTRATION OF UNITED WAY OF RACINE COUNTY. THE COMMITTEE WILL EXERCISE, WHEN THE BOARD OF DIRECTORS IS NOT IN SESSION, THE POWERS OF THE BOARD OF DIRECTORS IN THE MANAGEMENT OF THE BUSINESS AND AFFAIRS OF THE CORPORATION EXCEPT ACTION IN RESPECT TO:

Name of the organization UNITED WAY OF RACINE COUNTY, INC.	Employer identification number 39-0806349
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- (A) THE ELECTION OR EXPULSION OF "PARTICIPATING" AGENCIES;
- (B) ELECTION OF OFFICERS;
- (C) FILLING OF VACANCIES IN THE BOARD OF DIRECTORS; OR
- (D) THE AMENDMENT OF BYLAWS.
- (E) ALL ACTIONS BY THE EXECUTIVE COMMITTEE SHALL BE REPORTED TO AND RATIFIED BY THE BOARD OF DIRECTORS AT THE BOARD MEETING FOLLOWING ANY SUCH ACTION BY THE EXECUTIVE COMMITTEE.

FORM 990, PART VI, SECTION B, LINE 11B:
THE 990 WILL BE REVIEWED BY THE BOARD OF DIRECTORS AND APPROVED AT A BOARD MEETING.

FORM 990, PART VI, SECTION B, LINE 12C:
ALL EMPLOYEES, DIRECTORS AND VOLUNTEERS MUST DISCLOSE ANY CONFLICTS OF INTEREST ANNUALLY OR AS THEY ARISE. ADDITIONALLY, A WRITTEN CONFLICT OF INTEREST STATEMENT IS REQUIRED TO BE SIGNED.

FORM 990, PART VI, SECTION B, LINE 15:
THE EXECUTIVE COMMITTEE REVIEWS THE PERFORMANCE OF THE PRESIDENT. THE SALARIES OF ALL STAFF, INCLUDING THE PRESIDENT ARE APPROVED BY THE BOARD OF DIRECTORS. ALL STAFF SALARY RANGES ARE DETERMINED USING UNITED WAY WORLDWIDE BENCHMARKS.

FORM 990, PART VI, SECTION C, LINE 19:
ALL DOCUMENTS AVAILABLE TO PUBLIC UPON REQUEST.

FORM 990, PART XII, LINE 2C
PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

DO NOT STAPLE

Chapter 202, Wis. Stats.
Subchapter II

STATE OF WISCONSIN Department of Financial Institutions

Division of Corporate and
Consumer Services

E-Mail To:
DFICharitableOrgs@wi.gov



Mail To:
PO Box 7879
Madison, WI 53707-7879

Call: (608) 267-1711

FORM #1952I – WISCONSIN FILING INSTRUCTIONS TO FINANCIAL REPORT

Fax: (608) 267-6813

www.wdfi.org

WHO SHOULD FILE

- A charitable organization registered to solicit contributions in Wisconsin must file an annual report with the Department of Financial Institutions – Division of Corporate and Consumer Services.
- A charitable organization who files an IRS 990, 990EZ or 990-PF must use form #1952.
 - If the organization files an IRS 990, 990EZ or 990-PF you must complete form #1952. (Note: If you file an IRS Form 990-N, you cannot use this form. You must complete Form #1943 or Form #308 instead.)
- Please refer to the definitions set forth in Wis. Stat. §. 202.12 when completing registration and report forms.

WHEN TO FILE

- An annual financial report must be filed with the division within 12 months after the organization’s fiscal year-end.

WHAT TO INCLUDE

(No part of submission should be stapled)

- Form 1952 WISCONSIN** – Supplement to Financial Report.
- IRS 990, 990EZ or 990-PF** plus all schedules (except B) and attachments.
- A full list of the organization’s board of directors, officers and trustees. Please include the individual’s name, address and title.
- A list of states that have issued a license, registration, permit or other formal authorization to the organization to solicit contributions.

If applicable:

- An audited financial statement** conducted according to Generally Accepted Accounting Principles for an organization that has received \$500,000 or more in contribution during its fiscal year.

OR

- A reviewed or audited financial statement** conducted according to Generally Accepted Accounting Principles for an organization which has received \$300,000 - \$499,999 in contributions during the fiscal year.

HOW TO FILE

- Email to: DFICharitableOrgs@wi.gov
- Mail to:
WDFI/Charitable Orgs
PO Box 7879
Madison, WI 53707-7879
- Phone: 608-267-1711
- Fax: (608) 267-6813

DO NOT STAPLE

Chapter 202, Wis. Stats.
Subchapter II

STATE OF WISCONSIN

Department of Financial Institutions

Division of Corporate and
Consumer Services
E-Mail To:
DFICharitableOrgs@wi.gov

Mail To:
PO Box 7879
Madison, WI 53707-7879

Call: (608) 267-1711

www.wdfi.org

FORM #1952 - WISCONSIN SUPPLEMENT TO FINANCIAL REPORT

Fax: (608) 267-6813

ORGANIZATION INFORMATION - SECTION A

1. Name of charitable organization and any trade names or DBA (doing business as) names the organization uses.

UNITED WAY OF RACINE, INC.

2. WI Charitable Organization Number:

516

-800

3. Federal Employer Identification Number:

39-0806349

4. Provide the name and contact information of the individual the Department should contact about this form:

First Name: RALPH		Last Name: MALICKI	
Street Address: 2000 DOMANIK		City: RACINE	State: WI
Zip Code: 53404	Phone: (262) 898-2240	Email:	

5. Did your organization use a professional fund-raiser or fund-raising counsel during the fiscal year in Wisconsin? Yes No

If **YES**, provide contact information for each fund-raiser(s), fund raising counsel(s), or person. Attach additional pages, if necessary.

Name:		Fund-Raiser: <input type="checkbox"/>	Fund-Raising Counsel: <input type="checkbox"/>
Street Address:		City:	State:
Zip:	Telephone Number:	Does this fund-raiser/fund-raising counsel/person have custody of contributions at any time: <input type="checkbox"/> Yes <input type="checkbox"/> No	

6. Has any of the information your organization previously submitted to the division changed? (i.e. name of the organization, address of the principal office, address of any Wisconsin branch officers, accounting period, articles, by-laws, etc.) Yes No

If YES, attach an explanation and a copy of the amended document.

FINANCIAL INFORMATION - SECTION B

7. Organization's Fiscal Year End Date (month, day, and year). Enter the accounting period for the following financial information.

12	mm	31	dd	2022	yyyy
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<p>1. Contributions</p> <p>("Contribution" means a grant or pledge of money, credit, property, or other thing of any kind or value, except used clothing or household goods, to a charitable organization or for a charitable purpose. Bequests received directly from the public and indirect public support, such as contributions received through solicitation campaigns conducted by federated fundraising agencies like United Way should be included in this amount. "Contribution" does not include:</p> <ul style="list-style-type: none"> • Income from bingo or raffles conducted under ch. 563, Wis. Stats. • Government grants • Bona fide fees, dues, or assessments paid by a member of a charitable organization, except that, if initial membership in a charitable organization is conferred solely as consideration for making a grant or pledge of money to the charitable organization in response to a solicitation, that grant or pledge of money is a contribution.) 	1	3,433,207												
<p>2. Other Revenues</p>	2	754,595												
<p>3. Total Revenue (line 1 plus line 2)</p>	3	4,187,802												
<p>4. Expenses:</p> <table border="1" style="margin-left: 400px; width: 100%;"> <tr> <td style="width: 5%; text-align: center;">4a</td> <td style="width: 65%;"></td> <td style="width: 30%; text-align: right;">3,863,248</td> </tr> <tr> <td style="text-align: center;">4b</td> <td></td> <td style="text-align: right;">568,602</td> </tr> <tr> <td style="text-align: center;">4c</td> <td></td> <td style="text-align: right;">443,135</td> </tr> <tr> <td style="text-align: center;">4d</td> <td></td> <td></td> </tr> </table>	4a		3,863,248	4b		568,602	4c		443,135	4d			4e	4,874,985
4a		3,863,248												
4b		568,602												
4c		443,135												
4d														
<p>5. Excess or Deficit (line 3 minus line 4e)</p>	5	(687,183)												
<p>6. Net Assets at Beginning of Year</p>	6	11,302,126												
<p>7. Other Changes in Net Assets or Fund Balances (See 990, part XI).....</p>	7	(1,188,791)												
<p>8. Net Assets at End of Year (Total of lines 5,6 &7)</p>	8	9,426,152												

ATTACHMENTS

Check the box next to the items that are attached to your annual report. Items A., B., and C. are required. Item D. or E. (or Waiver Application of D. or E.) is required if the contributions received by your organization fall into the described ranges. (Note: If you are submitting this form with your initial application, DO NOT submit the following attachments. Submit the attachments cited in the application form instead).

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- A. List of all officers, directors, trustees, and principal salaried employees** – The list must include each individual’s name, address, and title. Please note that “principal salaried employees” refers to the chief administrative officers of your organization, but does not include the heads of separate departments or smaller units within the organization. (You can disregard this item if you are attaching an IRS 990 that already includes the requested information.)
- B. A list of states that have issued a license, registration, permit, or other formal authorization to the organization to solicit contributions.** (You can disregard this item if you are attaching an IRS 990 that already includes the requested information.)
- C. IRS Form #990, 990EZ, or 990-PF. Do not include Schedule B of the 990.**
(Note: If you file an IRS Form 990-N, you cannot use this form. You must complete a Form #1943 or Form #308 instead.)

C
H
E
C
K

- D. Audited Financial Statements** if the organization received contributions in excess of \$500,000 during its fiscal year. The financial statements must be prepared in accordance with generally accepted accounting principles and be accompanied by the opinion of an independent certified public accountant.

OR

- Apply for Waiver of “D. Audited Financial Statements”** if (1.) the organization’s contributions were, during each of the past 3 fiscal years, less than \$100,000; and (2.) during the fiscal year for which the waiver is being requested, the organization received one or more contributions from one contributor that exceeded \$400,000. Include documentation to support (1.) and (2.).

O
N
E

- E. Reviewed Financial Statements** if the organization received contributions in excess of \$300,000, but not more than \$500,000 during its fiscal year. The financial statements must be prepared in accordance with generally accepted accounting principles by an independent certified public accountant. Audited financial statements are also acceptable.

OR

- Apply for Waiver of “E. Reviewed Financial Statements”** if (1.) the organization’s contributions were, during each of the past 3 fiscal years, less than \$100,000; and (2.) during the fiscal year for which the waiver is being requested, the organization received one or more contributions from one contributor that exceeded \$200,000. Include documentation to support (1.) and (2.).

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CERTIFICATION - SECTION C

This document MUST be signed by the chief fiscal officer and another officer. Two different officer signatures required. Completion of this form is required under Section 202.12, Wisconsin Statutes.

We, the undersigned, state and acknowledge that we are duly constituted officers of this organization, and that, under penalties of perjury, we have reviewed this report, including all attachments, and to the best of our knowledge and belief, they are true, correct and complete in accordance with the laws of the State of Wisconsin applicable to this report.

 Name (Print)
 DocuSigned by:
Brian Agee
 Signature of Officer
 B4C26F83C47548A...
 6/30/2023

 Date

AND

 Name (Print)

 Signature of Chief Fiscal Officer

 Date

This document can be made available in alternate formats upon request to qualifying individuals with disabilities.

RETURN MATERIALS TO:

Department of Financial Institutions
Division of Corporate and Consumer Services

Mailing Address:
PO Box 7879
Madison, Wisconsin 53707-7879

Or

E-mail:
DFICharitableOrgs@wi.gov

Phone Number:
608-267-1711

Notice: Completion of this form is required under Section 202.12, Wisconsin Statutes. Failure to comply may result in further action by our Department. Personal information you provide may be used for secondary purposes.