

Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No. 1545-0047

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2010 calendar year, or tax year beginning APR 1, 2010 and ending MAR 31, 2011

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input checked="" type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization		D Employer identification number
	UNITED WAY IN WAUKESHA COUNTY, INC.		39-0886376
	Doing Business As		
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number
	P.O. BOX 1041		262-547-8459
	City or town, state or country, and ZIP + 4		G Gross receipts \$ 4,832,156.
	WAUKESHA, WI 53187-1041		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	F Name and address of principal officer: JAYNE A. THOMA		H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
	1717 PARAMOUNT DRIVE, WAUKESHA, WI 53186		If "No," attach a list. (see instructions)
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			H(c) Group exemption number ▶
J Website: ▶ HTTP://WWW.UNITEDWAYWAUKESHA.ORG			L Year of formation: 1930 M State of legal domicile: WI
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: OUR MISSION IS BUILDING A STRONGER COMMUNITY BY UNITING PEOPLE AND RESOURCES TO MEASURABLY	
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3 Number of voting members of the governing body (Part VI, line 1a)	3 22
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4 22
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5 21
	6 Total number of volunteers (estimate if necessary)	6 1300
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a 0.
b Net unrelated business taxable income from Form 990-T, line 34	7b 0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 4,862,991. Current Year 4,656,441.
	9 Program service revenue (Part VIII, line 2g)	0. 0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	60,721. 30,905.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	142,220. 134,167.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,065,932. 4,821,513.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	4,081,161. 3,921,263.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0. 0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	761,220. 720,888.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0. 0.
	b Total fundraising expenses (Part IX, column (D), line 25)	495,302.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	412,949. 375,025.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	5,255,330. 5,017,176.
19 Revenue less expenses. Subtract line 18 from line 12	-189,398. -195,663.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 5,924,404. End of Year 5,516,932.
	21 Total liabilities (Part X, line 26)	3,451,531. 3,239,722.
	22 Net assets or fund balances. Subtract line 21 from line 20	2,472,873. 2,277,210.

Part II Signature Block

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

Sign Here	Signature of officer	<i>Jayne Thoma</i>	
	JAYNE A. THOMA, EXECUTIVE DIRECTOR	Date	12-8-11
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	PTIN
	MARY ELLEN MICHAELSON	<i>Mary Ellen Michaelson</i>	
	Firm's name ▶ VRAKAS/BLUM, S.C.	Date	12/2/11
	Firm's address ▶ 445 SOUTH MOORLAND RD., STE. 400 BROOKFIELD, WI 53005	Check if self-employed <input type="checkbox"/>	Phone no. 262-797-0400

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 to any question in this Part III []

1 Briefly describe the organization's mission:
OUR MISSION IS BUILDING A STRONGER COMMUNITY BY UNITING PEOPLE AND RESOURCES TO MEASURABLY IMPROVE LIVES

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 exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 881,464. including grants of \$ 1,020,891.) (Revenue \$)
INCREASING SELF-SUFFICIENCY - SUPPORTS SENIORS, PEOPLE WITH DISABILITIES AND INDIVIDUALS WITH MENTAL ILLNESS TO HELP THEM ACHIEVE INDEPENDENCE AND REMAIN PRODUCTIVE MEMBERS OF OUR COMMUNITY.

4b (Code:) (Expenses \$ 1,141,936. including grants of \$ 1,089,610.) (Revenue \$)
MEETING BASIC NEEDS - ENSURES ACCESS TO SHELTER, FOOD, A SAFE ENVIRONMENT, HEALTHCARE AND EMPLOYMENT TRAINING.

4c (Code:) (Expenses \$ 2,057,805. including grants of \$ 1,799,362.) (Revenue \$)
STRENGTHENING FAMILIES - BUILDS STRONG AND HEALTHY FAMILIES THROUGH COUNSELING SERVICES, PARENTING PROGRAMS, EARLY CHILDHOOD INTERVENTION AND YOUTH SERVING PROGRAMS.

4d Other program services. (Describe in Schedule O.)
(Expenses \$ 138,140. including grants of \$ 11,400.) (Revenue \$)

4e Total program service expenses 4,219,345.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	X	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		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? If "Yes," complete Schedule J		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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		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? If "Yes," complete Schedule L, Part I		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III		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? If "Yes," complete Schedule L, Part IV		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		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? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		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? If "Yes," complete Schedule R, Part I		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	X	
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?		X
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		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? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Main form area containing questions 1a through 14b with corresponding Yes/No columns and input fields.

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

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

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		
			22
b	Enter the number of voting members included in line 1a, above, who are independent		
			22
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	Does the organization have members or stockholders?	X	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		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	Does the organization have local chapters, branches, or affiliates?		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13	Does the organization have a written whistleblower policy?	X	
14	Does the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed **WI**
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **JAYNE A. THOMA - 262-547-8459**
1717 PARAMOUNT DRIVE, WAUKESHA, WI 53186

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
DAVID GILMARTIN BOARD MEMBER	1.00	X						0.	0.	0.
MARY HUBACHER BOARD MEMBER	1.00	X						0.	0.	0.
ANNETTE KLARE BOARD MEMBER	1.00	X						0.	0.	0.
MICHAEL KLUTH BOARD MEMBER	1.00	X						0.	0.	0.
DON MAURER BOARD MEMBER	1.00	X						0.	0.	0.
DANA MONOGUE BOARD MEMBER	1.00	X						0.	0.	0.
TINA MOY NG BOARD MEMBER	1.00	X						0.	0.	0.
JOE NIEBLER JR. BOARD MEMBER	1.00	X						0.	0.	0.
ANDI OPPMANN BOARD MEMBER	1.00	X						0.	0.	0.
AUSTIN RAMIREZ BOARD MEMBER	1.00	X						0.	0.	0.
MARY REINKE BOARD MEMBER	1.00	X						0.	0.	0.
JOHN ROBERTSTAD BOARD MEMBER	1.00	X						0.	0.	0.
ELAINE SCHMEDA BOARD MEMBER	1.00	X						0.	0.	0.
JANET SCHULZ BOARD MEMBER	1.00	X						0.	0.	0.
RAJIV VARMA, M.D. BOARD MEMBER	1.00	X						0.	0.	0.
JEFF WIESNER BOARD MEMBER	3.00	X						0.	0.	0.
LILLIE WILSON 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 (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
ROBERT YOUNG BOARD MEMBER	1.00	X						0.	0.	0.
DAVE VETTA EX-OFFICIO	1.00	X						0.	0.	0.
JAYNE A. THOMA EXECUTIVE DIRECTOR	45.00			X				90,267.	0.	7,456.
MICHAEL A. SCHNELL DIRECTOR OF FINANCE AND OPERATIONS	47.00			X				24,737.	0.	7,614.
CHRIS BERENS TREASURER	3.00			X				0.	0.	0.
JAY MAGULSKI VICE-PRESIDENT	3.00			X				0.	0.	0.
PAUL MELNICK PRESIDENT	3.00			X				0.	0.	0.
JOAN SHAFER SECRETARY	3.00			X				0.	0.	0.
SHARI WIEMER DIRECTOR OF FINANCE AND ADMINISTRATI	47.00			X				17,787.	0.	0.
1b Sub-total								132,791.	0.	15,070.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								132,791.	0.	15,070.

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

	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. **NONE**

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

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

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	1a						
	b Membership dues	1b						
	c Fundraising events	1c						
	d Related organizations	1d						
	e Government grants (contributions)	1e						
	f All other contributions, gifts, grants, and similar amounts not included above	1f	4656441.					
	g Noncash contributions included in lines 1a-1f: \$							
	h Total. Add lines 1a-1f			4656441.				
Program Service Revenue	2 a _____	Business Code						
	b _____							
	c _____							
	d _____							
	e _____							
	f All other program service revenue							
	g Total. Add lines 2a-2f							
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			30,905.	30,905.			
	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	(ii) Other					
		b Less: cost or other basis and sales expenses						
		c Gain or (loss)						
		d Net gain or (loss)						
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a	24,156.					
		b Less: direct expenses	b	10,643.				
		c Net income or (loss) from fundraising events			13,513.			13,513.
	9 a Gross income from gaming activities. See Part IV, line 19	a						
b Less: direct expenses		b						
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	b						
	c Net income or (loss) from sales of inventory							
Miscellaneous Revenue			Business Code					
11 a SPONSORSHIP INCOME		900099	77,424.	77,424.				
b SERVICE FEES		900099	29,749.	29,749.				
c MISCELLANEOUS		900099	13,481.	13,481.				
d All other revenue								
e Total. Add lines 11a-11d			120,654.					
12 Total revenue. See instructions.			4821513.	151,559.	0.	13,513.		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	3,921,263.	3,921,263.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	172,654.	48,616.	55,329.	68,709.
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	405,811.	114,266.	130,048.	161,497.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	15,752.	4,626.	4,589.	6,537.
9 Other employee benefits	84,841.	24,915.	24,715.	35,211.
10 Payroll taxes	41,830.	12,536.	12,122.	17,172.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	16,979.	5,379.	4,761.	6,839.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion	1,844.	584.	517.	743.
13 Office expenses	4,398.	1,393.	1,233.	1,772.
14 Information technology	45,620.	14,451.	12,793.	18,376.
15 Royalties				
16 Occupancy	45,087.	15,855.	14,036.	15,196.
17 Travel	9,255.	2,932.	2,595.	3,728.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	-450.	-143.	-126.	-181.
20 Interest				
21 Payments to affiliates	59,620.	18,886.	16,718.	24,016.
22 Depreciation, depletion, and amortization	39,064.	12,374.	10,954.	15,736.
23 Insurance	9,205.	2,916.	2,581.	3,708.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a SPONSORSHIP/S&SF EXPENS	80,598.	7,382.	0.	73,216.
b CAMPAIGN EXPENSES	30,313.	0.	0.	30,313.
c TELEPHONE	19,084.	5,728.	5,071.	8,285.
d POSTAGE	10,540.	2,310.	2,045.	6,185.
e MISCELLANEOUS EXPENSES	2,748.	2,669.	2,362.	-2,283.
f All other expenses	1,120.	407.	186.	527.
25 Total functional expenses. Add lines 1 through 24f	5,017,176.	4,219,345.	302,529.	495,302.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	300.	1	300.
	2	Savings and temporary cash investments	3,025,621.	2	2,730,732.
	3	Pledges and grants receivable, net	2,395,954.	3	2,443,318.
	4	Accounts receivable, net	124,154.	4	9,606.
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	27,223.	9	21,042.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 728,226.		
	b	Less: accumulated depreciation	10b 422,801.	10c 344,489.	305,425.
	11	Investments - publicly traded securities		11	
	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	6,663.	15	6,509.
16	Total assets. Add lines 1 through 15 (must equal line 34)	5,924,404.	16	5,516,932.	
Liabilities	17	Accounts payable and accrued expenses	68,912.	17	37,567.
	18	Grants payable	3,222,296.	18	2,897,753.
	19	Deferred revenue	25,640.	19	18,540.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	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. Complete Part X of Schedule D	134,683.	25	285,862.
	26	Total liabilities. Add lines 17 through 25	3,451,531.	26	3,239,722.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	2,389,533.	27	2,218,272.
	28	Temporarily restricted net assets	83,340.	28	58,938.
	29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		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	Total net assets or fund balances	2,472,873.	33	2,277,210.	
34	Total liabilities and net assets/fund balances	5,924,404.	34	5,516,932.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,821,513.
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,017,176.
3	Revenue less expenses. Subtract line 2 from line 1	3	-195,663.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,472,873.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	0.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	2,277,210.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
b	Were the organization's financial statements audited by an independent accountant?	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

Form 990 (2010)

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

Name of the organization **UNITED WAY IN WAUKESHA COUNTY, INC.** Employer identification number **39-0886376**

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

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

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 11g(i)		
(ii) A family member of a person described in (i) above? 11g(ii)		
(iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii)		
- h Provide the following information about the supported organization(s).

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	5,171,173.	5,013,536.	5,094,882.	4,862,991.	4,656,441.	24,799,023.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
4 Total. Add lines 1 through 3	5,171,173.	5,013,536.	5,094,882.	4,862,991.	4,656,441.	24,799,023.
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)						764,275.
6 Public support. Subtract line 5 from line 4.						24,034,748.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	5,171,173.	5,013,536.	5,094,882.	4,862,991.	4,656,441.	24,799,023.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...	87,288.	94,512.	58,067.	29,905.	19,986.	289,758.
9 Net income from unrelated business activities, whether or not the business is regularly carried on ...						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	115,614.	76,418.	59,261.	128,990.	120,654.	500,937.
11 Total support. Add lines 7 through 10						25,589,718.
12 Gross receipts from related activities, etc. (see instructions)				12		
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	93.92	%
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	94.01	%
16a 33 1/3% support test - 2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input checked="" type="checkbox"/>
b 33 1/3% support test - 2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			<input type="checkbox"/>

Schedule A (Form 990 or 990-EZ) 2010

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

19a 33 1/3% support tests - 2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

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

Supplemental Financial Statements

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

Attach to Form 990. See separate instructions.

Name of the organization

UNITED WAY IN WAUKESHA COUNTY, INC.

Employer identification number

39-0886376

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

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

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

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

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

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. 1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

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

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

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIV and complete the following table:
- | | 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? Yes No
- b If "Yes," explain the arrangement in Part XIV.

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	142,527.	90,936.			
b Contributions	10,200.	25,200.			
c Net investment earnings, gains, and losses	17,275.	32,997.			
d Grants or scholarships	5,250.	4,900.			
e Other expenditures for facilities and programs					
f Administrative expenses	832.	1,706.			
g End of year balance	163,920.	142,527.			

- 2 Provide the estimated percentage of the year end balance held as:
- a Board designated or quasi-endowment 100.00 %
 - b Permanent endowment %
 - c Term endowment %
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | 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? | | |
- 4 Describe in Part XIV the intended uses of the organization's endowment funds.

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		571,088.	321,759.	249,329.
c Leasehold improvements				
d Equipment		157,138.	101,042.	56,096.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				305,425.

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

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

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

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

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

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

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

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2) DESIGNATIONS PAYABLE	120,603.
(3) ORGANIZATIONS PAYABLE	165,259.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	285,862.

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

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	4,821,513.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	5,017,176.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-195,663.
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	0.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	-195,663.

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

1	Total revenue, gains, and other support per audited financial statements	1	4,845,928.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	13,772.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	13,772.
3	Subtract line 2e from line 1	3	4,832,156.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	-10,643.
c	Add lines 4a and 4b	4c	-10,643.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	4,821,513.

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

1	Total expenses and losses per audited financial statements	1	5,041,591.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	13,772.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	10,643.
e	Add lines 2a through 2d	2e	24,415.
3	Subtract line 2e from line 1	3	5,017,176.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	5,017,176.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES RECLASS TO REVENUE -10,643.

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES RECLASS TO REVENUE 10,643.

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		VOLUNTEER CENTER RECOG (event type)	(event type)	NONE (total number)	
Revenue	1	Gross receipts	24,156.		24,156.
	2	Less: Charitable contributions			
	3	Gross income (line 1 minus line 2)	24,156.		24,156.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes	4,792.		4,792.
	6	Rent/facility costs	100.		100.
	7	Food and beverages	4,867.		4,867.
	8	Entertainment			
	9	Other direct expenses	884.		884.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			(10,643)
	11	Net income summary. Combine line 3, column (d), and line 10			13,513.

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

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

9 Enter the state(s) in which the organization operates gaming activities: _____
 a Is the organization licensed to operate gaming activities in each of these states? Yes No
 b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No
 b If "Yes," explain: _____

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2010

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization

UNITED WAY IN WAUKESHA COUNTY, INC.

Employer identification number

39-0886376

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ADAPTIVE COMMUNITY APPROACH PROGRAM, INC - 121 WISCONSIN AVENUE - WAUKESHA, WI 53186	39-1867400	501(C)(3)	18,028.	0.			INCREASING SELF-SUFFICIENCY
AMERICAN RED CROSS IN SOUTHEASTERN WISCONSIN - 2220 SILVERNAIL ROAD, SUITE 200 - PEWAUKEE, WI 53072	39-0816839	501(C)(3)	88,709.	0.			MEETING BASIC NEEDS
ASSOCIATION FOR THE RIGHTS OF CITIZENS WITH HANDICAPS - 419 FREDRICK STREET - WAUKESHA, WI 53186	39-6030921	501(C)(3)	105,995.	0.			INCREASING SELF-SUFFICIENCY
BIG BROTHERS BIG SISTERS OF METROPOLITAN MILWAUKEE & WAUKESHA CO., INC. - 788 N. JEFFERSON ST. STE 600 - MILWAUKEE, WI 53202	39-1239687	501(C)(3)	33,060.	0.			STRENGTHENING FAMILIES
BOY SCOUTS OF AMERICA, POTAWATOMI AREA COUNCIL - 804 BLUEMOUND ROAD - WAUKESHA, WI 53188	39-0806342	501(C)(3)	176,368.	0.			STRENGTHENING FAMILIES
CATHOLIC CHARITIES OF THE ARCHDIOCESE OF MILWAUKEE - 741 N. GRAND AVENUE, SUITE 210 - WAUKESHA, WI 53186	39-0806321	501(C)(3)	275,239.	0.			STRENGTHENING FAMILIES, INCREASING SELF-SUFFICIENCY, AND MEETING BASIC NEEDS

- 2 Enter total number of section 501(c)(3) and government organizations ▶ 35.
- 3 Enter total number of other organizations ▶ 0.

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

Schedule I (Form 990) (2010)

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
COMMUNITY OUTREACH HEALTH CLINIC W180 N8085 TOWN HALL ROAD MEMONONEE FALLS, WI 53051	39-1743056	501(C)(3)	7,505.	0.			MEETING BASIC NEEDS
CURATIVE CARE NETWORK 1000 N. 92ND STREET MILWAUKEE, WI 53226	39-0806286	501(C)(3)	9,500.	0.			INCREASING SELF-SUFFICIENCY
DONNA LEXA COMMUNITY ART CENTER, INC. - 247 WISCONSIN AVE - WAUKESHA, WI 53186	39-1510692	501(C)(3)	47,500.	0.			INCREASING SELF-SUFFICIENCY
EASTER SEALS SOUTHEASTERN WISCONSIN - 1016 MILWAUKEE AVE - MILWAUKEE, WI 53172	39-0816849	501(C)(3)	163,613.	0.			INCREASING SELF-SUFFICIENCY
ENERGY SERVICES, INC. 217 WISCONSIN AVENUE, STE 401 WAUKESHA, WI 53186	39-1443614	501(C)(3)	15,200.	0.			MEETING BASIC NEEDS
FAMILY SERVICE OF WAUKESHA 101 W. BROADWAY WAUKESHA, WI 53186	39-1038707	501(C)(3)	325,497.	0.			STRENGTHENING FAMILIES AND MEETING BASIC NEEDS
GIRL SCOUTS OF WISCONSIN SOUTHEASTERN - P.O. BOX 14999 - MILWAUKEE, WI 53214	39-0892833	501(C)(3)	102,985.	0.			STRENGTHENING FAMILIES
HEALTHY FAMILIES OF WAUKESHA COUNTY, INC. - 434 MADISON STREET - WAUKESHA, WI 53188	72-1545096	501(C)(3)	47,385.	0.			STRENGTHENING FAMILIES
HEBRON HOUSE OF HOSPITALITY, INC 1601 E. RACINE AVENUE, SUITE 103 WAUKESHA, WI 53186	39-1414365	501(C)(3)	308,840.	0.			MEETING BASIC NEEDS

LHA

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
INTERFAITH SENIOR PROGRAMS 210 NW BARSTOW STREET, STE. 111 WAUKESHA, WI 53188	39-1393171	501(C)(3)	216,287.	0.			INCREASING SELF-SUFFICIENCY, TRANSPORTATION ACCESS, AND CAREGIVER SUPPORT
LA CASA DE ESPERANZA 410 ARCADIAN AVENUE WAUKESHA, WI 53186	39-1144446	501(C)(3)	333,381.	0.			STRENGTHENING FAMILIES, MEETING BASIC NEEDS, FINANCIAL STABILITY
LITERACY COUNCIL OF GREATER WAUKESHA, INC. - 217 WISCONSIN AVENUE, STE 16 - WAUKESHA, WI 53186	39-1649950	501(C)(3)	24,451.	0.			MEETING BASIC NEEDS
LUTHERAN SOCIAL SERVICES OF WISCONSIN & UPPER MICHIGAN, INC. - 2000 BLUEMOUND ROAD - WAUKESHA, WI 53186	39-0816846	501(C)(3)	119,938.	0.			STRENGTHENING FAMILIES AND INCREASING SELF-SUFFICIENCY
MENTAL HEALTH ASSN. IN WAUKESHA CO., INC. - S22 W22660 E. BROADWAY, STE. 5S - WAUKESHA, WI 53186	39-1143559	501(C)(3)	198,865.	0.			INCREASING SELF-SUFFICIENCY
NATIONAL ALLIANCE ON MENTAL ILLNESS WAUKESHA - 217 WISCONSIN AVENUE, STE. 311 - WAUKESHA, WI 53186	39-1485627	501(C)(3)	30,125.	0.			INCREASING SELF-SUFFICIENCY
PREGNANCY SUPPORT CONNECTION INC. 434 MADISON STREET WAUKESHA, WI 53188	39-1552886	501(C)(3)	80,502.	0.			STRENGTHENING FAMILIES
PREVENTION & PROTECTION OF ABUSED CHILDREN - 1570 E. MORELAND BLVD. - WAUKESHA, WI 53188	39-1513200	501(C)(3)	123,520.	0.			STRENGTHENING FAMILIES AND BORN LEARNING
RICHARD'S PLACE 1079 WHITEROCK AVENUE, P.O. BOX 294 WAUKESHA, WI 53187	39-1853513	501(C)(3)	37,050.	0.			INCREASING SELF-SUFFICIENCY

LHA

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
SALVATION ARMY - WAUKESHA 445 MADISON STREET WAUKESHA, WI 53188	39-0806889	501(C)(3)	131,273.	0.			MEETING BASIC NEEDS
ST. AEMILIAN-LAKESIDE INC. 247 WISCONSIN AVE WAUKESHA, WI 53186	39-1338354	501(C)(3)	28,741.	0.			INCREASING SELF-SUFFICIENCY
ST. JOSEPH'S MEDICAL & DENTAL CLINIC - 826 N. EAST AVENUE - WAUKESHA, WI 53186	39-1273248	501(C)(3)	115,619.	0.			MEETING BASIC NEEDS
STILLWATERS CANCER SUPPORT SERVICES - 434 MADISON STREET - WAUKESHA, WI 53188	39-1818956	501(C)(3)	38,598.	0.			STRENGTHENING FAMILIES
THE CARING PLACE, INC. 810 N. EAST AVENUE WAUKESHA, WI 53186	39-1615978	501(C)(3)	59,442.	0.			INCREASING SELF-SUFFICIENCY
THE WOMEN'S CENTER, INC. 505 N. EAST AVE. WAUKESHA, WI 53186	39-1269698	501(C)(3)	265,969.	0.			MEETING BASIC NEEDS, STRENGTHENING FAMILIES
WAUKESHA FAMILY YMCA 320 E. BROADWAY WAUKESHA, WI 53186	39-0847658	501(C)(3)	190,049.	0.			STRENGTHENING FAMILIES
WISCONSIN COMMUNITY SERVICES, INC. 414 W. MORELAND BLVD., RM.204 WAUKESHA, WI 53188	39-0808464	501(C)(3)	246,935.	0.			MEETING BASIC NEEDS, HELPING KIDS SUCCEED
YMCA AT PABST FARMS 1750 VALLEY ROAD OCONOMOWOC, WI 53066	39-0806378	501(C)(3)	115,036.	0.			OLDER ADULTS AND STRENGTHENING FAMILIES

LHA

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
NONPROFIT MANAGEMENT FUND 2212 S. KINNICKINNIC AVE. MILWAUKEE, WI 53207	39-6036407	501(C)(3)	11,400.	0.			TECHNICAL ASSISTANCE
COMMUNITY IMPACT FUND P.O. BOX 1041 WAUKESHA, WI 53187	39-0886376	501(C)(3)	32,765.	0.			TECHNICAL ASSISTANCE
DESIGNATIONS TO MEMBER AGENCIES AND IMPACT AREAS - N/A - WAUKESHA, WI 53187		N/A	-204,107.	0.			DESIGNATIONS TO MEMBER AGENCIES AND IMPACT AREAS

Part III Grants and Other Assistance to Individuals in the United States. 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. Complete this part to provide the information required in Part I, line 2, and any other additional information.

SCHEDULE I, PART I, LINE 2: VOLUNTEER COMMITTEES REVIEW EACH OF THE ORGANIZATION'S PROGRAMS, OUTCOMES AND FINANCIAL STATUS ANNUALLY AND RECOMMEND GRANT AMOUNTS TO BE AWARDED.

SEE SCHEDULE O FOR DESCRIPTIONS OF GRANT CODES AND OUTCOMES FOR 2010.

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.

OMB No. 1545-0047

2010

Open to Public
Inspection

Name of the organization

UNITED WAY IN WAUKESHA COUNTY, INC.

Employer identification number

39-0886376

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

IMPROVE LIVES

FORM 990, PART VI, SECTION A, LINE 6: THE ORGANIZATION HAS A BOARD OF
DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 11: THE FEDERAL FORM 990 WAS
DISTRIBUTED TO THE BOARD OF DIRECTORS AT THEIR OCTOBER 27TH MONTHLY MEETING
FOR REVIEW AND COMMENTS. STAFF HIGHLIGHTED THE PURPOSE OF THE FEDERAL FORM
990 AND THEIR DRAFT CONTENT. BOARD MEMBERS WERE ASKED TO REVIEW THE 990 IN
GREATER DETAIL AND SUBMIT ALL QUESTIONS AND COMMENTS TO STAFF BY OCTOBER
31ST, 2011.

FORM 990, PART VI, SECTION B, LINE 12C: PER OUR CODE OF CONDUCT, THE
UNITED WAY EXECUTIVE COMMITTEE PROVIDES OVERSIGHT FOR ALL QUESTIONS
PERTAINING TO OUR ETHICS CODE. ALL STAFF AND BOARD MEMBERS COMPLETE A
DISCLOSURE STATEMENT ANNUALLY LISTING ANY CONFLICTS WITH ANY MEMBER
AGENCIES, AND VENDORS. EACH YEAR IN ALIGNMENT WITH UNITED WAY WORLDWIDE
MEMBERSHIP CERTIFICATION, THE CODE OF CONDUCT IS DISTRIBUTED WITH
DISCLOSURE STATEMENTS FOR STAFF/BOARD MEMBER REVIEW AND CERTIFICATION
COMPLIANCE.

FORM 990, PART VI, SECTION B, LINE 15: SALARIES AND COMPENSATION FOR ALL
STAFF ARE REVIEWED ANNUALLY. COMPENSATION IS COMPARED WITH OTHER AREA
NON-PROFIT ORGANIZATIONS AND UNITED WAY OF AMERICA STATISTICS FOR SIMILAR
SIZE UNITED WAYS.

Name of the organization

UNITED WAY IN WAUKESHA COUNTY, INC.

Employer identification number

39-0886376

FORM 990, PART VI, SECTION C, LINE 19: OUR MEMBERSHIP REQUIREMENTS,
AUDITED FINANCIAL STATEMENTS AND FEDERAL FORM 990 ARE MADE AVAILABLE ON OUR
WEBSITE AND UPON REQUEST.

SCHEDULE I AND I-1

DESCRIPTION OF PURPOSE OF GRANT OR ASSISTANCE

BORN LEARNING - HELPS PARENTS AND CAREGIVERS OF YOUNG CHILDREN
UNDERSTAND THE BENEFITS OF EARLY CHILDHOOD DEVELOPMENT FOR SCHOOL
READINESS.

CAREGIVER SUPPORT - PROVIDES INDIVIDUALS WHO CARE FOR OLDER ADULTS WITH
ACCESS TO INFORMATION AND ASSISTANCE WITH RESOURCES SO THEY ARE
SUCCESSFUL CAREGIVERS.

FINANCIAL STABILITY - HELPS HARD WORKING FAMILIES TO BECOME FINANCIALLY
STABLE BY INCREASING THEIR SAVINGS, BUILDING ASSETS AND INCOME.

HELPING KIDS SUCCEED - INCREASES PARENTAL/GUARDIAN INVOLVEMENT IN AND
ENGAGEMENT WITH AT-RISK CHILDREN IN SCHOOL, THE COMMUNITY, AND
NON-SCHOOL RELATED ACTIVITIES.

TRANSPORTATION ACCESS - PROVIDES TRANSPORTATION FOR LOW-INCOME
INDIVIDUALS AND FAMILIES WITH NO AVAILABLE RESOURCES WHO NEED IMMEDIATE
ACCESS FOR EMPLOYMENT, ESSENTIAL HEALTH CARE SERVICES, OR TO ESCAPE
THREATENING SITUATIONS.

INCREASING SELF SUFFICIENCY - SUPPORTS SENIORS, PEOPLE WITH

Name of the organization

UNITED WAY IN WAUKESHA COUNTY, INC.

Employer identification number

39-0886376

DISABILITIES AND INDIVIDUALS WITH MENTAL ILLNESS TO HELP THEM ACHIEVE
INDEPENDENCE AND REMAIN PRODUCTIVE MEMBERS OF OUR COMMUNITY.

MEETING BASIC NEEDS - ENSURES ACCESS TO SHELTER, FOOD, A SAFE
ENVIRONMENT, HEALTH CARE, AND EMPLOYMENT TRAINING.

STRENGTHENING FAMILIES - BUILDS STRONG AND HEALTHY FAMILIES THROUGH
COUNSELING SERVICES, PARENTING PROGRAMS, EARLY CHILDHOOD INTERVENTION,
AND YOUTH SERVING PROGRAMS.

FORM 990 PART VII SECTION A 1A

AMENDED RETURN

TAXPAYER IS AMENDING FORM 990 TO INCLUDE THREE ADDITIONAL OFFICERS AND
RELATED COMPENSATION ON PART VII SECTION A 1A AND ALSO ADJUSTING PART
IX LINE 5 AND LINE 7 ACCORDINGLY.

Related Organizations and Unrelated Partnerships
▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**

Name of the organization

UNITED WAY IN WAUKESHA COUNTY, INC.

Employer identification number
39-0886376

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to other organization(s)		X
c Gift, grant, or capital contribution from other organization(s)		X
d Loans or loan guarantees to or for other organization(s)	X	
e Loans or loan guarantees by other organization(s)		X
f Sale of assets to other organization(s)		X
g Purchase of assets from other organization(s)		X
h Exchange of assets		X
i Lease of facilities, equipment, or other assets to other organization(s)		X
j Lease of facilities, equipment, or other assets from other organization(s)	X	
k Performance of services or membership or fundraising solicitations for other organization(s)		X
l Performance of services or membership or fundraising solicitations by other organization(s)		X
m Sharing of facilities, equipment, mailing lists, or other assets	X	
n Sharing of paid employees		X
o Reimbursement paid to other organization for expenses		X
p Reimbursement paid by other organization for expenses	X	
q Other transfer of cash or property to other organization(s)		X
r Other transfer of cash or property from other organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
LIMITED GUARANTEE OF TERM NOTE - TOTAL (1) NOTE IS \$20,000. UW SH = 52%	D	6,345.	
MONTHLY CONDO FEES - PAID FOR COMMON AREA (2) EXP	J	27,720.	
SHARING OF BLDG & PARKING LOT W/OTHER (3) CONDO ASSOC. OWNERS	M	0.	
REIMBURSED BY CONDO ASSOCIATION FOR MGMT & (4) BOOKKEEPING SERVICES	P	0.	
(5)			
(6)			

