** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

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

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

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

For the 2018 calendar year, or tax year beginning and ending

B

Check if applicable:

[ ] Address change

[ ] Name change

[ ] Initial return

[ ] Final return/terminated

[ ] Amended return

[ ] Application pending

C

Name of organization

UNITED WAY OF RACINE COUNTY, INC.

Doing business as

2000 DOMANIK DRIVE

RACINE, WI 53404

D

Employer identification number

39-0806349

E

Telephone number

262-898-2240

G

Gross receipts:

4,040,974

H(a)

Is this a group return

No

H(b)

Are all subordinates included

Yes

J

Website:

WWW.UNITEDWAYRACINE.ORG

K

Form of organization:

[ ] Corporation

[ ] Trust

[ ] Association

[ ] Other

Year of formation: 1922

State of legal domicile: WI

Part I

Summary

1

Briefly describe the organization's mission or most significant activities: UNITED WAY OF RACINE COUNTY'S MISSION IS MOBILIZING THE CARING POWER OF RACINE COUNTY TO IMPROVE... (3 lines)

2

Check this box [ ] 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

29

4

Number of independent voting members of the governing body (Part VI, line 1b)

4

28

5

Total number of individuals employed in calendar year 2018 (Part V, line 2a)

5

18

6

Total number of volunteers (estimate if necessary)

6

1000

7

a Total unrelated business revenue from Part VIII, column (C), line 12

7a

0

b Net unrelated business taxable income from Form 990-T, line 38

7b

0

Revenue

8

Contributions and grants (Part VIII, line 1h)

4,431,550

3,860,118

9

Program service revenue (Part VIII, line 2g)

0

0

10

Investment income (Part VIII, column (A), lines 3, 4, and 7d)

143,829

180,856

11

Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

0

0

12

Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)

4,575,379

4,040,974

Expenses

13

Grants and similar amounts paid (Part IX, column (A), lines 1-3)

2,670,494

2,575,916

14

Benefits paid to or for members (Part IX, column (A), line 4)

0

0

15

Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)

1,382,413

1,398,190

16a

Professional fundraising fees (Part IX, column (A), line 11e)

0

0

17

Other expenses (Part IX, column (A), lines 11a-11d, 11f-29e)

589,812

589,812

18

Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)

6,392,894

4,644,414

19

Revenue less expenses. Subtract line 18 from line 12

-117,515

603,440

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

REBECCA MASON, BOARD CHAIR

Date

Preparer's signature

Preparer's name

KIMBERLY ANDERSON, CPA

Preparer's EIN

P00188889

PTIN

04/25/19

Date

Check if self-employed

No

Other

Phone no. 262-637-9351

May the IRS discuss this return with the preparer shown above? (see instructions)

Yes

No

Form 990 (2018)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION
**Part III Statement of Program Service Accomplishments**

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

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

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

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

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

<table>
<thead>
<tr>
<th>Code</th>
<th>Expenses</th>
<th>(including grants of)</th>
<th>Revenue</th>
</tr>
</thead>
<tbody>
<tr>
<td>4a</td>
<td>2,575,916</td>
<td>2,575,916</td>
<td>2,372,438</td>
</tr>
</tbody>
</table>

**COMMUNITY INVESTMENT/ALLOCATIONS**

UNITED WAY OF RACINE COUNTY IS COMMITTED TO INVESTING FUNDS IN THE LOCAL COMMUNITY. UNITED WAY OF RACINE COUNTY STAFF AND INVESTMENT COMMITTEE VOLUNTEERS WORK HARD THROUGHOUT THE YEAR TO MAKE SURE THAT UNITED WAY OF RACINE COUNTY’S INVESTMENT STRATEGIES ARE FOCUSED IN THE AREAS OF EDUCATION, FINANCIAL STABILITY AND HEALTH—THE BUILDING BLOCKS OF A GOOD LIFE. WE FUND PROGRAMS THAT PREPARE CHILDREN AND YOUTH TO ACHIEVE THEIR POTENTIAL THROUGH EDUCATION; PREPARE INDIVIDUALS AND FAMILIES TO BECOME FINANCIALLY STABLE AND INDEPENDENT; AND HELP INDIVIDUALS ACHIEVE MAXIMUM PHYSICAL, EMOTIONAL, AND MENTAL HEALTH AND SAFETY OUTCOMES. THESE EFFORTS ALLOW RACINE COUNTY RESIDENTS TO GAIN KNOWLEDGE AND SKILLS THAT WILL EMPOWER THEM TO ACHIEVE THEIR FULL POTENTIAL.

<table>
<thead>
<tr>
<th>Code</th>
<th>Expenses</th>
<th>(including grants of)</th>
<th>Revenue</th>
</tr>
</thead>
<tbody>
<tr>
<td>4b</td>
<td>399,772</td>
<td>399,772</td>
<td>399,772</td>
</tr>
</tbody>
</table>

**COMMUNITY IMPACT**

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

<table>
<thead>
<tr>
<th>Code</th>
<th>Expenses</th>
<th>(including grants of)</th>
<th>Revenue</th>
</tr>
</thead>
<tbody>
<tr>
<td>4c</td>
<td>109,225</td>
<td>109,225</td>
<td>109,225</td>
</tr>
</tbody>
</table>

**SCHOOLS OF HOPE**

IN 2012, UNITED WAY STARTED SCHOOLS OF HOPE, AN EDUCATION INITIATIVE IN PARTNERSHIP WITH RACINE UNIFIED SCHOOL DISTRICT, LOCAL BUSINESSES AND OTHER CONCERNED COMMUNITY MEMBERS, WHICH PROVIDES CHILDREN IN FIRST GRADE THROUGH THIRD GRADE WITH ONE-ON-ONE VOLUNTEER TUTORS ON A REGULAR BASIS TO INCREASE READING ACHIEVEMENT. SCHOOLS OF HOPE TUTORS ARE TRAINED TO USE RESEARCH-BASED STRATEGIES TO HELP STUDENTS IMPROVE THEIR READING PROFICIENCY, AND TO HELP THEM BECOME MORE CONFIDENT, CAPABLE READERS. THEY ARE INSPIRING HOPE FOR A BETTER TOMORROW AND MAKING A SIGNIFICANT DIFFERENCE IN THE LIVES OF THE CHILDREN THEY TUTOR.

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

<table>
<thead>
<tr>
<th>Expenses</th>
<th>(including grants of)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>359,317</td>
</tr>
</tbody>
</table>

4e Total program service expenses ➞ 3,444,230.

SEE SCHEDULE O FOR CONTINUATION(S)

15280425 768001 039-12014800 2018.03030 UNITED WAY OF RACINE COUNTY 039-24A1
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?
   If "Yes," complete Schedule A .................................................. 1 X
2 Is the organization required to complete Schedule B, Schedule of Contributors? .................................................. 2 X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I .................................................. 3 X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II .................................................. 4 X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III .................................................. 5 X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I .................................................. 6 X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II .................................................. 7 X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III .................................................. 8 X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV .................................................. 9 X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V .................................................. 10 X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.
   a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI .................................................. 11a X
   b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 15? If "Yes," complete Schedule D, Part VII .................................................. 11b X
   c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 15? If "Yes," complete Schedule D, Part VIII .................................................. 11c X
   d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX .................................................. 11d X
   e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X .................................................. 11e X
   f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X .................................................. 11f X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII .................................................. 12a X
   b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional .................................................. 12b X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E .................................................. 13 X
14a Did the organization maintain an office, employees, or agents outside of the United States? .................................................. 14a X
   b Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? If "Yes," complete Schedule F, Parts I and IV .................................................. 14b X
15 Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV .................................................. 15 X
16 Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV .................................................. 16 X
17 Did the organization report a total of more than $5,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11c? If "Yes," complete Schedule G, Part I .................................................. 17 X
18 Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II .................................................. 18 X
19 Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III .................................................. 19 X
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H .................................................. 20a X
   b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .................................................. 20b X
21 Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II .................................................. 21 X
## Part IV
**Checklist of Required Schedules (continued)**

<table>
<thead>
<tr>
<th>Number</th>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>22</td>
<td>Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If &quot;Yes,&quot; complete Schedule I, Parts I and III.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>23</td>
<td>Did the organization answer &quot;Yes&quot; 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 &quot;Yes,&quot; complete Schedule J.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>24a</td>
<td>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 &quot;Yes,&quot; answer lines 24b through 24d and complete Schedule K. If &quot;No,&quot; go to line 24a.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>24b</td>
<td>Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>24c</td>
<td>Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>24d</td>
<td>Did the organization act as an &quot;on behalf of&quot; issuer for bonds outstanding at any time during the year?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>25a</td>
<td>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If &quot;Yes,&quot; complete Schedule L, Part I.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>25b</td>
<td>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 &quot;Yes,&quot; complete Schedule L, Part I.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>26</td>
<td>Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If &quot;Yes,&quot; complete Schedule L, Part II.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>27</td>
<td>Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If &quot;Yes,&quot; complete Schedule L, Part III.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>28</td>
<td>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):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>28a</td>
<td>A current or former officer, director, trustee, or key employee? If &quot;Yes,&quot; complete Schedule L, Part IV.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>28b</td>
<td>A family member of a current or former officer, director, trustee, or key employee? If &quot;Yes,&quot; complete Schedule L, Part IV.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>28c</td>
<td>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 an indirect owner? If &quot;Yes,&quot; complete Schedule L, Part IV.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>29</td>
<td>Did the organization receive more than $25,000 in non-cash contributions? If &quot;Yes,&quot; complete Schedule M.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>30</td>
<td>Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If &quot;Yes,&quot; complete Schedule M.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>31</td>
<td>Did the organization liquidate, terminate, or dissolve and cease operations? If &quot;Yes,&quot; complete Schedule N, Part I.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>32</td>
<td>Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If &quot;Yes,&quot; complete Schedule N, Part II.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>33</td>
<td>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 &quot;Yes,&quot; complete Schedule R, Part I.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>34</td>
<td>Was the organization related to any tax-exempt or taxable entity? If &quot;Yes,&quot; complete Schedule R, Part II, III, or IV, and Part V, line 1.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>35a</td>
<td>Did the organization have a controlled entity within the meaning of section 512(b)(13)? If &quot;Yes,&quot; complete Schedule R, Part V, line 2.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>35b</td>
<td>Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>36</td>
<td>Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If &quot;Yes,&quot; complete Schedule R, Part V, line 2.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>37</td>
<td>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 &quot;Yes,&quot; complete Schedule R, Part VI.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>38</td>
<td>Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Notes
All Form 990 filers are required to complete Schedule O.

## Part V
**Statements Regarding Other IRS Filings and Tax Compliance**

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

<table>
<thead>
<tr>
<th>Number</th>
<th>Description</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a</td>
<td>Enter the number reported in Box 3 of Form 1096. Enter &quot;0&quot; if not applicable</td>
<td>1a</td>
<td>1</td>
</tr>
<tr>
<td>1b</td>
<td>Enter the number of Forms W-2G included in line 1a. Enter &quot;0&quot; if not applicable</td>
<td>1b</td>
<td>0</td>
</tr>
<tr>
<td>1c</td>
<td>Did the organization comply with backup withholding rules for reportable payments to vendors and reportable (gambling) winnings to prize winners?</td>
<td>1c</td>
<td>X</td>
</tr>
</tbody>
</table>
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.  

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>18</td>
<td></td>
</tr>
</tbody>
</table>

2b. 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). |

3a. Did the organization have unrelated business gross income of $1,000 or more during the year?  

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

3b. If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.  

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)?  

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

4b. If "Yes," enter the name of the foreign country.  

5a. Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

5b. Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

6a. Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

6b. If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  

7a. Organizations that may receive deductible contributions under section 170(c). 

| a. Did the organization receive a payment in excess of $5 in cash as a contribution and direct pay to goods and services provided to the payee? |
|-----|----|
|    | X  |

7b. Did the organization notify the donor of the value of the goods or services provided?  

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

7c. Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

7d. If "Yes," indicate the number of Forms 8282 filed during the year.  

<table>
<thead>
<tr>
<th>7d</th>
</tr>
</thead>
<tbody>
<tr>
<td>10a</td>
</tr>
</tbody>
</table>

7e. Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

7f. Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

7g. Did the organization receive a contribution of qualified intellectual property, did the organization file Form 8899 as required?  

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

7h. Did the organization receive a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

8. Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?  

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>8</td>
<td></td>
</tr>
</tbody>
</table>

9. Sponsoring organizations maintaining donor advised funds.  

| a. Did the sponsoring organization make any taxable distributions under section 4966? |
|-----|----|
|    |    |

9b. Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

10. Section 501(c)(7) organizations. Enter:  

10a. Initiation fees and capital contributions included on Part VIII, line 12.  

<table>
<thead>
<tr>
<th>10a</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

10b. Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.  

<table>
<thead>
<tr>
<th>10b</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

11. Section 501(c)(12) organizations. Enter:  

11a. Gross income from members or shareholders.  

<table>
<thead>
<tr>
<th>11a</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

11b. Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  

<table>
<thead>
<tr>
<th>11b</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

12a. Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>12a</td>
<td></td>
</tr>
</tbody>
</table>

12b. If "Yes," enter the amount of tax-exempt interest received or accrued during the year.  

<table>
<thead>
<tr>
<th>12b</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

13. Section 501(c)(29) qualified nonprofit health insurance issuers.  

13a. Is the organization licensed to issue qualified health plans in more than one state?  

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>13a</td>
<td></td>
</tr>
</tbody>
</table>

13b. 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.  

<table>
<thead>
<tr>
<th>13b</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

13c. Enter the amount of reserves on hand.  

<table>
<thead>
<tr>
<th>13c</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

14a. Did the organization receive any payments for indoor tanning services during the tax year?  

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>14a</td>
<td></td>
</tr>
</tbody>
</table>

14b. If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.  

<table>
<thead>
<tr>
<th>14b</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

15. Is the organization subject to the section 4960 tax on payments(s) of more than $1,000,000,000 in remuneration or excess parachute payment(s) during the year?  

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>15</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>16</td>
</tr>
</tbody>
</table>

Form 990 (2018)
Section A. Governing Body and Management

1a Enter the number of voting members of the governing body at the end of the tax year .......................................................... 1a 29

If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. ..........................................................

b Enter the number of voting members included in line 1a, above, who are independent .......................................................... 1b 28

2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? .......................................................... 2 X

3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? ..........................................................

4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? ..........................................................

5 Did the organization become aware during the year of a significant diversion of the organization's assets? ..........................................................

6 Did the organization have members or stockholders? ..........................................................

7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? ..........................................................

b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? ..........................................................

8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: ..........................

a The governing body? ........................................................................................................... 8a X

b Each committee with authority to act on behalf of the governing body? ..........................................................

9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O. .......................................................................................................................................................................................... 9 X

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

10a Did the organization have local chapters, branches, or affiliates? ..........................................................

b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? ..........................................................

11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? ..........................

b Describe in Schedule O the process, if any, used by the organization to review this Form 990. ..........................

12a Did the organization have a written conflict of interest policy? If "No," go to line 13 ..........................

b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? ..........................................................

13 Did the organization have a written whistleblower policy? ..........................................................................................................................

14 Did the organization have a written document retention and destruction policy? ..........................................................

15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? ..........................

a The organization's CEO, Executive Director, or top management official ..........................................................

b Other officers or key employees of the organization ..........................................................................................................................

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? ..........................................................................................................................................................................................

b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? ..........................

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed: ..........................

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. ..........................

a Own website ..........................

b Another's website ..........................

c Upon request ..........................

d Other (explain in Schedule O) ..........................

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. ..........................

20 State the name, address, and telephone number of the person who possesses the organization's books and records: ..........................

BARB JOPKE - 262-898-2246

2000 DOMANIK DRIVE, RACINE, WI 53404

15280425 768001 039-12014800 2018.03030 UNITED WAY OF RACINE COUNTY 039-24A1
### Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII: [ ]

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

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

- List all of the organization’s current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
- List all of the organization’s current key employees, if any. See instructions for definition of “key employee.”
- List any 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 any organization’s former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee: [ ]

<table>
<thead>
<tr>
<th>(A) Name and Title</th>
<th>(B) Average hours per week (list any hours for related organizations below line)</th>
<th>(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)</th>
<th>(D) Reportable compensation from the organization (W-2/1099-MISC)</th>
<th>(E) Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>(F) Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) REBECCA MASON CHAIR</td>
<td>1.00</td>
<td>X X X</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>(2) STEPHEN MCLAUGHLIN FIRST VICE-CHAIR</td>
<td>1.00</td>
<td>X X X</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>(3) ART HOWELL IMMEDIATE PAST BOARD CHAIR</td>
<td>1.00</td>
<td>X X X</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>(4) KARA ESKE VICE-CHAIR,COMMUNITY INVEST</td>
<td>1.00</td>
<td>X X X</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>(5) SCOTT HUEBEFOHL VICE-CHAIR, TREASURER</td>
<td>1.00</td>
<td>X X X</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>(6) TONY ROSSO VICE-CHAIR, HUMAN RESOURCE</td>
<td>1.00</td>
<td>X X X</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>(7) NANCY ANDERSON VICE-CHAIR, AT-LARGE</td>
<td>1.00</td>
<td>X X X</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>(8) ERIC GALLIE VICE-CHAIR, AT-LARGE</td>
<td>1.00</td>
<td>X X X</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>(9) JULIAN WILES VICE-CHAIR, AT-LARGE</td>
<td>1.00</td>
<td>X X X</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>(10) JIM LADWIG VICE-CHAIR, AT-LARGE</td>
<td>1.00</td>
<td>X X X</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>(11) RODNEY PRUNTY SECRETARY-PRESIDENT</td>
<td>40.00</td>
<td>X X X</td>
<td>120,435.</td>
<td>0.00</td>
<td>37,349.</td>
</tr>
<tr>
<td>(12) VANESSA ABEJUELA-MATT, DO BOARD MEMBER</td>
<td>1.00</td>
<td>X</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>(13) BRIAN AGEN BOARD MEMBER</td>
<td>1.00</td>
<td>X</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>(14) CHRIS ANTONNEAU BOARD MEMBER</td>
<td>1.00</td>
<td>X</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>(15) BARBARA BAKSHIS BOARD MEMBER</td>
<td>1.00</td>
<td>X</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>(16) TIMOTHY BATTEN BOARD MEMBER</td>
<td>1.00</td>
<td>X</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>(17) DOMINIC CARIETTO BOARD MEMBER</td>
<td>1.00</td>
<td>X</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
</tbody>
</table>

632007 12-31-18

15280425 768001 039-12014800 2018.03030 UNITED WAY OF RACINE COUNTY 039-24A1
### Part VII
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

<table>
<thead>
<tr>
<th>(A) Name and title</th>
<th>(B) Average hours per week (list any hours for related organizations below line)</th>
<th>(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)</th>
<th>(D) Reportable compensation from the organization (W-2/1099-MISC)</th>
<th>(E) Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>(F) Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>(18) SHEILA EGGERSON BOARD MEMBER</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(19) CLAIRE HOLLAND BOARD MEMBER</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(20) JIM HOLLAND BOARD MEMBER</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(21) PEGGY JAMES BOARD MEMBER</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(22) DAVID JOHNSON BOARD MEMBER</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(23) KIMBERLY KANE BOARD MEMBER</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(24) STACEY MALACARA BOARD MEMBER</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(25) RALPH MALICCI BOARD MEMBER</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(26) LAURA MILLION BOARD MEMBER</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
</tbody>
</table>

1b Sub-total [\(\text{\textgreater}\)] 120,435. 0. 37,349. 0. 0. 0.

c Total from continuation sheets to Part VII, Section A [\(\text{\textgreater}\)] 0. 0. 0. 0. 0. 0.

d Total (add lines 1b and 1c) [\(\text{\textgreater}\)] 120,435. 0. 37,349. 0. 0. 0.

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

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

3 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

4 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

5 X

### Section B. Independent Contractors

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

<table>
<thead>
<tr>
<th>(A) Name and business address</th>
<th>(B) Description of services</th>
<th>(C) Compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>NONE</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

SEE PART VII, SECTION A CONTINUATION SHEETS
<table>
<thead>
<tr>
<th>(A) Name and title</th>
<th>(B) Average hours per week (list any hours for related organizations below line)</th>
<th>(C) Position (check all that apply)</th>
<th>(D) Reportable compensation from the organization (W-2/1099-MISC)</th>
<th>(E) Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>(F) Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>(27) MATT MONTEMURRO BOARD MEMBER</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(28) STEPHANIE SKLEA BOARD MEMBER</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(29) MARK VILLAFANDO BOARD MEMBER</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
</tbody>
</table>

Total: 3.00

---

833201
04-01-18

15280425 768001 039-12014800 2018.03030 UNITED WAY OF RACINE COUNTY 039-24A1
### Part VIII Statement of Revenue

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

<table>
<thead>
<tr>
<th>Contributions, Gifts, Grants and Other Similar Amounts</th>
<th>(A) Total revenue</th>
<th>(B) Related or exempt function revenue</th>
<th>(C) Unrelated business revenue</th>
<th>(D) Revenue excluded from tax under sections 512-514</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. a. Federated campaigns</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Membership dues</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Fundraising events</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Related organizations</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. Government grants (contributions)</td>
<td></td>
<td>144,628</td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. All other contributions, gifts, grants, and similar amounts not included above</td>
<td></td>
<td>3,715,490</td>
<td></td>
<td></td>
</tr>
<tr>
<td>g. Noncash contributions included in lines 1a-1f $</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>h. Total, Add lines 1a-1f $</td>
<td></td>
<td>3,860,118</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Program Service Revenue**

<table>
<thead>
<tr>
<th>Program Service Revenue</th>
<th>Business Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Contributions, Gifts, Grants and Other Similar Amounts</th>
<th>(A) Total revenue</th>
<th>(B) Related or exempt function revenue</th>
<th>(C) Unrelated business revenue</th>
<th>(D) Revenue excluded from tax under sections 512-514</th>
</tr>
</thead>
<tbody>
<tr>
<td>3. Investment income (including dividends, interest, and other similar amounts)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Income from investment of tax-exempt bond proceeds</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Royalties</th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Other Revenue</th>
<th>Business Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>6. a. Gross rents</td>
<td></td>
</tr>
<tr>
<td>b. Less: rental expenses</td>
<td></td>
</tr>
<tr>
<td>c. Rental income or (loss)</td>
<td></td>
</tr>
<tr>
<td>d. Net rental income or (loss)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Gross amount from sales of assets other than inventory</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>7. a. Gross amount from sales of assets other than inventory</td>
<td>121,672</td>
</tr>
<tr>
<td>b. Less: cost or other basis and sales expenses</td>
<td>0</td>
</tr>
<tr>
<td>c. Gain or (loss)</td>
<td></td>
</tr>
<tr>
<td>d. Net gain or (loss)</td>
<td></td>
</tr>
</tbody>
</table>

| 8. a. Gross income from fundraising events (not including $ of contributions reported on line 1c). See Part IV, line 18 | |
| b. Less: direct expenses | |
| c. Net income or (loss) from fundraising events | |

| 9. a. Gross income from gaming activities. See Part IV, line 19 | |
| b. Less: direct expenses | |
| c. Net income or (loss) from gaming activities | |

| 10. a. Gross sales of inventory, less returns and allowances | |
| b. Less: cost of goods sold | |
| c. Net income or (loss) from sales of inventory | |

**Miscellaneous Revenue**

<table>
<thead>
<tr>
<th>Miscellaneous Revenue</th>
<th>Business Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Contributions, Gifts, Grants and Other Similar Amounts</th>
<th>(A) Total revenue</th>
<th>(B) Related or exempt function revenue</th>
<th>(C) Unrelated business revenue</th>
<th>(D) Revenue excluded from tax under sections 512-514</th>
</tr>
</thead>
<tbody>
<tr>
<td>11. a.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. All other revenue</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. Total, Add lines 11a-11d</td>
<td></td>
<td>4,040,974</td>
<td>0</td>
<td>180,856.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>12. Total revenue. See instructions</th>
<th></th>
</tr>
</thead>
</table>

---

15280425 768001 039-12014800 2018.03030 UNITED WAY OF RACINE COUNTY 039-24A1
### Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

<table>
<thead>
<tr>
<th>(A) Total expenses</th>
<th>(B) Program service expenses</th>
<th>(C) Management and general expenses</th>
<th>(D) Fundraising expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21</td>
<td>2,575,916</td>
<td>2,575,916</td>
<td></td>
</tr>
<tr>
<td>2 Grants and other assistance to domestic individuals. See Part IV, line 22</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Benefits paid to or for members</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 Compensation of current officers, directors, trustees, and key employees</td>
<td>157,784</td>
<td>25,245</td>
<td>118,338</td>
</tr>
<tr>
<td>6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 Other salaries and wages</td>
<td>869,436</td>
<td>379,434</td>
<td>191,571</td>
</tr>
<tr>
<td>8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)</td>
<td>96,406</td>
<td>34,747</td>
<td>34,414</td>
</tr>
<tr>
<td>9 Other employee benefits</td>
<td>191,932</td>
<td>94,934</td>
<td>55,330</td>
</tr>
<tr>
<td>10 Payroll taxes</td>
<td>82,540</td>
<td>30,909</td>
<td>27,977</td>
</tr>
<tr>
<td>11 Fees for services (non-employees):</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a Management</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Legal</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Accounting</td>
<td>13,470</td>
<td>5,892</td>
<td>3,688</td>
</tr>
<tr>
<td>d Lobbying</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e Professional fundraising services. See Part IV, line 17</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f Investment management fees</td>
<td>14,666</td>
<td>14,666</td>
<td></td>
</tr>
<tr>
<td>g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)</td>
<td>122,646</td>
<td>88,545</td>
<td>23,603</td>
</tr>
<tr>
<td>12 Advertising and promotion</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13 Office expenses</td>
<td>196,991</td>
<td>133,633</td>
<td>41,593</td>
</tr>
<tr>
<td>14 Information technology</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15 Royalties</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16 Occupancy</td>
<td>79,725</td>
<td>19,151</td>
<td>15,188</td>
</tr>
<tr>
<td>17 Travel</td>
<td>70,495</td>
<td>28,197</td>
<td>33,060</td>
</tr>
<tr>
<td>18 Payments of travel or entertainment expenses for any federal, state, or local public officials</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19 Conferences, conventions, and meetings</td>
<td>5,166</td>
<td>5,166</td>
<td></td>
</tr>
<tr>
<td>20 Interest</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21 Payments to affiliates</td>
<td>44,688</td>
<td>18,672</td>
<td>12,726</td>
</tr>
<tr>
<td>22 Depreciation, depletion, and amortization</td>
<td>15,074</td>
<td></td>
<td>15,074</td>
</tr>
<tr>
<td>23 Insurance</td>
<td>2,572</td>
<td>1,054</td>
<td></td>
</tr>
<tr>
<td>24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a PRINTING AND PUBLICATION</td>
<td>85,232</td>
<td>2,735</td>
<td>3,105</td>
</tr>
<tr>
<td>b REPAIRS AND MAINTENANCE</td>
<td>10,331</td>
<td></td>
<td>10,331</td>
</tr>
<tr>
<td>c MEMBERSHIP DUES</td>
<td>9,252</td>
<td></td>
<td>8,962</td>
</tr>
<tr>
<td>d</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e All other expenses</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>25 Total functional expenses. Add lines 1 through 24e</td>
<td>4,644,414</td>
<td>3,444,230</td>
<td>610,372</td>
</tr>
<tr>
<td>26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Form 990 (2018)
### Part X  Balance Sheet

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

<table>
<thead>
<tr>
<th></th>
<th>(A) Beginning of year</th>
<th></th>
<th>(B) End of year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Cash - non-interest-bearing</td>
<td>150.</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>Savings and temporary cash investments</td>
<td>4,323,478.</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>Pledges and grants receivable, net</td>
<td>2,655,800.</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>Accounts receivable, net</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Notes and loans receivable, net</td>
<td>33,136.</td>
<td>9</td>
</tr>
<tr>
<td>8</td>
<td>Inventories for sale or use</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Prepaid expenses and deferred charges</td>
<td>228,503.</td>
<td>10a</td>
</tr>
<tr>
<td>10</td>
<td>Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D</td>
<td>2,036,182.</td>
<td>11</td>
</tr>
<tr>
<td>11</td>
<td>Investments - publicly traded securities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Investments - other securities. See Part IV, line 11</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Intangible assets</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>Other assets. See Part IV, line 11</td>
<td>2,254.</td>
<td>15</td>
</tr>
<tr>
<td>16</td>
<td>Total assets. Add lines 1 through 15 (must equal line 34)</td>
<td>9,081,170.</td>
<td>16</td>
</tr>
<tr>
<td>17</td>
<td>Accounts payable and accrued expenses</td>
<td>174,456.</td>
<td>17</td>
</tr>
<tr>
<td>18</td>
<td>Grants payable</td>
<td></td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>Deferred revenue</td>
<td></td>
<td></td>
</tr>
<tr>
<td>20</td>
<td>Tax-exempt bond liabilities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>21</td>
<td>Escrow or custodial account liability. Complete Part IV of Schedule D</td>
<td></td>
<td></td>
</tr>
<tr>
<td>22</td>
<td>Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L</td>
<td></td>
<td></td>
</tr>
<tr>
<td>23</td>
<td>Secured mortgages and notes payable to unrelated third parties</td>
<td></td>
<td></td>
</tr>
<tr>
<td>24</td>
<td>Unsecured notes and loans payable to unrelated third parties</td>
<td></td>
<td></td>
</tr>
<tr>
<td>25</td>
<td>Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D</td>
<td>1,557,194.</td>
<td>25</td>
</tr>
<tr>
<td>26</td>
<td>Total liabilities. Add lines 17 through 25</td>
<td>1,731,650.</td>
<td>26</td>
</tr>
<tr>
<td>27</td>
<td>Organizations that follow SFAS 117 (ASC 958), check here □ and complete lines 27 through 29, and lines 33 and 34.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>28</td>
<td>Unrestricted net assets</td>
<td>2,163,386.</td>
<td>27</td>
</tr>
<tr>
<td>29</td>
<td>Temporarily restricted net assets</td>
<td>4,619,316.</td>
<td>28</td>
</tr>
<tr>
<td>30</td>
<td>Permanently restricted net assets</td>
<td>566,818.</td>
<td>29</td>
</tr>
<tr>
<td>31</td>
<td>Capital stock or trust principal, or current funds</td>
<td></td>
<td></td>
</tr>
<tr>
<td>32</td>
<td>Paid-in or capital surplus, or land, building, or equipment fund</td>
<td></td>
<td></td>
</tr>
<tr>
<td>33</td>
<td>Retained earnings, endowment, accumulated income, or other funds</td>
<td></td>
<td></td>
</tr>
<tr>
<td>34</td>
<td>Total net assets or fund balances</td>
<td>7,349,520.</td>
<td>33</td>
</tr>
<tr>
<td>35</td>
<td>Total liabilities and net assets/fund balances</td>
<td>9,081,170.</td>
<td>34</td>
</tr>
</tbody>
</table>
**Part XI** Reconciliation of Net Assets

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

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total revenue (must equal Part VIII, column (A), line 12)</td>
</tr>
<tr>
<td>2</td>
<td>Total expenses (must equal Part IX, column (A), line 25)</td>
</tr>
<tr>
<td>3</td>
<td>Revenue less expenses. Subtract line 2 from line 1</td>
</tr>
<tr>
<td>4</td>
<td>Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))</td>
</tr>
<tr>
<td>5</td>
<td>Net unrealized gains (losses) on investments</td>
</tr>
<tr>
<td>6</td>
<td>Donated services and use of facilities</td>
</tr>
<tr>
<td>7</td>
<td>Investment expenses</td>
</tr>
<tr>
<td>8</td>
<td>Prior period adjustments</td>
</tr>
<tr>
<td>9</td>
<td>Other changes in net assets or fund balances (explain in Schedule O)</td>
</tr>
<tr>
<td>10</td>
<td>Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))</td>
</tr>
</tbody>
</table>

**Part XII** Financial Statements and Reporting

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

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Accounting method used to prepare the Form 990: [ ] Cash [X] Accrual [ ] Other</td>
<td></td>
</tr>
<tr>
<td></td>
<td>If the organization changed its method of accounting from a prior year or checked &quot;Other,&quot; explain in Schedule O.</td>
<td></td>
</tr>
<tr>
<td>2a</td>
<td>Were the organization's financial statements compiled or reviewed by an independent accountant?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>If &quot;Yes,&quot; check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>[ ] Separate basis [ ] Consolidated basis [ ] Both consolidated and separate basis</td>
<td></td>
</tr>
<tr>
<td>2b</td>
<td>Were the organization's financial statements audited by an independent accountant?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>If &quot;Yes,&quot; check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>[X] Separate basis [ ] Consolidated basis [ ] Both consolidated and separate basis</td>
<td></td>
</tr>
<tr>
<td>2c</td>
<td>If &quot;Yes&quot; 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?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.</td>
<td></td>
</tr>
<tr>
<td>3a</td>
<td>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?</td>
<td></td>
</tr>
<tr>
<td>3b</td>
<td>If &quot;Yes,&quot; 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</td>
<td></td>
</tr>
</tbody>
</table>
Public Charity Status and Public Support

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

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

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

<table>
<thead>
<tr>
<th>Part I</th>
<th>Reason for Public Charity Status (All organizations must complete this part) See instructions.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>☐ A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).</td>
</tr>
<tr>
<td>2</td>
<td>☐ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)</td>
</tr>
<tr>
<td>3</td>
<td>☐ A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).</td>
</tr>
<tr>
<td>4</td>
<td>☐ 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:</td>
</tr>
<tr>
<td>5</td>
<td>☐ 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.)</td>
</tr>
<tr>
<td>6</td>
<td>☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).</td>
</tr>
<tr>
<td>7</td>
<td>☑ 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.)</td>
</tr>
<tr>
<td>8</td>
<td>☐ A community trust described in section 170(b)(1)(A)(vii). (Complete Part II.)</td>
</tr>
<tr>
<td>9</td>
<td>☐ An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:</td>
</tr>
<tr>
<td>10</td>
<td>☐ 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.)</td>
</tr>
<tr>
<td>11</td>
<td>☐ An organization organized and operated exclusively to test for public safety. See section 509(a)(4).</td>
</tr>
<tr>
<td>12</td>
<td>☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.</td>
</tr>
<tr>
<td>a</td>
<td>☐ Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.</td>
</tr>
<tr>
<td>b</td>
<td>☐ Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.</td>
</tr>
<tr>
<td>c</td>
<td>☐ Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.</td>
</tr>
<tr>
<td>d</td>
<td>☐ Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A, D, and Part V.</td>
</tr>
<tr>
<td>e</td>
<td>☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.</td>
</tr>
<tr>
<td>f</td>
<td>☐ Enter the number of supported organizations:</td>
</tr>
<tr>
<td>g</td>
<td>☐ Provide the following information about the supported organization(s).</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(i) Name of supported organization</th>
<th>(ii) EIN</th>
<th>(iii) Type of organization (described on lines 1-10 above; see instructions)</th>
<th>(iv) Is the organization listed in your description document?</th>
<th>(v) Amount of monetary support (see instructions)</th>
<th>(vi) Amount of other support (see instructions)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total
### Section A. Public Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2014</th>
<th>(b) 2015</th>
<th>(c) 2016</th>
<th>(d) 2017</th>
<th>(e) 2018</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gifts, grants, contributions, and membership fees received</td>
<td>5,097,369</td>
<td>5,216,876</td>
<td>4,752,693</td>
<td>4,431,550</td>
<td>3,860,118</td>
<td>23,358,606</td>
</tr>
<tr>
<td>2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf</td>
<td>....</td>
<td>....</td>
<td>....</td>
<td>....</td>
<td>....</td>
<td>....</td>
</tr>
<tr>
<td>3 The value of services or facilities furnished by a governmental unit to the organization without charge</td>
<td>....</td>
<td>....</td>
<td>....</td>
<td>....</td>
<td>....</td>
<td>....</td>
</tr>
<tr>
<td>4 Total. Add lines 1 through 3</td>
<td>5,097,369</td>
<td>5,216,876</td>
<td>4,752,693</td>
<td>4,431,550</td>
<td>3,860,118</td>
<td>23,358,606</td>
</tr>
<tr>
<td>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)</td>
<td>....</td>
<td>....</td>
<td>....</td>
<td>....</td>
<td>....</td>
<td>....</td>
</tr>
<tr>
<td>6 Public support. Subtract line 5 from line 4</td>
<td>....</td>
<td>....</td>
<td>....</td>
<td>....</td>
<td>....</td>
<td>3,858,054</td>
</tr>
</tbody>
</table>

### Section B. Total Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2014</th>
<th>(b) 2015</th>
<th>(c) 2016</th>
<th>(d) 2017</th>
<th>(e) 2018</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>7 Amounts from line 4</td>
<td>5,097,369</td>
<td>5,216,876</td>
<td>4,752,693</td>
<td>4,431,550</td>
<td>3,860,118</td>
<td>23,358,606</td>
</tr>
<tr>
<td>8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources</td>
<td>78,137</td>
<td>11,662</td>
<td>82,366</td>
<td>41,621</td>
<td>59,184</td>
<td>272,970</td>
</tr>
<tr>
<td>9 Net income from unrelated business activities, whether or not the business is regularly carried on</td>
<td>....</td>
<td>....</td>
<td>....</td>
<td>....</td>
<td>....</td>
<td>....</td>
</tr>
<tr>
<td>10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)</td>
<td>....</td>
<td>....</td>
<td>....</td>
<td>....</td>
<td>....</td>
<td>....</td>
</tr>
<tr>
<td>11 Total support. Add lines 7 through 10</td>
<td>....</td>
<td>....</td>
<td>....</td>
<td>....</td>
<td>....</td>
<td>23,631,576</td>
</tr>
<tr>
<td>12 Gross receipts from related activities, etc. (see instructions)</td>
<td>12</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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</td>
<td>....</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Section C. Computation of Public Support Percentage

<table>
<thead>
<tr>
<th>Schedule A (Form 990 or 990-EZ) 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>14 Public support percentage for 2018 (line 6, column (f)) divided by line 11, column (f)</td>
</tr>
<tr>
<td>15 Public support percentage from 2017 Schedule A, Part II, line 14</td>
</tr>
<tr>
<td>16a 33 1/3% support test - 2016. 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</td>
</tr>
<tr>
<td>16b 33 1/3% support test - 2017. 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</td>
</tr>
<tr>
<td>17a 10% -facts-and-circumstances test - 2018. 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 &quot;facts-and-circumstances&quot; test, check this box and stop here. Explain in Part VI how the organization meets the &quot;facts-and-circumstances&quot; test. The organization qualifies as a publicly supported organization</td>
</tr>
<tr>
<td>17b 10% -facts-and-circumstances test - 2017. 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 &quot;facts-and-circumstances&quot; test, check this box and stop here. Explain in Part VI how the organization meets the &quot;facts-and-circumstances&quot; test. The organization qualifies as a publicly supported organization</td>
</tr>
<tr>
<td>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</td>
</tr>
</tbody>
</table>
### Section A. Public Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2014</th>
<th>(b) 2015</th>
<th>(c) 2016</th>
<th>(d) 2017</th>
<th>(e) 2018</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1  Gifts, grants, contributions, and</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>membership fees received. (Do not</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>include any &quot;unusual grants.&quot;)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2  Gross receipts from admissions,</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>merchandise sold or services</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>performed, or facilities furnished in</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>any activity that is related to the</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>organization’s tax-exempt purpose</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>3  Gross receipts from activities that</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>are not an unrelated trade or</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>business under section 513</td>
<td></td>
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</tr>
<tr>
<td>4  Tax revenues levied for the</td>
<td></td>
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</tr>
<tr>
<td>organization’s benefit and either paid</td>
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<tr>
<td>or expended on its behalf</td>
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<td></td>
</tr>
<tr>
<td>5  The value of services or facilities</td>
<td></td>
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</tr>
<tr>
<td>furnished by a governmental unit to</td>
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</tr>
<tr>
<td>the organization without charge</td>
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<td></td>
</tr>
<tr>
<td>6  Total. Add lines 1 through 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7a Amounts included on lines 1, 2, and</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 received from disqualified persons</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7b Amounts included on lines 2 and 3</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>7c Add lines 7a and 7b</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>8  Public support, excluding Schedule B</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

### Section B. Total Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2014</th>
<th>(b) 2015</th>
<th>(c) 2016</th>
<th>(d) 2017</th>
<th>(e) 2018</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>9  Amounts from line 6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10a Gross income from interest,</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>dividends, payments received on</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>securities loans, rents, royalties,</td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>and income from similar sources</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>10b Unrelated business taxable income</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(less section 511 taxes) from</td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>businesses acquired after June 30,</td>
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<td></td>
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</tr>
<tr>
<td>1975</td>
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</tr>
<tr>
<td>10c Add lines 10a and 10b</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>11  Net income from unrelated business</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>activities not included in line 10b,</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>whether or not the business is</td>
<td></td>
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</tr>
<tr>
<td>regularly carried on</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>12  Other income. Do not include gain</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>or loss from the sale of capital</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>assets (Explain in Part VI)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13  Total support. Add lines 9, 10c, 11,</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>14  First five years. If the Form 990 is</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>for the organization’s first, second,</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>third, fourth, or fifth tax year as a</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>section 501(c)(3) organization,</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>check this box and stop here.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Section C. Computation of Public Support Percentage

<table>
<thead>
<tr>
<th></th>
<th>(a) 2014</th>
<th>(b) 2015</th>
<th>(c) 2016</th>
<th>(d) 2017</th>
<th>(e) 2018</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>15 Public support percentage for 2018</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(line 8, column (f)), divided by line</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13, column (f)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16 Public support percentage from 2017</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Schedule A, Part III, line 15</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

### Section D. Computation of Investment Income Percentage

<table>
<thead>
<tr>
<th></th>
<th>(a) 2014</th>
<th>(b) 2015</th>
<th>(c) 2016</th>
<th>(d) 2017</th>
<th>(e) 2018</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>17 Investment income percentage for</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2018 (line 10c, column (f)), divided</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>by line 13, column (f)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18 Investment income percentage from</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2017 Schedule A, Part III, line 17</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| **19 a** 31.3% support tests - 2018. If  |        |        |        |        |        |        |
|    the organization did not check the   |        |        |        |        |        |        |
|    box on line 14, and line 15 is more  |        |        |        |        |        |        |
|    than 31.3%, check this box and stop  |        |        |        |        |        |        |
|    here. The organization qualifies as  |        |        |        |        |        |        |
|    a publicly supported organization    |        |        |        |        |        |        |
| **19 b** 31.3% support tests - 2017. If  |        |        |        |        |        |        |
|    the organization did not check a box  |        |        |        |        |        |        |
|    on line 14 or line 19a, and line 16 is |        |        |        |        |        |        |
|    more than 31.3%, and line 18 is not   |        |        |        |        |        |        |
|    more than 31.3%, check this box and   |        |        |        |        |        |        |
|    stop here. The organization qualifies  |        |        |        |        |        |        |
|    as a publicly supported organization  |        |        |        |        |        |        |

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

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15280425 768001 039-12014800 2018.03030 UNITED WAY OF RACINE COUNTY 039-24A1
### Part IV  Supporting Organizations

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

#### Section A. All Supporting Organizations

1. Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
</tr>
</tbody>
</table>

2. Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2</td>
</tr>
</tbody>
</table>

3a. Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>3a</td>
</tr>
</tbody>
</table>

b. Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>3b</td>
</tr>
</tbody>
</table>

c. Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>3c</td>
</tr>
</tbody>
</table>

4a. Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>4a</td>
</tr>
</tbody>
</table>

b. Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>4b</td>
</tr>
</tbody>
</table>

c. Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>4c</td>
</tr>
</tbody>
</table>

5a. Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>5a</td>
</tr>
</tbody>
</table>

b. Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>5b</td>
</tr>
</tbody>
</table>

c. Substitutions only. Was the substitution the result of an event beyond the organization's control?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>5c</td>
</tr>
</tbody>
</table>

6. Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>6</td>
</tr>
</tbody>
</table>

7. Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>7</td>
</tr>
</tbody>
</table>

8. Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>8</td>
</tr>
</tbody>
</table>

9a. Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>9a</td>
</tr>
</tbody>
</table>

b. Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>9b</td>
</tr>
</tbody>
</table>

c. Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>9c</td>
</tr>
</tbody>
</table>

10a. Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations? If "Yes," answer 10b below.

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>10a</td>
</tr>
</tbody>
</table>

b. Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>10b</td>
</tr>
</tbody>
</table>
Part IV Supporting Organizations (continued)

11 Has the organization accepted a gift or contribution from any of the following persons?
   a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?
   b A family member of a person described in (a) above?
   c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?

2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).

3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
   a The organization satisfied the Activities Test. Complete line 2 below.
   b The organization is the parent of each of its supported organizations. Complete line 3 below.
   c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

2 Activities Test. Answer (a) and (b) below.
   a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
   b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.

3 Parent of Supported Organizations. Answer (a) and (b) below.
   a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.
   b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.
**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

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

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

<table>
<thead>
<tr>
<th>Section B - Minimum Asset Amount</th>
<th>(A) Prior Year</th>
<th>(B) Current Year (optional)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Average monthly value of securities</td>
<td>1a</td>
<td></td>
</tr>
<tr>
<td>Average monthly cash balances</td>
<td>1b</td>
<td></td>
</tr>
<tr>
<td>Fair market value of other non-exempt-use assets</td>
<td>1c</td>
<td></td>
</tr>
<tr>
<td>Total (add lines 1a, 1b, and 1c)</td>
<td>1d</td>
<td></td>
</tr>
<tr>
<td>Discount claimed for blockage or other factors (explain in detail in Part VI);</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Acquisition indebtedness applicable to non-exempt-use assets</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Subtract line 2 from line 1d</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Net value of non-exempt-use assets (subtract line 4 from line 3)</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>Multiply line 5 by .335</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>Recoveries of prior-year distributions</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td>Minimum Asset Amount (add line 7 to line 6)</td>
<td>8</td>
<td></td>
</tr>
</tbody>
</table>

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

[ ] Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).
## Part V | Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

### Section D - Distributions

<table>
<thead>
<tr>
<th></th>
<th>Current Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Amounts paid to supported organizations to accomplish exempt purposes</td>
</tr>
<tr>
<td>2</td>
<td>Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity</td>
</tr>
<tr>
<td>3</td>
<td>Administrative expenses paid to accomplish exempt purposes of supported organizations</td>
</tr>
<tr>
<td>4</td>
<td>Amounts paid to acquire exempt-use assets</td>
</tr>
<tr>
<td>5</td>
<td>Qualified set-aside amounts (prior IRS approval required)</td>
</tr>
<tr>
<td>6</td>
<td>Other distributions (describe in Part VI). See instructions.</td>
</tr>
<tr>
<td>7</td>
<td><strong>Total annual distributions. Add lines 1 through 6.</strong></td>
</tr>
<tr>
<td>8</td>
<td>Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.</td>
</tr>
<tr>
<td>9</td>
<td>Distributable amount for 2018 from Section C, line 6</td>
</tr>
<tr>
<td>10</td>
<td>Line 8 amount divided by line 9 amount</td>
</tr>
</tbody>
</table>

### Section E - Distribution Allocations

<table>
<thead>
<tr>
<th></th>
<th>(i) Excess Distributions</th>
<th>(ii) Underdistributions Pre-2018</th>
<th>(iii) Distributable Amount for 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Distributable amount for 2018 from Section C, line 6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in Part VI). See instructions.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Excess distributions carryover, if any, to 2018</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>From 2013</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>From 2014</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>From 2015</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>From 2016</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>From 2017</td>
<td></td>
<td></td>
</tr>
<tr>
<td>f</td>
<td><strong>Total</strong> of lines 3a through e</td>
<td></td>
<td></td>
</tr>
<tr>
<td>g</td>
<td>Applied to underdistributions of prior years</td>
<td></td>
<td></td>
</tr>
<tr>
<td>h</td>
<td>Applied to 2018 distributable amount</td>
<td></td>
<td></td>
</tr>
<tr>
<td>i</td>
<td>Carryover from 2013 not applied (see instructions)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>j</td>
<td>Remainder. Subtract lines 3g, 3h, and 3i from 3f.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Distributions for 2018 from Section D, line 7:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Applied to underdistributions of prior years</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Applied to 2018 distributable amount</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Remainder. Subtract lines 4a and 4b from 4.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td><strong>Excess distributions carryover to 2019. Add lines 3j and 4c.</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Breakdown of line 7:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Excess from 2014</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Excess from 2015</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Excess from 2016</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>Excess from 2017</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>Excess from 2018</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Part VI  Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
## Schedule A
### Identification of Excess Contributions
Included on Part II, Line 5

** 2018

** Do Not File **

*** Not Open to Public Inspection ***

<table>
<thead>
<tr>
<th>Contributor's Name</th>
<th>Total Contributions</th>
<th>Excess Contributions</th>
</tr>
</thead>
<tbody>
<tr>
<td>CNH INDUSTRIAL</td>
<td>636,656.</td>
<td>164,024.</td>
</tr>
<tr>
<td>MODINE MANUFACTURING COMPANY</td>
<td>1,149,677.</td>
<td>677,045.</td>
</tr>
<tr>
<td>TWIN DISC, INC.</td>
<td>533,627.</td>
<td>60,995.</td>
</tr>
<tr>
<td>SC JOHNSON &amp; SON, INC.</td>
<td>3,428,622.</td>
<td>2,955,990.</td>
</tr>
</tbody>
</table>

Total Excess Contributions to Schedule A, Part II, Line 5

3,858,054.
The document is a Schedule B for contributors for the year 2018. It includes information about the organization, its type, and details about contributions received during the year. The organization is the United Way of Racine County, Inc., with an employer identification number of 39-0806349.

The form does not contain any contributions that meet the criteria for filing. Therefore, no parts of the form are completed, and it can be submitted without any changes.

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't 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 its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).
# Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization: UNITED WAY OF RACINE COUNTY, INC.

Employer identification number: 39-0806349

## Part I  Contributors

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

<table>
<thead>
<tr>
<th>No.</th>
<th>Name, address, and ZIP + 4</th>
<th>Total contributions</th>
<th>Type of contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td>$100,000.</td>
<td>Person X Payroll</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Noncash</td>
</tr>
<tr>
<td>2</td>
<td></td>
<td>$227,965.</td>
<td>Person X Payroll</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Noncash</td>
</tr>
<tr>
<td>3</td>
<td></td>
<td>$627,114.</td>
<td>Person X Payroll</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Noncash</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
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<tr>
<td></td>
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<td></td>
</tr>
</tbody>
</table>
## Part II  Noncash Property

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

<table>
<thead>
<tr>
<th>(a) No. from Part I</th>
<th>(b) Description of noncash property given</th>
<th>(c) FMV (or estimate) (See instructions.)</th>
<th>(d) Date received</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>$</td>
<td></td>
</tr>
<tr>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(a) No. from Part I</td>
<td>(b) Purpose of gift</td>
<td>(c) Use of gift</td>
<td>(d) Description of how gift is held</td>
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<tr>
<td>(e) Transfer of gift</td>
<td></td>
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</tr>
<tr>
<td>Transferee's name, address, and ZIP + 4</td>
<td>Relationship of transferor to transferee</td>
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<td>(a) No. from Part I</td>
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<td>(c) Use of gift</td>
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<td>(e) Transfer of gift</td>
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<td>Transferee's name, address, and ZIP + 4</td>
<td>Relationship of transferor to transferee</td>
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<td>(a) No. from Part I</td>
<td>(b) Purpose of gift</td>
<td>(c) Use of gift</td>
<td>(d) Description of how gift is held</td>
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<td>(e) Transfer of gift</td>
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<td>Transferee's name, address, and ZIP + 4</td>
<td>Relationship of transferor to transferee</td>
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<td>(a) No. from Part I</td>
<td>(b) Purpose of gift</td>
<td>(c) Use of gift</td>
<td>(d) Description of how gift is held</td>
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<td>(e) Transfer of gift</td>
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<tr>
<td>Transferee's name, address, and ZIP + 4</td>
<td>Relationship of transferor to transferee</td>
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</tbody>
</table>
## Part I  Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts

**Name of the organization**

UNITED WAY OF RACINE COUNTY, INC.

**Employer identification number**

39-0806349

<table>
<thead>
<tr>
<th>(a) Donor advised funds</th>
<th>(b) Funds and other accounts</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1. Total number at end of year __________________________

2. Aggregate value of contributions to (during year) __________________________

3. Aggregate value of grants from (during year) __________________________

4. Aggregate value at end of year __________________________

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

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

## Part II  Conservation Easements

**Purpose(s) of conservation easements held by the organization (check all that apply).**

- Preservation of land for public use (e.g., recreation or education)
- Preservation of a historically important land area
- Protection of natural habitat
- Preservation of a certified historic structure
- Preservation of open space

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

<table>
<thead>
<tr>
<th>Held at the End of the Tax Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>2a</td>
</tr>
<tr>
<td>2b</td>
</tr>
<tr>
<td>2c</td>
</tr>
<tr>
<td>2d</td>
</tr>
</tbody>
</table>

3. Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year □

4. Number of states where property subject to conservation easement is located □

5. Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? □ Yes □ No

6. Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year □

7. Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year □

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

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

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

**Complete if the organization answered "Yes" on Form 990, Part IV, line 8.**

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

1b. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

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

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

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

   a. Revenue included on Form 990, Part VIII, line 1 □ $ □

   b. Assets included in Form 990, Part X □ $ □

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

Schedule D (Form 990) 2018

15280425 768001 039-12014800 2018.03030 UNITED WAY OF RACINE COUNTY 039-24A1
### 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):
   - Public exhibition
   - Scholarly research
   - Preservation for future generations

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

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

### Part IV | Escrow and Custodial Arrangements

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

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

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

<table>
<thead>
<tr>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1c</td>
</tr>
<tr>
<td>1d</td>
</tr>
<tr>
<td>1e</td>
</tr>
<tr>
<td>1f</td>
</tr>
</tbody>
</table>

2a. Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?
   - Yes
   - No

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

### Part V | Endowment Funds

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

1a. Beginning of year balance
   - 1,447,642
   - 1,122,677
   - 1,091,701
   - 1,135,551
   - 1,137,830

b. Contributions
   - 204,000

c. Net investment earnings, gains, and losses
   - 78,858
   - 176,674
   - 78,386
   - 13,850
   - 55,112

d. Grants or scholarships


e. Other expenditures for facilities and programs
   - 59,137
   - 55,709
   - 47,410
   - 30,000
   - 57,391

f. Administrative expenses


g. End of year balance
   - 1,369,647
   - 1,447,642
   - 1,122,677
   - 1,091,701
   - 1,135,551

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

- a. Board designated or quasi-endowment: 23.74%

- b. Permanent endowment: 76.26%

   - c. Temporarily restricted endowment: 76.26%

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

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

   - (i) unrelated organizations
     - Yes
     - No

   - (ii) related organizations
     - Yes
     - No

b. If "Yes" on line 3a(i), are the related organizations listed as required on Schedule R?

   - Yes
   - No

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

### Part VI | Land, Buildings, and Equipment

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

<table>
<thead>
<tr>
<th>Description of property</th>
<th>(a) Cost or other basis (investment)</th>
<th>(b) Cost or other basis (other)</th>
<th>(c) Accumulated depreciation</th>
<th>(d) Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a Land</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Buildings</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Leasehold improvements</td>
<td>75,000</td>
<td>75,000</td>
<td>75,000</td>
<td>75,000</td>
</tr>
<tr>
<td>d Equipment</td>
<td>153,503</td>
<td>128,747</td>
<td>24,756</td>
<td></td>
</tr>
<tr>
<td>e Other</td>
<td></td>
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</tbody>
</table>

**Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)**

<table>
<thead>
<tr>
<th>Total</th>
<th></th>
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</thead>
<tbody>
<tr>
<td></td>
<td>24,756</td>
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</tbody>
</table>

Schedule D (Form 990) 2018

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15280425 768001 039-12014800 2018.03030 UNITED WAY OF RACINE COUNTY 039-24A1
### Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

<table>
<thead>
<tr>
<th>(a) Description of security or category (including name of security)</th>
<th>(b) Book value</th>
<th>(c) Method of valuation: Cost or end-of-year market value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Financial derivatives</td>
<td></td>
<td></td>
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<tr>
<td>(2) Closely-held equity interests</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3) Other</td>
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</tbody>
</table>

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

### Part VIII Investments - Program Related.

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

<table>
<thead>
<tr>
<th>(a) Description of investment</th>
<th>(b) Book value</th>
<th>(c) Method of valuation: Cost or end-of-year market value</th>
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</thead>
<tbody>
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<td>(9)</td>
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</tbody>
</table>

Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)

### Part IX Other Assets.

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

<table>
<thead>
<tr>
<th>(a) Description</th>
<th>(b) Book value</th>
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<tbody>
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<td>(1)</td>
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<td>(8)</td>
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<td>(9)</td>
<td></td>
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</tbody>
</table>

Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)

### Part X Other Liabilities.

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

1. (a) Description of liability | (b) Book value
--- | ---
(1) Federal income taxes |      
(2) AGENCY ALLOCATIONS | 864,584. 
(3) AGENCY DESIGNATIONS | 503,454. 
(4) |      
(5) |      
(6) |      
(7) |      
(8) |      
(9) |      

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) | 1,368,038.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.
### Part XI | Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

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

### Part XII | Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

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

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

### Part XIII | Supplemental Information

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

---

**PART V, LINE 4:**

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

W.R. WADEWITZ FUND - A PORTION OF THIS FUND IS PERMANENTLY RESTRICTED. THE REMAINING BALANCE IS TEMPORARILY RESTRICTED FOR PROVIDING EMERGENCY CAPITAL NEEDS TO UNITED WAY OF RACINE COUNTY, INC. AND UNITED WAY OF RACINE COUNTY, INC. FUNDED AGENCIES. FUNDS ARE PERIODICALLY DISTRIBUTED AS NEEDED BASED ON ADVISORY RECOMMENDATIONS FROM UNITED WAY OF RACINE COUNTY, INC.
PLANNED GIVING FUND (BOARD DESIGNATED) - THE PURPOSE OF THIS FUND IS TO PROVIDE PROGRAM SERVICES IN RACINE COUNTY.

PART X, LINE 2:
NO PROVISION OR BENEFIT FROM INCOME TAXES HAS BEEN INCLUDED IN THESE FINANCIAL STATEMENT SINCE THE ENTITY IS EXEMPT FROM FEDERAL INCOME TAXES, EXCEPT FOR TAX ON UNRELATED BUSINESS INCOME, UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. THE ORGANIZATION HAD NO UNRELATED BUSINESS INCOME FOR THE YEAR ENDED. MANAGEMENT ANALYZED THE REQUIREMENTS FOR UNCERTAIN TAX POSITIONS. THE ORGANIZATION DETERMINED THAT IT WAS NOT REQUIRED TO RECORD A LIABILITY RELATED TO UNCERTAIN TAX POSITIONS AT DECEMBER 31, 2018.
### 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 [X]  
   - No [ ]

2. Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.  
   - [ ]

### Part II  Grants and Other Assistance to Domestic Organizations and Domestic Governments

**1 (a) Name and address of organization or government**

<table>
<thead>
<tr>
<th>(b) EIN</th>
<th>(c) IRC section (if applicable)</th>
<th>(d) Amount of cash grant</th>
<th>(e) Amount of non-cash assistance</th>
<th>(f) Method of valuation (book, FMV, appraisal, other)</th>
<th>(g) Description of noncash assistance</th>
<th>(h) Purpose of grant or assistance</th>
</tr>
</thead>
</table>
| ALLIANCE FOR MENTALLY ILL, INC.  
AMI RACINE COUNTY - 2300 DEKOVEN AVENUE - RACINE, WI 53403 | 39-1341452 | 501(C)(3) | 34,500 | | | ADVOCACY AND SUPPORT, ANNUAL MEETING & RESEARCH DINNER |
| THE ARC OF RACINE COUNTY, INC.  
6215 WASHINGTON AVENUE, SUITE C-5  
MOUNT PLEASANT, WI 53406 | 39-1232958 | 501(C)(3) | 9,400 | | | SPECIAL EDUCATION, ADVOCACY PROGRAM |
| BIG BROTHERS/BIG SISTERS OF RACINE & KENOSHA COUNTY - 3131 TAYLOR AVENUE, BLDG 4 BOX 7 - RACINE, WI 53405 | 39-1052882 | 501(C)(3) | 45,000 | | | ONE-ON-ONE OUTCOME BASED MENTORING |
| THREE HARBORS COUNCIL, BOY SCOUTS OF AMERICA, INC - 7500 GREEN BAY ROAD - KENOSHA, WI 53142 | 39-1163574 | 501(C)(3) | 5,000 | | | EXPLORING PROGRAM |
| CATHERINE MARIAN HOUSING, INC.  
805 WISCONSIN AVENUE  
RACINE, WI 53403 | 39-1657098 | 501(C)(3) | 17,600 | | | SHELTER FOR WOMEN |
| CATHOLIC CHARITIES OF THE ARCHDIOCESE OF MILWAUKEE - 806 WISCONSIN AVENUE - RACINE, WI 53403 | 39-0806321 | 501(C)(3) | 34,000 | | | BEHAVIORAL HEALTH COUNSELING SERVICES, ADVANCING FAMILY ASSETS |

2. Enter total number of section 501(c)(3) and government organizations listed in the line 1 table  
   - 32  

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

---

**Note:** For Paperwork Reduction Act Notice, see the instructions for Form 990.  
SEE PART IV FOR COLUMN (H) DESCRIPTIONS
<table>
<thead>
<tr>
<th>(a) Name and address of organization or government</th>
<th>(b) EIN</th>
<th>(c) IRC section if applicable</th>
<th>(d) Amount of cash grant</th>
<th>(e) Amount of non-cash assistance</th>
<th>(f) Method of valuation (book, FMV, appraisal, other)</th>
<th>(g) Description of non-cash assistance</th>
<th>(h) Purpose of grant or assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td>CENTRAL RACINE COUNTY HEALTH DEPARTMENT - 10005 NORTHWESTERN AVENUE, SUITE A - FRANKSVILLE, WI 53126</td>
<td>39-6005812</td>
<td>GOVT.</td>
<td>178,000.00</td>
<td>0.00</td>
<td>FAMILY CONNECTS PROGRAM</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CEREBRAL PALSY OF RACINE COUNTY, INC./RADD - 5801 WASHINGTON AVENUE, SUITE 103 - RACINE, WI 53406</td>
<td>39-1098077</td>
<td>501(C)(3)</td>
<td>33,000.00</td>
<td>0.00</td>
<td>RECREATION &amp; RESPITE PROGS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CHILDREN'S HOSPITAL OF WISCONSIN, COMMUNITY SERVICES - 8800 WASHINGTON AVENUE, SUITE 100 - MOUNT PLEASANT, WI 53404</td>
<td>39-0806380</td>
<td>501(C)(3)</td>
<td>64,000.00</td>
<td>0.00</td>
<td>COUNSELING AND RACINE CO. CHILD ADVOCACY CENTER</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FOCUS ON COMMUNITY, INC. 510 COLLEGE AVENUE RACINE, WI 53403</td>
<td>39-1369356</td>
<td>501(C)(3)</td>
<td>270,072.00</td>
<td>0.00</td>
<td>FAST, SUBSTANCE ABUSE PREVENTION, LIFESKILLS, ADVANCING FAMILY ASSETS</td>
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<tr>
<td>HEALTH CARE NETWORK, INC. 904 STATE STREET RACINE, WI 53404</td>
<td>42-1299913</td>
<td>501(C)(3)</td>
<td>80,000.00</td>
<td>0.00</td>
<td>HEALTHCARE SERVICES</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HOMELESS ASSISTANCE LEADERSHIP ORGANIZATION, INC. - 2000 DEKoven AVENUE, UNIT 1 - RACINE, WI 53403</td>
<td>20-2041432</td>
<td>501(C)(3)</td>
<td>155,956.00</td>
<td>0.00</td>
<td>HOMELESS SHELTER AND EDUCATION PROGRAM, HOMELESS ASSISTANCE PROGRAM</td>
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<td></td>
</tr>
<tr>
<td>HOPES CENTER 521 5TH STREET RACINE, WI 53403</td>
<td>26-3080281</td>
<td>501(C)(3)</td>
<td>19,461.00</td>
<td>0.00</td>
<td>HOMELESS ASSISTANCE PROGRAM</td>
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<tr>
<td>ST. PATRICK'S PARISH (JOHN XXIII EDUCATIONAL CENTER) - 1101 DOUGLAS AVENUE - RACINE, WI 53402</td>
<td>39-08289538</td>
<td>501(C)(3)</td>
<td>68,000.00</td>
<td>0.00</td>
<td>MIDDLE AND HIGH SCHOOL SUPPORT PROGRAM</td>
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<tr>
<td>LUTHERAN SOCIAL SERVICES OF WI AND UPPER MICHIGAN - 2000 DONANIK DRIVE, 4TH FLOOR - RACINE, WI 53404</td>
<td>38-6616946</td>
<td>501(C)(3)</td>
<td>121,515.00</td>
<td>0.00</td>
<td>SEXUAL ASSAULT SERVICES; ABUSE EDUCATION, HOMELESS ASSISTANCE PROGRAM</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(a) Name and address of organization or government</td>
<td>(b) EIN</td>
<td>(c) IRC section if applicable</td>
<td>(d) Amount of cash grant</td>
<td>(e) Amount of non-cash assistance</td>
<td>(f) Method of valuation (book, FMV, appraisal, other)</td>
<td>(g) Description of non-cash assistance</td>
<td>(h) Purpose of grant or assistance</td>
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<td>RACINE COUNTY PROJECT EMERGENCY 2000 DEROVEN AVENUE, UNIT 2</td>
<td>39-1269080</td>
<td>501(C)(3)</td>
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<tr>
<td>BOARD OF REGENTS OF THE UNIVERSITY OF WI SYSTEM, UW EXTENSION - 209 NORTH MAIN STREET - BURLINGTON, WI 53105</td>
<td>39-6005734</td>
<td>GOVT.</td>
<td>62,981.00</td>
<td>0.00</td>
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<td>EARLY LEARNING &amp; SCHOOL READINESS PROJECT</td>
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<td>RACINE COUNTY YOUTH AS RESOURCES 2000 DOMANIK DRIVE</td>
<td>39-1880420</td>
<td>501(C)(3)</td>
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<td>YOUTH PROGRAMS</td>
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<td>RACINE COUNTY WORKFORCE SOLUTIONS 1717 TAYLOR AVENUE</td>
<td>39-6005734</td>
<td>GOVT.</td>
<td>65,000.00</td>
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<td>FOCUS ON FATHER INITIATIVE, FAST FORWARD GRANT MATCH</td>
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<tr>
<td>RACINE, WI 53404</td>
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<td>RACINE FRIENDSHIP CLUBHOUSE 2000 - 17TH STREET</td>
<td>39-1705768</td>
<td>501(C)(3)</td>
<td>18,000.00</td>
<td>0.00</td>
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<td>SUPPORT PROGRAMS FOR PEOPLE WITH MENTAL ILLNESS, WORK ORDERED DAY PROGRAM</td>
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<td>RACINE, WI 53403</td>
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<td>RACINE LITERACY COUNCIL 734 LAKE AVENUE</td>
<td>51-0190214</td>
<td>501(C)(3)</td>
<td>72,000.00</td>
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<td>ADULT LITERACY PROGRAM</td>
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<td>RACINE VOCATIONAL MINISTRY 214 SEVENTH STREET</td>
<td>71-0894219</td>
<td>501(C)(3)</td>
<td>69,238.00</td>
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<td>JOB SKILLS TRAINING; COMMUNITY RE-ENTRY PROGRAM; HOMELESS ASSISTANCE PROGRAM</td>
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<td>RACINE, WI 53403</td>
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<tr>
<td>SAFE HAVEN OF RACINE, INC. 1030 WASHINGTON AVENUE</td>
<td>39-1155004</td>
<td>501(C)(3)</td>
<td>70,973.00</td>
<td>0.00</td>
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<td>YOUTH SHELTER; OUTREACH PROGRAMS, HOMELESS ASSISTANCE PROGRAM, GIRLS INC., AFTERSCHOOL PROGRAM</td>
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<td>RACINE, WI 53403</td>
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<tr>
<td>SALVATION ARMY (RACINE CORPS,) 1991 WASHINGTON AVENUE</td>
<td>39-0805889</td>
<td>501(C)(3)</td>
<td>12,000.00</td>
<td>0.00</td>
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<td>CHILD NUTRITION PROGRAM</td>
</tr>
<tr>
<td>(a) Name and address of organization or government</td>
<td>(b) EIN</td>
<td>(c) IRC section if applicable</td>
<td>(d) Amount of cash grant</td>
<td>(e) Amount of non-cash assistance</td>
<td>(f) Method of valuation (book, FMV, appraisal, other)</td>
<td>(g) Description of non-cash assistance</td>
<td>(h) Purpose of grant or assistance</td>
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<td>--------------------------------------------------</td>
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<td>----------------------------------</td>
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<tr>
<td>TRANSITIONAL LIVING CENTER, BURLINGTON - 482 SOUTH PINE STREET - BURLINGTON, WI 53105</td>
<td>39-1760930</td>
<td>501(C)(3)</td>
<td>10,000</td>
<td>0</td>
<td></td>
<td>HOMELESS SHELTER AND EDUCATION PROGRAM</td>
<td></td>
</tr>
<tr>
<td>WORKFORCE DEVELOPMENT PROJECT EXPENSES - 2000 DOMANIK DRIVE - RACINE, WI 53404</td>
<td>39-0806380</td>
<td>501(C)(3)</td>
<td>6,500</td>
<td>0</td>
<td></td>
<td>SUPPORT FOR SPECIAL PROJECTS AND PROGRAMS RELATED TO UNITED WAY’S MISSION</td>
<td></td>
</tr>
<tr>
<td>WOMEN’S RESOURCE CENTER OF RACINE, INC. - P. O. BOX 1764 - RACINE, WI 53401</td>
<td>39-1356335</td>
<td>501(C)(3)</td>
<td>62,391</td>
<td>0</td>
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<td>EMPOWERMENT PROGRAM; HOMELESS ASSISTANCE PROGRAM</td>
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</tr>
<tr>
<td>YOUTH FOR CHRIST - SOUTHEASTERN WISCONSIN - 3001 CARPENTER AVENUE - MT. PLEASANT, WI 53403</td>
<td>39-0977052</td>
<td>501(C)(3)</td>
<td>19,000</td>
<td>0</td>
<td></td>
<td>PARENT LIFE</td>
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</tr>
<tr>
<td>YOUNG MEN’S CHRISTIAN ASSOCIATION (RACINE) - 725 LAKE AVENUE - RACINE, WI 53403</td>
<td>39-0807254</td>
<td>501(C)(3)</td>
<td>153,641</td>
<td>0</td>
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<td>YOUNG LEADERS ACADEMY; YOUNG AND TEEN ACHIEVERS, CAPITAL REPAIRS, FIRST CHOICE PRE-APPRENTICESHIP</td>
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</tr>
<tr>
<td>YWCA SOUTHEAST WISCONSIN 1915 N. DOCTOR M.L.K. DRIVE MILWAUKEE, WI 53212</td>
<td>39-0806258</td>
<td>501(C)(3)</td>
<td>14,000</td>
<td>0</td>
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<td>HIGH SCHOOL EQUivalency DIPLOMA PROGRAM</td>
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<tr>
<td>UNITED WAY OF RACINE, COUNTY, INC. 2000 DOMANIK DRIVE RACINE, WI 53404</td>
<td>39-0806349</td>
<td>501(C)(3)</td>
<td>97,937</td>
<td>0</td>
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<td>21ST CENTURY LEARNING CENTER, CAPITAL REPAIRS</td>
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</tr>
<tr>
<td>HIGHER EXPECTATIONS (STRIVE) 2000 DOMANIK DRIVE RACINE, WI 53404</td>
<td>39-0806349</td>
<td>501(C)(3)</td>
<td>636,830</td>
<td>0</td>
<td></td>
<td>BUILDING CAPABILITIES BIRTH TO CAREER</td>
<td></td>
</tr>
</tbody>
</table>
PART I, LINE 2:

FOR THOSE DISTRIBUTIONS LABELED "DONOR DESIGNATED PLEDGES," NO MONITORING
OF THE USE OF THESE FUNDS IS PERFORMED SINCE THE DOLLARS ARE SENT TO THE
AGENCIES AT THE REQUEST OF THE DONOR AND, THEREFORE, ARE NOT DISTRIBUTED AT
THE DISCRETION OF UNITED WAY OF RACINE COUNTY, INC. FOR ALL THE OTHER
DISTRIBUTIONS, USE OF THE FUNDS IS CLOSELY MONITORED BY UNITED WAY OF
RACINE COUNTY'S GRANT MANAGER. THE AGENCIES COMPLY WITH OUR "AGENCY
OUTCOMES POLICY," THE IMPACT OF WHICH IS TO ENABLE UWRC TO MEASURE, IN A
STANDARD FASHION, THE RESULTS OF THE PROGRAMS THAT IT FUNDS.
PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT:

YOUNG MEN'S CHRISTIAN ASSOCIATION (RACINE)

(H) PURPOSE OF GRANT OR ASSISTANCE: YOUNG LEADERS ACADEMY; YOUNG AND
TEEN ACHIEVERS, CAPITAL REPAIRS, FIRST CHOICE PRE-APPRENTICESHIP TRAINING
**Part I Questions Regarding Compensation**

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a. Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>First-class or charter travel</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Travel for companions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tax indemnification and gross-up payments</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Discretionary spending account</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Housing allowance or residence for personal use</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Payments for business use of personal residence</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health or social club dues or initiation fees</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Personal services (such as maid, chauffeur, chef)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1b. If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.

2. Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3. Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

<table>
<thead>
<tr>
<th>Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>Compensation committee</td>
</tr>
<tr>
<td>Independent compensation consultant</td>
</tr>
<tr>
<td>Form 990 of other organizations</td>
</tr>
<tr>
<td>Written employment contract</td>
</tr>
<tr>
<td>Compensation survey or study</td>
</tr>
<tr>
<td>Approval by the board or compensation committee</td>
</tr>
</tbody>
</table>

4. During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

4a. Receive a severance payment or change-of-control payment?

4b. Participate in, or receive payment from, a supplemental nonqualified retirement plan?

4c. Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

5a. The organization?

5b. Any related organization?

If "Yes" on line 5a or 5b, describe in Part III.

6. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

6a. The organization?

6b. Any related organization?

If "Yes" on line 6a or 6b, describe in Part III.

7. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.

8. Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.

9. If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

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

Schedule J (Form 990) 2018
For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren’t listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

<table>
<thead>
<tr>
<th>(A) Name and Title</th>
<th>(B) Breakdown of W-2 and/or 1099-MISC compensation</th>
<th>(C) Retirement and other deferred compensation</th>
<th>(D) Nontaxable benefits</th>
<th>(E) Total of columns (B)(i)(D)</th>
<th>(F) Compensation in column (B) reported as deferred on prior Form 990</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) RODNEY PRUNTY</td>
<td>(i) 120,435.</td>
<td>(ii) 0.</td>
<td>(iii) 0.</td>
<td>(i) 9,635.</td>
<td>(ii) 27,714.</td>
</tr>
<tr>
<td>SECRETARY-PRESIDENT</td>
<td>(i) 0.</td>
<td>(ii) 0.</td>
<td>(iii) 0.</td>
<td>(i) 0.</td>
<td>(ii) 157,784.</td>
</tr>
</tbody>
</table>
PART I, LINE 3:

THE EXECUTIVE COMMITTEE REVIEWS THE PERFORMANCE OF THE PRESIDENT AND DETERMINES THE PRESIDENT'S SALARY. ALL STAFF SALARY RANGES ARE DETERMINED USING UNITED WAY OF AMERICA BENCHMARKS.
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
LIVES AND TRANSFORM OUR COMMUNITY. THE VISION STATEMENT IS THAT UNITED WAY ENVISIONS A COMMUNITY WHERE INDIVIDUALS AND FAMILIES ACHIEVE THEIR POTENTIAL THROUGH EDUCATION, FINANCIAL STABILITY AND HEALTHY LIVES. OUR MISSION IS FULFILLED BY STRATEGICALLY FUNDING PROGRAMS AND INITIATIVES, DEVELOPING INNOVATIVE APPROACHES TO ADDRESSING COMMUNITY-WIDE CHALLENGES AND PROVIDING COMMUNITY ENGAGEMENT OPPORTUNITIES TO LOCAL COMMUNITY MEMBERS.

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

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:
CONDITIONS. THE REPORT IS SHARED BROADLY WITH UNITED WAYS STAKEHOLDERS AND THE COMMUNITY AT LARGE.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
IMAGINATION LIBRARY
IMAGINATION LIBRARY WAS CREATED IN 1996 BY FAMED COUNTRY-SINGER DOLLY PARTON TO FOSTER A LOVE OF READING. IN 2009, UNITED WAY LAUNCHED THE IMAGINATION LIBRARY INITIATIVE IN WESTERN RACINE COUNTY. IN 2016, IMAGINATION LIBRARY WAS EXPANDED TO SERVE ALL ELIGIBLE CHILDREN IN RACINE COUNTY. ALL PARTICIPATING CHILDREN RECEIVE FREE, AGE-APPROPRIATE BOOKS THROUGH THE MAIL EACH MONTH, FROM BIRTH TO AGE FIVE. THE PROGRAM PROMOTES UNITED WAY’S EARLY CHILDHOOD PRIORITY FOCUSED ON THE HEALTHY DEVELOPMENT OF CHILDREN AND SCHOOL READINESS.
LIFT

LIFT IS AN INITIATIVE USING THE COMMUNITY SCHOOL MODEL THAT PLACES SCHOOLS AT THE CENTER OF COMMUNITIES, MAKING THEM HUBS AROUND WHICH THE COMMUNITY GATHERS ITS RESOURCES TO HELP CREATE BETTER OUTCOMES FOR STUDENTS, THEIR FAMILIES, AND SURROUNDING NEIGHBORHOODS. IN THESE SCHOOLS, WHICH FOCUS ON THE WHOLE CHILD, COMMUNITY RESOURCES ARE STRATEGICALLY ORGANIZED TO SUPPORT STUDENTS AND CONNECT TO THE COMMUNITY. UNITED WAY LAUNCHED ITS VERY FIRST COMMUNITY SCHOOL IN PARTNERSHIP WITH RACINE UNIFIED SCHOOL DISTRICT DURING THE 2017-2018 SCHOOL YEAR AT KNAPP ELEMENTARY SCHOOL. UNITED WAY STRATEGICALLY FUNDS COMMUNITY PROGRAMS SPECIFICALLY DESIGNED TO IMPROVE OUTCOMES AT KNAPP ELEMENTARY SCHOOL AND THE SURROUNDING KNAPP NEIGHBORHOOD.

EXPENSES $ 84,919. INCLUDING GRANTS OF $ 0. REVENUE $ 84,919.

VOLUNTEER INCOME TAX ASSISTANCE (VITA)

THE VOLUNTEER INCOME TAX ASSISTANCE (VITA) PROGRAM OFFERS FREE TAX HELP TO PEOPLE WHO GENERALLY MAKE $54,000 OR LESS, PERSONS WITH DISABILITIES AND LIMITED ENGLISH SPEAKING TAXPAYERS WHO NEED ASSISTANCE IN PREPARING THEIR OWN TAX RETURNS. IRS-CERTIFIED VOLUNTEERS PROVIDE FREE BASIC INCOME TAX RETURN PREPARATION WITH ELECTRONIC FILING TO QUALIFIED INDIVIDUALS

EXPENSES $ 98,972. INCLUDING GRANTS OF $ 0. REVENUE $ 98,972.

FORM 990, PART VI, SECTION B, LINE 11B:

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

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

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

FORM 990, PART XII, LINE 2C:
THE ORGANIZATION HAS NOT CHANGED ITS OVERSIGHT PROCESS OR SELECTION PROCESS DURING THE TAX YEAR.