

PUBLIC DISCLOSURE COPY



## CliftonLarsonAllen

CliftonLarsonAllen LLP  
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Racine, WI 53403  
262-637-9351 | fax 262-637-0734  
CLAconnect.com

United Way of Racine County, Inc.  
2000 Domanik Drive  
Racine, WI 53404  
Attention: Art Howell

Dear Art:

Enclosed is the 2014 Exempt Organization return, as follows...

2014 Form 990

2014 Wisconsin Form 1952

Carefully review the filing instructions. For paper filed returns, please mail your return certified mail with return receipt for proof of timely filing. By doing so, you will have the appropriate documentation to avoid the assessment of late filing penalties.

Be sure to review the returns prior to signing as you have final responsibility for all information included in the returns. If there is anything on the return you do not understand, we would be glad to answer your questions.

Copies of each return are provided and should be retained for your files. Based on IRS guidance, we generally recommend that you keep supporting documentation for a minimum of seven years; and that you keep copies of the tax returns, and records that support basis for items in the tax return, indefinitely.

If we have provided you tax advice in connection with the preparation of your U.S. federal tax return and associated tax planning services, this advice is not intended or written to be used by any taxpayer for the purpose of avoiding penalties that may be imposed on the taxpayer by the Internal Revenue Service, and it cannot be used by any taxpayer for such purpose.

We value our relationship with you and thank you for your trust and confidence in allowing us to serve you. If you have any questions regarding the returns or other services that we can assist you with, please do not hesitate to



An independent member of Nexia International

contact us. Some of our best clients come through referrals from existing clients. If you know of anyone who could benefit from our assistance, we would be pleased to speak to him or her.

Sincerely,

Rebecca Dettmann, CPA

# TAX RETURN FILING INSTRUCTIONS

\*\* FORM 990 PUBLIC DISCLOSURE COPY \*\*

FOR THE YEAR ENDING

December 31, 2014

Prepared for	United Way of Racine County, Inc. 2000 Domanik Drive Racine, WI 53404
Prepared by	CliftonLarsonAllen LLP 222 Main Street, Suite 200 Racine, WI 53403
Amount due or refund	Not applicable
Make check payable to	Not applicable
Mail tax return and check (if applicable) to	Not applicable
Return must be mailed on or before	Not applicable
Special Instructions	This copy of the return is provided ONLY for Public Disclosure purposes. Any confidential information regarding large donors has been removed.

Form **990**

**Return of Organization Exempt From Income Tax**

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

**2014**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**A** For the 2014 calendar year, or tax year beginning and ending

<b>B</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	<b>C</b> Name of organization <b>UNITED WAY OF RACINE COUNTY, INC.</b>		<b>D</b> Employer identification number <b>39-0806349</b>
	Doing business as		<b>E</b> Telephone number <b>262-898-2240</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>G</b> Gross receipts \$ <b>5,230,618.</b>
	<b>2000 DOMANIK DRIVE</b>		<b>H(a)</b> 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 <b>RACINE, WI 53404</b>		<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>E</b> Telephone number <b>262-898-2240</b>
<b>F</b> Name and address of principal officer: <b>ART HOWELL</b>		If "No," attach a list. (see instructions)	
<b>SAME AS C ABOVE</b>		<b>H(c)</b> Group exemption number	
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
<b>J</b> Website: <b>WWW.UNITEDWAYRACINE.ORG</b>			
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			<b>L</b> Year of formation: <b>1922</b>
<b>M</b> State of legal domicile: <b>WI</b>			

**Part I Summary**

<b>Activities &amp; Governance</b>	1	Briefly describe the organization's mission or most significant activities: <b>UNITED WAY OF RACINE COUNTY'S MISSION IS MOBILIZING THE CARING POWER OF RACINE COUNTY TO IMPROVE</b>		
	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)	<b>3</b>	<b>35</b>
	4	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>34</b>
	5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	<b>5</b>	<b>22</b>
	6	Total number of volunteers (estimate if necessary)	<b>6</b>	<b>997</b>
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
7b	Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0.</b>	
<b>Revenue</b>	8	Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b> <b>4,743,604.</b>	<b>Current Year</b> <b>5,097,369.</b>
	9	Program service revenue (Part VIII, line 2g)	<b>0.</b>	<b>0.</b>
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>348,073.</b>	<b>133,249.</b>
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>0.</b>	<b>0.</b>
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>5,091,677.</b>	<b>5,230,618.</b>
<b>Expenses</b>	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>3,408,620.</b>	<b>3,278,608.</b>
	14	Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>	<b>0.</b>
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>1,435,438.</b>	<b>1,477,172.</b>
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	<b>0.</b>	<b>0.</b>
	16b	Total fundraising expenses (Part IX, column (D), line 25)	<b>512,822.</b>	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>523,389.</b>	<b>553,527.</b>
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>5,367,447.</b>	<b>5,309,307.</b>	
19	Revenue less expenses. Subtract line 18 from line 12	<b>-275,770.</b>	<b>-78,689.</b>	
<b>Net Assets or Fund Balances</b>	20	Total assets (Part X, line 16)	<b>Beginning of Current Year</b> <b>9,159,301.</b>	<b>End of Year</b> <b>9,058,796.</b>
	21	Total liabilities (Part X, line 26)	<b>1,841,221.</b>	<b>1,819,405.</b>
	22	Net assets or fund balances. Subtract line 21 from line 20	<b>7,318,080.</b>	<b>7,239,391.</b>

**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.

<b>Sign Here</b>	Signature of officer		Date		
	<b>ART HOWELL, BOARD CHAIR</b> Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	<b>KIMBERLY ANDERSON, CPA</b>	<b>KIMBERLY ANDERSON, C</b>	<b>04/28/15</b>	<input type="checkbox"/>	<b>P00188889</b>
	Firm's name <b>CLIFTONLARSONALLEN LLP</b>	Firm's EIN <b>41-0746749</b>		Phone no. <b>(262) 637-9351</b>	
Firm's address <b>222 MAIN ST., SUITE 200 RACINE, WI 53403</b>					

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

Part III Statement of Program Service Accomplishments

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

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

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

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

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

4a (Code: ) (Expenses \$ 3,278,608. including grants of \$ 3,278,608.) (Revenue \$ 3,219,165.) COMMUNITY INVESTMENT/ALLOCATIONS UNITED WAY OF RACINE COUNTY IS COMMITTED TO INVESTING FUNDS IN THE LOCAL COMMUNITY. UNITED WAY OF RACINE COUNTY STAFF AND INVESTMENT COMMITTEE VOLUNTEERS WORK HARD THROUGHOUT THE YEAR TO MAKE SURE THAT UNITED WAY OF RACINE COUNTY'S INVESTMENT STRATEGIES ARE FOCUSED IN THE AREAS OF EDUCATION, INCOME AND HEALTH-THE BUILDING BLOCK OF A GOOD LIFE. WE FUND PROGRAMS THAT PREPARE CHILDREN AND YOUTH TO ACHIEVE THEIR POTENTIAL THROUGH EDUCATION; PREPARE INDIVIDUALS AND FAMILIES TO BECOME FINANCIALLY STABLE AND INDEPENDENT; AND HELP INDIVIDUALS ACHIEVE MAXIMUM PHYSICAL, EMOTIONAL, AND MENTAL HEALTH AND SAFETY OUTCOMES. THESE EFFORTS ALLOW RACINE COUNTY RESIDENTS TO GAIN KNOWLEDGE AND SKILLS THAT WILL EMPOWER THEM TO ACHIEVE THEIR FULL POTENTIAL.

4b (Code: ) (Expenses \$ 403,311. including grants of \$ ) (Revenue \$ 403,311.) COMMUNITY IMPACT UNITED WAY TRANSFORMS THE COMMUNITY BY INITIATING AND FACILITATING SYSTEMS-WIDE PROJECTS AROUND EDUCATION, INCOME AND HEALTH, SUCH AS ADVANCING FAMILY ASSETS AND SCHOOLS OF HOPE. ADDITIONALLY, UNITED WAY IS WORKING TO INCREASE KNOWLEDGE OF THE IMPORTANCE OF EARLY CHILDHOOD LEARNING WITH A PUBLIC AWARENESS CAMPAIGN. UNITED WAY ENGAGES IN THE COMMUNITY IN A NUMBER OF WAYS. UNITED WAY IS SEEKING TO LEARN THE ASPIRATIONS, HOPES AND CONCERNS OF COMMUNITY MEMBERS THROUGH A SERIES OF TARGETED COMMUNITY CONVERSATIONS WITH DIVERSE SEGMENTS OF THE LOCAL COMMUNITY. ALSO, UNITED WAY STAYS ABREAST OF COMMUNITY ISSUES BY RESEARCHING AND PUBLISHING A BIENNIAL COMMUNITY INDICATORS REPORT THAT INCLUDES CURRENT DATA ON COMMUNITY CONDITIONS. THE REPORT IS SHARED

4c (Code: ) (Expenses \$ 372,832. including grants of \$ ) (Revenue \$ 372,832.) ADVANCING FAMILY ASSETS BY 2020, ADVANCING FAMILY ASSETS (AFA) EXPECTS TO MEASURABLY INCREASE THE FINANCIAL AND FAMILY STABILITY OF AT LEAST 500 FAMILIES IN RACINE COUNTY, ACHIEVING A VARIETY OF POSITIVE OUTCOMES WITHIN THE FAMILIES, LEADING TO INCREASES IN THE NUMBER OF RELIABLE AND PRODUCTIVE WORKERS, ULTIMATELY REDUCING POVERTY IN RACINE COUNTY. TO HELP FAMILIES ACHIEVE FINANCIAL STABILITY AND FAMILY SUCCESS, AFA USES AN INTENSIVE LIFE COACHING APPROACH IN WHICH FAMILIES VOLUNTEER TO BE IN THE PROGRAM, CREATE SUCCESS PLANS THAT OUTLINE THEIR GOALS AND LEARN TO BETTER MANAGE THEIR LIVES. IN PARTNERSHIP WITH VARIOUS COMMUNITY AGENCIES AND ORGANIZATIONS, AFA CONNECTS FAMILIES WITH EXISTING COMMUNITY RESOURCES, WHICH HELP THEM REACH THEIR GOALS. THE INTENT IS THAT, WITH CAREFUL

4d Other program services (Describe in Schedule O.) (Expenses \$ 160,946. including grants of \$ ) (Revenue \$ 160,946.)

4e Total program service expenses 4,215,697.

**Part IV Checklist of Required Schedules**

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

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

		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	X	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
25a	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> .....		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O .....	X	



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 columns for line number, description, sub-column (e.g., 1a, 1b), and Yes/No checkboxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited transactions, and various organizational requirements.

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

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

**Section A. Governing Body and Management**

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	1a	35	
b	Enter the number of voting members included in line 1a, above, who are independent		
	1b	34	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		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	
b	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 in Schedule O		X

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

	Yes	No
10a		X
b		
11a	X	
b		
12a	X	
b	X	
c	X	
13	X	
14	X	
15		
a	X	
b	X	
16a		X
b		
16b		

**Section C. Disclosure**

- 17 List the states with which a copy of this Form 990 is required to be filed **WI**
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website  Another's website  Upon request  Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records: **BARB JOPKE - 262-898-2246**  
**2000 DOMANIK DRIVE, RACINE, WI 53404**

**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 instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization nor any related 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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) PAUL ROHLING CHAIR	1.00	X		X				0.	0.	0.
(2) PATRICK BOHON BOARD MEMBER	1.00	X						0.	0.	0.
(3) SUSAN BOLAND TREASURER & VICE-CHAIR, FI	1.00	X		X				0.	0.	0.
(4) ETHEL GATES VICE-CHAIR LABOR ADVISORY	1.00	X		X				0.	0.	0.
(5) MARK GEISLER VICE-CHAIR AT-LARGE	1.00	X		X				0.	0.	0.
(6) PATRICIA HOFFMAN BOARD MEMBER	1.00	X						0.	0.	0.
(7) MILOUS ADAMS BOARD MEMBER	1.00	X						0.	0.	0.
(8) RICHARD R. RUFFO BOARD MEMBER	1.00	X						0.	0.	0.
(9) JOHN SIEGERT VICE-CHAIR AT-LARGE & FIRS	1.00	X		X				0.	0.	0.
(10) KELLI STEIN BOARD MEMBER	1.00	X						0.	0.	0.
(11) LESLIE WININGER, MPA BOARD MEMBER	1.00	X						0.	0.	0.
(12) NANCY ANDERSON VICE CHAIR COMMUNITY INVES	1.00	X		X				0.	0.	0.
(13) TOM MARRY VICE-CHAIR AT-LARGE	1.00	X		X				0.	0.	0.
(14) JULIAN WILES VICE-CHAIR AT-LARGE	1.00	X		X				0.	0.	0.
(15) ANN DAANE VICE-CHAIR PERSONAL	1.00	X		X				0.	0.	0.
(16) LOLLI HAWS BOARD MEMBER	1.00	X						0.	0.	0.
(17) DOMINIC CARIELLO BOARD MEMBER	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) SHEILA EGERSON BOARD MEMBER	1.00	X						0.	0.	0.
(19) MATT WAGNER BOARD MEMBER	1.00	X						0.	0.	0.
(20) STAN MANNING BOARD MEMBER	1.00	X						0.	0.	0.
(21) DAVE JOHNSON BOARD MEMBER	1.00	X						0.	0.	0.
(22) SCOTT HUEDEPOHL BOARD MEMBER	1.00	X						0.	0.	0.
(23) TONY ROSSO BOARD MEMBER	1.00	X						0.	0.	0.
(24) ART HOWELL VICE CHAIR AT LARGE	1.00	X						0.	0.	0.
(25) TIMOTHY BATTEN BOARD MEMBER	1.00	X						0.	0.	0.
(26) MARIA CAMPBELL BOARD MEMBER	1.00	X						0.	0.	0.
<b>1b Sub-total</b> .....								0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b> .....								188,571.	0.	51,643.
<b>d Total (add lines 1b and 1c)</b> .....								188,571.	0.	51,643.

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, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual .....	X	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual .....		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person .....		X

**Section B. Independent Contractors**

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

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

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

SEE PART VII, SECTION A CONTINUATION SHEETS



**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514		
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns .....						
	b	Membership dues .....						
	c	Fundraising events .....						
	d	Related organizations .....						
	e	Government grants (contributions) .....	562,846.					
	f	All other contributions, gifts, grants, and similar amounts not included above .....	4,534,523.					
	g	Noncash contributions included in lines 1a-1f: \$ .....						
	h	<b>Total.</b> Add lines 1a-1f .....	5,097,369.					
Program Service Revenue	2 a _____ Business Code _____							
	b	_____						
	c	_____						
	d	_____						
	e	_____						
	f	All other program service revenue .....						
	g	<b>Total.</b> Add lines 2a-2f .....						
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) .....	78,137.			78,137.		
	4	Income from investment of tax-exempt bond proceeds .....						
	5	Royalties .....						
	6 a	Gross rents .....	(i) Real					
			(ii) Personal					
			b	Less: rental expenses .....				
			c	Rental income or (loss) .....				
	d	Net rental income or (loss) .....						
	7 a	Gross amount from sales of assets other than inventory .....	(i) Securities	55,112.				
			(ii) Other					
			b	Less: cost or other basis and sales expenses .....	0.			
			c	Gain or (loss) .....	55,112.			
	d	Net gain or (loss) .....	55,112.			55,112.		
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	a					
b			Less: direct expenses .....					
c			Net income or (loss) from fundraising events .....					
9 a	Gross income from gaming activities. See Part IV, line 19 .....	a						
		b	Less: direct expenses .....					
		c	Net income or (loss) from gaming activities .....					
10 a	Gross sales of inventory, less returns and allowances .....	a						
		b	Less: cost of goods sold .....					
		c	Net income or (loss) from sales of inventory .....					
11 _____ Miscellaneous Revenue Business Code _____								
11 a	_____	a						
		b						
		c						
		d	All other revenue .....					
		e	<b>Total.</b> Add lines 11a-11d .....					
12	<b>Total revenue.</b> See instructions .....	5,230,618.	0.	0.	133,249.			

**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	3,278,608.	3,278,608.		
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	142,984.	42,896.	57,193.	42,895.
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	922,212.	477,540.	216,210.	228,462.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	86,123.	41,966.	24,286.	19,871.
9 Other employee benefits	246,945.	146,022.	58,522.	42,401.
10 Payroll taxes	78,908.	38,110.	21,930.	18,868.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	12,151.	3,645.	4,253.	4,253.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	58,427.	22,022.	19,818.	16,587.
12 Advertising and promotion				
13 Office expenses	135,435.	55,816.	53,786.	25,833.
14 Information technology				
15 Royalties				
16 Occupancy	82,044.	38,417.	17,645.	25,982.
17 Travel	72,623.	19,535.	40,367.	12,721.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	8,687.	8,687.		
20 Interest				
21 Payments to affiliates	48,955.	15,543.	16,155.	17,257.
22 Depreciation, depletion, and amortization	11,262.		11,262.	
23 Insurance	2,903.	871.	1,016.	1,016.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <b>PRINTING AND PUBLICATION</b>	73,178.	11,890.	5,089.	56,199.
b <b>REPAIRS AND MAINTENANCE</b>	24,535.	757.	23,778.	
c <b>FAMILY SUPPORT FUNDS</b>	13,322.	13,322.		
d <b>MEMBERSHIP DUES</b>	10,005.	50.	9,478.	477.
e All other expenses				
25 <b>Total functional expenses.</b> Add lines 1 through 24e	5,309,307.	4,215,697.	580,788.	512,822.
26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here  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) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	150.	1	150.
	2	Savings and temporary cash investments	4,054,485.	2	4,610,791.
	3	Pledges and grants receivable, net	3,448,340.	3	3,001,645.
	4	Accounts receivable, net	2,733.	4	70.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	37,842.	9	34,264.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 276,133.		
	b	Less: accumulated depreciation	10b 250,194.	10c	25,939.
	11	Investments - publicly traded securities	1,593,218.	11	1,384,608.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	3,496.	15	1,329.
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	9,159,301.	16	9,058,796.	
Liabilities	17	Accounts payable and accrued expenses	201,163.	17	230,702.
	18	Grants payable		18	
	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 current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		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	1,640,058.	25	1,588,703.
	26	<b>Total liabilities.</b> Add lines 17 through 25	1,841,221.	26	1,819,405.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	2,291,979.	27	2,232,536.
	28	Temporarily restricted net assets	4,459,283.	28	4,440,037.
	29	Permanently restricted net assets	566,818.	29	566,818.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	<b>Total net assets or fund balances</b>	7,318,080.	33	7,239,391.	
34	<b>Total liabilities and net assets/fund balances</b>	9,159,301.	34	9,058,796.	



**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	5,230,618.
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,309,307.
3	Revenue less expenses. Subtract line 2 from line 1	3	-78,689.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	7,318,080.
5	Net unrealized gains (losses) on investments	5	
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 in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	7,239,391.

**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 in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
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? _____ If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____		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 in Schedule O and describe any steps taken to undergo such audits _____		

Form 990 (2014)



**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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	4,934,318.	5,111,825.	5,440,121.	4,743,604.	5,097,369.	25,327,237.
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 <b>Total.</b> Add lines 1 through 3 .....	4,934,318.	5,111,825.	5,440,121.	4,743,604.	5,097,369.	25,327,237.
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) .....						4,622,625.
6 <b>Public support.</b> Subtract line 5 from line 4.						20,704,612.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4 .....	4,934,318.	5,111,825.	5,440,121.	4,743,604.	5,097,369.	25,327,237.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	97,485.	35,771.	177,334.	348,073.	78,137.	736,800.
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 <b>Total support.</b> Add lines 7 through 10 .....						26,064,037.
12 Gross receipts from related activities, etc. (see instructions) .....					12	15,940.
13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here .....						<input type="checkbox"/>

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

14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) .....	14	79.44 %
15 Public support percentage from 2013 Schedule A, Part II, line 14 .....	15	78.56 %
16a <b>33 1/3% support test - 2014.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization .....	<input checked="" type="checkbox"/>	
b <b>33 1/3% support test - 2013.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
17a <b>10% -facts-and-circumstances test - 2014.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and 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 <b>10% -facts-and-circumstances test - 2013.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and 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 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....	<input type="checkbox"/>	

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
3 Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
5 The value of services or facilities furnished by a governmental unit to the organization without charge .....						
6 Total. Add lines 1 through 5 .....						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
c Add lines 7a and 7b .....						
8 Public support (Subtract line 7c from line 6.) .....						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6 .....						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
c Add lines 10a and 10b .....						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
13 Total support. (Add lines 9, 10c, 11, and 12.) .....						

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

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

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)) .....	15	%
16 Public support percentage from 2013 Schedule A, Part III, line 15 .....	16	%

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

17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f)) .....	17	%
18 Investment income percentage from 2013 Schedule A, Part III, line 17 .....	18	%

19a 33 1/3% support tests - 2014. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

**Part IV Supporting Organizations**

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of 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? 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.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		
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 (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.		
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.		
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.		
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

**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 in (b) and (c) below, the governing body of a supported organization?		
11a		
b A family member of a person described in (a) above?		
11b		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.		
11c		

**Section B. Type I Supporting Organizations**

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

**Section D. 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, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
1		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
2		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
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 entity. Describe in Part VI how you supported a government entity (see instructions).			
2 Activities Test. Answer (a) and (b) below.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
2a			
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
2b			
3 Parent of Supported Organizations. Answer (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.			
3a			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			
3b			

**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. 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	<b>Adjusted Net Income</b> (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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% 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 .035	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (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 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	<b>Distributable Amount.</b> 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	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2014:			
a			
b			
c			
d			
e From 2013			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2014 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2015. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c			
d Excess from 2013			
e Excess from 2014			

Schedule A (Form 990 or 990-EZ) 2014





**Schedule B**

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2014**

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 or 990-EZ), 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, 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. Do not 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 is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Name of organization <b>UNITED WAY OF RACINE COUNTY, INC.</b>	Employer identification number <b>39-0806349</b>
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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		\$ 280,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 220,580.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 130,966.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 705,320.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 102,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(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

(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

(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

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2014

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

UNITED WAY OF RACINE COUNTY, INC.

Employer identification number

39-0806349

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate values, and yes/no questions about donor advisement.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, number of easements, and monitoring details.

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

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include reporting requirements for art and historical treasures.

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange programs
  - e  Other
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part 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" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part 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" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,137,830.	977,219.	934,046.	955,446.	848,607.
b Contributions					
c Net investment earnings, gains, and losses	55,112.	205,786.	103,771.	-11,667.	115,489.
d Grants or scholarships					
e Other expenditures for facilities and programs	57,391.	45,175.	50,918.		
f Administrative expenses			9,680.	9,733.	8,650.
g End of year balance	1,135,551.	1,137,830.	977,219.	934,046.	955,446.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  %
  - b Permanent endowment  49.92 %
  - c Temporarily restricted endowment  50.08 %
- The percentages in 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" to 3a(ii), are the related organizations listed as required on Schedule R?
- 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" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		75,000.	75,000.	0.
d Equipment		201,133.	175,194.	25,939.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				25,939.

**Part VII Investments - Other Securities.**

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

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

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) AGENCY ALLOCATIONS	1,269,450.
(3) AGENCY DESIGNATIONS	319,253.
(4) .....	
(5) .....	
(6) .....	
(7) .....	
(8) .....	
(9) .....	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 1,588,703.	

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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII



**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

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

1	Total revenue, gains, and other support per audited financial statements		1	5,196,613.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains (losses) on investments	2a		
	b Donated services and use of facilities	2b		
	c Recoveries of prior year grants	2c		
	d Other (Describe in Part XIII.)	2d	-34,005.	
	e Add lines 2a through 2d	2e		-34,005.
3	Subtract line 2e from line 1	3		5,230,618.
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		
	c Add lines 4a and 4b	4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		5,230,618.

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

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

1	Total expenses and losses per audited financial statements		1	5,275,302.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	a Donated services and use of facilities	2a		
	b Prior year adjustments	2b		
	c Other losses	2c		
	d Other (Describe in Part XIII.)	2d	-34,005.	
	e Add lines 2a through 2d	2e		-34,005.
3	Subtract line 2e from line 1	3		5,309,307.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	b Other (Describe in Part XIII.)	4b		
	c Add lines 4a and 4b	4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5		5,309,307.

**Part XIII Supplemental Information.**

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

**PART V, LINE 4:**

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

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

**Part XIII** Supplemental Information *(continued)*

PART XI, LINE 2D - OTHER ADJUSTMENTS:

INVESTMENT EXPENSES -34,005.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

INVESTMENT EXPENSES -34,005.

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2014**

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" to 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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALLIANCE FOR MENTALLY ILL, INC. AMI RACINE COUNTY - 2300 DEKOVEN AVENUE - RACINE, WI 53403	39-1341452	501(C)(3)	58,000.	0.			ADVOCACY AND SUPPORT
WIS. ASSN. FOR RETARDED CHILDREN (ARC OF RACINE CO., INC.) - 6214 WASHINGTON AVENUE, SUITE C-6 - RACINE, WI 53406	39-1232958	501(C)(3)	70,000.	0.			ADVOCACY, SUPPORT & EDUCATION
BIG BROTHERS/BIG SISTERS OF RACINE & KENOSHA COUNTY - 3131 TAYLOR AVENUE, BLDG. 4 BOX 7 - RACINE, WI 53405	39-1052882	501(C)(3)	82,000.	0.			ONE-ON-ONE OUTCOME BASED MENTORING
THREE HARBORS COUNCIL, BOY SCOUTS OF AMERICA, INC - 330 SOUTH 84TH STREET - MILWAUKEE, WI 53214	39-1163574	501(C)(3)	41,454.	0.			COMPREHENSIVE YOUTH PROGRAM
CATHERINE MARIAN HOUSING, INC. 806 WISCONSIN AVENUE RACINE, WI 53403	39-1657098	501(C)(3)	78,777.	0.			SHELTER FOR WOMEN, WINDOW REPLACEMENT, HOMELESS ASSISTANCE PROGRAM
CATHOLIC CHARITIES OF THE ARCHDIOCESE OF MILWAUKEE - 800 WISCONSIN AVE - RACINE, WI 50403	39-0806321	501(C)(3)	89,217.	0.			OUTREACH SERVICES: HEALTH COUNSELLING SERVICES

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

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

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

**SEE PART IV FOR COLUMN (H) DESCRIPTIONS**

**UNITED WAY OF RACINE COUNTY, INC.**

**Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTRAL RACINE COUNTY HEALTH DEPARTMENT - 10005 NORTHWESTERN AVENUE, SUITE A - FRANKSVILLE, WI 53126	39-6005812	GOVT.	181,578.	0.			TEEN PARENTING SUPPORT PROGRAM, FAMILY SMART/KID FRIENDLY
CENTER FOR VETERANS ISSUES 3312 W. WELLS STREET MILWAUKEE, WI 53208	39-1712359	501(C)(3)	61,418.	0.			HOMELESS ASSISTANCE PROGRAM
CEREBRAL PALSY OF RACINE COUNTY, INC./RADD - 3131 TAYLOR AVENUE, BOX 4 - RACINE, WI 53405	39-1098877	501(C)(3)	56,748.	0.			RECREATION & RESPITE PROGRAMS
CHILDREN'S HOSPITAL OF WISCONSIN, COMMUNITY SERVICES - 8800 WASHINGTON AVENUE, SUITE 100 - MOUNT PLEASANT, WI 53404	39-0806380	501(C)(3)	368,453.	0.			COUNSELING AND RACINE CO. CHILD ADVOCACY CENTER, COMMUNITY RESPONSE PROGRAM, FAMILY SMART/KID SUPPORT FOR SPECIAL PROJECTS AND PROGRAMS RELATED TO UNITED WAY'S MISSION
EFFECTIVE CONNECTIONS PROJECT EXPENSES - 2000 DOMANIK DRIVE - RACINE, WI 53404	39-0806380	501(C)(3)	36,801.	0.			EARLY CHILDHOOD PROGRAM; OUT OF SCHOOL TIME PROGRAMS FAMILY SMART/KID FRIENDLY; GIRLS, INC. OF
FAMILY LITERACY OF RACINE 1510 VILLA STREET RACINE, WI 53403	27-1014413	501(C)(3)	174,389.	0.			COUNSELING & PSYCHOTHERAPY
FAMILY SERVICE OF RACINE, INC. 420 - 7TH STREET RACINE, WI 53403	39-0808507	501(C)(3)	113,000.	0.			FAMILY SUPPORT SERVICES, PARENTING PROGRAMS
FAMILY SMART/KID FRIENDLY 2000 DOMANIK DRIVE RACINE, WI 53404	39-0806349	501(C)(3)	30,849.	0.			FAST, SUBSTANCE ABUSE PREVENTION
FOCUS ON COMMUNITY, INC. 1220 MOUND AVENUE, SUITE 307 RACINE, WI 53404	39-1369356	501(C)(3)	141,480.	0.			

**UNITED WAY OF RACINE COUNTY, INC.**

**Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GIRL SCOUTS OF WISCONSIN SOUTHEAST, INC. - 5801 WASHINGTON AVEUNE, SUITE 200 - RACINE, WI 53403	39-0892833	501(C)(3)	43,139.	0.			URBAN & LATINA GIRL SCOUT LEADERSHIP EXPERIENCE
HEALTH CARE NETWORK, INC. 904 STATE STREET RACINE, WI 53404	42-1299913	501(C)(3)	121,000.	0.			HEALTHCARE SERVICES HOMELESS SHELTER AND EDUCATION PROGRAM; HOMELESS ASSISTANCE PROGRAM
HOMELESS ASSISTANCE LEADERSHIP ORGANIZATION, INC. - 2000 DEKOVEN AVENUE, UNIT 1 - RACINE, WI 53403	20-2041432	501(C)(3)	278,887.	0.			HOMELESS ASSISTANCE PROGRAM
HOPES CENTER 521 6TH STREET RACINE, WI 53403	26-3080281	501(C)(3)	40,609.	0.			HOMELESS ASSISTANCE PROGRAM
IMPACT - ALCOHOL & OTHER DRUG ABUSE SERVICES, INC. - 6737 WEST WASHINGTON STREET, SUITE 2225 - MILWAUKEE, WI 53214	39-0988784	501(C)(3)	15,000.	0.			211 SERVICE
ST. PATRICK'S PARISH (JOHN XXIII EDUCATIONAL CENTER) - 1101 DOUGLAS AVENUE - RACINE, WI 53402	39-0829538	501(C)(3)	52,000.	0.			MENTORING PROGRAM
LEADERSHIP RACINE/RAMAC 300 FIFTH STREET RACINE, WI 53403	39-1713952	501(C)(3)	5,000.	0.			LEADERSHIP TRAINING
LEGAL ACTION OF WISCONSIN 230 W. WELLS ST, ROOM 800 MILWAUKEE, WI 53203	39-1077192	501(C)(3)	5,000.	0.			HOMELESS ASSISTANCE PROGRAM
LINCOLN LUTHERAN HOME OF RACINE, INC. - 2000 DOMANIK DRIVE - RACINE, WI 53404	39-0874802	501(C)(3)	12,000.	0.			AFFORDABLE HOUSING & SERVICES

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LOVE, INC. 448 SOUTH PINE STREET BURLINGTON, WI 53105	39-1485975	501(C)(3)	26,018.	0.		FAMILY SMART/KID FRIENDLY	
LUTHERAN SOCIAL SERVICES OF WI AND UPPER MICHIGAN - 1220 MOUND AVENUE, SUITE 304 - RACINE, WI 53404	39-0816846	501(C)(3)	118,671.	0.		SEXUAL ASSAULT SERVICES; ABUSE EDUCATION	
NEXT GENERATION NOW 1220 MOUND AVENUE RACINE, WI 53404	39-1897695	501(C)(3)	67,902.	0.		COMMUNITY RESPONSE PROGRAM CRIBS FOR KIDS	
RACINE COUNTY PROJECT EMERGENCY 2000 DEKOVEN AVENUE RACINE, WI 53403	39-1269080	501(C)(3)	95,000.	0.		EMERGENCY FOOD DISTRIBUTION	
BOARD OF REGENTS OF THE UNIVERSITY OF WI SYSTEM, UW EXTENSION - 209 NORTH MAIN STREET - BURLINGTON, WI 53105	39-6005734	GOVT.	18,831.	0.		TOUCHPOINTS TRAINING	
RACINE COUNTY WORKFORCE DEVELOPMENT CENTER - 1717 TAYLOR AVENUE - RACINE, WI 53403	39-6005734	GOVT.	10,000.	0.		YOUTH CNC BOOT CAMP	
RACINE COUNTY YOUTH AS RESOURCES 2000 DOMANIK DRIVE RACINE, WI 53404	39-1880420	501(C)(3)	6,687.	0.		YOUTH PROGRAMS	
RACINE FRIENDSHIP CLUBHOUSE 2000 - 17TH STREET RACINE, WI 53403	39-1705768	501(C)(3)	22,000.	0.		SUPPORT PROGRAMS FOR MENTALLY ILLNESS.	
RACINE/KENOSHA COMMUNITY ACTION AGENCY - 2113 N. WISCONSIN STREET - RACINE, WI 53402	39-1087210	501(C)(3)	8,000.	0.		VITA PROJECT	

UNITED WAY OF RACINE COUNTY, INC.  
 Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash 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 AVENUE RACINE, WI 53403	51-0190214	501(C)(3)	84,400.	0.			ADULT LITERACY PROGRAM
RACINE VOCATIONAL MINISTRY 214 SEVENTH STREET RACINE, WI 53403	71-0894219	501(C)(3)	92,082.	0.			JOB SKILLS TRAINING; COMMUNITY RE-ENTRY PROGRAM; HOMELESS ASSISTANCE PROGRAM
RACINE YOUTH SPORTS, INC. P. O. BOX 812 STURTEVANT, WI 53177	39-1365936	501(C)(3)	37,028.	0.			YOUTH SPORTS
SAFE HAVEN OF RACINE, INC. 1030 WASHINGTON AVENUE RACINE, WI 53403	39-1155004	501(C)(3)	76,000.	0.			YOUTH SHELTER; OUTREACH PROGRAMS
SALVATION ARMY (RACINE CORPS.) 1901 WASHINGTON AVENUE RACINE, WI 53403	39-0806889	501(C)(3)	11,353.	0.			SOCIAL SERVICE PROGRAMS HOMELESS SHELTER AND EDUCATION PROGRAM; HOMELESS ASSISTANCE PROGRAM
TRANSITIONAL LIVING CENTER 482 SOUTH PINE STREET BURLINGTON, WI 53105	39-1760930	501(C)(3)	30,683.	0.			MENTORING CAPACITY BUILDING PROGRAM; NONPROFIT DEVELOPMENT PROGRAM
UNIVERSITY OF WISCONSIN CENTER FOR COMMUNITY PARTNERSHIPS - 900 WOOD ROAD - KENOSHA, WI 53141	39-1805963	GOVT.	8,080.	0.			VOLUNTEER CENTER SERVICES, SENIORS DRIVING SENIORS PROGRAM
VOLUNTEER CENTER OF RACINE COUNTY, INC. - 6216 WASHINGTON AVENUE, SUITE G - RACINE, WI 53406	39-1997779	501(C)(3)	16,500.	0.			SAFE EMERGENCY SHELTER & CONTINUUM; HOMELESS ASSISTANCE PROGRAM
WOMEN'S RESOURCE CENTER OF RACINE, INC. - P. O. BOX 1764 - RACINE, WI 53401	39-1356335	501(C)(3)	158,851.	0.			

Schedule I (Form 990)

**UNITED WAY OF RACINE COUNTY, INC.**

**Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YOUTH FOR CHRIST - SOUTHEASTERN WISCONSIN - 3001 CARPENTER AVENUE - MT. PLEASANT, WI 53403	39-0977052	501(C)(3)	26,032.	0.			JUVENILE AFTERCARE MINISTRY
YOUNG MEN'S CHRISTIAN ASSOCIATION (RACINE) - 725 LAKE AVENUE - RACINE, WI 53403	39-0807254	501(C)(3)	202,191.	0.			PROGRAMMING FOR CHILDREN; FAMILY SMART/KID FRIENDLY



**UNITED WAY OF RACINE COUNTY, INC.**

**Part III** Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to 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 non-cash assistance

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

**PART II, LINE 1, COLUMN (H):**  
**NAME OF ORGANIZATION OR GOVERNMENT:**  
 CHILDREN'S HOSPITAL OF WISCONSIN, COMMUNITY SERVICES  
**(H) PURPOSE OF GRANT OR ASSISTANCE:** COUNSELING AND RACINE CO. CHILD  
 ADVOCACY CENTER, COMMUNITY RESPONSE PROGRAM, FAMILY SMART/KID FRIENDLY  
**NAME OF ORGANIZATION OR GOVERNMENT:** FAMILY LITERACY OF RACINE  
**(H) PURPOSE OF GRANT OR ASSISTANCE:** EARLY CHILDHOOD PROGRAM; OUT OF  
 SCHOOL TIME PROGRAMS FAMILY SMART/KID FRIENDLY; GIRLS, INC. OF RACINE

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2014**

Open to Public Inspection

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.

▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

Name of the organization  
**UNITED WAY OF RACINE COUNTY, INC.**

Employer identification number  
**39-0806349**

**Part I Questions Regarding Compensation**

	Yes	No								
<p><b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<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 (e.g., maid, chauffeur, chef)		
<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 (e.g., maid, chauffeur, chef)									
<b>b</b> If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....	<b>1b</b>									
<b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a? .....	<b>2</b>									
<p><b>3</b> Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input checked="" type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input type="checkbox"/> Compensation committee	<input checked="" 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				
<input type="checkbox"/> Compensation committee	<input checked="" 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									
<b>4</b> During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:										
<b>a</b> Receive a severance payment or change-of-control payment? .....	<b>4a</b>	<input checked="" type="checkbox"/>								
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....	<b>4b</b>	<input checked="" type="checkbox"/>								
<b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? .....	<b>4c</b>	<input checked="" type="checkbox"/>								
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.										
<b>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>										
<b>5</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:										
<b>a</b> The organization? .....	<b>5a</b>	<input checked="" type="checkbox"/>								
<b>b</b> Any related organization? .....	<b>5b</b>	<input checked="" type="checkbox"/>								
If "Yes" to line 5a or 5b, describe in Part III.										
<b>6</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:										
<b>a</b> The organization? .....	<b>6a</b>	<input checked="" type="checkbox"/>								
<b>b</b> Any related organization? .....	<b>6b</b>	<input checked="" type="checkbox"/>								
If "Yes" to line 6a or 6b, describe in Part III.										
<b>7</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III .....	<b>7</b>	<input checked="" type="checkbox"/>								
<b>8</b> Were any amounts reported in 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 .....	<b>8</b>	<input checked="" type="checkbox"/>								
<b>9</b> If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....	<b>9</b>									

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

Schedule J (Form 990) 2014

Schedule J (Form 990) 2014 UNITED WAY OF RACINE COUNTY, INC. 39-0806349

**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 in 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 are not 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 compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (E) reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(i) DAVID MAURER	77,352.	0.	0.	4,788.	15,091.	97,231.	0.
(ii) FORMER BOARD/OFFICER-PAST PRESIDENT	0.	0.	0.	0.	0.	0.	0.
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
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(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 3:

A WRITTEN EMPLOYMENT CONTRACT WAS SET UP BETWEEN UNITED WAY OF RACINE COUNTY AND DAVID MAURER TO CONTINUE REGULAR SALARY AND BENEFITS TO COMPENSATE HIM FOR HIS TIME IN ASSISTING WITH THE TRANSITION OF THE NEW PRESIDENT-SECRETARY. THIS CONTRACT ENDED WITH THE RETIREMENT OF MR. MAURER EFFECTIVE 6/30/14.

THE EXECUTIVE COMMITTEE REVIEWS THE PERFORMANCE OF THE PRESIDENT AND DETERMINES THE PRESIDENT'S SALARY. ALL STAFF SALARY RANGES ARE DETERMINED USING UNITED WAY OF AMERICA BENCHMARKS.

**SCHEDULE O**  
(Form 990 or 990-EZ)

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 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2014**

Open to Public  
Inspection

Name of the organization

UNITED WAY OF RACINE COUNTY, INC.

Employer identification number

39-0806349

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

LIVES AND TRANSFORM OUR COMMUNITY. OUR MISSION IS FULFILLED BY  
STRATEGICALLY FUNDING PROGRAMS AND INITIATIVES, DEVELOPING INNOVATIVE  
APPROACHES TO ADDRESSING COMMUNITY-WIDE CHALLENGES AND PROVIDING  
COMMUNITY ENGAGEMENT OPPORTUNITIES TO LOCAL COMMUNITY MEMBERS.

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

BROADLY WITH UNITED WAYS STAKEHOLDERS AND THE COMMUNITY AT LARGE.

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

PROJECT IMPLEMENTATION, EVALUATION, AND DOCUMENTATION OF SUCCESSES,  
THIS TREND WILL CONTINUE.

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

SCHOOLS OF HOPE

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

EXPENSES \$ 160,946. INCLUDING GRANTS OF \$ 0. REVENUE \$ 160,946.

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

Schedule O (Form 990 or 990-EZ) (2014)

432211

08-27-14

Name of the organization

UNITED WAY OF RACINE COUNTY, INC.

Employer identification number

39-0806349

FORM 990, PART VI, SECTION A, LINE 6:

EVERY INDIVIDUAL OR CORPORATION WHO OR WHICH CONTRIBUTES OR PLEDGES IN WRITING ANY MONEY TO THIS CORPORATION SHALL BE A MEMBER OF THIS CORPORATION UNTIL THE END OF THE CALENDAR YEAR NEXT SUCCEEDING THAT IN WHICH HE, SHE, OR IT LAST SO CONTRIBUTED OR PLEDGED PROVIDING ANY SUCH PLEDGE IS NOT DELINQUENT IN PAYMENT.

FORM 990, PART VI, SECTION A, LINE 7A:

DIRECTORS ARE ELECTED BY THE MEMBERS OF THE CORPORATION.

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

THE 990 WILL BE REVIEWED BY THE BOARD OF DIRECTORS AND APPROVED AT A BOARD MEETING.

FORM 990, PART VI, SECTION B, LINE 12C:

ALL EMPLOYEES, DIRECTORS AND VOLUNTEERS MUST DISCLOSE ANY CONFLICTS OF INTEREST ANNUALLY OR AS THEY ARISE. ADDITIONALLY, A WRITTEN CONFLICT OF INTEREST STATEMENT IS REQUIRED TO BE SIGNED.

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

THE EXECUTIVE COMMITTEE REVIEWS THE PERFORMANCE OF THE PRESIDENT AND DETERMINES THE PRESIDENTS SALARY. ALL STAFF SALARY RANGES ARE DETERMINED USING UNITED WAY WORLDWIDE BENCHMARKS.

FORM 990, PART VI, SECTION C, LINE 19:

ALL DOCUMENTS AVAILABLE TO PUBLIC UPON REQUEST.

Name of the organization

UNITED WAY OF RACINE COUNTY, INC.

Employer identification number

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FORM 990, PART XII, LINE 2C:

THE ORGANIZATION HAS NOT CHANGED ITS OVERSIGHT PROCESS OR SELECTION  
PROCESS DURING THE TAX YEAR.