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

UNITED WAY BLACKHAWK REGION, INC. 205 N MAIN ST, NO. 101 JANESVILLE, WI 53545-3062

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PUBLIC DISCLOSURE COPY - STATE REGISTRATION NO. 2410-800

Form **990** (Rev. January 2020) Department of the Treasury Internal Revenue Service Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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



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

Α	For the	2019 calendar year, or tax year beginning and	l ending	-	
В	Check if applicable	e: C Name of organization		D Employer identific	cation number
	Addre	UNITED WAY BLACKHAWK REGION, INC.			
	Name chang			39-600673	34
	Initial	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	1	
	Final return/	205 N MAIN ST	101	608-757-3	
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	2,440,476.
	Ameno	JANESVILLE, WI 53545-3062		H(a) Is this a group re	turn
	Applic tion pendir			for subordinates	? Yes X No
	-	SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No
		empt status: X 501(c)(3) 501(c) ()◀ (insert no.) 4947(a)(1)	or 527		list. (see instructions)
-		e: WWW.LIVEUNITEDBR.ORG		H(c) Group exemption	
		organization: X Corporation Trust Association Other	L Year	of formation: 1944 N	State of legal domicile: WI
P		Summary			DEGTON
e	1	Briefly describe the organization's mission or most significant activities: UNIT	ED WAY	BLACKHAWK	KEGION,
Activities & Governance		INC. WORKS TO ADVANCE THE COMMON GOOD BY			
verr	2	Check this box			sets. 23
ĝ	3				23
ა ა	4	Number of independent voting members of the governing body (Part VI, line 1b) Total number of individuals employed in calendar year 2019 (Part V, line 2a)			6
itie	6	Total number of individuals employed in calendar year 2019 (Fart V, inte 2a)			990
Sti	79	Total unrelated business revenue from Part VIII, column (C), line 12			0.
Ă		Net unrelated business taxable income from Form 990-T, line 39			0.
				Prior Year	Current Year
¢	8	Contributions and grants (Part VIII, line 1h)		2,569,932.	2,378,537.
ňué	9	Program service revenue (Part VIII, line 2g)		22,944.	26,883.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		38,635.	35,056.
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,631,511.	2,440,476.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		1,546,340.	1,721,715.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		407,509.	439,063.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	·····	0.	0.
Т, Д	b	Total fundraising expenses (Part IX, column (D), line 25) ► 214, 1		204 100	221 602
	11/	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		204,199. 2,158,048.	231,683.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		473,463.	2,392,461. 48,015.
		Revenue less expenses. Subtract line 18 from line 12			
ets or		Total accests (Dart V, line 16)		ginning of Current Year 6 , 511 , 229 .	End of Year 7,064,006 •
Assets (Balanc	20	Total assets (Part X, line 16)		162,582.	185,919.
Net /		Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20		6,348,647.	6,878,087.
	-	Signature Block		0,510,0110	3,070,007.

| 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 MARY FANNING-PENNY, PRESIDENT/CEO Type or print name and title	Date
Paid	Print/Type preparer's name Preparer's signature MIKE HABLEWITZ, CPA Preparer's signature 6/26	i/20 Check PTIN if self-employed P01259157
Preparer	Firm's name 🕨 WEGNER CPAS, LLP	Firm's EIN 39-0974031
Use Only	Firm's address 2921 LANDMARK PL STE 300	
	MADISON, WI 53713-4236	Phone no.608-274-4020
May the If	RS discuss this return with the preparer shown above? (see instructions)	X Yes No
932001 01-2	10-20 LHA For Paperwork Reduction Act Notice, see the separate instructions.	Form 990 (2019)
S	EE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT (νονψτνιτατικήτων

	1 990 (2019) UNITED WAY BLACKHAWK REGION, INC. 39-6006734 F rt III Statement of Program Service Accomplishments
rai	
1	Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission:
	IMPROVING LIVES BY MOBILIZING THE CARING POWER OF COMMUNITIES. UNIT WAY BLACKHAWK REGION FOCUSES ON HEALTH, EDUCATION AND FINANCIAL
	STABILITY BECAUSE THESE ARE THE BUILDING BLOCKS FOR A GOOD QUALITY OF LIFE.
2	Did the organization undertake any significant program services during the year which were not listed on the
-	prior Form 990 or 990-EZ?
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	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 \$ 791,406. including grants of \$ 791,406.) (Revenue \$ FINANCIAL STABILITY: UWBR IS FOCUSED ON ENSURING INDIVIDUALS AND
	FAMILIES HAVE THEIR BASIC NEEDS MET AND ACHIEVE AND SUSTAIN
	SELF-SUFFICIENCY. IN 2019, UWBR ALLOCATED \$791,406 TO 32 PROGRAMS
	WHICH CONNECT PEOPLE WITH CRITICAL RESOURCES FOR EMERGENCY OR BASIC NEEDS; ASSIST IN IDENTIFYING AND OVERCOMING OBSTACLES/BARRIERS TO
	SELF-SUFFICIENCY; INCREASE ACCESS TO SKILLS TRAINING, EDUCATION AND
	OTHER SUPPORT SYSTEMS THAT ENABLE PEOPLE TO ACHIEVE SELF-SUFFICIENCY
4b	(Code:) (Expenses \$ 552,634. including grants of \$ 552,634.) (Revenue \$
	EDUCATION: UWBR ENVISIONS A REGION WHERE CHILDREN AND YOUTH WILL HAVI SUPPORTIVE LEARNING AND DEVELOPMENT OPPORTUNITIES TO GROW AND BECOME
	RESPONSIBLE ADULTS. IN 2019, UWBR ALLOCATED \$552,634 TO 14 PROGRAMS
	WHICH SUPPORT CHILDREN AND YOUTH THROUGH EARLY LEARNING AND CARE
	SERVICES; BEFORE AND AFTER SCHOOL PROGRAMS; CHARACTER AND LEADERSHIP
	DEVELOPMENT AND RECREATIONAL EXPERIENCES; EMPHASIZE ACADEMIC SUCCESS
	FOR CHILDREN OF ALL AGES; EXPAND OPPORTUNITIES FOR CHILDREN AND YOUTH
	TO BOND WITH PEERS, MENTORS, AND POSITIVE ROLE MODELS.
1c	(Code:) (Expenses \$ 349,977. including grants of \$ 349,977.) (Revenue \$
	HEALTH: UNITED WAY BLACKHAWK REGION, INC. (UWBR) SUPPORTS PROGRAMS TO
	HELP RESIDENTS OF ROCK COUNTY, WI AND NORTHERN WINNEBAGO COUNTY, IL TENJOY HEALTHY LIVES. IN 2019, UWBR ALLOCATED \$349,977 TO 21 PROGRAMS
	WHICH INCREASE AWARENESS AND ACCESS TO HEALTHCARE RESOURCES AND PROMO
	HEALTHY LIVES THROUGH EDUCATION AND ACTIVITIES.
1d	Other program services (Describe on Schedule O.)
4e	(Expenses \$ 225,964. including grants of \$ 27,698.) (Revenue \$ 26,883.) Total program service expenses ▶ 1,919,981. 26,883.)
TC	Form 990
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00	2 626 788028 10021.1AU01 2019.04000 UNITED WAY BLACKHAWK REGION 10021
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Part IV Checklist of Required Schedules

UNITED WAY BLACKHAWK REGION, INC.

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			v
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	0		
5	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	<u> </u>
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			x
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
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>	11c		x
Ь	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	110		
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes, " complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If</i> "Yes," <i>complete Schedule E</i>	13		X X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> </u>
D	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</i> "Yes," <i>complete Schedule F, Parts I and IV</i>	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			v
10	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," <i>complete Schedule G, Part III</i>	19		x
20-2	complete Schedule G, Part III	19 20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			<u> </u>
	domestic government on Part IX, column (A), line 1? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i>	21	х	

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Part IV Checklist of Required Schedules (continued)

UNITED WAY BLACKHAWK REGION, INC.

			Yes	
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</i> "Yes," <i>complete Schedule I, Parts I and III</i>	22	x	
3	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			Τ
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			Τ
	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 25a	24a		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		+
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		╀
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	ZJa		╀
5	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	25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			T
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
-	instructions, for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			ł
a	"Yes," complete Schedule L, Part IV	28a		
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		╈
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?/f			t
	"Yes," complete Schedule L, Part IV	28c		
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
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>	30		
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
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>	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			Ι
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			Ι
_	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		+
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	00		
37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36	-	+
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		
88	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			\dagger
	Note: All Form 990 filers are required to complete Schedule O	38	X	
	t V Statements Regarding Other IRS Filings and Tax Compliance			
Par				
Par	Check if Schedule O contains a response or note to any line in this Part V			
_			Yes	
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	2		
1a b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 2 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0	2		
1a b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	2		

Form 990	(2019)	UNITED	WAY	BLACKHAWK	REGION,	INC.
Part V	Statements	Regarding C	Other I	RS Filings and	Tax Complia	nce (continued)

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 6			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	-		х
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
		5b 5c		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	50		
Ud		6a		х
h	any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	Ua		
D.	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	0.0		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a h	Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	-		
ь 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter:	-		
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against			
-	amounts due or received from them.) 11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans 13b			
	Enter the amount of reserves on hand 13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			v
	excess parachute payment(s) during the year?	15		X
10	If "Yes," see instructions and file Form 4720, Schedule N.	10		Х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Λ
	If "Yes," complete Form 4720, Schedule O.			

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

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

b E 2 C 3 C	Enter the number of voting members of the governing body at the end of the tax year 1a 23 f there are material differences in voting rights among members of the governing body, or if the governing			
b E 2 [3 [t there are material differences in voting rights among members of the governing body, or if the governing			
b E 2 [3 [andy delegated bread authority to an avagutive committee or similar committee or labels of the duty of			
2 [c 3 [body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.			
с З [
3 [Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	_		
	officer, director, trustee, or key employee?	2		_
	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3 4		_
	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4 5		-
	Did the organization become aware during the year of a significant diversion of the organization's assets?	6		-
	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	0		-
	nore members of the governing body?	7a		
	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	The governing body?	8a	х	
b F	Each committee with authority to act on behalf of the governing body?	8b	Х	
	s there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		
ecti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	
0a [Did the organization have local chapters, branches, or affiliates?	10a		
b l	f "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
a	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
1a ⊦	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	_
	Nere officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	_
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe In Schedule O how this was done	12c	x	
	Did the organization have a written whistleblower policy?	13	Х	-
	Did the organization have a written document retention and destruction policy?	14	Х	-
	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?			
	The organization's CEO, Executive Director, or top management official	15a	х	
	Other officers or key employees of the organization	15b	Х	
	f "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			t
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
t	axable entity during the year?	16a		
bl	f "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			1
i	n joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
	on C. Disclosure			
	ist the states with which a copy of this Form 990 is required to be filed $ ho$ IL , WI			
	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) avai	.il
	or public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain on Schedule O)			
	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, ar	d fina	ncial	
	statements available to the public during the tax year.			
20 8	State the name, address, and telephone number of the person who possesses the organization's books and records 🕨			
_	MARY FANNING-PENNY - $608-757-3040$			
	205 N MAIN ST STE 101, JANESVILLE, WI 53545-3062		990	-

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.

See instructions for the order in which to list the persons above.

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

(A)	(B)	l		(C		npei	loui	(D)	(E)	(F)
Name and title	Average			Pos	ition			Reportable	Reportable	Estimated
	hours per	(do box	not c , unle	heck ss pe	more rson	than is bot	one h an	compensation	compensation	amount of
	week		cer an					from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or dir	e,			ated		organization	(W-2/1099-MISC)	from the
	related	ustee	truste		e	bens		(W-2/1099-MISC)		organization
	organizations below	ual tr	ional		ploye	t com /ee				and related organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) ALAN HULICK	1.00			0	×	<u>т </u>	ш			
CHAIR		x		x				0.	0.	0.
(2) SHERRI STUMPF	1.00									
VICE CHAIR		x		x				0.	0.	0.
(3) DAVID HILLER	1.00									
SECRETARY		X		Х				0.	0.	0.
(4) GEOFF RAND	1.00									
TREASURER		Х		Х				0.	0.	0.
(5) GREG ARDREY	0.50									
DIRECTOR		Х						0.	0.	0.
(6) KELLY BEDESSEM	0.50									
DIRECTOR		Х						0.	0.	0.
(7) SCOTT BORDWELL	0.50									
DIRECTOR		Х						0.	0.	0.
(8) BONNIE DOMINGO	0.50									
DIRECTOR		х						0.	0.	0.
(9) PAUL DROBNITCH	0.50									•
DIRECTOR		х						0.	0.	0.
(10) SCOTT FISCHER	0.50									•
DIRECTOR		х						0.	0.	0.
(11) DEREK HAHN	0.50									0
DIRECTOR		X						0.	0.	0.
(12) JANETTE KLAEHN	0.50									0
DIRECTOR		X						0.	0.	0.
(13) LORI CURTIS LUTHER	0.50									0
DIRECTOR	0.50	X						0.	0.	0.
(14) TOM MCCAWLEY	0.50	v						0.	0.	0.
DIRECTOR		X						0.	0.	0.
(15) CHRISTINE MOSS	0.50	x						0.	0.	0.
DIRECTOR (16) DR. DARRELL WILLIAMS	0.50	^						0.	0.	0.
(16) DR. DARRELL WILLIAMS DIRECTOR	0.30	x						0.	0.	0.
(17) MIKE O'BRIEN	0.50	<u> </u> ^	-					0.	0.	<u> </u>
DIRECTOR	0.30	x						0.	0.	0.
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Form **990** (2019)

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(A) (B) (C) (D) (E) (F)	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)														
Number of the Nours par weak (ist any nours for related organizations below line) Construction production (ist any nours for related organizations below line) Topolitation from the organization (W-2/1099-MISC) Topolitation from related organization (W-2/1099-MISC) Compensation from related organization (W-2/1099-MISC) (18) DR, DENNIS PAULI 0.50 x 0. 0. DIRECTOR 0.50 x 0. 0. DIRECTOR 0.50 x 0. 0. (19) TED RERL 0.50 x 0. 0. DIRECTOR x 0. 0. 0. (20) DEB THIELEN 0.50 x 0. 0. DIRECTOR x 0. 0. 0. (21) STEVE FOPENAL 0.50 x 0. 0. DIRECTOR x 0. 0. 0. (22) JON SCHLEMMER 0.50 x 0. 0. DIRECTOR x 0. 0. 0. (23) JAN WILLIAMS 0.50 x 0. 0. DIRECTOR x 100, 858. 0. 6, 04 (25) JANICE COMPTON 40.00 x 158, 739. 0. 9, 500 TERECTOR 0. 0. 0. 0. 0.														(F)	
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c Net income or (loss) from sales of inventory ▶ Business Code 11 a				and allowances			10a					
Business Code Image: Code Image: Code Image: Code 11 a b b c			b	Less: cost of goods sold			10b					
Business Code Image: Code Image: Code Image: Code 11 a b b c			с	Net income or (loss) from s	sales of	inventor	у	>				
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12 Total revenue. See instructions ▶ 2,440,476. 17,257. 0. 44,682	Σ											
		12							2,440,476.	17,257.	0.	44,682
	03000								,,	,,		Form 990 (2019

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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 respons of include amounts reported on lines 6b,	(A)		(C)	(D)
	b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	Management and general expenses	Fundraising expenses
	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,655,049.	1,655,049.		
	Grants and other assistance to domestic individuals. See Part IV, line 22	66,666.	66,666.		
	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				
	Compensation of current officers, directors, trustees, and key employees	168,247.	19,169.	107,888.	41,190
	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	199,312.	83,351.	41,715.	74,246
	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	9,943.	2,817.	3,985.	3,141 11,594 8,529
	Other employee benefits	34,563.	11,401.	11,568.	11,594
	Payroll taxes	26,998.	7,648.	10,821.	δ,529
	Fees for services (nonemployees):				
	Management	408.		408.	
		11,550.		11,550.	
	Accounting Lobbying	11/0001		11/0001	
	Professional fundraising services. See Part IV, line 17				
	Investment management fees	11,985.		11,985.	
	Other. (If line 11g amount exceeds 10% of line 25,	,			
-	column (A) amount, list line 11g expenses on Sch O.)	7,438.	255.		7,183
	Advertising and promotion	18,199.	15,910.	134.	7,183
	Office expenses	23,982.	6,507.	9,547.	7,928
	Information technology	21,307.	11,196.	5,231.	4,880
	Royalties				
	Occupancy	33,525.	9,498.	13,437.	10,590
17	Travel	5,926.	1,400.	2,268.	2,258
	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	36,489.	12,213.	2,915.	21,361
	Interest				
	Payments to affiliates			10 212	0 1 2 0
	Depreciation, depletion, and amortization	25,735. 4,742.	7,292. 1,343.	10,313. 1,901.	8,130 1,498
		4,/42.	1,343.	1,901.	1,498
	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	DUES AND SUBSCRIPTIONS	30,086.	8,266.	12,329.	9,491
b					
С					
d		211		211	
	All other expenses	311.	1 010 001	311.	
	Total functional expenses. Add lines 1 through 24e	2,392,461.	1,919,981.	258,306.	214,174
	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
	Check here Children if following SOP 98-2 (ASC 958-720)				
	01-20-20				Form 990 (2019

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Form **990** (2019)

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UNITED WAY BLACKHAWK REGION, INC.

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	,	2019) UNITED WAY BLA	CKH	AWK REGION, IN	1C.	39-	6006734 Page 11
Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or not	e to ar	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			997,539.	1	405,475.
	2	Savings and temporary cash investments			1,390,373.	2	2,074,668.
	3	Pledges and grants receivable, net			1,302,848.	3	1,278,338.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current o					
		trustee, key employee, creator or founder, subs	tantial	contributor, or 35%			
		controlled entity or family member of any of the	se pers	ons		5	
	6	Loans and other receivables from other disquali	fied pe	rsons (as defined			
		under section 4958(f)(1)), and persons describe	d in se	ction 4958(c)(3)(B)		6	
ts	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ä	9	Prepaid expenses and deferred charges			5,363.	9	5,531.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	931,543. 550,920.			
	b	Less: accumulated depreciation	10b	550,920.	365,756.	10c	380,623.
	11	Investments - publicly traded securities			1,821,987.	11	2,165,027.
	12	Investments - other securities. See Part IV, line			12		
	13	Investments - program-related. See Part IV, line	11			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			627,363.	15	754,344.
	16	Total assets. Add lines 1 through 15 (must equ	al line (33)	6,511,229.	16	7,064,006.
	17	Accounts payable and accrued expenses			13,578.	17	12,348.
	18	Grants payable	17,590.	18	21,270.		
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities		20			
	21	Escrow or custodial account liability. Complete	of Schedule D		21		
es	22	Loans and other payables to any current or form	ner offi	cer, director,			
Liabilities		trustee, key employee, creator or founder, subs	tantial	contributor, or 35%			
iab.		controlled entity or family member of any of the	se pers	ons		22	
-	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelate	d third	parties		24	
	25	Other liabilities (including federal income tax, pa	yables	to related third			
		parties, and other liabilities not included on lines	17-24). Complete Part X	101 414		1 5 0 0 0 1
				······ -	131,414.		152,301.
	26				162,582.	26	185,919.
S		Organizations that follow FASB ASC 958, che	ck her	e 🕨 🔽			
nce		and complete lines 27, 28, 32, and 33.			2 010 625		1 262 666
ala	27	Net assets without donor restrictions			3,910,625.	27	4,262,666.
ЧB	28	Net assets with donor restrictions			2,438,022.	28	2,615,421.
'n		Organizations that do not follow FASB ASC 9	58, ch	eck here 🕨 🛄			
orF		and complete lines 29 through 33.					
ets	29	Capital stock or trust principal, or current funds				29	
SSE	30	Paid-in or capital surplus, or land, building, or ec		E E E E E E E E E E E E E E E E E E E		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated in			6 210 617	31	6 070 007
Ž	32	Total net assets or fund balances			6,348,647. 6,511,229.		6,878,087.
	33	Total liabilities and net assets/fund balances			0,511,229.	33	7,064,006.

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2019.04000 UNITED WAY BLACKHAWK REGION 10021_11

Form	990 (2019) UNITED WAY BLACKHAWK REGION, INC.	39-60	06734	Pag	_{je} 12
Pa	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,440	, 4'	76.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,392		
3	Revenue less expenses. Subtract line 2 from line 1	3			15.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	6,348		
5	Net unrealized gains (losses) on investments	5	354	.,44	45.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9	126	, 98	80.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,		<		~ -
	column (B))	10	6,878	, 08	87.
Pai	rt 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: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule				37
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a	_	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2 b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sc				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			37
	Act and OMB Circular A-133?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>			0010)

Form **990** (2019)

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(Form	990	or	990-E	Z
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Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No. 1545-0047
2019
Open to Public Inspection

	ent of the Treasury evenue Service		► Go to www.irs.go	Open to Public Inspection					
Name	of the organizat	ion	-					Employer	identification number
		UNIT	ED WAY BLA	CKHAWK REGIO	N, IN	c.		3	9-6006734
Part	I Reason	for Public	Charity Status (All organizations must co	omplete th	is part.) Se	ee instruction	IS.	
The or	anization is not a	a private found	lation because it is:	(For lines 1 through 12, c	check only	one box.)			
1	A church, co	nvention of ch	urches, or association	on of churches described	d in sectio	on 170(b)(*	1)(A)(i).		
2 _	A school des	cribed in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	n 990 or 9	90-EZ).)			
з 🗋	A hospital or	a cooperative	hospital service org	anization described in s e	ection 170)(b)(1)(A)(i	ii).		
4	A medical re	search organiz	ation operated in co	njunction with a hospita	l described	d in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
_	city, and stat	:e:							
5 🗆	An organizat	ion operated f	or the benefit of a co	llege or university owned	d or opera	ted by a g	overnmental	unit descrik	ped in
_			Complete Part II.)						
6		ate, or local go	vernment or governr	nental unit described in	section 17	70(b)(1)(A)	(v).		
7 🛛	🔇 An organizat	ion that norma	Illy receives a substa	intial part of its support f	from a gov	ernmental	unit or from	the general	public described in
_			omplete Part II.)						
8 _				(1)(A)(vi). (Complete Par					
9 🗆				in section 170(b)(1)(A)(
	-	or a non-land-g	grant college of agric	culture (see instructions).	Enter the	name, city	y, and state o	of the colleg	je or
	university:								
10 🗆				e than 33 1/3% of its sup					
				ct to certain exceptions,					
				(less section 511 tax) fr	om busine	esses acqu	ired by the o	rganization	after June 30, 1975.
			mplete Part III.)						
11 ∟ 40 □		•	-	ively to test for public sa	•				
12 🗆	-	-	-	ively for the benefit of, to	-			-	
		••	•	ed in section 509(a)(1) o					Jneck the box in
•		-	• •	of supporting organizatio		-		-	
а				supervised, or controlled	•			••••••	
		-	complete Part IV, So	gularly appoint or elect a	a majonty				supporting
b				d or controlled in connec	tion with it	te sunnort	od organizati	on(s) by ba	avina
D			-	anization vested in the s			-		-
		-	t complete Part IV,					ugo ino oup	sported
с				g organization operated	in connec	tion with.	and function:	ally integrat	ed with
-		-		6). You must complete I					
d		0		porting organization oper	-		-	orted organi	ization(s)
		-		zation generally must sat				-	
				nplete Part IV, Sections					
е	Check this	box if the orga	anization received a	written determination fro	om the IRS	that it is a	a Type I, Type	e II, Type III	
	functionally	y integrated, o	r Type III non-functio	nally integrated support	ing organi:	zation.			
f E	nter the number	of supported	organizations						
g F	Provide the follow	ing informatio	n about the supporte	ed organization(s).					
	(i) Name of supp		(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	inization listed	(v) Amount c	,	(vi) Amount of other
	organization	1		above (see instructions))	Yes	No	support (see i	nstructions)	support (see instructions)
Total									

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 932021 09-25-19 Schedule A (Form 990 or 990-EZ) 2019 13

Schedule A (Form 990 or 990-EZ) 2019 UNITED WAY BLACKHAWK REGION, INC.

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.)

Sec	ction A. Public Support				-	-	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	2415472.	2138042.	2680320.	2569982.	2383648.	12187464.
2	Tax revenues levied for the organ-						
	ization'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 \dots						
4	Total. Add lines 1 through 3	2415472.	2138042.	2680320.	2569982.	2383648.	12187464.
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)						134,862.
6	Public support. Subtract line 5 from line 4.						12052602.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	2415472.	2138042.	2680320.	2569982.	2383648.	12187464.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots	25,712.	55,689.	89,101.	38,635.	35,056.	244,193.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						12431657.
12	Gross receipts from related activities,	, etc. (see instruction	ons)			12	112,403.
13	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
	organization, check this box and stop	o here					
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2019 (14	96.95 %
15	Public support percentage from 2018	3 Schedule A, Part	II, line 14			15	97.06 %
16a	33 1/3% support test - 2019. If the o	organization did no	t check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this be	
	stop here. The organization qualifies						
b	33 1/3% support test - 2018. If the o	organization did no	t check a box on l	line 13 or 16a, and	l line 15 is 33 1/3%	or more, check t	his box
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac	cts-and-circumstan	ces" test, check th	nis box and stop h	iere. Explain in Pa	rt VI how the organ	nization
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	d organization		▶∟
b	10% -facts-and-circumstances tes	t - 2018. If the org	anization did not o	check a box on line	e 13, 16a, 16b, or ⁻	17a, and line 15 is	10% or
	more, and if the organization meets the	he "facts-and-circu	mstances" test, cl	heck this box and	stop here. Explair	n in Part VI how the	e
	organization meets the "facts-and-cire	cumstances" test.	The organization of	qualifies as a publi	cly supported orga	anization	▶∐
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17t			
					Sche	edule A (Form 990) or 990-EZ) 2019

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Schedule A (Form 990 or 990-EZ) 2019 UNITED WAY BLACKHAWK REGION, INC. Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 per- formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization'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						
	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						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	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 fo	r the organization's	s first, second, th	ird, fourth, or fifth	tax year as a section	on 501(c)(3) organ	zation,
					-		
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
15	Public support percentage for 2019 (line 8, column (f), c	divided by line 13,	, column (f))		15	%
	Public support percentage from 2018					16	%
Sec	ction D. Computation of Inve	stment Incom	e Percentage)			
17	Investment income percentage for 20)19 (line 10c, colur	mn (f), divided by	line 13, column (f)))	17	%
18	Investment income percentage from	2018 Schedule A,	Part III, line 17			18	%
1 9a	33 1/3% support tests - 2019. If the	organization did r	not check the box	on line 14, and lin	ne 15 is more than	33 1/3%, and line	17 is not
	more than 33 1/3%, check this box a	nd stop here. The	organization qua	lifies as a publicly	supported organiz	ation	
b	33 1/3% support tests - 2018. If the	organization did r	not check a box o	n line 14 or line 19	a, and line 16 is m	ore than 33 1/3%,	and
	line 18 is not more than 33 1/3%, che	eck this box and st	op here. The orga	anization qualifies	as a publicly supp	orted organization	
20	Private foundation. If the organization	n did not check a	box on line 14, 19	9a, or 19b, check	this box and see in	structions	>
93202	23 09-25-19				Sch	edule A (Form 99	0 or 990-EZ) 2019
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1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes

No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? *If* "*No*," *describe in* **Part VI** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*
- 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 12a or 12b 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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **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 9a) 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 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "Yes," *provide detail in* **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.*
 - **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.)

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Schedule A (Form 990 or 990-EZ) 2019

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Schedule A (Form 990 or 990-EZ) 2019 UNITED WAY BLACKHAWK REGION, INC. Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	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		
Sec	tion 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		
Sec	tion 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		
Sec	tion D. All Type III Supporting Organizations	-		
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	•		
2	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	2		
3	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	0		
800	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		L
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)	•		
a	The organization satisfied the Activities Test. <i>Complete</i> line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>		-)	
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inside the last of the	ructions		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	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.			
а	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		L
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		Ĺ
93202	5 09-25-19 Schedule A (Form 9	90 or 99	90-EZ)	2019
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Schedule A (Form 990 or 990 EZ) 2019 UNITED WAY BLACKHAWK REGION, INC. Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

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

Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount 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	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion 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	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	y integrat	ed Type III supporting org	anization (see

instructions).

Schedule A (Form 990 or 990-EZ) 2019

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Schedule A (Form 990 or 990-EZ) 2019 UNITED WAY BLACKHAWK REGION, INC.

Par	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Sect	ion D - Distributions		(Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose			
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	he organization is responsive	e	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
a	From 2014			
b	From 2015			
C	From 2016			
d	From 2017			
e	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
-	Applied to 2019 distributable amount			
C	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
-	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
e	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

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Part VI	(Form 990 or 990-EZ) 2019 UN					
	Part IV, Section A, lines 1, 2, 3	b, 3c, 4b, 4c, 5a, 0	explanations re 6, 9a, 9b, 9c, 1	equired by Part 1a, 11b, and 1 ⁻	II, IINE 10; Part II Ic; Part IV, Sectio	, line 17a or 17b; Part III, line 12; n B, lines 1 and 2; Part IV, Section C, ne 1; Part V, Section B, line 1e; Part V
	line 1; Part IV, Section D, lines Section D, lines 5, 6, and 8; an	2 and 3; Part IV, 9	Section E, lines	1c, 2a, 2b, 3a,	and 3b; Part V, li	ne 1; Part V, Section B, line 1e; Part V
	(See instructions.)	id Part V, Section	E, lines 2, 5, an	iu 6. Also comp	nete this part for	any additional mormation.
2028 09-25-1	9					Schedule A (Form 990 or 990-EZ)
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Schedule B (Form 990, 990-EZ,

or 990-PF) Department of the Treasury Internal Revenue Service

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2019

Name of the organization	on and a second s	Employer identification number
	UNITED WAY BLACKHAWK REGION, INC.	39-6006734
Organization type (che	ck one):	
Filers of:	Section:	
Form 990 or 990-EZ	X 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	
, ,	ion is covered by the General Rule or a Special Rule. 01(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special	Rule. See instructions.
General Rule		
•	ation filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions tota any one contributor. Complete Parts I and II. See instructions for determining a contribu	
Special Rules		
sections 509(a any one contri	ation described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% supp a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 1 butor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the an D-EZ, line 1. Complete Parts I and II.	6a, or 16b, and that received from
For an organiz	ation described in section 501(c)(7). (8), or (10) filing Form 990 or 990-EZ that received fro	om any one contributor, during the

(C)(7), (8), or (10)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. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year _____ > \$_

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

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)	(2019)
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Name of organization

Employer identification number

(d)

X

39-6006734

Person Payroll

Noncash

UNITED WAY BLACKHAWK REGION, INC.

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 104,272. \$_ (Complete Part II for noncash contributions.)

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2		\$ <u>60,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3		\$64,023.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
4		\$ <u>48,001.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ <u>60,843</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Tatal contributions	(d) Turna of contribution
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
6		\$ <u>55,600.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
923452 11-0	6-19 22	Schedule B (Form	990, 990-EZ, or 990-PF) (2019)

09300626 788028 10021.1AU01 2019.04000 UNITED WAY BLACKHAWK REGION 10021_11 Name of organization

Employer identification number

UNITED WAY BLACKHAWK REGION, INC.

39-6006734

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
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
923453 11-06	-19 23	Schedule B (Form	990, 990-EZ, or 990-PF) (2019)

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Schedule E	B (Form 990, 990-EZ, or 990-PF) (2019)			Page ²	
Name of or	rganization			Employer identification number	
UNTTEI	D WAY BLACKHAWK REGION	TNC.		39-6006734	
Part III		utions to organizations described in a) through (e) and the following line e s, charitable, etc., contributions of \$1,000 c	entry For organizations) that total more than \$1,000 for the yea	
(a) No. from			(-1) D		
Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held	
-		(e) Transfer of g			
-	Transferee's name, address,	and ZIP + 4	Relationship of tra	ansferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held	
		(e) Transfer of g	 ift		
-	Transferee's name, address,	and ZIP + 4	Relationship of tra	ansferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held	
-	Transferee's name, address,	(e) Transfer of g and ZIP + 4	er of gift Relationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held	
		(e) Transfer of g	 ift		
-	Transferee's name, address,			ansferor to transferee	
923454 11-06	- IB	24	Schedule	e B (Form 990, 990-EZ, or 990-PF) (2019	

09300626 788028 10021.1AU01 2019.04000 UNITED WAY BLACKHAWK REGION 10021_11

SCHEDULE D

(Form 990)

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

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



Department of the Treasury Internal Revenue Service Name of the organization

UNITED WAY BLACKHAWK REGION, INC.

Employer identification number 39-6006734

	organization answered "Yes" on Form 990, Part IV, lir	ne 6.			
		(a) Donor adv	vised funds	(b) Fun	ds and other accounts
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
1	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in		s held in donor advised	d funds	
	are the organization's property, subject to the organization's	-			Yes
6	Did the organization inform all grantees, donors, and donor a				
	for charitable purposes and not for the benefit of the donor	or donor advisor, or fo	r any other purpose co	onferring	
	impermissible private benefit?				Yes
a	t II Conservation Easements. Complete if the or				
1	Purpose(s) of conservation easements held by the organizat	tion (check all that app	oly).		
	Preservation of land for public use (for example, recrea	ation or education)	Preservation of a	historically	important land area
	Protection of natural habitat		Preservation of a	certified his	storic structure
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a quali	ified conservation con	tribution in the form of	a conserva	ation easement on the la
	day of the tax year.				Held at the End of the Tax
а	Total number of conservation easements			2a	
с	Number of conservation easements on a certified historic sta	ructure included in (a)		2c	
d	Number of conservation easements included in (c) acquired	after 7/25/06, and no	t on a historic structur	e	
	listed in the National Register			2d	
3	Number of conservation easements modified, transferred, re	eleased, extinguished,	or terminated by the o	organizatior	n during the tax
	year ▶				
4	Number of states where property subject to conservation ea	asement is located 🕨			
5	Does the organization have a written policy regarding the pe	eriodic monitoring, insp	bection, handling of		
	violations, and enforcement of the conservation easements	it holds?			Yes
2	Staff and volunteer hours devoted to monitoring, inspecting,	, handling of violations	s, and enforcing conse	rvation eas	ements during the year
6					
5	▶				
7	Amount of expenses incurred in monitoring, inspecting, hand		d enforcing conservation	on easemer	nts during the year
	▶\$	dling of violations, and			nts during the year
	• · ·	dling of violations, and			nts during the year
7	▶\$	dling of violations, and	nents of section 170(h)(4)(B)(i)	
7	\$	dling of violations, and	nents of section 170(h)(4)(B)(i)	Yes
7 3	► \$ Does each conservation easement reported on line 2(d) abo and section 170(h)(4)(B)(ii)?	dling of violations, and we satisfy the requirer tion easements in its r	nents of section 170(h evenue and expense s)(4)(B)(i) tatement a	nd
7 3	\$	dling of violations, and ve satisfy the requirer tion easements in its r note to the organization	nents of section 170(h evenue and expense s on's financial statemer)(4)(B)(i) tatement a its that des	nd scribes the
7 3	 \$ Does each conservation easement reported on line 2(d) aborand section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservate balance sheet, and include, if applicable, the text of the foot organization's accounting for conservation easements. t III Organizations Maintaining Collections or the foot organization of the foot of the foot organization of the foot of the foot organization of the foot of	dling of violations, and we satisfy the requirer tion easements in its r mote to the organization of Art, Historical	nents of section 170(h evenue and expense s on's financial statemer)(4)(B)(i) tatement a its that des	nd scribes the
7 3	\$	dling of violations, and we satisfy the requirer tion easements in its r mote to the organization of Art, Historical	nents of section 170(h evenue and expense s on's financial statemer)(4)(B)(i) tatement a its that des	nd scribes the
7 3 9	 \$ Does each conservation easement reported on line 2(d) aborand section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservate balance sheet, and include, if applicable, the text of the foot organization's accounting for conservation easements. t III Organizations Maintaining Collections or the foot organization of the foot of the foot organization of the foot of the foot organization of the foot of	dling of violations, and we satisfy the requirer tion easements in its r mote to the organization of Art, Historical m 990, Part IV, line 8.	nents of section 170(h evenue and expense s on's financial statemer Treasures, or Oth)(4)(B)(i) tatement a nts that des	nd cribes the ar Assets.
7 3 9	 \$	dling of violations, and we satisfy the requirer tion easements in its r mote to the organization of Art, Historical n 990, Part IV, line 8. 58, not to report in its	nents of section 170(h evenue and expense s on's financial statemer Treasures, or Oth revenue statement an)(4)(B)(i) tatement a nts that des ner Simil d balance s	nd cribes the ar Assets.
7 3 9	 \$	dling of violations, and we satisfy the requirer tion easements in its re mote to the organization of Art, Historical n 990, Part IV, line 8. 58, not to report in its iblic exhibition, education	nents of section 170(h evenue and expense s on's financial statemer Treasures, or Oth revenue statement an tion, or research in furt)(4)(B)(i) tatement a its that des ner Simil d balance s herance of	nd cribes the ar Assets.
7 3 Pa i	 \$	dling of violations, and we satisfy the requirer tion easements in its r mote to the organization of Art, Historical n 990, Part IV, line 8. 58, not to report in its ublic exhibition, education ancial statements that	nents of section 170(h evenue and expense s on's financial statemer Treasures, or Oth revenue statement an tion, or research in furt describes these items)(4)(B)(i) tatement a its that des ner Simil d balance s herance of	Ind Scribes the Control of Contro
7 3 Pa i	 \$ Does each conservation easement reported on line 2(d) aborand section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservate balance sheet, and include, if applicable, the text of the foot organization's accounting for conservation easements. t III Organizations Maintaining Collections of Complete if the organization answered "Yes" on Form If the organization elected, as permitted under FASB ASC 98 of art, historical treasures, or other similar assets held for puservice, provide in Part XIII the text of the footnote to its final service. 	dling of violations, and we satisfy the requirer tion easements in its r mote to the organization of Art, Historical n 990, Part IV, line 8. 58, not to report in its ancial statements that 58, to report in its reve	nents of section 170(h evenue and expense s on's financial statemer Treasures, or Oth revenue statement an tion, or research in furt describes these items enue statement and ba)(4)(B)(i) tatement a ner Simil d balance s herance of lance shee	nd acribes the ar Assets. sheet works public et works of
7 3 Pa i	 \$	dling of violations, and we satisfy the requirer tion easements in its r mote to the organization of Art, Historical n 990, Part IV, line 8. 58, not to report in its ablic exhibition, education ancial statements that 58, to report in its rever	nents of section 170(h evenue and expense s on's financial statemer Treasures, or Ott revenue statement an tion, or research in furt describes these items enue statement and ba n, or research in furthe)(4)(B)(i) tatement a ner Simil d balance s herance of llance shee rance of pu	Ind Acribes the ar Assets. Sheet works public et works of
7 3 Pa i	 \$	dling of violations, and we satisfy the requirer tion easements in its r mote to the organization of Art, Historical n 990, Part IV, line 8. 58, not to report in its ancial statements that 58, to report in its reve c exhibition, education	nents of section 170(h evenue and expense s on's financial statemer Treasures, or Oth revenue statement an tion, or research in furt describes these items enue statement and ba n, or research in furthe)(4)(B)(i) tatement a ner Simil d balance s herance of lance shee rance of pu	Ind Acribes the ar Assets. Sheet works public et works of
7 3 Pa i	 \$	dling of violations, and we satisfy the requirer tion easements in its r mote to the organization of Art, Historical n 990, Part IV, line 8. 58, not to report in its ancial statements that 58, to report in its reve c exhibition, education	nents of section 170(h evenue and expense s on's financial statemer Treasures, or Oth revenue statement an tion, or research in furt describes these items enue statement and ba n, or research in furthe)(4)(B)(i) tatement a ner Simil d balance s herance of lance shee rance of pu	Ind Acribes the ar Assets. Sheet works public st works of ublic service, \$
7 3 9 1a b	 \$	dling of violations, and we satisfy the requirer tion easements in its r mote to the organization of Art, Historical n 990, Part IV, line 8. 58, not to report in its ancial statements that 58, to report in its reve c exhibition, education	nents of section 170(h evenue and expense s on's financial statemer Treasures, or Oth revenue statement an tion, or research in furt describes these items enue statement and ba n, or research in furthe	(4)(B)(i) tatement a its that des ner Simil d balance s herance of alance shee rance of pu	Provide a contract of the service,
7 3 Pai 1a b	 \$	dling of violations, and we satisfy the requirer tion easements in its r mote to the organization of Art, Historical n 990, Part IV, line 8. 58, not to report in its ancial statements that 58, to report in its reve c exhibition, education easures, or other simil ASC 958 relating to th	nents of section 170(h evenue and expense s on's financial statemer Treasures, or Oth revenue statement an tion, or research in furt describes these items enue statement and ba n, or research in furthe ar assets for financial g ese items:	(4)(B)(i) tatement a tts that des ner Simil d balance s herance of lance shee rance of pu	Yes nd cribes the ar Assets. sheet works public et works of ublic service,
7 3 Pai 1a b	 \$	dling of violations, and we satisfy the requirer tion easements in its r mote to the organization of Art, Historical n 990, Part IV, line 8. 58, not to report in its ablic exhibition, education ancial statements that 58, to report in its reve c exhibition, education easures, or other similing ASC 958 relating to the	nents of section 170(h evenue and expense s on's financial statemen Treasures, or Oth revenue statement an tion, or research in furt describes these items enue statement and ba n, or research in furthe ar assets for financial of ese items:)(4)(B)(i) tatement a its that des ner Simil d balance s herance of alance shee rance of pu jain, provid	Yes nd cribes the ar Assets. sheet works public et works of ublic service,
7 3 Pai 1a b	 \$	dling of violations, and we satisfy the requirer tion easements in its r mote to the organization of Art, Historical n 990, Part IV, line 8. 58, not to report in its ablic exhibition, education ancial statements that 58, to report in its reve c exhibition, education easures, or other similing ASC 958 relating to the	nents of section 170(h evenue and expense s on's financial statemen Treasures, or Oth revenue statement an tion, or research in furt describes these items enue statement and ba n, or research in furthe ar assets for financial of ese items:)(4)(B)(i) tatement a its that des ner Simil d balance s herance of alance shee rance of pu jain, provid	<pre>Metric State State</pre>
7 3 Pai 1a b	 \$	dling of violations, and we satisfy the requirer tion easements in its r mote to the organization of Art, Historical n 990, Part IV, line 8. 58, not to report in its ablic exhibition, education ancial statements that 58, to report in its reve c exhibition, education easures, or other similing ASC 958 relating to th	nents of section 170(h evenue and expense s on's financial statemen Treasures, or Oth revenue statement an tion, or research in furt describes these items enue statement and ba n, or research in furthe ar assets for financial of ese items:	(4)(B)(i) tatement a ner Simil d balance s herance of alance shee rance of pu ulance shee rance of pu ulance shee	Ind Ind Incribes the ar Assets. Sheet works public Int works of Iblic service, \$ e

Sche		WAY BLACKHA		-			39-60			age 2
Pa	t III Organizations Maintaining C	ollections of Ar	t, Historical	Treasures	, or Oth	er Simi	lar Asse	ts (contii	nued)	
3	Using the organization's acquisition, accessi	on, and other record	s, check any of	the following 1	that make	significant	t use of its			
	collection items (check all that apply):									
а	Public exhibition	d		exchange pro						
b	Scholarly research	e	Other							
С	Preservation for future generations									
4	Provide a description of the organization's co						ose in Par	t XIII.		
5	During the year, did the organization solicit o							-		-
	to be sold to raise funds rather than to be ma							Yes		No
Pai	t IV Escrow and Custodial Arran		te if the organiz	ation answere	ed "Yes" o	n Form 99	0, Part IV,	line 9, oi		
	reported an amount on Form 990, Par									
1a	Is the organization an agent, trustee, custodi							٦.,		٦
	on Form 990, Part X?						L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:				i			
								Amoun	t	
	Beginning balance									
	Additions during the year									
	Distributions during the year									
f	Ending balance Did the organization include an amount on Fe	orm 000 Dart V lina	21 for opprove		tlich	1f	I	Yes		No
	If "Yes," explain the arrangement in Part XIII.						L]
Pa										
		(a) Current year	(b) Prior year		ears back	1	years back	(e) Fou	vears	hack
1a	Beginning of year balance	1,821,987.	1,946,3		357,770.		286,840.		,316,	
b	Contributions		_/ /		, .		, .		, ,	
	Net investment earnings, gains, and losses	355,024.	-112,5	95. 5	599,165.		83,792.		-16	654.
	Grants or scholarships	, -	,		, -		, .		,	-
	Other expenditures for facilities									
-	and programs									
f	Administrative expenses	11,984.	11,7	32.	10,571.		12,862.		12,	874.
	End of year balance	2,165,027.	1,821,9		946,364.		, 357,770.	1	,286,	
2	Provide the estimated percentage of the curr									
а	Board designated or quasi-endowment	73.22	%							
	Permanent endowment 13.32	%	_							
с	Term endowment 13.46	%								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.								
3a	Are there endowment funds not in the posse		tion that are he	ld and admini	stered for	the organi	ization			
	by:								Yes	No
	(i) Unrelated organizations							3a(i)		Х
	(ii) Related organizations							3a(ii)		Х
b	If "Yes" on line 3a(ii), are the related organization	tions listed as requir	ed on Schedule	R?				3b		
	Describe in Part XIII the intended uses of the		wment funds.							
Pa	t VI Land, Buildings, and Equipm									
	Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11	a. See Form 9	990, Part X	(, line 10.				
	Description of property	(a) Cost or ot	• •	ost or other		Accumulat		(d) Boo	k value	Э
		basis (investm	ient) ba	sis (other)		epreciation	ו			<u> </u>
	Land			71,700					1,7	
	Buildings			814,354	•	509,0	30.	30	5,3	24.
	Leasehold improvements								<u>~ -</u>	<u> </u>
	Equipment			33,000		29,4			3,5	-
-	Other			12,489	•	12,4	89.		<u> </u>	$\frac{0}{2}$
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part J	X, column (B), li	ne 10c.)			. 🕨 📔		0,6	
							Schedule	D (Forn	n 990)	2019

Schedule D (Form 990) 2019 UNITED WAY	BLACKHAWK	REGION,	INC.	39	-6006734	Page 3
Part VII Investments - Other Securities.						
Complete if the organization answered "Yes						
(a) Description of security or category (including name of security)	(b) Book valu	e (c)	Method of v	aluation: Cost or end	d-of-year market \	/alue
(1) Financial derivatives						
(2) Closely held equity interests						
(3) Other						
(A)						
(B)						
(C)						
(D)						
(E)						
(F)						
(G)						
(H)						
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)						
Part VIII Investments - Program Related.						
Complete if the organization answered "Yes (a) Description of investment	on Form 990, Part (b) Book valu	IV, line 11c. Se	e Form 990, Mothod of y	Part X, line 13. aluation: Cost or end	d of yoor market y	<u></u>
	(b) BOOK Valu	e (c)		aluation. Cost of end	1-01-year market	alue
<u>(1)</u>						
(2)						
(3)						
(4)						
(5)						
<u>(6)</u>						
<u>(7)</u>						
(8)						
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)						
Part IX Other Assets.						
Complete if the organization answered "Yes	on Form 990 Part	IV line 11d Se	e Form 990	Part X line 15		
	Description	10, 110 110.00	<u>e i onn ooo,</u>		(b) Book va	alue
(1) BENEFICIAL INTEREST IN AS		BY COMM	UNITY			
(2) FOUNDATION OF SOUTHERN WI					113	,617.
(3) BENEFICIAL INTEREST IN PH		RUST			640	,727.
(4)	-					
(5)						
(6)						
(7)						
(8)						
(9)						
Total. (Column (b) must equal Form 990, Part X, col. (B) lir	ne 15.)				754	,344.
Part X Other Liabilities.						
Complete if the organization answered "Yes	" on Form 990, Part	IV, line 11e or 1	1f. See Forr	n 990, Part X, line 25	i.	
1. (a) Description of liability					(b) Book va	alue
(1) Federal income taxes						
(2) DUE TO DESIGNATED AGENCIE	ES				152	,301.
(3)						
(4)						

(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	152,301.

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

Schedule D (Form 990) 2019

932053 10-02-19

(5)

Sche	dule D (Form 990) 2019 UNITED WAY BLACKHAWK REGIO	N, INC	2.	39-	6006734 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With	n Revenue per R		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	-			
1	Total revenue, gains, and other support per audited financial statements			1	2,889,834.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	354,445.		
b	Donated services and use of facilities	2b	31,040.		
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)		63,873.		
е	Add lines 2a through 2d			2e	449,358.
3	Subtract line 2e from line 1			3	2,440,476.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a			
b	Other (Describe in Part XIII.)	. 4b			_
с	Add lines 4a and 4b			4c	0.
				5	2,440,476.
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			•	
5 Pai	rt XII Reconciliation of Expenses per Audited Financial Statem	nents Wit		•	
5 Pai	Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	nents Wit	h Expenses per	•	rn.
5 Pai	T XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements	nents Wit	h Expenses per	•	
	T XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	nents Wit	h Expenses per	Retu	rn.
1	T XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements	nents Wit	h Expenses per	Retu	rn.
1 2	T XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	ents Wit	h Expenses per	Retu	rn.
1 2 a	TXII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2b 2c	h Expenses per	Retu	rn.
1 2 b c d	T XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	h Expenses per 31,040.	Retu	rn. 2,360,394.
1 2 b c d	TXII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	h Expenses per 31,040.	Retu 1 2e	rn. 2,360,394. 31,040.
1 2 b c d	T XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	h Expenses per 31,040.	Retu	rn. 2,360,394.
1 2 b c d e	t XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d	h Expenses per 31,040.	Retu 1 2e	rn. 2,360,394. 31,040.
1 2 d c 3 4 a	t XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 2d	h Expenses per 31,040. 11,985.	1 2e 3	rn. 2,360,394. 31,040.
1 2 3 4 8 4 8	T XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d 2d	h Expenses per 31,040.	1 2e 3	rn. 2,360,394. 31,040. 2,329,354.
1 2 3 4 8 4 8	T XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b	2a 2b 2c 2d 2d 4a 4b	h Expenses per 31,040. 11,985. 51,122.	1 2e 3	rn. 2,360,394. 31,040. 2,329,354. 63,107.
1 2 2 3 4 2 3 4 5	T XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d 2d 4a 4b	h Expenses per 31,040. 11,985. 51,122.	Retu 1 2e 3	rn. 2,360,394. 31,040. 2,329,354.

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:

THE	VARIOUS	ENDOWMENTS	ARE	HELD	FOR	SEVERAL	PURPOSES	INCLUDING	OPERATIONS,
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SCHOLARSHIPS, AND GRANTS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:	
DESIGNATIONS TO OTHER UNITED WAYS AND AGENCIES	-51,122.
CHANGE IN ASSETS HELD BY COMMUNITY FOUNDATION OF SOUTHERN	
WISCONSIN	17,524.
CHANGE IN BENEFICIAL INTEREST IN PERPETUAL TRUST	109,456.
INVESTMENT MANAGEMENT FEES REPORTED ON FORM 990, PART IX,	
LINE 11F	-11,985.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	63,873.
932054 10-02-19 28	Schedule D (Form 990) 2019
09300626 788028 10021.1AU01 2019.04000 UNITED WAY BLACKHAWK	REGION 10021_11

Part XIII Supplement	UNITED WAY BLACKHAWK REGION, INC. tal Information (continued)	39-6006734 _{Pag}
PART XII. LINE	4B - OTHER ADJUSTMENTS:	
	O OTHER UNITED WAYS AND AGENCIES	51,12
JESIGNATIONS I	O OTHER UNITED WATS AND AGENCIES	JI, 12
		Schedule D (Form 990)
32055 10-02-19	29	

SCHEDULE I (Form 990)	Go	Grants and Oth overnments, ar	nd Individua	ls in the Ŭni	ted States		OMB No. 1545-0047
Department of the Treasury Internal Revenue Service		► Go to www.ii	Attach to For rs.gov/Form990 fo		nation.		Open to Public Inspection
Name of the organization			· ·				Employer identification number
		AWK REGION,	INC.				39-6006734
Part I General Information on Grants a						· · · · · · · · · · · · · · · · · · ·	
1 Does the organization maintain records		•	,	• •			
criteria used to award the grants or ass 2 Describe in Part IV the organization's pr	ocedures for mon	itoring the use of grant	t funds in the Linite	d States			
Part II Grants and Other Assistance to					anization answered "\	/es" on Form 990. Par	t IV. line 21. for any
recipient that received more than							,
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 noncash assistance	(h) Purpose of grant or assistance
AMERICAN RED CROSS BADGER CHAPTER							
211 N PARKER DR							
JANESVILLE, WI 53545-3021	53-0196605	501(C)(3)	28,998.	Ο.			GENERAL SUPPORT
			, -				
BELOIT MEALS ON WHEELS, INC.							
424 COLLEGE ST							
BELOIT, WI 53511-6310	39-1375390	501(C)(3)	72,500.	0.			GENERAL SUPPORT
BELOIT REGIONAL HOSPICE, INC. 655 3RD ST STE 200	20.1400044	501(5)(2)	01.000				
BELOIT, WI 53511-6268	39-1420944	501(C)(3)	21,800.	0.			GENERAL SUPPORT
BOYS & GIRLS CLUB OF JANESVILLE, INC 200 W COURT ST -							
JANESVILLE, WI 53548-3886	39-1645796	501(C)(3)	85,440.	0.			GENERAL SUPPORT
CATHOLIC CHARITIES, INC., DIOCESE OF MADISON - 2020 E MILWAUKEE ST							
STE 9 - JANESVILLE, WI 53545-2600	39-0807067	501(C)(3)	30,502.	Ο.			GENERAL SUPPORT
COMMUNITY ACTION, INC. OF ROCK AND WALWORTH COUNTIES - 20 ECLIPSE CTR							
- BELOIT, WI 53511-3550	39-1052077	501(C)(3)	249,748.	0.			GENERAL SUPPORT
2 Enter total number of section 501(c)(3) a	and government o	rganizations listed in th	he line 1 table				▶ 28.
3 Enter total number of other organization							►
LHA For Paperwork Reduction Act Notice	e, see the Instruc	tions for Form 990.					Schedule I (Form 990) (2019)

Schedule I (Form 990) UNITED WAY BLACKHAWK REGION, INC.

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55 0000751	Fauer

Part II Continuation of Grants and Other	Assistance to Go	overnments and Orga	nizations in the U	nited States (Sch	edule I (Form 990), Pa	rt 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
EDGERTON COMMUNITY OUTREACH, INC.							
106 S MAIN ST	20.1610506	501(2)(2)	20.000				
EDGERTON, WI 53534-2026	39-1618796	501(C)(3)	30,000.	0.			GENERAL SUPPORT
AIDS RESOURCE CENTER OF WISCONSIN,							
INC 136 W GRAND AVE STE 280 -							
BELOIT, WI 53511	39-1534049	501(C)(3)	5,002.	0.			GENERAL SUPPORT
EVERYONE COOPERATING TO HELP							
OTHERS, INC 65 S HIGH ST -							GENERAL SUPPORT &
JANESVILLE, WI 53548-3842	39-1222279	501(C)(3)	119,000.	0.			CAPACITY BUILDING GRANT
FAMILY SERVICES OF SOUTHERN							
WISCONSIN AND NORTHERN ILLINOIS,							
INC 416 COLLEGE ST - BELOIT, WI							
53511-6310	39-0833966	501(C)(3)	144,835.	٥.			GENERAL SUPPORT
FAMILY PROMISE OF GREATER BELOIT							
737 BLUFF ST							
BELOIT, WI 53511-5350	39-2035122	501(C)(3)	11,129.	0.			GENERAL SUPPORT
HEALTHNET OF ROCK COUNTY, INC.							
23 W MILWAUKEE ST							
JANESVILLE, WI 53548-2981	39-1778804	501(C)(3)	69,062.	0.			GENERAL SUPPORT
JANESVILLE COMMUNITY DAY CARE							
CENTER, INC 3103 RUGER AVE -							
JANESVILLE, WI 53546-1937	39-1101821	501(C)(3)	39,498.	0.			GENERAL SUPPORT
VANDII INDICADIES ING							
KANDU INDUSTRIES, INC.							
1741 ADEL ST	20 1000105	F01(0)(2)	10 050	_			
JANESVILLE, WI 53546-2945	39-1023165	501(C)(3)	16,250.	0.			GENERAL SUPPORT
LUTHERAN SOCIAL SERVICES OF							
WISCONSIN AND UPPER MICHIGAN, INC.							
- 612 N RANDALL AVE STE A -	20.0016016	501 (2) (2)		_			
JANESVILLE, WI 53545-1958	39-0816846	501(C)(3)	25,584.	0.			GENERAL SUPPORT

Schedule I (Form 990)

UNITED WAY BLACKHAWK REGION, INC. Schedule I (Form 990)

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55 0000751	Fauer

(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
NUTRITION AND HEALTH ASSOCIATES, INC 32 E RACINE ST - JANESVILLE, WI 53545-4822	93-0848480	501(C)(3)	7,878.	0.			GENERAL SUPPORT
RETIRED SENIOR VOLUNTEER PROGRAM OF ROCK COUNTY, INC 2433 S RIVERSIDE DR LOT 1 - BELOIT, WI 53511-2477	39-1587220	501(C)(3)	30,498.	0.			GENERAL SUPPORT
SPECIAL METHODS IN LEARNING EQUINE SKILLS, INC. – N2666 COUNTY ROAD K - DARIEN, WI 53114-1463	39-1508173	501(C)(3)	18,600.	0.			GENERAL SUPPORT
STATELINE BOYS & GIRLS CLUBS, INC. 1851 MOORE ST BELOIT, WI 53511-2866	39-0974673	501(C)(3)	140,002.	0.			GENERAL SUPPORT
STATELINE FAMILY YMCA OF BELOIT, INC. – 1865 RIVERSIDE DR – BELOIT, WI 53511–3521	39-0806449	501(C)(3)	58,080.	0.			GENERAL SUPPORT
STATELINE LITERACY COUNCIL-BELOIT, INC. – 1000 BLUFF ST – BELOIT, WI 53511-5167	39-1431930	501(C)(3)	35,714.	0.			GENERAL SUPPORT
THE SALVATION ARMY JANESVILLE 514 SUTHERLAND AVE JANESVILLE, WI 53545-2448	39-0806889	501(C)(3)	41,100.	0.			GENERAL SUPPORT
THE SALVATION ARMY BELOIT 628 BROAD ST BELOIT, WI 53511-6347	36-2167910	501(C)(3)	75,621.	0.			GENERAL SUPPORT
UNITED WAY OF DANE COUNTY, INC. PO BOX 7548 MADISON, WI 53704-5367	39-0817532	501(C)(3)	24,998.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Schedule I (Form 990) UNITED WAY BLACKHAWK REGION, INC.

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Part II Continuation of Grants and Other	Assistance to Go	overnments and Orga	nizations in the U	nited States (Scho	edule I (Form 990), Pa I	rt II.) I	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
OUNG WOMEN'S CHRISTIAN							
SSOCIATION OF ROCK COUNTY, INC							
1735 S WASHINGTON ST - JANESVILLE,							
NI 53546-6203	39-0808510	501(C)(3)	198,010.	0.			GENERAL SUPPORT
CASA OF ROCK COUNTY, INC.							
51 SOUTH MAIN ST							
JANESVILLE, WI 53545	83-4132453	501(C)(3)	40,002.	0.			GENERAL SUPPORT
CHILDREN'S SERVICE SOCIETY							
WISCONSIN - PO BOX 1997 MS 900 -							
MILWAUKEE, WI 53201-1997	39-0806380	501(C)(3)	10,002.	0.			GENERAL SUPPORT
MILWAUKEE, WI 55201-1997	39-0808380	501(C)(3)	10,002.	0.			GENERAL SUFFORI
JANESVILLE MOBILIZING 4 CHANGE							
1 PARKER PL #308							
JANESVILLE, WI 53545	81-4722314	501(C)(3)	12,498.	0.			GENERAL SUPPORT
,			,				
							l

Schedule I (Form 990)

39-6006734

Page 2

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance	
BOOKS FOR CHILDREN	5583	0.	66,666.	FMV	BOOKS	
Part IV Supplemental Information. Provide the information req	uired in Part I, Iir	ie 2; Part III, column	(b); and any other a	dditional information.		
PART I, LINE 2:						
UNITED WAY BLACKHAWK REGION, INC.'S GRANT ALLOCATIONS ARE ORIGINALLY						

DETERMINED BASED ON THE SUCCESS OF THE CURRENT YEAR'S CAMPAIGN. AFTER AN

OVERALL AMOUNT IS DETERMINED TO BE AVAILABLE FOR ALLOCATION, AGENCIES AND

PROGRAMS MUST APPLY FOR FUNDS AND DEMONSTRATE FINANCIAL SOLVENCY, EVIDENCE

OF NEED FOR THE PROGRAM IN THE COMMUNITY, CLIENT OUTCOMES, AND COMPLIANCE

WITH NECESSARY REGULATIONS. VOLUNTEERS MAKE FINAL FUNDING DECISIONS AND

STAFF MONITOR COMPLIANCE THROUGHOUT THE TERM OF THE GRANT.

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information.



UNITED WAY BLACKHAWK REGION, INC.

39-6006734

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

PEOPLE IN ROCK COUNTY, WI AND NORTHERN WINNEBAGO COUNTY, IL. UNITED WAY

BLACKHAWK REGION'S GOAL IS TO CREATE LASTING CHANGE BY FOCUSING ON

HEALTH, EDUCATION AND FINANCIAL STABILITY - THE BUILDING BLOCKS FOR A

GOOD LIFE.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: UNITED WAY BLACKHAWK REGION WORKS TO BRING TOGETHER COMMUNITY MEMBERS INCLUDING AGENCY PARTNERS, GOVERNMENT, SCHOOLS, BUSINESS, INDIVIDUALS AND FAITH-BASED ORGANIZATIONS TO IDENTIFY THE UNDERLYING CAUSES OF PROBLEMS IN OUR COMMUNITY AND DEVELOPE STRATEGIES AND PARTNERSHIPS TO ADDRESS THOSE ISSUES. UNITED WAY BLACKHAWK REGION ALSO FUNDS 2-1-1, AN ANONYMOUS HELPLINE TO CALL TO ACCESS AN EXTENSIVE DATABASE OF COMMUNITY RESOURCES. UNITED WAY BLACKHAWK REGION OFFERS A FREE, ONLINE VOLUNTEER PORTAL CALLED "GET CONNECTED" WHERE NONPROFITS MAY POST OPPORTUNITIES AND RECRUIT VOLUNTEERS AND WHERE COMMUNITY MEMBERS CAN VIEW AND RESPOND TO VOLUNTEER OPPORTUNITIES. IN 2019, UNITED WAY BLACKHAWK REGION SPONSORED DOLLY PARTON'S IMAGINATION LIBRARY IN THREE COMMUNITIES OF THE BLACKHAWK REGION. ENROLLED CHILDREN ARE GIFTED A FREE AGE-APPROPRIATE BOOK IN THE MAIL EACH MONTH UNTIL THEIR 5TH BIRTHDAY. IN COLLABORATION WITH SCHOLASTIC BOOK FAIRS, UNITED WAY BLACKHAWK REGION SPONSORED BOOK FAIRS AT ELEMENTARY SCHOOLS IN SOUTH BELOIT, IL. ADDITIONALLY, LOCAL NONPROFITS ARE ABLE TO RENT OFFICE SPACE OR MEETING SPACE IN THE UNITED WAY COMMUNITY SERVICES BUILDING AT A REDUCED RATE. EXPENSES \$ 225,964. INCLUDING GRANTS OF \$ 27,698. REVENUE \$ 26,883.

Name of the organization UNITED WAY BLACKHAWK REGION, INC.	Employer identification number 39-6006734	
FORM 990, PART VI, SECTION B, LINE 11B:		
THE PREPARED FORM 990 IS INITIALLY REVIEWED BY THE FINANC	CE DIRECTOR AND THE	
PRESIDENT/CEO. THE RETURN IS ALSO REVIEWED BY MEMBERS OF	THE GOVERNING	

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

ALL DIRECTORS, OFFICERS AND COMMITTEE VOLUNTEERS ARE REQUIRED TO COMPLETE A CONFLICT OF INTEREST FORM ANNUALLY. THE PRESIDENT/CEO REVIEWS THESE COMPLETED FORMS AND KEEPS THEM ON FILE AT THE ORGANIZATION. DIRECTORS, OFFICERS, OR COMMITTEE MEMBERS SHALL ABSTAIN FROM VOTING ON AN ISSUE OF CONFLICT. DIRECTORS, OFFICERS, COMMITTEE MEMBERS, OR THEIR FAMILIES SHALL NOT BENEFIT UNFAIRLY IN ANY MANNER AS A RESULT OF BEING A DIRECTOR, OFFICER, OR COMMITTEE MEMBER.

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

THE PRESIDENT/CEO AND ANY OFFICERS OR KEY EMPLOYEES ARE COVERED UNDER UNITED WAY BLACKHAWK REGION, INC.'S EMPLOYEE POLICIES AND PROCEDURES. THE EXECUTIVE COMMITTEE OF THE GOVERNING BODY CONDUCTS AN ANNUAL REVIEW OF THE PRESIDENT/CEO AND REPORTS A COMPENSATION CHANGE RECOMMENDATION TO THE GOVERNING BODY FOR APPROVAL AS APPROPRIATE WITHIN THE APPROVED BUDGET. THE PRESIDENT/CEO EVALUATES AND DETERMINES COMPENSATION CHANGES FOR ALL OTHER EMPLOYEES. RESEARCH FROM UNITED WAY WORLDWIDE IS USED TO OBTAIN COMPARABLE COMPENSATION INFORMATION.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MADE ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST. THE ANNUAL REPORT, FORM 990 AND AUDITED FINANCIAL STATEMENTS ARE POSTED ON THE 932212 09-06-19 Schedule O (Form 990 or 990-EZ) (2019) 36 09300626 788028 10021.1AU01 2019.04000 UNITED WAY BLACKHAWK REGION 10021_11

Schedule O (Form 990 or 990-EZ) (2019) Name of the organization	Pag Employer identification numb
UNITED WAY BLACKHAWK REGION, INC.	39-6006734
DRGANIZATION'S WEBSITE.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
CHANGE IN ASSETS HELD BY COMMUNITY FOUNDATION OF SOUTHER	2N
NISCONSIN	17,52
CHANGE IN BENEFICIAL INTEREST IN PERPETUAL TRUST	109,45
FOTAL TO FORM 990, PART XI, LINE 9	126,98
	hedule O (Form 990 or 990-EZ) (20