

Return of Organization Exempt From Income Tax
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung
 benefit trust or private foundation)
 ▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2010 calendar year, or tax year beginning _____, and ending _____

| | | | |
|--|--|---|--|
| B Check if applicable: Address change Name change Initial return Terminated Amended return 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 Dr. | | |
| City or town, state or country, and ZIP + 4 Racine WI 53404 | | G Gross receipts \$ 5,047,743 | |
| F Name and address of principal officer: David Maurer 2000 Domanik Drive Racine WI 53404 | | H(a) Is this a group return for affiliates? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> H(b) Are all affiliates included? Yes <input type="checkbox"/> No <input type="checkbox"/> If "No," attach a list. (see instructions) | |
| I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | | H(c) Group exemption number ▶ | |
| J Website: ▶ www.unitedwayracine.org | | L Year of formation: 1922 M State of legal domicile: WI | |
| K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ | | | |

Part I Summary

| | | | |
|---|---|---------------------------|--------------|
| Activities & Governance | 1 Briefly describe the organization's mission or most significant activities: United Way of Racine County improves lives and creates lasting community change in partnership with local organizations. This is done by funding programs and initiatives that get to the heart of community problems. | | |
| | 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 | 37 |
| | 4 Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 37 |
| | 5 Total number of individuals employed in calendar year 2010 (Part V, line 2a) | 5 | 15 |
| | 6 Total number of volunteers (estimate if necessary) | 6 | 350 |
| | 7a Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | |
| b Net unrelated business taxable income from Form 990-T, line 34 | 7b | 0 | |
| Revenue | 8 Contributions and grants (Part VIII, line 1h) | Prior Year | Current Year |
| | 9 Program service revenue (Part VIII, line 2g) | 4,783,292 | 4,934,318 |
| | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 125,666 | 97,485 |
| | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 6,714 | 15,940 |
| | 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 4,915,672 | 5,047,743 |
| Expenses | 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 3,713,234 | 3,542,594 |
| | 14 Benefits paid to or for members (Part IX, column (A), line 4) | | |
| | 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 787,084 | 978,901 |
| | 16a Professional fundraising fees (Part IX, column (A), line 11e) | | |
| | b Total fundraising expenses (Part IX, column (D), line 25) ▶ 357,496 | | |
| 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) | 312,267 | 367,364 | |
| 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 4,812,585 | 4,888,859 | |
| 19 Revenue less expenses. Subtract line 18 from line 12 | 103,087 | 158,884 | |
| Net Assets or Fund Balances | 20 Total assets (Part X, line 16) | Beginning of Current Year | End of Year |
| | 21 Total liabilities (Part X, line 26) | 8,837,762 | 9,032,873 |
| | 22 Net assets or fund balances. Subtract line 21 from line 20 | 1,993,178 | 1,922,566 |
| | | 6,844,584 | 7,110,307 |

Part II Signature Block

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

| | | | | |
|-------------------------------|--|--|---------------------|-----------------------------|
| Sign Here | Signature of officer | <i>Thomas A. Burke</i> Thomas A. Burke Vice Chair Finance/Treasurer | Date | 5/31/11 |
| | Type or print name and title | | | |
| Paid Preparer Use Only | Print/Type preparer's name | Preparer's signature | Date | Check if PTIN self-employed |
| | Rick G. Vojtisek | <i>Rick G. Vojtisek</i> CPA | 5/24/11 | P00428549 |
| | Firm's name ▶ Jenkins & Vojtisek SC | Firm's EIN ▶ 39-1909324 | | |
| | Firm's address ▶ 8338 Corporate Dr Ste 300 Racine, WI 53406 | Phone no. | 262-884-1040 | |

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

1 Briefly describe the organization's mission:

United Way of Racine County improves lives and creates lasting community change in partnership with local organizations. This is done by funding programs and initiatives that get to the heart of community problems.

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ **3,542,594** including grants of \$ **3,542,594**) (Revenue \$ **3,607,721**)

Allocations

On an annual basis, United Way of Racine County provides funding to programs that work to achieve specific participant or client outcomes within United Way's priority areas. United Way also invests in special projects such as improved strategies for information sharing; continuous learning and support for the effective measurement of outcomes, training and development for community investment volunteers, staff, partner providers and the human service community that supports United Way of Racine County's core strategies,

4b (Code:) (Expenses \$ **495,260** including grants of \$) (Revenue \$ **495,260**)

Community Impact

United Way's mission of "creating lasting community change" is accomplished by initiating and facilitating systems-wide projects around education, income and health. Advancing Family Assets is United Way's major community impact initiative as it works to help up to 50 families each year achieve financial stability and family success. In efforts to improve county-wide access to information, United Way manages Volunteer Solutions and the Racine Afterschool web sites that provide details on opportunities to volunteer or attend after school programs. The United Way web site also lists "Help for Hard Times" resources and links for employment and basic needs

4c (Code:) (Expenses \$ **231,346** including grants of \$) (Revenue \$ **231,346**)

Advancing Family Assets

Through an intensive case management process, families will have measurable increases in their financial and family stability. Affected families will have heads of households who are employed. The intent is that, with careful project implementation, evaluation, and documentation of successes, this trend will continue.

4d Other program services. (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses **4,269,200**

Part IV Checklist of Required Schedules

| | Yes | No |
|---|-------------------------------------|-------------------------------------|
| 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A | <input checked="" type="checkbox"/> | |
| 2 Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions) | <input checked="" type="checkbox"/> | |
| 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | | <input checked="" type="checkbox"/> |
| 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II | | <input checked="" type="checkbox"/> |
| 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | | <input checked="" type="checkbox"/> |
| 6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | | <input checked="" type="checkbox"/> |
| 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | | <input checked="" type="checkbox"/> |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III | | <input checked="" type="checkbox"/> |
| 9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV | | <input checked="" type="checkbox"/> |
| 10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V | <input checked="" type="checkbox"/> | |
| 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. | | |
| a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI | <input checked="" type="checkbox"/> | |
| b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | | <input checked="" type="checkbox"/> |
| c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | | <input checked="" type="checkbox"/> |
| d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX | | <input checked="" type="checkbox"/> |
| e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | <input checked="" type="checkbox"/> | |
| f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | | <input checked="" type="checkbox"/> |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII | <input checked="" type="checkbox"/> | |
| b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional | | <input checked="" type="checkbox"/> |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | | <input checked="" type="checkbox"/> |
| 14a Did the organization maintain an office, employees, or agents outside of the United States? | | <input checked="" type="checkbox"/> |
| b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV | | <input checked="" type="checkbox"/> |
| 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV | | <input checked="" type="checkbox"/> |
| 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV | | <input checked="" type="checkbox"/> |
| 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) | | <input checked="" type="checkbox"/> |
| 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | | <input checked="" type="checkbox"/> |
| 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III | | <input checked="" type="checkbox"/> |
| 20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H | | <input checked="" type="checkbox"/> |
| b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions) | | |

Part IV Checklist of Required Schedules (continued)

| | | Yes | No |
|-----|---|--|-------------------------------------|
| 21 | Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | <input checked="" type="checkbox"/> | |
| 22 | Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | | <input checked="" type="checkbox"/> |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J | | <input checked="" type="checkbox"/> |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25 | | <input checked="" type="checkbox"/> |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | | |
| 24b | | | |
| c | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | | |
| 24c | | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | | |
| 24d | | | |
| 25a | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | | <input checked="" type="checkbox"/> |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | | <input checked="" type="checkbox"/> |
| 25b | | | |
| 26 | Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II | | <input checked="" type="checkbox"/> |
| 26 | | | |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III | | <input checked="" type="checkbox"/> |
| 27 | | | |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): | | |
| a | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | | <input checked="" type="checkbox"/> |
| 28a | | | |
| b | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | | <input checked="" type="checkbox"/> |
| 28b | | | |
| c | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | | <input checked="" type="checkbox"/> |
| 28c | | | |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | | <input checked="" type="checkbox"/> |
| 29 | | | |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M | | <input checked="" type="checkbox"/> |
| 30 | | | |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | | <input checked="" type="checkbox"/> |
| 31 | | | |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II | | <input checked="" type="checkbox"/> |
| 32 | | | |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | | <input checked="" type="checkbox"/> |
| 33 | | | |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 | | <input checked="" type="checkbox"/> |
| 34 | | | |
| 35 | Is any related organization a controlled entity within the meaning of section 512(b)(13)? | | <input checked="" type="checkbox"/> |
| 35 | | | |
| a | Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | | |
| | | Yes <input checked="" type="checkbox"/> No | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 | | <input checked="" type="checkbox"/> |
| 36 | | | |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | | <input checked="" type="checkbox"/> |
| 37 | | | |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O | <input checked="" type="checkbox"/> | |
| 38 | | | |

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

| | | Yes | No |
|-----|--|-----|----|
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | | |
| 1a | 4 | | |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | | |
| 1b | 0 | | |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | | X |
| 1c | | | |
| 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 | 15 | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions) | X | |
| 2b | | | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | | X |
| 3a | | | |
| b | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O | | |
| 3b | | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | | X |
| 4a | | | |
| b | If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. | | |
| 4b | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | X |
| 5a | | | |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | X |
| 5b | | | |
| c | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | | |
| 5c | | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? | | X |
| 6a | | | |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | | |
| 6b | | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | |
| a | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | | X |
| 7a | | | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | | |
| 7b | | | |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | | X |
| 7c | | | |
| 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? | | X |
| 7e | | | |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | X |
| 7f | | | |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | | X |
| 7g | | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | | X |
| 7h | | | |
| 8 | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? | | X |
| 8 | | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | |
| a | Did the organization make any taxable distributions under section 4966? | | X |
| 9a | | | |
| b | Did the organization make a distribution to a donor, donor advisor, or related person? | | X |
| 9b | | | |
| 10 | Section 501(c)(7) organizations. Enter: | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12 | 10a | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | |
| 11 | Section 501(c)(12) organizations. Enter: | | |
| a | Gross income from members or shareholders | 11a | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) | 11b | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | |
| a | Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. | 13a | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | 13b | |
| c | Enter the amount of reserves on hand | 13c | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | X |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | 14b | |

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

Check if Schedule O contains a response to any question in this Part VI **X**

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

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

| | Yes | No |
|-----|--|--|
| 10a | | <input checked="" type="checkbox"/> X |
| 10b | | |
| 11a | <input checked="" type="checkbox"/> X | |
| 11b | | |
| 12a | <input checked="" type="checkbox"/> X | |
| 12b | <input checked="" type="checkbox"/> X | |
| 12c | <input checked="" type="checkbox"/> X | |
| 13 | <input checked="" type="checkbox"/> X | |
| 14 | <input checked="" type="checkbox"/> X | |
| 15a | <input checked="" type="checkbox"/> X | |
| 15b | | <input checked="" type="checkbox"/> X |
| 16a | | <input checked="" type="checkbox"/> X |
| 16b | | |

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed **None**
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **Barb Jopke** **2000 Domanik Drive** **WI 53404** **262-898-2246**
Racine

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

Check if Schedule O contains a response to any question in this Part VII _____

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

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

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

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

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

| (A) Name and Title | (B) Average hours per week (describe hours for related organizations in Schedule O) | (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 | | | |
| (1) David Maurer President and Sec. | 40.00 | X | | X | | | 113,653 | 0 | 24,348 | |
| (2) Francisco Sanchez Chair | 0.00 | X | | X | | | 0 | 0 | 0 | |
| (3) Thomas Burke Treasurer/Vice-Chair | 0.00 | X | | X | | | 0 | 0 | 0 | |
| (4) Paul Rohling Vice-Chair Comm. Inv | 0.00 | X | | X | | | 0 | 0 | 0 | |
| (5) Jeff Van Koningsveld Vice-Chair Labor Adv | 0.00 | X | | X | | | 0 | 0 | 0 | |
| (6) Denise Wilcox Vice-Chair Personnel | 0.00 | X | | X | | | 0 | 0 | 0 | |
| (7) Susan Boland Board Member | 0.00 | X | | | | | 0 | 0 | 0 | |
| (8) Bruce Duerr Board Member | 0.00 | X | | | | | 0 | 0 | 0 | |
| (9) Ethel Gates Board Member | 0.00 | X | | | | | 0 | 0 | 0 | |
| (10) Tom Berger Board Member | 0.00 | X | | | | | 0 | 0 | 0 | |
| (11) Mark Geisler Board Member | 0.00 | X | | | | | 0 | 0 | 0 | |
| (12) Mike Goebel Board Member | 0.00 | X | | | | | 0 | 0 | 0 | |
| (13) Carmen Castro Board Member | 0.00 | X | | | | | 0 | 0 | 0 | |
| (14) Keontay Jackson Board Member | 0.00 | X | | | | | 0 | 0 | 0 | |
| (15) Ray Koukari, Jr. Board Member | 0.00 | X | | | | | 0 | 0 | 0 | |
| (16) Cristie Leto Board Member | 0.00 | 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 (describe hours for related organizations in Schedule O) | (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 | | | |
| (17) Kevin McCabe Vice-Chair-At-Large | 0.00 | X | | X | | | | 0 | 0 | 0 |
| (18) Jeff McKeown Board Member | 0.00 | X | | | | | | 0 | 0 | 0 |
| (19) Steve McLaughlin Board Member | 0.00 | X | | | | | | 0 | 0 | 0 |
| (20) Robert O'Brien Vice-Chair-at-Large | 0.00 | X | | X | | | | 0 | 0 | 0 |
| (21) Debra Rudan Board Member | 0.00 | X | | | | | | 0 | 0 | 0 |
| (22) James Shaw Board Member | 0.00 | X | | | | | | 0 | 0 | 0 |
| (23) John Siegert Board Member | 0.00 | X | | | | | | 0 | 0 | 0 |
| (24) Alicia Tanguma Vice-Chair-at-Large | 0.00 | X | | X | | | | 0 | 0 | 0 |
| (25) Chris Terry Board Member | 0.00 | X | | | | | | 0 | 0 | 0 |
| (26) Scott Terry Vice-Chair-At-Large | 0.00 | X | | X | | | | 0 | 0 | 0 |
| (27) Dave Titus Board Member | 0.00 | X | | | | | | 0 | 0 | 0 |
| (28) Milous Adams Board Member | 0.00 | X | | | | | | 0 | 0 | 0 |
| 1b Sub-total | | | | | | | | 113,653 | | 24,348 |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | | | |
| d Total (add lines 1b and 1c) | | | | | | | | 113,653 | | 24,348 |

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

| | Yes | No |
|---|-----|----------|
| 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual | | 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? If "Yes," complete Schedule J for such individual | | 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? If "Yes," complete Schedule J for such person | | 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.

| (A) Name and business address | (B) Description of services | (C) Compensation |
|----------------------------------|--------------------------------|---------------------|
| | | |
| | | |
| | | |
| | | |
| | | |

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

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

| (A) Name and Title | (B) Average hours per week (describe hours for related organizations in Schedule O) | (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 | | | |
| (17) Greg Anderegg Past Chair | 0.00 | X | | X | | | | 0 | 0 | 0 |
| (18) Andrew Abram Board Member | 0.00 | X | | | | | | 0 | 0 | 0 |
| (19) Maria Campbell Board Member | 0.00 | X | | | | | | 0 | 0 | 0 |
| (20) Jennifer Eastman Board Member | 0.00 | X | | | | | | 0 | 0 | 0 |
| (21) Daniel E. Horton Board Member | 0.00 | X | | | | | | 0 | 0 | 0 |
| (22) Guadalupe Rendon Board Member | 0.00 | X | | | | | | 0 | 0 | 0 |
| (23) Jim Walker Board Member | 0.00 | X | | | | | | 0 | 0 | 0 |
| (24) Leslie Wininger Board Member | 0.00 | X | | | | | | 0 | 0 | 0 |
| (25) John Erskine 2010 Campaign Chair | 0.00 | X | | | | | | 0 | 0 | 0 |
| (26) | | | | | | | | | | |
| (27) | | | | | | | | | | |
| (28) | | | | | | | | | | |
| 1b Sub-total | | | | | | | | | | |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | | | |
| d Total (add lines 1b and 1c) | | | | | | | | | | |

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

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

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.

| (A) Name and business address | (B) Description of services | (C) Compensation |
|----------------------------------|--------------------------------|---------------------|
| | | |
| | | |
| | | |
| | | |
| | | |

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

Part VIII Statement of Revenue

| | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 | |
|---|--|----------------|----------------------|--|---|---|--|
| Contributions, gifts, grants and other similar amounts | 1a Federated campaigns | 1a | | | | | |
| | b Membership dues | 1b | | | | | |
| | c Fundraising events | 1c | | | | | |
| | d Related organizations | 1d | | | | | |
| | e Government grants (contributions) | 1e | 490,906 | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f | 4,443,412 | | | | |
| | g Noncash contributions included in lines 1a-1f: \$ | | | | | | |
| | h Total. Add lines 1a-1f | | 4,934,318 | | | | |
| Program Service Revenue | 2a | Busn. 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) | | 97,485 | 97,485 | | | |
| | 4 Income from investment of tax-exempt bond proceeds | | | | | | |
| | 5 Royalties | | | | | | |
| | 6a Gross Rents | (i) Real | (ii) Personal | | | | |
| | | | | | | | |
| | b Less: rental exps. | | | | | | |
| | c Rental inc. or (loss) | | | | | | |
| | d Net rental income or (loss) | | | | | | |
| | 7a Gross amount from sales of assets other than inventory | (i) Securities | (ii) Other | | | | |
| | | | | | | | |
| | b Less: cost or other basis & sales exps. | | | | | | |
| | c Gain or (loss) | | | | | | |
| | d Net gain or (loss) | | | | | | |
| | 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 | a | | | | | |
| | b Less: direct expenses | b | | | | | |
| c Net income or (loss) from fundraising events | | | | | | | |
| 9a Gross income from gaming activities. See Part IV, line 19 | a | | | | | | |
| b Less: direct expenses | b | | | | | | |
| c Net income or (loss) from gaming activities | | | | | | | |
| 10a Gross sales of inventory, less returns and allowances | a | | | | | | |
| b Less: cost of goods sold | b | | | | | | |
| c Net income or (loss) from sales of inventory | | | | | | | |
| Miscellaneous Revenue | | Busn. Code | | | | | |
| 11a Agency Refund Income | | | 15,940 | | | 15,940 | |
| b | | | | | | | |
| c | | | | | | | |
| d All other revenue | | | | | | | |
| e Total. Add lines 11a-11d | | | 15,940 | | | | |
| 12 Total revenue. See instructions. | | | 5,047,743 | 97,485 | 0 | 15,940 | |

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) but are not required to complete columns (B), (C), and (D).

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|---|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 | 3,542,594 | 3,542,594 | | |
| 2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 | | | | |
| 3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 | | | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 113,653 | 68,192 | 20,458 | 25,003 |
| 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 | 570,865 | 342,361 | 100,911 | 127,593 |
| 8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) | | | | |
| 9 Other employee benefits | 242,992 | 143,091 | 48,219 | 51,682 |
| 10 Payroll taxes | 51,391 | 30,013 | 9,829 | 11,549 |
| 11 Fees for services (non-employees): | | | | |
| a Management | | | | |
| b Legal | | | | |
| c Accounting | | | | |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 7 | | | | |
| f Investment management fees | | | | |
| g Other | 69,578 | 27,933 | 5,598 | 36,047 |
| 12 Advertising and promotion | | | | |
| 13 Office expenses | 49,246 | 22,758 | 11,236 | 15,252 |
| 14 Information technology | | | | |
| 15 Royalties | | | | |
| 16 Occupancy | 62,546 | 32,608 | 9,464 | 20,474 |
| 17 Travel | 28,296 | 11,537 | 11,776 | 4,983 |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 7,235 | 2,156 | 5,079 | |
| 20 Interest | | | | |
| 21 Payments to affiliates | 49,000 | 20,580 | 13,720 | 14,700 |
| 22 Depreciation, depletion, and amortization | 19,467 | 8,274 | 3,538 | 7,655 |
| 23 Insurance | 2,216 | 1,108 | 465 | 643 |
| 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.) | | | | |
| a Printing and Publication | 45,907 | 803 | 3,670 | 41,434 |
| b Repairs and Maintenance | 16,054 | 6,468 | 9,586 | |
| c Membership Dues | 9,498 | 403 | 8,614 | 481 |
| d Family Support Funds | 8,321 | 8,321 | | |
| e | | | | |
| f All other expenses | | | | |
| 25 Total functional expenses. Add lines 1 through 24f | 4,888,859 | 4,269,200 | 262,163 | 357,496 |
| 26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation | | | | |

Part X Balance Sheet

| | | (A) Beginning of year | | (B) End of year | |
|------------------------------------|---|---|-----------|--------------------|-----------|
| Assets | 1 | Cash—non-interest bearing | 150 | 1 | 150 |
| | 2 | Savings and temporary cash investments | 4,109,838 | 2 | 3,207,282 |
| | 3 | Pledges and grants receivable, net | 3,373,940 | 3 | 3,784,014 |
| | 4 | Accounts receivable, net | 1,500 | 4 | 1,404 |
| | 5 | Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L | | 5 | |
| | 6 | Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) | | 6 | |
| | 7 | Notes and loans receivable, net | | 7 | |
| | 8 | Inventories for sale or use | | 8 | |
| | 9 | Prepaid expenses and deferred charges | 24,997 | 9 | 30,769 |
| | 10a | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 232,388 | 10a | 232,388 |
| | b | Less: accumulated depreciation | 182,400 | 10b | 182,400 |
| | 11 | Investments—publicly traded securities | 65,930 | 10c | 49,988 |
| | 12 | Investments—other securities. See Part IV, line 11 | 1,252,469 | 11 | 1,956,052 |
| | 13 | Investments—program-related. See Part IV, line 11 | | 12 | |
| | 14 | Intangible assets | | 13 | |
| | 15 | Other assets. See Part IV, line 11 | 8,938 | 14 | 3,214 |
| 16 | Total assets. Add lines 1 through 15 (must equal line 34) | 8,837,762 | 15 | 9,032,873 | |
| Liabilities | 17 | Accounts payable and accrued expenses | 155,739 | 16 | 126,943 |
| | 18 | Grants payable | | 17 | |
| | 19 | Deferred revenue | 33,186 | 18 | 40,000 |
| | 20 | Tax-exempt bond liabilities | | 19 | |
| | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | | 20 | |
| | 22 | Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L | | 21 | |
| | 23 | Secured mortgages and notes payable to unrelated third parties | | 22 | |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | 23 | |
| | 25 | Other liabilities. Complete Part X of Schedule D | 1,804,253 | 24 | 1,755,623 |
| | 26 | Total liabilities. Add lines 17 through 25 | 1,993,178 | 25 | 1,922,566 |
| Net Assets or Fund Balances | Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | | |
| | 27 | Unrestricted net assets | 1,821,849 | 26 | 1,886,976 |
| | 28 | Temporarily restricted net assets | 4,455,917 | 27 | 4,656,513 |
| | 29 | Permanently restricted net assets | 566,818 | 28 | 566,818 |
| | Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34. | | | | |
| | 30 | Capital stock or trust principal, or current funds | | 29 | |
| | 31 | Paid-in or capital surplus, or land, building, or equipment fund | | 30 | |
| | 32 | Retained earnings, endowment, accumulated income, or other funds | | 31 | |
| | 33 | Total net assets or fund balances | 6,844,584 | 32 | 7,110,307 |
| 34 | Total liabilities and net assets/fund balances | 8,837,762 | 33 | 9,032,873 | |

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI **X**

| | | | |
|---|--|---|-----------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 5,047,743 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 4,888,859 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 158,884 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 6,844,584 |
| 5 | Other changes in net assets or fund balances (explain in Schedule O) | 5 | 106,839 |
| 6 | Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) | 6 | 7,110,307 |

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question 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 in Schedule O. | | |
| 2a Were the organization's financial statements compiled or reviewed by an independent accountant? | | <input checked="" type="checkbox"/> |
| b Were the organization's financial statements audited by an independent accountant? | <input checked="" type="checkbox"/> | |
| 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. | <input checked="" type="checkbox"/> | |
| d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued 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 | | |
| 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | | <input checked="" type="checkbox"/> |
| b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. | | |

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

Name of the organization **United Way of Racine County, Inc.** 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 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III—Functionally integrated d Type III—Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
 - (ii) A family member of a person described in (i) above?
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s).

| | Yes | No |
|----------|-----|----|
| 11g(i) | | |
| 11g(ii) | | |
| 11g(iii) | | |

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1–9 above or IRC section (see instructions)) | (iv) Is the organization in col. (i) listed in your governing document? | | (v) Did you notify the organization in col. (i) of your support? | | (vi) Is the organization in col. (i) organized in the U.S.? | | (vii) Amount of support |
|------------------------------------|----------|---|---|----|--|----|---|----|-------------------------|
| | | | Yes | No | Yes | No | Yes | No | |
| (A) | | | | | | | | | |
| (B) | | | | | | | | | |
| (C) | | | | | | | | | |
| (D) | | | | | | | | | |
| (E) | | | | | | | | | |
| Total | | | | | | | | | |

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2010

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) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total |
|---|-----------|-----------|-----------|-----------|-----------|------------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 4,952,872 | 4,928,659 | 4,553,723 | 4,783,292 | 4,934,318 | 24,152,864 |
| 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 | 4,952,872 | 4,928,659 | 4,553,723 | 4,783,292 | 4,934,318 | 24,152,864 |
| 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) | | | | | | 3,149,520 |
| 6 Public support. Subtract line 5 from line 4 | | | | | | 21,003,344 |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total |
|--|-----------|-----------|-----------|-----------|-----------|------------|
| 7 Amounts from line 4 | 4,952,872 | 4,928,659 | 4,553,723 | 4,783,292 | 4,934,318 | 24,152,864 |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 244,245 | 230,577 | 55,851 | 125,666 | 97,485 | 753,824 |
| 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 IV.) | 22,996 | 31,784 | 868 | 6,714 | 15,940 | 78,302 |
| 11 Total support. Add lines 7 through 10 | | | | | | 24,984,990 |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | 97,485 |

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

Section C. Computation of Public Support Percentage

| | | |
|---|----|--------|
| 14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) | 14 | 84.06% |
| 15 Public support percentage from 2009 Schedule A, Part II, line 14 | 15 | 84.26% |
| 16a 33 1/3% support test—2010. 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—2009. 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—2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/> | | |
| b 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <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 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ► | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (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) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |
| 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► | | | | | | |

Section C. Computation of Public Support Percentage

| | | |
|---|----|---|
| 15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2009 Schedule A, Part III, line 15 | 16 | % |

Section D. Computation of Investment Income Percentage

| | | |
|--|----|---|
| 17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f)) | 17 | % |
| 18 Investment income percentage from 2009 Schedule A, Part III, line 17 | 18 | % |

19a **33 1/3% support tests—2010.** 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—2009.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ►

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

Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Part II, Line 10 - Other Income Detail

Agency refund income \$ **78,302**

▶ Attach to Form 990, 990-EZ, or 990-PF.

| | |
|--|---|
| 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, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

- For a section 501(c)(3) organization 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), and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

- For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to 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. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year ▶ \$

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), 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 line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization **United Way of Racine County, Inc.** Employer identification number **39-0806349**

Part I Contributors (see instructions)

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
|------------|--|--------------------------------|--|
| 1 | Pledges > 2% of 990, Part VIII, 1h See attached lists for detail Racine WI 53404 | \$ 3,705,197 | Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II if there is a noncash contribution.) |
| | | | Person Payroll Noncash (Complete Part II if there is a noncash contribution.) |
| | | | Person Payroll Noncash (Complete Part II if there is a noncash contribution.) |
| | | | Person Payroll Noncash (Complete Part II if there is a noncash contribution.) |
| | | | Person Payroll Noncash (Complete Part II if there is a noncash contribution.) |
| | | | Person Payroll Noncash (Complete Part II if there is a noncash contribution.) |
| | | | Person Payroll Noncash (Complete Part II if there is a noncash contribution.) |
| | | | Person Payroll Noncash (Complete Part II if there is a noncash contribution.) |

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Attach to Form 990. See separate instructions.

OMB No. 1545-0047

2010

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" to Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

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

Form for Part II Conservation Easements, including questions 1-9 and a table for 'Held at the End of the Tax Year' with rows 2a, 2b, 2c, 2d.

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

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets, including questions 1a, 1b, 2, and 2a, 2b.

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

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

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

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

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

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

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

b If "Yes," explain the arrangement in Part XIV and complete the following table:

- c Beginning balance
- d Additions during the year
- e Distributions during the year
- f Ending balance

| | Amount |
|----|--------|
| 1c | |
| 1d | |
| 1e | |
| 1f | |

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if organization answered "Yes" to 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 | 848,608 | 679,819 | 1,075,128 | | |
| b Contributions | | | | | |
| c Net investment earnings, gains, and losses | 115,490 | 176,049 | -321,694 | | |
| d Grants or scholarships | | | 64,000 | | |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | 8,651 | 7,260 | 9,615 | | |
| g End of year balance | 955,446 | 848,608 | 679,819 | | |

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment %
- b Permanent endowment %
- c Term endowment %

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

- (i) unrelated organizations
 - (ii) related organizations
- b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

| | Yes | No |
|--------|-----|----|
| 3a(i) | X | |
| 3a(ii) | | X |
| 3b | | |

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

| Description of investment | (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 | 54,375 | 20,625 |
| d Equipment | | 157,388 | 128,025 | 29,363 |
| e Other | | | | |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) | | | | 49,988 |

Part VII Investments—Other Securities. 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) | | |
| (I) | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) | | |

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

| (a) Description of investment type | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|--|
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| (10) | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) | | |

Part IX Other Assets. See Form 990, Part X, line 15.

| (a) Description | (b) Book value |
|---|----------------|
| (1) | |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| (10) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) | |

Part X Other Liabilities. See Form 990, Part X, line 25.

| 1. (a) Description of liability | (b) Amount |
|---|------------------|
| (1) Federal income taxes | |
| (2) Agency Allocations | 1,416,365 |
| (3) Agency Designations | 339,258 |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| (10) | |
| (11) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) | 1,755,623 |

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

| | | | |
|----|--|----|-----------|
| 1 | Total revenue (Form 990, Part VIII, column (A), line 12) | 1 | 5,047,743 |
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | 2 | 4,888,859 |
| 3 | Excess or (deficit) for the year. Subtract line 2 from line 1 | 3 | 158,884 |
| 4 | Net unrealized gains (losses) on investments | 4 | 106,839 |
| 5 | Donated services and use of facilities | 5 | |
| 6 | Investment expenses | 6 | |
| 7 | Prior period adjustments | 7 | |
| 8 | Other (Describe in Part XIV.) | 8 | |
| 9 | Total adjustments (net). Add lines 4 through 8 | 9 | 106,839 |
| 10 | Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 | 10 | 265,723 |

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

| | | | |
|---|---|----|-----------|
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | 5,154,582 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | |
| a | Net unrealized gains on investments | 2a | 106,839 |
| b | Donated services and use of facilities | 2b | |
| c | Recoveries of prior year grants | 2c | |
| d | Other (Describe in Part XIV.) | 2d | |
| e | Add lines 2a through 2d | 2e | 106,839 |
| 3 | Subtract line 2e from line 1 | 3 | 5,047,743 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other (Describe in Part XIV.) | 4b | |
| c | Add lines 4a and 4b | 4c | |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | 5 | 5,047,743 |

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

| | | | |
|---|--|----|-----------|
| 1 | Total expenses and losses per audited financial statements | 1 | 4,888,859 |
| 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 XIV.) | 2d | |
| e | Add lines 2a through 2d | 2e | |
| 3 | Subtract line 2e from line 1 | 3 | 4,888,859 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other (Describe in Part XIV.) | 4b | |
| c | Add lines 4a and 4b | 4c | |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | 5 | 4,888,859 |

Part XIV Supplemental Information

Complete this part to 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, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Part XIV - Supplemental Financial Information

Part V, Line 4 - Intended Uses for Endowment Funds

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

Part XIV Supplemental Information (continued)

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.

Planned Giving Fund - The purpose of this fund is to provide program services in Racine County.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

OMB No. 1545-0047
2010
Open to Public
Inspection

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

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

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 Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient 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 non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|-----|--|---------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (1) | Allocations To Agencies See attached listing for detail Racine WI 53404 | | | 3,542,594 | | | | |
| (2) | | | | | | | | |
| (3) | | | | | | | | |
| (4) | | | | | | | | |
| (5) | | | | | | | | |
| (6) | | | | | | | | |
| (7) | | | | | | | | |
| (8) | | | | | | | | |
| (9) | | | | | | | | |

2 Enter total number of section 501(c)(3) and government organizations **52**

3 Enter total number of other organizations

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2010

Open to Public
Inspection

United Way of Racine County, Inc.

Employer identification number
39-0806349

Form 990, Part III, Line 4a - First Achievement

and grants to partner providers for emergency capital

needs. In 2010, 78 programs at 60 different nonprofit agencies received
funding to serve about 177,082 individuals.

Form 990, Part III, Line 4b - Second Achievement

information. The United Way Community Service Liaison serves on 16
different community organizations and provided workshops to 261 low-income
individuals.

Form 990, Part VI, Line 7a - Election of Members and Their Rights

Directors are elected by the members of the corporation.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990

The 990 will be reviewed by the Board of Directors and approved at a Board
Meeting.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

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, Line 15a - Compensation Process for Top Official

The executive committee reviews the performance of the President and
determines the President's salary. All staff

Name of the organization

United Way of Racine County, Inc.

Employer identification number

39-0806349

salary ranges are determined using United Way of America benchmarks.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

All documents available to public upon request.

Form 990, Part XI, Line 5 - Other Changes in Net Assets Explanation

Part XI, Line 5 - Unrealized endowment fund investment gain. Intended used for endowment funds detailed at Schedule D, Part XIV.

UNITED WAY OF RACINE COUNTY, INC.

Attachment to Form 990 - 2010

39-0806349

Contributor's Over 2% of Form 990, Part VIII, line 1h
Public Disclosure Copy

| <u>NAME</u> | <u>ADDRESS</u> | <u>TOTAL</u> |
|---|----------------|---------------------|
| Public Disclosure Copy - Name & Address Omitted | | 577,220 |
| Public Disclosure Copy - Name & Address Omitted | | 129,814 |
| Public Disclosure Copy - Name & Address Omitted | | 170,053 |
| Public Disclosure Copy - Name & Address Omitted | | 342,120 |
| Public Disclosure Copy - Name & Address Omitted | | 145,500 |
| Public Disclosure Copy - Name & Address Omitted | | 133,953 |
| Public Disclosure Copy - Name & Address Omitted | | 210,955 |
| Public Disclosure Copy - Name & Address Omitted | | 356,546 |
| Public Disclosure Copy - Name & Address Omitted | | 1,486,956 |
| Public Disclosure Copy - Name & Address Omitted | | 152,080 |
| | | <u>\$ 3,705,197</u> |

UNITED WAY OF RACINE COUNTY, INC.
39-0806349

2010 Form 990 Schedule I Worksheet

| Organization Name | Street Address | City | State | Zip | EIN | IRC Section | Cash Grant | Purpose of Grant |
|--|--------------------------------------|--------------------|-------|-------|------------|-------------|------------|--|
| Alliance for Mentality Ill, Inc. AMI Racine County | 2300 Dekoven Ave. | Racine | WI | 53403 | 39-1341452 | 501(c)(3) | 51,000 | Advocacy and support |
| American Red Cross - SE Wisconsin Chapter | 4521 Taylor Ave | Racine | WI | 53405 | 39-0806293 | 501(c)(3) | 5,966 | Disaster relief |
| Wis. Assn. for Retarded Children (ARC of Racine Co., Inc.) | 1220 Mound Ave | Racine | WI | 53404 | 39-1232959 | 501(c)(3) | 77,000 | Advocacy, support & education |
| Big Brothers of Greater Racine, Inc. | 2302 Dekoven Ave. | Racine | WI | 53403 | 39-1052882 | 501(c)(3) | 185,000 | One-on-one mentoring |
| Boy Scouts of America - SE Wisconsin Council, Inc. | 2319 Northwestern Ave. | Racine | WI | 53404 | 39-1163574 | 501(c)(3) | 70,000 | Comprehensive youth services |
| Central Racine County Health Department | 10005 Northwestern Ave., Site A | Franksville | WI | 53126 | 39-6005612 | Govt. | 40,000 | Teen parenting support |
| Catherine Marian Housing, Inc. | 806 S. Wisconsin Ave. | Racine | WI | 53403 | 39-1657098 | 501(c)(3) | 60,755 | Shelter for women; Homeless assistance program |
| Catholic Charities of the Archdiocese of Milwaukee | c/o St. Patrick Parrish | Racine | WI | 53402 | 39-0806321 | 501(c)(3) | 17,781 | Outreach services; behavioral health counseling |
| Cerebral Palsy of Racine County, Inc. (RAPD) | 3131 Taylor Ave. | Racine | WI | 53405 | 39-1098877 | 501(c)(3) | 98,433 | Recreation & respite programs |
| Children's Service Society of Wisconsin | 2406 Northwestern Ave. | Racine | WI | 53404 | 39-0806380 | 501(c)(3) | 219,203 | Child & family therapy; Community Response Program |
| Family Literacy of Racine | 1510 Villa Street | Racine | WI | 53403 | 39-1014413 | 501(c)(3) | 112,102 | Early childhood education; after-school program; Family Smart/Kid Friendly |
| Family Service of Racine, Inc. | 420 - 7th Street | Racine | WI | 53403 | 39-0806507 | 501(c)(3) | 189,419 | Counseling |
| Family Smart/Kid Friendly - East | 2000 Dornank Dr. | Racine | WI | 53404 | 39-0806349 | 501(c)(3) | 45,344 | Family support services |
| Family Smart/Kid Friendly Partnership | 2000 Dornank Dr. | Racine | WI | 53404 | 39-0806349 | 501(c)(3) | 13,969 | Family support services |
| Focus on Community, Inc. | 1220 Mound Ave. | Racine | WI | 53404 | 39-1369356 | 501(c)(3) | 134,000 | AODA Prevention/Education; Search Institute Survey; FAST |
| George Bray Neighborhood Center, Inc. | 924 Center St. | Racine | WI | 53403 | 39-1196874 | 501(c)(3) | 33,000 | Youth Education |
| Girl Scouts of Racine County, Inc. | 6240 Bankers Rd. | Racine | WI | 53403 | 39-0836183 | 501(c)(3) | 114,500 | Membership services |
| Health Care Network, Inc. | 904 State St. | Racine | WI | 53403 | 42-1299813 | 501(c)(3) | 110,000 | Medical & Dental Services |
| Homeless Assistance Leadership Organization, Inc. | P. O. Box 1885 | Racine | WI | 53403 | 20-2041432 | 501(c)(3) | 281,282 | Homeless shelter and education program; homeless assistance program |
| Hopes Center | 506 - 7th Street | Racine | WI | 53403 | 28-3080281 | 501(c)(3) | 17,848 | Homeless assistance program |
| Impact | 6737 West Washington Street | Racine | WI | 53403 | 28-3080281 | 501(c)(3) | 20,000 | 211 Service |
| Leadership Racine (John XXIII Educational Center) | 1104 Douglas Avenue | Milwaukee | WI | 53214 | 39-0988784 | 501(c)(3) | 15,000 | After-school program |
| Legal Action of Wisconsin | 300 Fifth St. | Racine | WI | 53403 | 39-1713952 | 501(c)(3) | 5,500 | Leadership training |
| Lincoln Lutheran Home of Racine, Inc. | 230 W. Wells St. | Milwaukee | WI | 53203 | 39-1071192 | 501(c)(3) | 17,364 | Homeless assistance program |
| Love, Inc. | 2000 Dornank Dr. | Racine | WI | 53404 | 39-0874802 | 501(c)(3) | 35,000 | Services for elderly |
| Lutheran Social Services of WI and Upper Michigan | 480 S. Pine St. | Burlington | WI | 53105 | 39-1485975 | 501(c)(3) | 26,015 | Food pantry; Family Smart/Kid Friendly |
| Project New Life | 1220 Mound Ave. | Racine | WI | 53404 | 39-0816846 | 501(c)(3) | 114,920 | Sexual assault services; abuse education |
| Racine Arts Council | 1809 Douglas Ave. | Racine | WI | 53402 | 39-2020049 | 501(c)(3) | 20,825 | Homeless assistance program |
| Racine County Project Emergency | 316 - 6th Street | Racine | WI | 53403 | 39-0129948 | 501(c)(3) | 5,000 | Main Gallery |
| Racine County UW Extension | 2000 Dekoven Ave. | Racine | WI | 53403 | 39-1269080 | 501(c)(3) | 85,000 | Emergency food distribution |
| Racine County Youth as Resources | 14200 Washington Ave. | Sturtevant | WI | 53177 | 39-6005734 | Govt. | 18,760 | Touchpoints training |
| Racine County Workforce Development Center | 2006 Dornank Dr. | Racine | WI | 53404 | 39-1880420 | 501(c)(3) | 19,393 | Youth programs |
| Racine Friendship Clubhouse | 1717 Taylor Avenue | Racine | WI | 53403 | 39-6005734 | Govt. | 10,000 | Summer youth employment program |
| Racine/Kenosha Community Action Agency | P. O. Box 044601 | Racine | WI | 53404 | 39-1385836 | 501(c)(3) | 32,982 | Sports programs for boys and girls |
| Racine Literacy Council | 2006 - 17th St. | Racine | WI | 53403 | 39-105768 | 501(c)(3) | 11,000 | Support programs for mentally disabled |
| Racine Vocational Ministry | 2113 N. Wisconsin Street | Racine | WI | 53402 | 39-1087210 | 501(c)(3) | 11,538 | Homeless assistance program |
| SAFE Haven (formerly Innovative Youth Services) | 734 Lake Ave. | Racine | WI | 53403 | 39-105768 | 501(c)(3) | 95,217 | Adult tutoring |
| Salvation Army (Racine Corps.) | 214 Seventh St. | Racine | WI | 53403 | 51-0190214 | 501(c)(3) | 108,220 | Job skills training; community re-entry program; homeless assistance program |
| Salvation Army (Burlington) | 1030 Washington Ave. | Racine | WI | 53403 | 39-1155004 | 501(c)(3) | 104,885 | Youth shelter; youth safety programs; Homeless assistance program |
| Transitional Living Center | 11315 West Watertown Plank Road | Wauwatosa | WI | 53226 | 39-0806889 | 501(c)(3) | 70,000 | Social service programs |
| Transitional Living Services | 482 S. Pine Street | Burlington | WI | 53105 | 39-1760830 | 501(c)(3) | 5,000 | Emergency assistance program |
| Urban League of Racine and Kenosha, Inc. | c/o Milwaukee Center for Independent | 2020 West Wells St | WI | 53233 | 39-1258650 | 501(c)(3) | 30,281 | Homeless shelter and education program; Homeless assistance program |
| Center for Veterans Issues | 718-22 Memorial Dr. | Racine | WI | 53404 | 39-1042332 | 501(c)(3) | 5,000 | Kismet Klub |
| Western Racine County Health Dept. | 3312 W. Wells Street | Milwaukee | WI | 53208 | 39-1712359 | 501(c)(3) | 19,742 | Achievement Center; Kids Safe Zone |
| Women's Resource Center of Racine, Inc. | 196 E. State St. | Burlington | WI | 53105 | 39-0806347 | Govt. | 181,287 | Homeless assistance program |
| Youth for Christ - SE Wisconsin | P. O. Box 1764 | Racine | WI | 53401 | 39-1356335 | 501(c)(3) | 194,370 | Safe Shelter & Continuum; Homeless assistance program |
| Young Men's Christian Association (Racine) | P. O. Box 081041 | Racine | WI | 53408 | 39-0977052 | 501(c)(3) | 15,000 | Juvenile aftercare ministry |
| Young Women's Christian Association of Racine | 725 Lake Ave. | Racine | WI | 53403 | 39-0807254 | 501(c)(3) | 283,348 | Programming for children; Family Smart/Kid Friendly |
| Recipients receiving less than \$5,000 | 3600 N. Green Bay Rd. | Racine | WI | 53404 | 39-0806382 | 501(c)(3) | 42,670 | Girls, Inc. |
| | n/a | n/a | n/a | n/a | n/a | n/a | 72,853 | n/a |

3,542,594

UNITED WAY OF RACINE COUNTY, INC.
Attachment to Form 990 - 2010
39-0806349

Form 990, Part IX, Line 22
Depreciation, depletion, etc.

| <u>Asset Description</u> | <u>Cost</u> | <u>Method</u> | <u>Depreciation</u> |
|--|-------------|---------------|---------------------|
| Assets placed in service during 2010 | | | |
| 5 PC's | \$ 3,525 | S.L.-3 yrs | \$ 393 |
| Depreciation of Assets placed in service in Prior Years | | | \$ 19,074 |
| Total Depreciation Expense | | | <u>\$ 19,467</u> |