

WEGNER CPAS LLP
2921 LANDMARK PL STE 300
MADISON, WI 53713-4236

UNITED WAY OF RACINE COUNTY, INC.
2000 DOMANIK DRIVE
RACINE, WI 53404

|||||

Return of Organization Exempt From Income Tax

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

2025

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the **2025** calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization UNITED WAY OF RACINE COUNTY, INC.		D Employer identification number 39-0806349
	Doing business as		E Telephone number 262-898-2240
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 5,651,502.
	2000 DOMANIK DRIVE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code RACINE, WI 53404		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No

F Name and address of principal officer: **ALEXA HAIGH**
SAME AS C ABOVE

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

J Website: **UNITEDWAYRACINE.ORG**

K Form of organization: Corporation Trust Association Other

L Year of formation: **1923** **M** State of legal domicile: **WI**

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: MOBILIZING THE CARING POWER OF RACINE COUNTY TO IMPROVE LIVES AND TRANSFORM OUR COMMUNITY.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	25
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	25
	5 Total number of individuals employed in calendar year 2025 (Part V, line 2a)	5	20
	6 Total number of volunteers (estimate if necessary)	6	569
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	3,394,794.	4,677,550.
	9 Program service revenue (Part VIII, line 2g)	27,066.	98,467.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	334,421.	424,274.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-9,100.	-12,053.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,747,181.	5,188,238.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,886,195.	2,606,782.
	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)	1,405,484.	1,488,738.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) 502,301.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,176,773.	1,100,357.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	5,468,452.	5,195,877.	
19 Revenue less expenses. Subtract line 18 from line 12	-1,721,271.	-7,639.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 10,439,387.	End of Year 10,639,969.
	21 Total liabilities (Part X, line 26)	2,448,487.	2,272,437.
	22 Net assets or fund balances. Subtract line 21 from line 20	7,990,900.	8,367,532.

Part II Signature Block

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

Sign Here	Signature of officer		Date		
	ALEXA HAIGH, PRESIDENT AND CEO Type or print name and title				
Paid Preparer Use Only	Preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	MITCH DAVIS, CPA	MITCH DAVIS, CPA	06/02/26	<input checked="" type="checkbox"/>	P01273382
Preparer Use Only	Firm's name	Firm's EIN	Phone no. (608) 274-4020		
	WEGNER CPAS LLP	39-0974031			
Firm's address					
2921 LANDMARK PL STE 300					
MADISON, WI 53713-4236					

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: MOBILIZING THE CARING POWER OF RACINE COUNTY TO IMPROVE LIVES AND TRANSFORM OUR COMMUNITY.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 2,606,782. including grants of \$ 2,606,782.) (Revenue \$ 98,467.) COMMUNITY INVESTMENT/ALLOCATIONS: UNITED WAY OF RACINHE 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 HEALTHY COMMUNITY, YOUTH OPPORTUNITIES, FINANCIAL SECURTY AND COMMUNITY RESILIENCY. 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.

4b (Code:) (Expenses \$ 435,693. including grants of \$ 0.) (Revenue \$ 0.) FULL-SERVICE COMMUNITY SCHOOLS: THE FEDERAL FULL-SERVICE COMMUNITY SCHOOLS (FSCS) GRANT SUPPORTS UWRC'S LIFT (LINK AND INSPIRE FOR TOMORROW) COMMUNITY SCHOOL WORK AT KNAPP AND JULIAN THOMAS. LIFT COMMUNITY SCHOOLS EMPLOY INTEGRATED STUDENT SUPPORTS, EXPANDED LEARNING TIME AND OPPORTUNITIES, FAMILY AND COMMUNITY ENGAGEMENT, AND COLLABORATIVE LEADERSHIP AND PRACTICES TO IMPROVE OUTCOMES FOR THE STUDENTS AND FAMILIES IN THE SCHOOL NEIGHBORHOOD. KNAPP BECAME A COMMUNITY SCHOOL IN THE 2016-17 SCHOOL YEAR; JULIAN THOMAS IN THE 2019-20 SCHOOL YEAR. THE FSCS GRANT WILL SUPPORT THIS WORK DURING THE GRANT PERIOD OF OCTOBER 2020-SEPTEMBER 2025.

4c (Code:) (Expenses \$ 341,100. including grants of \$ 0.) (Revenue \$ 0.) COMMUNITY IMPACT: UNITED WAY TRANSFORMS THE COMMUNITY BY INITIATING AND FACILITATING SYSTEMS-WIDE PROJECTS AROUND EDUCATION, FINANCIAL STABILITY AND HEALTH, SUCH AS SCHOOLS OF HOPE, IMAGINATION LIBRARY, VITA AND LIFT TO HELP FILL GAPS IN SUPPORT SERVICES. IN ADDITION, UNITED WAY IS RESPONSIBLE FOR SHARING COMMUNITY STATISTICS RELATED TO ASSET LIMITED INCOME CONTRAINED AND EMPLOYED (ALICE) FAMILIES. UNITED WAY ALSO ENGAGES IN THE COMMUNITY IN COMMUNITY CONVERSATIONS TO LEARN THE ASPIRATIONS, HOPES AND CONCERNS OF COMMUNITY MEMBERS.

4d Other program services (Describe on Schedule O.) (Expenses \$ 714,608. including grants of \$ 0.) (Revenue \$ 0.)

4e Total program service expenses 4,098,183.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and schedules A through I.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding organizational reporting and compliance.

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 with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096 and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 25; 1b Enter the number of voting members included... 25; 2 Did any officer, director, trustee, or key employee have a family relationship... X; 3 Did the organization delegate control over management duties... X; 4 Did the organization make any significant changes to its governing documents... X; 5 Did the organization become aware during the year of a significant diversion of the organization's assets... X; 6 Did the organization have members or stockholders... X; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body... X; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body... X; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? X; b Each committee with authority to act on behalf of the governing body? X; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O... X

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? X; 10b 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? X; 11b Describe on Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 X; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done X; 13 Did the organization have a written whistleblower policy? X; 14 Did the organization have a written document retention and destruction policy? X; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official X; b Other officers or key employees of the organization X; 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? X; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed WI
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
ALEXA HAIGH - 262-898-2240
2000 DOMANIK DRIVE, RACINE, WI 53404

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ALEXA HAIGH SECRETARY, PRESIDENT & CEO	40.00			X				137,224.	0.	18,669.
(2) LAURA MILLION CHAIR	1.00	X		X				0.	0.	0.
(3) DAVE DURMENT VICE CHAIR - COMMUNITY INVESTMENT	1.00	X		X				0.	0.	0.
(4) ASHLEY STAECK VICE CHAIR - NOMINATING	1.00	X		X				0.	0.	0.
(5) LISA JUST TREASURER & VICE CHAIR - FINANCE	1.00	X		X				0.	0.	0.
(6) JIM LADWIG VICE CHAIR - AT-LARGE	1.00	X		X				0.	0.	0.
(7) BRIAN AGEN CHAIR (THRU JUNE)	1.00	X		X				0.	0.	0.
(8) KEITH CRUISE VICE CHAIR - AT-LARGE (THRU JUNE)	1.00	X		X				0.	0.	0.
(9) DARRYL BABU DIRECTOR	1.00	X						0.	0.	0.
(10) HECTOR DIAZ DIRECTOR	1.00	X						0.	0.	0.
(11) SCOTT HERRMANN DIRECTOR	1.00	X						0.	0.	0.
(12) DR. DANYAL IBRAHM DIRECTOR	1.00	X						0.	0.	0.
(13) JOHN MAHOME JR. DIRECTOR	1.00	X						0.	0.	0.
(14) STEVE MCCLAUGHLIN DIRECTOR	1.00	X						0.	0.	0.
(15) BECKY MCCLELLAND DIRECTOR	1.00	X						0.	0.	0.
(16) PATRICIA PENMAN DIRECTOR	1.00	X						0.	0.	0.
(17) ALEX RAMIREZ DIRECTOR	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) STACY TAPP DIRECTOR	1.00	X						0.	0.	0.
(19) RALPH MALICKI DIRECTOR	1.00	X						0.	0.	0.
(20) DR. LYNN AKEY DIRECTOR (BEG JULY)	1.00	X						0.	0.	0.
(21) CHRIS ANTONNEAU DIRECTOR (BEG JULY)	1.00	X						0.	0.	0.
(22) MARK BEHRENS DIRECTOR (BEG JULY)	1.00	X						0.	0.	0.
(23) JAIME CAMPBELL DIRECTOR (BEG JULY)	1.00	X						0.	0.	0.
(24) MARK LEWIS DIRECTOR (BEG JULY)	1.00	X						0.	0.	0.
(25) ERIC MEYER DIRECTOR (BEG JULY)	1.00	X						0.	0.	0.
(26) DR. ANDREA MICHEL DIRECTOR (BEG JULY)	1.00	X						0.	0.	0.
1b Subtotal								137,224.	0.	18,669.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								137,224.	0.	18,669.

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
CLIFTONLARSONALLEN, 220 S 6TH ST, STE 300, MINNEAPOLIS, MN 55402	ACCOUNTING SERVICES	129,882.

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 1

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	53,978.			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	650,009.			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	3,973,563.			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 1,375.			
	h	Total. Add lines 1a-1f		4,677,550.			
	Program Service Revenue	2 a	ADMINISTRATION FEES	Business Code			
			561000	98,467.	98,467.		
b							
c							
d							
e							
f		All other program service revenue					
g	Total. Add lines 2a-2f		98,467.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		161,169.		161,169.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(i) Real				
			(ii) Personal				
	b	Less: rental expenses	6b				
	c	Rental income or (loss)	6c				
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
	7a			683,536.			
	b	Less: cost or other basis and sales expenses	7b	420,431.			
	c	Gain or (loss)	7c	263,105.			
d	Net gain or (loss)		263,105.		263,105.		
8 a	Gross income from fundraising events (not including \$ 53,978. of contributions reported on line 1c). See Part IV, line 18						
		8a	30,780.				
b	Less: direct expenses	8b	42,833.				
c	Net income or (loss) from fundraising events		-12,053.		-12,053.		
9 a	Gross income from gaming activities. See Part IV, line 19						
		9a					
b	Less: direct expenses	9b					
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances						
		10a					
b	Less: cost of goods sold	10b					
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a		Business Code				
	b						
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d					
12	Total revenue. See instructions		5,188,238.	98,467.	0.	412,221.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	2,606,782.	2,606,782.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	155,893.	7,795.	132,509.	15,589.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	968,520.	599,212.	125,466.	243,842.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	108,685.	63,778.	26,001.	18,906.
9 Other employee benefits	172,702.	111,366.	29,914.	31,422.
10 Payroll taxes	82,938.	48,669.	19,842.	14,427.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	19,600.		19,600.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	11,034.		11,034.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	391,876.	320,063.	33,227.	38,586.
12 Advertising and promotion	56,765.	1,177.	12,020.	43,568.
13 Office expenses	284,108.	204,637.	65,956.	13,515.
14 Information technology	51,319.	1,970.	33,763.	15,586.
15 Royalties				
16 Occupancy	131,545.	69,091.	31,266.	31,188.
17 Travel	6,628.	3,248.	501.	2,879.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	60,335.	23,617.	19,538.	17,180.
20 Interest				
21 Payments to affiliates	58,033.	32,722.	12,541.	12,770.
22 Depreciation, depletion, and amortization	10,522.		10,522.	
23 Insurance	4,001.	2,201.	942.	858.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a MEMBERSHIP DUES	14,311.	1,855.	10,751.	1,705.
b				
c				
d				
e All other expenses	280.			280.
25 Total functional expenses. Add lines 1 through 24e	5,195,877.	4,098,183.	595,393.	502,301.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash - non-interest-bearing	150.	1	150.
	2 Savings and temporary cash investments	2,646,266.	2	1,832,757.
	3 Pledges and grants receivable, net	813,303.	3	1,733,099.
	4 Accounts receivable, net	3,918.	4	8,175.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	88,242.	9	56,964.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 50,545.		
	b Less: accumulated depreciation	10b 36,621.		
	11 Investments - publicly traded securities	12,972.	10c	13,924.
	12 Investments - other securities. See Part IV, line 11	4,643,278.	11	4,767,525.
	13 Investments - program-related. See Part IV, line 11	75,261.	12	63,715.
	14 Intangible assets		13	
	15 Other assets. See Part IV, line 11		14	
16 Total assets. Add lines 1 through 15 (must equal line 33)	2,155,997.	15	2,163,660.	
	10,439,387.	16	10,639,969.	
Liabilities	17 Accounts payable and accrued expenses	151,827.	17	149,234.
	18 Grants payable	764,990.	18	762,500.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	1,531,670.	25	1,360,703.
	26 Total liabilities. Add lines 17 through 25	2,448,487.	26	2,272,437.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	4,928,500.	27	4,741,093.
	28 Net assets with donor restrictions	3,062,400.	28	3,626,439.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	7,990,900.	32	8,367,532.
33 Total liabilities and net assets/fund balances	10,439,387.	33	10,639,969.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,188,238.
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,195,877.
3	Revenue less expenses. Subtract line 2 from line 1	3	-7,639.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	7,990,900.
5	Net unrealized gains (losses) on investments	5	148,357.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	235,914.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	8,367,532.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2b	Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:			
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	9461078.	3934551.	4761274.	3394794.	4677550.	26229247.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	9461078.	3934551.	4761274.	3394794.	4677550.	26229247.
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)						3591021.
6 Public support. Subtract line 5 from line 4.						22638226.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
7 Amounts from line 4	9461078.	3934551.	4761274.	3394794.	4677550.	26229247.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	286,354.	357,679.	157,222.	148,652.	161,169.	1111076.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						27340323.
12 Gross receipts from related activities, etc. (see instructions)					12	207,861.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2025 (line 6, column (f), divided by line 11, column (f))	14	82.80	%
15 Public support percentage from 2024 Schedule A, Part II, line 14	15	84.88	%
16a 33 1/3% support test - 2025. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input checked="" type="checkbox"/>
b 33 1/3% support test - 2024. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2025. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2024. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			<input type="checkbox"/>

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Table with 7 columns: (a) 2021, (b) 2022, (c) 2023, (d) 2024, (e) 2025, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2021, (b) 2022, (c) 2023, (d) 2024, (e) 2025, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income; 11 Net income from unrelated business activities not included on line 10b; 12 Other income; 13 Total support.

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

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2025; Row 16: Public support percentage from 2024 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2025; Row 18: Investment income percentage from 2024 Schedule A, Part III, line 17.

19a 33 1/3% support tests - 2025. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here.

b 33 1/3% support tests - 2024. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here.

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
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 on lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described on line 11a above?		
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

	Yes	No
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
1		
2		
3		

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 <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental supported organization. Describe in Part VI how you supported a governmental supported organization (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of its supported organization(s)? <i>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 each of its supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>			
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i>			
3 Parent of Supported Organizations. Answer lines 3a, 3b, and 3c below.			
a Are the organization and its supported organization(s) part of an integrated system (for example, a hospital system)? <i>If "Yes," provide details in Part VI.</i>			
b Did the organization direct the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>			
c Did the organization have the power to regularly appoint or elect (and remove) a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>			
2a			
2b			
3a			
3b			
3c			

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

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

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

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

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Total annual distributions. Add lines 1 through 5.	6
7	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	7
8	Distributable amount for 2025 from Section C, line 6	8
9	Line 7 amount divided by line 8 amount	9

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2025	(iii) Distributable Amount for 2025
1 Distributable amount for 2025 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2025 (reasonable cause required - explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2025			
a From 2020			
b From 2021			
c From 2022			
d From 2023			
e From 2024			
f Total of lines 3a through 3e			
g Applied to under distributions of prior years			
h Applied to 2025 distributable amount			
i Carryover from 2020 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2025 from Section D, line 6: \$			
a Applied to underdistributions of prior years			
b Applied to 2025 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2025, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2025. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2026. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2021			
b Excess from 2022			
c Excess from 2023			
d Excess from 2024			
e Excess from 2025			

Schedule A (Form 990) 2025

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, 3b, and 3c; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5 and 7; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Lined area for supplemental information.

**Schedule B
(Form 990)**

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

Name of the organization

UNITED WAY OF RACINE COUNTY, INC.

Employer identification number

39-0806349

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (Rev. 12-2024)

Name of organization UNITED WAY OF RACINE COUNTY, INC.	Employer identification number 39-0806349
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	_____ _____ _____	\$ <u>438,558.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____ _____ _____	\$ <u>187,952.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____ _____ _____	\$ <u>306,750.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____ _____ _____	\$ <u>1,322,428.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	_____ _____ _____	\$ <u>105,661.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	_____ _____ _____	\$ <u>99,444.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization UNITED WAY OF RACINE COUNTY, INC.	Employer identification number 39-0806349
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ <u>108,387.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization UNITED WAY OF RACINE COUNTY, INC.	Employer identification number 39-0806349
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization UNITED WAY OF RACINE COUNTY, INC.	Employer identification number 39-0806349
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ _____
Use duplicate copies of Part III if additional space is needed.

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

SCHEDULE D
(Form 990)

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

UNITED WAY OF RACINE COUNTY, INC.

Employer identification number

39-0806349

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

	(a) Donor advised funds	(b) Funds and other accounts
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?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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 conferring impermissible private benefit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (for example, 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.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included on line 2a	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

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

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

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

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

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

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

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

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

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

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

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

a Revenue included on Form 990, Part VIII, line 1 \$ _____

b Assets included in Form 990, Part X \$ _____

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

Schedule D (Form 990) (Rev. 12-2024)

LHA 532051 04-01-25

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,802,793.	1,758,238.	1,592,441.	1,879,773.	1,651,381.
b Contributions					
c Net investment earnings, gains, and losses	235,914.	114,555.	182,167.	-251,992.	231,891.
d Grants or scholarships					
e Other expenditures for facilities and programs				35,340.	3,499.
f Administrative expenses	150,896.	70,000.	16,370.		
g End of year balance	1,887,811.	1,802,793.	1,758,238.	1,592,441.	1,879,773.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 27.8010 %
 - b Permanent endowment 30.0252 %
 - c Term endowment 42.1738 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|-----|----|
| (i) Unrelated organizations? | X | |
| (ii) Related organizations? | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		50,545.	36,621.	13,924.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				13,924.

Part VII Investments - Other Securities

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))		

Part VIII Investments - Program Related.

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

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

Part IX Other Assets

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

(a) Description	(b) Book value
(1) OPERATING LEASE RIGHT-OF-USE ASSETS	275,849.
(2) BENEFICIAL INTEREST IN ASSETS HELD BY RACINE COMMUNITY	
(3) FOUNDATION	1,887,811.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	2,163,660.

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 DESIGNATIONS PAYABLE	538,290.
(3) OPERATING LEASE LIABILITIES	275,850.
(4) AGENCY FUND LIABILITY	546,563.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	1,360,703.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return
 Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	5,629,376.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	148,357.	
b	Donated services and use of facilities	2b	25,068.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	224,880.	
e	Add lines 2a through 2d	2e		398,305.
3	Subtract line 2e from line 1		3	5,231,071.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	-42,833.	
c	Add lines 4a and 4b	4c		-42,833.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	5,188,238.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return
 Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	5,252,744.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	25,068.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	42,833.	
e	Add lines 2a through 2d	2e		67,901.
3	Subtract line 2e from line 1		3	5,184,843.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	11,034.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		11,034.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	5,195,877.

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:
 UNITED WAY OF RACINE COUNTY, INC.'S ENDOWMENT CONSISTS OF SEVERAL INDIVIDUAL FUNDS ESTABLISHED FOR A VARIETY OF PURPOSES.

PART XI, LINE 2D - OTHER ADJUSTMENTS:
 CHANGE IN VALUE OF BENEFICIAL INTEREST IN ASSETS HELD BY RACINE COMMUNITY FOUNDATION 235,914.
 INVESTMENT MANAGEMENT FEES REPORTED ON FORM 990, PART IX, LINE 11F -11,034.
 TOTAL TO SCHEDULE D, PART XI, LINE 2D 224,880.

PART XI, LINE 4B - OTHER ADJUSTMENTS:
 DIRECT EXPENSES REPORTED ON FORM 990, PART VIII, LINE 8B -42,833.

PART XII, LINE 2D - OTHER ADJUSTMENTS:
 DIRECT EXPENSES REPORTED ON FORM 990, PART VIII, LINE 8B 42,833.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		VICTORY DINNER	GOLF OUTING	1	(add col. (a) through col. (c))	
		(event type)	(event type)	(total number)		
Revenue	1	Gross receipts	41,457.	27,386.	15,915.	84,758.
	2	Less: Contributions	18,957.	23,786.	11,235.	53,978.
	3	Gross income (line 1 minus line 2)	22,500.	3,600.	4,680.	30,780.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes	558.	133.		691.
	6	Rent/facility costs	7,505.	3,412.	525.	11,442.
	7	Food and beverages	11,825.	2,885.	3,536.	18,246.
	8	Entertainment	4,898.			4,898.
	9	Other direct expenses	1,163.	407.	5,986.	7,556.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				42,833.
11	Net income summary. Subtract line 10 from line 3, column (d)				-12,053.	

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

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

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

Part IV Supplemental Information *(continued)*

Lined area for supplemental information.

**SCHEDULE I
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

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

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ALLIANCE ON MENTAL ILLNESS OF RACINE COUNTY, INC. - 2300 DEKOVEN AVE - RACINE, WI 53403	39-1341452	501(C)(3)	51,660.	0.			GENERAL SUPPORT, EQUITY THROUGH TECHNOLOGY
BELEAF SURVIVORS, INC. 2000 DOMANIK DR RACINE, WI 53404	85-2092471	501(C)(3)	140,928.	0.			GENERAL SUPPORT, ESSENTIAL SERVICES
BLACK ARTS COUNCIL OF RACINE 716 COLLEGE AVE, ROOM 202 RACINE, WI 53403	82-2547241		10,000.	0.			WORKFORCE DEVELOPMENT
BOARD OF REGENTS OF THE UNIVERSITY OF WISCONSIN SYSTEM - OFFICE OF THE BOARD OF REGENTS 1860, VAN HISE HALL, 1220 LINDEN DR -	39-6006492	STATE OF WI	67,783.	0.			GENERAL SUPPORT
BURLINGTON SENIOR CENTER 587 E STATE ST BURLINGTON, WI 53105	39-1932572	501(C)(3)	59,911.	0.			GENERAL SUPPORT, ESSENTIAL SERVICES, WORKFORCE DEVELOPMENT
BURLINGTON TRANSITIONAL LIVING CENTER, INC. - 482 S LINE ST - BURLINGTON, WI 53105	39-1760980	501(C)(3)	21,800.	0.			GENERAL SUPPORT, ESSENTIAL SERVICES

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **38.**

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

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

Schedule I (Form 990) (Rev. 12-2024)

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILDREN'S SERVICE SOCIETY OF WISCONSIN - PO BOX 1997, MS 4990 - MILWAUKEE, WI 53201	39-0806380	501(C)(3)	73,333.	0.			GENERAL SUPPORT
COURAGE 1544 S 6TH ST MILWAUKEE, WI 53204	81-0768966	501(C)(3)	20,000.	0.			ESSENTIAL SERVICES
CREATE WISCONSIN INC PO BOX 1054 MADISON, WI 53701	39-1763871	501(C)(3)	36,099.	0.			GENERAL SUPPORT, EQUITY THROUGH TECHNOLOGY
DEKOVEN CENTER INC 2000 WISCONSIN AVE RACINE, WI 53403	39-0806356	501(C)(3)	18,000.	0.			WORKFORCE DEVELOPMENT, EQUITY THROUGH TECHNOLOGY
FAITH HOPE & LOVE INC 1718 LAYARD AVE RACINE, WI 53403	46-3848797	501(C)(3)	14,753.	0.			EQUITY THROUGH TECHNOLOGY
FRAZIER FAMILY SUPPORT SERVICES INC - 5802 WASHINGTON AVE, STE 201 - RACINE, WI 53406	83-1223536	501(C)(3)	12,282.	0.			EQUITY THROUGH TECHNOLOGY
FOCUS ON COMMUNITY 1240 WASHINGTON AVE RACINE, WI 53403	39-1369356	501(C)(3)	242,115.	0.			GENERAL SUPPORT, ESSENTIAL SERVICES
GIRL SCOUTS OF WISCONSIN SOUTHEAST 131 S 69TH ST MILWAUKEE, WI 53214	39-0892833	501(C)(3)	13,494.	0.			GENERAL SUPPORT
HEALTH CARE NETWORK 500 WISCONSIN AVE RACINE, WI 53403	42-1299913	501(C)(3)	66,500.	0.			GENERAL SUPPORT, ESSENTIAL SERVICES

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOMELESS ASSISTANCE LEADERSHIP ORGANIZATION, INC. - 2000 DEKOVEN AVE, UNIT 1 - RACINE, WI 53403	20-2041432	501(C)(3)	152,469.	0.			GENERAL SUPPORT, ESSENTIAL SERVICES, CAPITAL IMPROVEMENTS - WADEWITZ
HOSPITALITY CENTER 614 MAIN ST RACINE, WI 53403	84-4255704	501(C)(3)	31,000.	0.			GENERAL SUPPORT
HOUSING RESOURCES INC 7830 W BURLEIGH ST MILWAUKEE, WI 53222	39-1706658	501(C)(3)	55,393.	0.			GENERAL SUPPORT
LOVINGKINDNESS TRANSITIONAL SERVICES - 1509 RAPIDS DR - RACINE, WI 53404	87-2027567	501(C)(3)	19,496.	0.			GENERAL SUPPORT
PAYNE CONSULTING 302 6TH WAY RACINE, WI 53403	87-4594072		10,000.	0.			WORKFORCE DEVELOPMENT
RACINE COUNTY PROJECT EMERGENCY INC - 2000 DEKOVEN AVE, UNIT 2 - RACINE, WI 53403	39-1269080	501(C)(3)	97,224.	0.			GENERAL SUPPORT, ESSENTIAL SERVICES
RACINE COUNTY PUBLIC HEALTH DIVISION - 1717 TAYLOR AVE - RACINE, WI 53404	39-6005734	RACINE COUNTY	81,902.	0.			GENERAL SUPPORT
RACINE FAMILY YOUNG MEN'S CHRISTIAN ASSOCIATION - 8501 CAMPUS DR - MT. PLEASANT, WI 53406	39-0807254	501(C)(3)	105,736.	0.			GENERAL SUPPORT, CAPITAL IMPROVEMENTS - WADEWITZ
RACINE FRIENDSHIP CLUBHOUSE 2000 17TH ST RACINE, WI 53403	39-1705768	501(C)(3)	35,845.	0.			GENERAL SUPPORT, EQUITY THROUGH TECHNOLOGY

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RACINE LITERACY COUNCIL 734 LAKE AVE RACINE, WI 53403	51-0190214	501(C)(3)	38,070.	0.			GENERAL SUPPORT
RACINE PUBLIC LIBRARY 75 7TH ST RACINE, WI 53403	39-6005581		12,145.	0.			EQUITY THROUGH TECHNOLOGY
RACINE VOCATIONAL MINISTRY, INC. 214 SEVENTH ST RACINE, WI 53404	71-0894219	501(C)(3)	56,868.	0.			GENERAL SUPPORT
RACINE ZOOLOGICAL SOCIETY 200 GOULD ST RACINE, WI 53402	39-6065035	501(C)(3)	25,349.	0.			GENERAL SUPPORT
SAFE HAVEN OF RACINE, INC. 1030 WASHINGTON AVE RACINE, WI 53403	39-1155004	501(C)(3)	112,153.	0.			GENERAL SUPPORT, EQUITY THROUGH TECHNOLOGY, ESSENTIAL SERVICES
SHEPHERDS MINISTRIES INC 1805 FIFTEENTH AVE UNION GROVE, WI 53182	39-0988997	501(C)(3)	10,000.	0.			WORKFORCE DEVELOPMENT
SONNENBERG SCHOOL, INC 2015 FRANKLIN ST RACINE, WI 53403	83-3710153	501(C)(3)	7,209.	0.			GENERAL SUPPORT
SOUTHEASTERN WISCONSIN YOUTH FOR CHRIST INC - 3001 CARPENTER AVE - MOUNT PLEASANT, WI 53403	39-0977052	501(C)(3)	7,308.	0.			WORKFORCE DEVELOPMENT
SOUTHERN LAKES AREA LOVE INC 480 S PINE ST BURLINGTON, WI 53105	39-1485975	501(C)(3)	20,000.	0.			ESSENTIAL SERVICES

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST. PATRICK PARISH 1100 ERIE ST RACINE, WI 53402	39-0829538	501(C)(3)	36,932.	0.			GENERAL SUPPORT, EQUITY THROUGH TECHNOLOGY
THE ARC OF RACINE COUNTY 6216 WASHINGTON AVE MT. PLEASANT, WI 53406	39-1232958	501(C)(3)	18,500.	0.			GENERAL SUPPORT
THREE HARBORS BOYS SCOUTS OF AMERICA - 330 SOUTH 84TH ST - MILWAUKEE, WI 53214	45-3321626	501(C)(3)	17,913.	0.			GENERAL SUPPORT
UNION GROVE UNION HIGH SCHOOL DISTRICT - 3433 S COLONY AVE - UNION GROVE, WI 53182	39-6004888		24,939.	0.			GENERAL SUPPORT
UNION GROVE YOUTH BASEBALL ASSOCIATION - PO BOX 161 - UNION GROVE, WI 53182	87-4447942	501(C)(3)	9,776.	0.			WORKFORCE DEVELOPMENT
UNIVERSITY OF WISCONSIN-PARKSIDE 900 WOOD RD, PO BOX 2000 KENOSHA, WI 53141	39-1805963	STATE OF WI	7,944.	0.			WORKFORCE DEVELOPMENT
VOLUNTEER CENTER OF RACINE COUNTY INC - 6216 WASHINGTON AVE - RACINE, WI 53406	39-1997779	501(C)(3)	10,000.	0.			WORKFORCE DEVELOPMENT
WISCONSIN REGIONAL TRAINING PARTNERSHIP - 3841 W WISCONSIN AVE - MILWAUKEE, WI 53208	39-1838210	501(C)(3)	15,000.	0.			EQUITY THROUGH TECHNOLOGY
WOMEN'S RESOURCE CENTER OF RACINE, INC. - PO BOX 1764 - RACINE, WI 53401	39-1356335	501(C)(3)	94,873.	0.			GENERAL SUPPORT, CAPITAL IMPROVEMENTS - WADEWITZ EQUITY THROUGH TECHNOLOGY, ESSENTIAL

Schedule I (Form 990)

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

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

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

PART I, LINE 2:

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

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT:

WOMEN'S RESOURCE CENTER OF RACINE, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT, CAPITAL

IMPROVEMENTS - WADEWITZ EQUITY THROUGH TECHNOLOGY, ESSENTIAL SERVICES

**SCHEDULE J
(Form 990)**

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public
Inspection

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

Part I Questions Regarding Compensation

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.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

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

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 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.

- | | |
|--|---|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

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:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** 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:

- a** The organization?
- b** 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:

- a** The organization?
- b** 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)?

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) (Rev. 12-2024)

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) ALEXA HAIGH SECRETARY, PRESIDENT & CEO	(i)	137,224.	0.	0.	11,040.	7,629.	155,893.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE O
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

UNITED WAY OF RACINE COUNTY, INC.

Employer identification number

39-0806349

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

**LINK AND INSPIRE FOR TOMORROW: LIFT IS A PLACE-BASED STRATEGY THAT
CREATES PARTNERSHIPS BETWEEN NEIGHBORHOODS AND RESOURCES. LIFT IS BASED
ON THE COMMUNITY SCHOOL MODEL FOUND IN 5,000 COMMUNITIES ACROSS THE
NATION, AND IT HAS AN INTEGRATED FOCUS ON ACADEMICS, HEALTH AND SOCIAL
SERVICES, COMMUNITY ENGAGEMENT, AND DEVELOPMENT.**

EXPENSES \$ 268,343. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

**IMAGINATION LIBRARY: THIS IS A PROGRAM TO PROVIDE BOOKS TO CHILDREN
FROM BIRTH TO AGE FIVE.**

EXPENSES \$ 167,762. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

**VOLUNTEER INCOME TAX ASSISTANCE: VITA IS A NATIONAL PROGRAM STAFFED BY
LOCAL VOLUNTEERS TO PROVIDE FREE PREPARATION AND ELECTRONIC FILING OF
TAX RETURNS.**

EXPENSES \$ 100,774. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

**UNITED HORIZONS: UNITED HORIZONS BOARD TRAINING PROGRAM HELPS TO
PREPARE COMMUNITY MEMBERS TO SERVE ON NONPROFIT BOARDS. THE PROGRAM IS
AVAILABLE TO RACINE COUNTY RESIDENTS AND FREE TO ALL PARTICIPANTS.**

EXPENSES \$ 64,015. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

**EMPLOYEE OF RECORD: UWRC PARTNERED WITH RACINE COUNTY TO BECOME ITS
EMPLOYEE OF RECORD FOR A LITERACY COORDINATOR POSITION, FURTHERING
UWRC'S FOCUS ON EARLY LITERACY.**

EXPENSES \$ 60,626. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

**SCHOOLS OF HOPE: THIS PROGRAM IS IN PARTNERSHIP WITH RACINE UNIFIED
SCHOOL DISTRICT USING VOLUNTEER TUTORS TO ADDRESS EARLY GRADE READING
PROFICIENCY.**

EXPENSES \$ 53,088. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

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. ANY PERSON WITH A CONFLICT OF
INTEREST IS RECUSED FROM DISCUSSION AND VOTING ON THE TOPIC TO WHICH THE
CONFLICT RELATES.**

FORM 990, PART VI, SECTION B, LINE 15A:

**THE EXECUTIVE COMMITTEE REVIEWS THE PERFORMANCE OF THE PRESIDENT & CEO. 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:

**THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST
POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.**

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) (Rev. 12-2024)

LHA 532211 04-01-25

