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

UNITED WAY BLACKHAWK REGION, INC. 205 N MAIN ST, 101 JANESVILLE, WI 53545-3062

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PUBLIC DISCLOSURE COPY - STATE REGISTRATION NO. 064440 | Return of Organization Exempt From Income Tax

Form **990**

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service

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.

A F	or the	e 2022 calendar year, or tax year beginning and	enaing		
3 C	heck if oplicabl	C Name of organization		D Employer identifie	cation number
	Addre				
	Name chang	Doing business as		39-60067	34
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	•
	Final return		101	608-757-	3040
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	2,002,601.
	Ameno	JANESVILLE, WI 53545-3062		H(a) Is this a group re	eturn
	Application	F Name and address of principal officer: MAKI FAINLING FEINNI		for subordinates	
	pendir	SAME AS C ABOVE		H(b) Are all subordinates in	
ΙT	ax-ex	empt status: X 501(c)(3) D 501(c) () (insert no.) D 4947(a)(1)	or 527		list. See instructions
	/ebsi			H(c) Group exemptio	
K F	orm of	organization: X Corporation Trust Association Other	L Year	of formation: 1944 N	1 State of legal domicile: WI
Pa	rt I	Summary		•	<u> </u>
	1	Briefly describe the organization's mission or most significant activities: TO B	E A CC	MMUNITY LEAI	DER FOR
2		IDENTIFYING HEALTH AND HUMAN SERVICES PRO			
lar	2	Check this box if the organization discontinued its operations or dispos			
ķ				3	23
ၓ		Number of independent voting members of the governing body (Part VI, line 1b)			23
ళ		Total number of individuals employed in calendar year 2022 (Part V, line 2a)			8
Ė		Total number of volunteers (estimate if necessary)			596
Activities & Governance				7a	0.
۲		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
				Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)		2,040,128.	1,916,966.
<u>ام</u>		Program service revenue (Part VIII, line 2g)		0.	0.
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		111,452.	69,347.
اھ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		17,167.	16,288.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,168,747.	2,002,601.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		1,621,823.	1,551,948.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
اير		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		404,189.	388,282.
Ses		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses		Total fundraising expenses (Part IX, column (D), line 25) 234, 99	95.		
Ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		309,676.	235,737.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,335,688.	2,175,967.
		Revenue less expenses. Subtract line 18 from line 12		-166,941.	-173,366.
28				ginning of Current Year	End of Year
Vet Assets or und Balances	20	Total assets (Part X, line 16)		7,238,646.	6,380,649.
Ass	21	Total liabilities (Part X, line 26)		139,918.	229,301.
ĔĔ	22	Net assets or fund balances. Subtract line 21 from line 20		7,098,728.	6,151,348.
Pa	rt II	Signature Block			
Jnde	r pena	lties of perjury, I declare that I have examined this return, including accompanying schedules	s and statem	ents, and to the best of my	knowledge and belief, it is
rue,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	nich preparer	has any knowledge.	
Sign	1	Signature of officer		Date	
Here		MARY FANNING-PENNY, PRESIDENT & CEO			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
aid		MIKE HABLEWITZ, CPA MIKE HABLEWITZ,	CPA (08/29/23 self-employ	P01259157
rep		Firm's name WEGNER CPAS LLP			9-0974031
Jse	Only	Firm's address 2921 LANDMARK PL STE 300			
		MADISON, WI 53713-4236		Phone no. (6	08) 274-4020
Мау	the IF	RS discuss this return with the preparer shown above? See instructions			X Yes No

Pa	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	IMPROVING LIVES BY MOBILIZING THE CARING POWER OF COMMUNITIES.
	Did the averagination and adults are similificant average against the average bis and the
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes X No
	prior Form 990 or 990-EZ? Yes X No If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? X Yes No
3	
4	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.
 4а	(Code:) (Expenses \$
Ta	FINANCIAL STABILITY: UWBR IS FOCUSED ON ENSURING INDIVIDUALS AND
	FAMILIES HAVE THEIR BASIC NEEDS MET AND ACHIEVE AND SUSTAIN
	SELF-SUFFICIENCY. IN 2022, UWBR ALLOCATED \$785,281 TO 25 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 \$
	EDUCATION: UWBR ENVISIONS A REGION WHERE CHILDREN AND YOUTH WILL HAVE
	SUPPORTIVE LEARNING AND DEVELOPMENT OPPORTUNITIES TO GROW AND BECOME
	RESPONSIBLE ADULTS. IN 2022, UWBR ALLOCATED \$605,684 TO 6 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.
	045 045
4c	(Code:) (Expenses \$ 247,017. including grants of \$ 219,384.) (Revenue \$ 0.)
	HEALTH: UWBR SUPPORTS PROGRAMS TO HELP RESIDENTS OF ROCK COUNTY, WI AND
	NORTHERN WINNEBAGO COUNTY, IL TO ENJOY HEALTHY LIVES. IN 2022, UWBR
	ALLOCATED \$219,384 TO 8 PROGRAMS WHICH INCREASE AWARENESS AND ACCESS TO HEALTHCARE RESOURCES AND PROMOTE HEALTHY LIVES THROUGH EDUCATION AND
	ACTIVITIES.
4-1	Other pregram continue (Describe on Schodule O.)
4 0	Other program services (Describe on Schedule O.) (Expenses \$ 28,931 • including grants of \$ 25,695 •) (Revenue \$ 0 •)
	(Expenses \$ 28,931 · including grants of \$ 25,695 ·) (Revenue \$ U ·)

Form 990 (2022) UNITED WAY B Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
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		Х
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 Rev. Proc. 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		Х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		х
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	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	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? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	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	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			37
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			7.7
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			\ \ _{\\\\}
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		37	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	

Part IV Checklist of Required Schedules (continued)

	· · · · ·		Yes	No
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? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		<u>X</u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			37
_	Schedule K. If "No," go to line 25a	24a		_X_
	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	04-		
a	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24u		
204	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		_X_
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			7.7
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? f	28a		Х
b	"Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		<u>X</u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		<u>X</u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			v
00	Schedule N, Part II	32		_X_
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	33		Х
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
-	Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? 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?			
	If "Yes," complete Schedule R, Part V, line 2	36		_X_
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			77
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		_X_
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	20	Х	
Par	Note: All Form 990 filers are required to complete Schedule O † V Statements Regarding Other IRS Filings and Tax Compliance	38	21	
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	990	

232004 12-13-22

UNITED WAY BLACKHAWK REGION, INC.

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

				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	8			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2	2b	Х	
За	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)?	🗠	1a		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).				
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		ā		<u>X</u>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	. _ 5	БС		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit		_		37
	any contributions that were not tax deductible as charitable contributions?	. <u> </u>	_{Sa}		<u> </u>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts				
_	were not tax deductible?	<u> </u>	6b		
7	Organizations that may receive deductible contributions under section 170(c).		7_		Х
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		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	··	7b		
С	to file Form 8282?	-	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	Π,	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	Г.	7f		X
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?	. L	8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?	. 📙	Эа		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	🔼	9b		
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12	-			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	-			
11	Section 501(c)(12) organizations. Enter:				
а	Gross income from members or shareholders 11a	\dashv			
р	Gross income from other sources. (Do not net amounts due or paid to other sources against				
120	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	٦,	2a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	H	Za		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
	Is the organization licensed to issue qualified health plans in more than one state?	1	За		
	Note: See the instructions for additional information the organization must report on Schedule O.				
b					
	organization is licensed to issue qualified health plans				
С	Enter the amount of reserves on hand				
14a	Did the organization receive any payments for indoor tanning services during the tax year?	. 1	4a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	1	4b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or				
	excess parachute payment(s) during the year?	Ŀ	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	📙	16		X
	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities				
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	. 📙	17		
	If "Yes," complete Form 6069.				

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.

						X		
Sec	tion A. Governing Body and Management							
					Yes	No		
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	23					
	If there are material differences in voting rights among members of the governing body, or if the governing							
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.							
b	Enter the number of voting members included on line 1a, above, who are independent	1b	23					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with	any other					
	officer, director, trustee, or key employee?			2		X		
3	Did the organization delegate control over management duties customarily performed by or under the	direc	t supervision					
	of officers, directors, trustees, or key employees to a management company or other person?			3		X		
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 wa	s filed?	4		X		
5	Did the organization become aware during the year of a significant diversion of the organization's asset	ets?		5		X		
6	Did the organization have members or stockholders?			6		X		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point	one or					
	more members of the governing body?			7a		X		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockho	lders, or					
	persons other than the governing body?			7b		X		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	r by th	e following:					
а	The governing body?			8a	Х			
b	Each committee with authority to act on behalf of the governing body?			8b	Х			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	hed a	t the					
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O			9		X		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)					
					Yes	No		
10a	Did the organization have local chapters, branches, or affiliates?			10a		X		
b	If "Yes," did the organization have written policies and procedures governing the activities of such characteristics.	apters	s, affiliates,					
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b				
11a								
b								
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X			
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to con	flicts?	12b	X			
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es," a	escribe					
	on Schedule O how this was done			12c	Х			
13	Did the organization have a written whistleblower policy?			13	Х			
14	Did the organization have a written document retention and destruction policy?			14	Х			
15	Did the process for determining compensation of the following persons include a review and approval	l by in	dependent					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
	The organization's CEO, Executive Director, or top management official			15a	X			
b	Other officers or key employees of the organization			15b	X			
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	nent w	rith a					
	taxable entity during the year?			16a		X		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate		•					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ							
_	exempt status with respect to such arrangements?			16b				
Sec	tion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filedIL, WI							
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, an	id 990	-T (section 501(c)(3)	s only)	availa	ble		
	for public inspection. Indicate how you made these available. Check all that apply.							
	X Own website Another's website X Upon request Other (explain							
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	nflict (of interest policy, an	d finan	cial			
	statements available to the public during the tax year.							
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks an	d records					
	LAURA NILSON - 608-757-3040 205 N MAIN ST STE 101 JANESVILLE WT 53545-3062							
	ZULIN MERLIN ST. STR. TUL. HANDSVILLE WI. 33343-3UNZ							

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

Name and title	(A)	(B)	(C)		(D)	(E)	(F)				
Note Procession Processio	Name and title	1	(do not check m				one	•	·		
Very Figure Very Very		1							· ·	· .	
1								ĺ			
1		1 '	direc				p.				
1		related	tee or	ustee			ensate		(W-2/1099-MISC/	· ·	organization
1		1 ~	altrus	nal tr		loyee	comp		1099-NEC)		
1			dividu	stitutio	fficer	ay emp	ghest	ormer			organizations
RESIDENT & CEO	(1) MARY FANNING-PENNY		=	드	0	Ϋ́	工品	ŭ			
Author A	PRESIDENT & CEO				х				108,684.	0.	8,456.
1.00	(2) LAURA NILSON	40.00									•
1.00	FINANCE DIRECTOR				Х				61,360.	0.	9,687.
1	(3) DEREK HAHN	1.00									
VICE CHAIR	CHAIR		Х		Х				0.	0.	0.
SECRETARY	(4) DAN WILLIAMS	1.00									
SECRETARY X	VICE CHAIR		Х		Х				0.	0.	0.
Column	(5) BONNIE DOMINGO	1.00									
TREASURER			Х		Х				0.	0.	0.
Color		1.00							_	_	_
Director X			Х		Х				0.	0.	0.
RELLY BEDESSEM		0.50	1								_
DIRECTOR X			X						0.	0.	0.
O		0.50	ļ								
DIRECTOR X		0.50	Х						0.	0.	0.
Color	, , , , , , , , , , , , , , , , , , , ,	0.50								•	•
DIRECTOR X		0.50	X						0.	0.	0.
Column		0.50	3,7							0	0
DIRECTOR X		0 50	X						0.	0.	0.
DIRECTOR		0.50	. ,							0	0
DIRECTOR		0.50	Λ						0.	0.	0.
DIRECTOR X		0.50	v						_	0	0
DIRECTOR		0.50	Δ						0.	0.	0.
DIRECTOR X D. SO O. O. O. O.	, - · , · - ·	0.30	v						<u> </u>	n	0
DIRECTOR		0.50	77						0.	0.	<u>_ </u>
Column C		0.30	x						0.	0.	0.
DIRECTOR X 0. 0. 0. (16) TOM RAMSDEN 0.50		0.50							•	•	
(16) TOM RAMSDEN 0.50 DIRECTOR X (17) CHRISTINE MOSS 0.50			х						0.	0.	0.
DIRECTOR X 0. 0. 0. (17) CHRISTINE MOSS 0.50	(16) TOM RAMSDEN	0.50								•	
(17) CHRISTINE MOSS 0.50			Х						0.	0.	0.
	(17) CHRISTINE MOSS	0.50								-	
= 000 (see s)	DIRECTOR		Х						0.	0.	

232007 12-13-22

Form 990 (2022) UNITED W.	AY BLACK	HA	WK	R	EG	IO	N,	INC.	39-6000	5734	Pa	age 8
Part VII Section A. Officers, Directors, Trus	stees, Key Emp	oloy	ees,	and	l Hig	ghes	t Co	compensated Employees (continued)				
(A) (B)				(C)				(D)	(E)		(F)	
Name and title	Average hours per week	Position (do not check more than one box, unless person is both an officer and a director/trustee)			than o	an	Reportable compensation from	Reportable compensation from related	ar	stimate nount o other	of	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	fi org an	npensat rom the ganization d relate anization	e ion ed
(18) DR. DENNIS PAULI	0.50											
DIRECTOR		Х						0.	0 .	,		0.
(19) KATRINA HARWOOD DIRECTOR	0.50	Х						0.	0.			0.
(20) PATTY SCHUMACHER	0.50									+		
DIRECTOR	0.30	Х						0.	0 .	,		0.
(21) STEVE POPHAL	0.50											
DIRECTOR		Х						0.	0 .	,		0.
(22) TOM MCCAWLEY	0.50											
DIRECTOR		Х						0.	0 .	,		0.
(23) JEN WHITE	0.50											
DIRECTOR		Х						0.	0 .			0.
(24) DANNY SAWYER DIRECTOR	0.50	х						0.	0 .			0.
(25) AIMEE THURNER	0.50											
DIRECTOR		х						0.	0 .	.		0.
1b Subtotal	•							170,044.	0 .	. 1	8,14	43.
c Total from continuation sheets to Part V								0.	0 .			0.
								170,044.	0 .	. 1	8,14	
2 Total number of individuals (including but r							o re		000 of reportable	•		1
compensation from the organization											Yes	No.
3 Did the organization list any former officer	, director, truste	ee, k	еу е	empl	oye	e, or	higl	hest compensated empl	oyee on		100	
line 1a? If "Yes," complete Schedule J for s										3		Х
4 For any individual listed on line 1a, is the s												
and related organizations greater than \$15										4		Х
5 Did any person listed on line 1a receive or												

			162	INO
3	Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on			
	line 1a? If "Yes," complete Schedule J for such individual	3		Х
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization			
	and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4		X
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services			
	rendered to the organization? If "Yes." complete Schedule J for such person	5		Х

Section B. Independent Contractors

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

	the organization. Hoport compensation for the calculate year chains with or with		
	(A)	(B)	(C)
	Name and business address NONE	Description of services	Compensation
	HONE	'	·
2	Total number of independent contractors (including but not limited to those liste	d above) who received more than	

Form 990 (2022) UNITED
Part VIII Statement of Revenue

			Check if Schedule O c	ontair	ne a roenc	nea /	or note to any lir	a in this Dart VIII			
			Check ii Schedule O C	oritali	ris a respu	iise (or note to any iii	(A)	(B)	(C)	(D)
								Total revenue	Related or exempt		Revenuè excluded
								Total Tovolido	function revenue	business revenue	from tax under
											sections 512 - 514
ts ts	1	а	Federated campaigns		1a		18,133.				
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues								
اع ق			Fundraising events								
fts,								1			
ig ig			Related organizations				0 615	-			
ns,			Government grants (contril				9,645.	-			
άţ		f	All other contributions, gifts, g			_					
g #			similar amounts not included a	above	1f	<u>l,</u>	889,188.				
		g	Noncash contributions included in li	nes 1a-	-1f 1g 9	6	3,904.				
Son		h	Total. Add lines 1a-1f					1,916,966.			
							Business Code				
_											
<u>i</u>											
er Je		b									
am Ser		С									
e a		d									
Program Service Revenue		е									
Ā		f	All other program service re	evenu	ле						
		q	Total. Add lines 2a-2f								
	3		Investment income (includi								
								9,844.			9,844.
	4		Income from investment of		t ba			3,011			3,011.
	4				-	-					
	5		Royalties	·····							
				⊢	(i) Rea		(ii) Personal	-			
	6	а	Gross rents	6a	16,28						
		b	Less: rental expenses	6b		0.					
		С	Rental income or (loss)	6с	16,28	8.					
		d	Net rental income or (loss)					16,288.			16,288.
			Gross amount from sales of		(i) Securit		(ii) Other				-
	-	_			59,50		. ,				
		L	Less: cost or other basis	<u> 14 </u>	00,00			1			
•						Λ					
ng			and sales expenses	/b	FO F0	0.		-			
Revenue					59,50						
æ		d	Net gain or (loss)					59,503.			59,503.
her	8	а	Gross income from fundraisin	g ever	nts (not						
₹			including \$		of						
			contributions reported on I	ine 1	c). See						
			Part IV, line 18		-	8a					
		h	Less: direct expenses			8b					
						_					
			Net income or (loss) from for								
	9	а	Gross income from gaming			1					
			Part IV, line 19			9a		_			
		b	Less: direct expenses			9b					
		С	Net income or (loss) from g	jamin	g activitie	s					
	10	а	Gross sales of inventory, le	ess re	turns						
			and allowances			10a					
		h	Less: cost of goods sold			10b					
			Net income or (loss) from s				•				
		<u> </u>	Net income or (loss) from s	ales	oi iiiveiito	у	Business Code				
<u>s</u>							Business Code				
eor Ie	11	а									
and		b						1			
e Ke		С									
Miscellaneous Revenue		d	All other revenue								
2			Total. Add lines 11a-11d								
	12		Total revenue. See instruction					2,002,601.	0.	0.	85,635.

Costion 501/c)/(2) and 501/c)/(4) exeminations must complete all calcumate All other exeminations must complete calcumate (A)												
Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).												
	Check if Schedule O contains a response or note to any line in this Part IX (A) (B) (C) (D)											
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses							
1	Grants and other assistance to domestic organizations	1 400 242	1 400 242									
	and domestic governments. See Part IV, line 21	1,490,342.	1,490,342.									
2	Grants and other assistance to domestic	61 606	61 606									
	individuals. See Part IV, line 22	61,606.	61,606.									
3	Grants and other assistance to foreign											
	organizations, foreign governments, and foreign											
	individuals. See Part IV, lines 15 and 16											
4	Benefits paid to or for members											
5	Compensation of current officers, directors,	100 100	20 570	75 651	72 057							
	trustees, and key employees	188,186.	38,578.	75,651.	73,957.							
6	Compensation not included above to disqualified											
	persons (as defined under section 4958(f)(1)) and											
	persons described in section 4958(c)(3)(B)	151 150	70 200	20 000	42 (72							
7	Other salaries and wages	151,150.	79,390.	28,088.	43,672.							
8	Pension plan accruals and contributions (include	<i>6</i> E00	2 216	1 044	2 240							
_	section 401(k) and 403(b) employer contributions)	6,500.	2,316. 9,337.	1,944. 3,666.	2,240. 5,498.							
9	Other employee benefits	18,501. 23,945.	8,534.	7,157.	8,254.							
10	Payroll taxes	43,943.	0,334.	7,137.	0,234.							
11	Fees for services (nonemployees):											
	Management	415.		415.								
	Legal	12,200.		12,200.								
	Accounting	12,200.		12,200.								
	Lobbying Professional fundraising services. See Part IV, line 17											
	Investment management fees	15,052.		15,052.								
g	Other. (If line 11g amount exceeds 10% of line 25,	13,0320		13,0321								
9	column (A), amount, list line 11g expenses on Sch 0.)	11,387.	257.	592.	10,538.							
12	Advertising and promotion	28,892.	359.	420.	28,113.							
13	Office expenses	22,054.	4,903.	11,689.	5,462.							
14	Information technology	23,467.	9,269.	7,604.	6,594.							
15	Royalties	-	-									
16	Occupancy	25,816.	9,210.	7,698.	8,908.							
17	Travel	2,595.	270.	122.	2,203.							
18	Payments of travel or entertainment expenses											
	for any federal, state, or local public officials											
19	Conferences, conventions, and meetings	24,344.	8,876.		15,468.							
20	Interest											
21	Payments to affiliates	24 122	44 454	2.533								
22	Depreciation, depletion, and amortization	31,409.	11,194.	9,388.	10,827.							
23	Insurance	5,928.	1,966.	1,637.	2,325.							
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)											
а	DUES AND SUBSCRIPTIONS	31,942.	11,019.	9,987.	10,936.							
b												
С												
d												
е	All other expenses	236.		236.								
25	Total functional expenses. Add lines 1 through 24e	2,175,967.	1,747,426.	193,546.	234,995.							
26	Joint costs. Complete this line only if the organization											
	reported in column (B) joint costs from a combined											
	educational campaign and fundraising solicitation.											
	Check here if following SOP 98-2 (ASC 958-720)				000							

Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year (B) End of year 1 Cash - non-interest-bearing 2,328,211. 2,186,308. 2 Savings and temporary cash investments 790,009. 944,603. Pledges and grants receivable, net 3 3 4 Accounts receivable, net Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 Loans and other receivables from other disqualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net 7 Inventories for sale or use 8 7,254. 5,996. Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other 986,691. basis. Complete Part VI of Schedule D ______ 10a 640,153. 344,511. 346,538. b Less: accumulated depreciation _______ 10b 10c 2,635,535. 2,240,624. Investments - publicly traded securities 11 11 52,467. 53,930. Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 14 14 Intangible assets 927,323. 755,986. Other assets. See Part IV, line 11 15 15 7,238,646. 6,380,649. 16 16 **Total assets.** Add lines 1 through 15 (must equal line 33) 12,445.19,072. Accounts payable and accrued expenses 17 17 15,580. 0. 18 18 Grants payable 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Secured mortgages and notes payable to unrelated third parties 23 23 24 Unsecured notes and loans payable to unrelated third parties _____ 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 120,846. 201,276. of Schedule D 139,918. 229,301. 26 **Total liabilities.** Add lines 17 through 25 Organizations that follow FASB ASC 958, check here Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 4,508,013. 3,977,363. 27 27 Net assets without donor restrictions 2,590,715. Net assets with donor restrictions 2,173,985. Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 30 31 Retained earnings, endowment, accumulated income, or other funds 31 7,098,728. 6,151,348. Total net assets or fund balances 32 32 7,238,646. 6,380,649. 33 33 Total liabilities and net assets/fund balances

OIII	030 (2022) 01(1122 11111 22110111111111 11201011/ 21101		0000	<u> </u>	ıα	gc	
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			2,6		
2	Total expenses (must equal Part IX, column (A), line 25)	2				67.	
3	Revenue less expenses. Subtract line 2 from line 1	3				66.	
4							
5	Net unrealized gains (losses) on investments	5		-43	8,0	<u>57.</u>	
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	-	-33	5,9	57.	
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 ,	, 15	1,3	48.	
Pa	t 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 on Schedule	Ο.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		L	2a		Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		L	2 b	Х		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate						
	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	audit,					
	review, or compilation of its financial statements and selection of an independent accountant?		L	2c	Х		
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O). [
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the						
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		L	За		Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required		it [
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b			

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Attach to Form 990 or Form 990-EZ.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

UNITED WAY BLACKHAWK REGION, 39-6006734 INC. Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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	71	1	,				
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	
	Gifts, grants, contributions, and	. ,	, ,	, ,	,	. ,		
	membership fees received. (Do not							
	include any "unusual grants.")	2569932.	2378537.	2337555.	2040128.	1916966.	11243118.	
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							
4	Total. Add lines 1 through 3	2569932.	2378537.	2337555.	2040128.	1916966.	11243118.	
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)						262,826.	
6	Public support. Subtract line 5 from line 4.						10980292.	
Sec	ction B. Total Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	
7	Amounts from line 4	2569932.	2378537.	2337555.	2040128.	1916966.	11243118.	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources	38,635.	35,056.	78,995.	25,846.	26,132.	204,664.	
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						11447782.	
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	75,693.	
13	First 5 years. If the Form 990 is for th	ne organization's fir	rst, second, third, f	fourth, or fifth tax y	ear as a section 5	01(c)(3)		
	organization, check this box and stop	here						
Sec	ction C. Computation of Publi	c Support Per	centage					
14	Public support percentage for 2022 (I	ine 6, column (f), d	ivided by line 11, c	olumn (f))		14	95 . 92 %	
15	Public support percentage from 2021	Schedule A, Part	II, line 14			15	95.83 %	
16a	33 1/3% support test - 2022. If the o	organization did no	t check the box or	n line 13, and line 1	14 is 33 1/3% or m	ore, check this bo	x and	
	stop here. The organization qualifies	as a publicly suppo	orted organization				X	
b	33 1/3% support test - 2021. If the o							
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation				
17a	10% -facts-and-circumstances test							
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop her	re. Explain in Part	VI how the organiz	zation	
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported or	rganization			
b	10% -facts-and-circumstances test	- 2021. If the org	anization did not c	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is	10% or	
	more, and if the organization meets th	ne facts-and-circum	nstances test, chec	ck this box and st	op here. Explain ir	n Part VI how the		
	organization meets the facts-and-circu							
18	Private foundation. If the organization	n did not check a l	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box ar	nd see instructions	s	
	Schedule A (Form 990) 2022							

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.)

Sed	ction A. Public Support	slow, picase comp	oicte i art ii.j				
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	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						
8	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6	(a) 2010	(6) 2019	(6) 2020	(4) 2021	(6) 2022	(i) iotai
	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						
	Net income from unrelated business activities not included on 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 5 years. If the Form 990 is for the	J		,	•	() ()	· —
	check this box and stop here						
	ction C. Computation of Publi					 	
	Public support percentage for 2022 (li	, ,,,	•	column (f))		15	%
	Public support percentage from 2021					16	%
	ction D. Computation of Inves			. 10 1 (0)		14-1	
	Investment income percentage for 20					17	%
	Investment income percentage from 2					18	% 7 in
198	33 1/3% support tests - 2022. If the						
b	more than 33 1/3%, check this box ar 33 1/3% support tests - 2021. If the	organization did r	not check a box or	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	and
	line 18 is not more than 33 1/3%, che	ck this box and st	top here. The orga	anization qualifies a	as a publicly supp	orted organization	
20	Private foundation. If the organization	n did not check a	hox on line 14 19	a or 19h check th	nis hox and see in	structions	

232023 12-09-22

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on 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 on 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 line 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.)

	Yes	No
1		
2		
За		
3b		
3с		
4a		
Tu		
4b		
40		
4c		
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5b		
5c		
6		
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9a		
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9b		
90		
00		
9c		
40-		
10a		
,		
10b		
ule A (Forr	n 990)	2022

Par	TIV 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 on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	tion B. Type I Supporting Organizations			
			Yes	No
	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
	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,			
Sact	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
OCOL	tion of Type it oupporting organizations		V	NI.
4	Ware a majority of the examination's divectors by twistons during the toy year also a majority of the divectors		Yes	No
	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		
Sect	tion D. All Type III Supporting Organizations	•		
	<i>7</i> • •		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			
	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 on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
Caat	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.		,	
с 2	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins Activities Test. Answer lines 2a and 2b below.	truction	yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		162	NO
	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		
	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? 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		
	Parent of Supported Organizations. Answer lines 3a and 3b 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? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organi:	zations				
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 mus		•	T			
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):						
a	Average monthly value of securities	1a					
	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					
e	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 0.015 of line 3 (for greater amount,						
	see instructions).	4					
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5					
6	Multiply line 5 by 0.035.	6					
7	Recoveries of prior-year distributions	7					
8	Minimum Asset Amount (add line 7 to line 6)	8					
Sect	ion C - Distributable Amount			Current Year			
1	Adjusted net income for prior year (from Section A, line 8, column A)	1					
2	Enter 0.85 of line 1.	2					
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3					
4	Enter greater of line 2 or line 3.	4					
5	Income tax imposed in prior year	5					
6	Distributable Amount. Subtract line 5 from line 4, unless subject to						
	emergency temporary reduction (see instructions).	6					
7	Check here if the current year is the organization's first as a non-functional	ally integrated	Type III supporting orga	anization (see			
	instructions)	, ,		•			

Schedule A (Form 990) 2022

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations _{(continu}	ıed)	<u> </u>
Sect	on D - Distributions		•		Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	;	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
_ 7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
_9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
		(i)	(ii)		(iii)
Sect	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2022	าร	Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
a	From 2017				
b	From 2018				
c	From 2019				
d	From 2020				
e	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i_	Carryover from 2017 not applied (see instructions)				
i_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
<u>C</u>	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
e	Excess from 2022				

Schedule A (Form 990) 2022

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

OMB No. 1545-0047

2022

Employer identification number

UNITED WAY BLACKHAWK REGION 39-6006734 INC Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering

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

religious, charitable, etc., contributions totaling \$5,000 or more during the year \$

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

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

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

"N/A" in column (b) instead of the contributor name and address), II, and III.

Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022)

Name of organization

Employer identification number

UNITED WAY BLACKHAWK REGION, INC.

39-6006734

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 73,032.	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
3		\$ <u>146,065.</u>	Person Payroll X Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	Name, address, and ZIF + 4	\$55,038.	Person Payroll X Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ 80,213.	Person Payroll X Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$\$	Person Payroll X Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

Name of organization Employer identification number

UNITED WAY BLACKHAWK REGION, INC.

39-6006734

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$\$	Person Payroll X Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$\$	Person Payroll X Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	Name, address, and Zir + +	\$\$	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
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II for noncash contributions.)

Name of organization Employer identification number

UNITED WAY BLACKHAWK REGION, INC.

39-6006734

	Noncash Property (see instructions). Use duplicate copies of Pa	irt 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

Schedule B (Form 990) (2022) Page **4**

Name of organization **Employer identification number** UNITED WAY BLACKHAWK REGION, INC. 39-6006734 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

2022
Open to Public Inspection

Name of the organization

UNITED WAY BLACKHAWK REGION, INC.

Employer identification number 39-6006734

Schedule D (Form 990) 2022

Pai	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		r Si	milar Funds o	r Ac	coun	ts. Complete if the
	organization anomorou neo orni om oco, natriv, iiii	(a) Donor adv	vised	funds	(1	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)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor advisors in v	vriting that the assets	held	d in donor advised	d fund	s	
	are the organization's property, subject to the organization's	-					Yes No
6	Did the organization inform all grantees, donors, and donor ad						
	for charitable purposes and not for the benefit of the donor or						
	impermissible private benefit?						
Par	t II Conservation Easements. Complete if the org	ganization answered "	Yes	" on Form 990, Pa	art IV,	line 7.	
1	Purpose(s) of conservation easements held by the organization	on (check all that appl	y).				
	Preservation of land for public use (for example, recreat	tion or education)		Preservation of a	a histo	rically	important land area
	Protection of natural habitat			Preservation of a	certif	fied his	storic structure
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation cont	ribu	tion in the form of	a cor	servat	
	day of the tax year.						Held at the End of the Tax Year
а	Total number of conservation easements					2a	
b						2b	
С	Number of conservation easements on a certified historic stru					2c	
d	Number of conservation easements included in (c) acquired a						
	historic structure listed in the National Register					2d	
3	Number of conservation easements modified, transferred, rele	eased, extinguished, o	or te	rminated by the o	organiz	zation	during the tax
	year						
4	Number of states where property subject to conservation eas	_					
5	Does the organization have a written policy regarding the per						
	violations, and enforcement of the conservation easements it						Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, l	handling of violations,	, and	l enforcing conse	rvatioi	n ease	ments during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and	enfo	orcina conservatio	on eas	ement	ts during the vear
		,		J			,
8	Does each conservation easement reported on line 2(d) above	e satisfy the requireme	ents	of section 170(h)	(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?						Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its re	venu	ue and expense st	tateme	ent and	d
	balance sheet, and include, if applicable, the text of the footn	ote to the organization	n's f	inancial statemen	its tha	t desc	ribes the
Da	organization's accounting for conservation easements.	Aut Historiaal T		arrage ar Oth	- · · · ·	:1	w Accete
Pai	t III Organizations Maintaining Collections of		rea	sures, or Oth	er Si	ımııaı	r Assets.
	Complete if the organization answered "Yes" on Form						
1a	If the organization elected, as permitted under FASB ASC 956	•					
	of art, historical treasures, or other similar assets held for pub	•	-			ce of p	DUBLIC
	service, provide in Part XIII the text of the footnote to its finan						
b	If the organization elected, as permitted under FASB ASC 956	•					
	art, historical treasures, or other similar assets held for public	exhibition, education	, or	research in furthe	rance	of pub	olic service,
	provide the following amounts relating to these items:						•
	(i) Revenue included on Form 990, Part VIII, line 1						
•							\$
2	If the organization received or held works of art, historical treat				gain, p	rovide	•
_	the following amounts required to be reported under FASB AS						¢
a	Revenue included on Form 990, Part VIII, line 1						Φ
D	Assets included in Form 990, Part X						φ

232051 09-01-22

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		71,700.		71,700.
b Buildings		829,398.	590,911.	238,487.
c Leasehold improvements				
d Equipment		57,593.	49,242.	8,351.
e Other		28,000.		28,000.
Total. Add lines 1a through 1e. (Column (d) must equal	346,538.			

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022 UNITED WAY Part VII Investments - Other Securities.	BLACKHAWK REG	ION, INC.	39-6006734 Page 3
Complete if the organization answered "Yes"	on Form 990. Part IV. line	11b. See Form 990. Part X. line 12	2.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cos	
(1) Financial derivatives	(b) Dook value	(0,111011101111111111111111111111111111	
(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"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13	3.
(a) Description of investment	(b) Book value	(c) Method of valuation: Cos	t or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(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"		11d. See Form 990, Part X, line 15	
	Description	COLOGINITEM	(b) Book value
(1) BENEFICIAL INTEREST IN AS	SETS HELD BY	COMMUNITY	101 521
(2) FOUNDATION OF SOUTHERN WI			121,531.
(3) BENEFICIAL INTEREST IN PE		COMPENSATION	629,255.
(4) CERTIFICATES OF DEPOSIT,	ONEMPLOAMENT.	COMPENSATION	F 200
(5) BENEFITS			5,200.
(6)			
(7)			
(8)			
(9)	. 45)		755,986.
Total. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities.	e 15.)		133,300.
Complete if the organization answered "Yes"	on Form 990 Part IV line	11e or 11f See Form 990 Part Y	line 25
. (a) Description of liability	o o ooo, r are iv, line		(b) Book value
1. (a) Description of hability			(S) DOOK VAIGE

<u>1.</u>	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	DUE TO DESIGNATED AGENCIES	201,276.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	201,276.

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) 2022

Sche	edule D (Form 990) 2022 UNITED WAY BLACKHAWK REGI	ON TNO	ı.	39-6	5006734 Page
	t XI Reconciliation of Revenue per Audited Financial Statem				rage
	Complete if the organization answered "Yes" on Form 990, Part IV, line 13	2a.			
1	Total revenue, gains, and other support per audited financial statements			1	1,186,768
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-438,057.		
b	Donated services and use of facilities				
С	Recoveries of prior year grants				
d					
е	Add lines 2a through 2d	·		2e	-815,833
3	Subtract line 2e from line 1			3	2,002,601
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.)				
С	Add lines 4a and 4b			4c	0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	2,002,601
Pa	rt XII Reconciliation of Expenses per Audited Financial State	ments With	n Expenses per F		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 13	2a.			
1	Total expenses and losses per audited financial statements			1	2,134,148
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	30,963.		
b	Prior year adjustments				
С	Other losses				
d			-57,730.		
е	Add lines 2a through 2d	,	-	2e	-26,767
3	Subtract line 2e from line 1			3	-26,767 2,160,915
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	15,052.		
b	Other (Describe in Part XIII.)		•		
	Add lines 4a and 4b			4c	15,052
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	2,175,967
	rt XIII Supplemental Information.			, • ,	
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any a			l; Part X	(, line 2; Part XI,
PAI	RT V, LINE 4:				
<u>UN</u> :	TED WAY BLACKHAWK REGION, INC.'S ENDOWMEN	NT CONS	ISTS OF TWO	INI	DIVIDUAL
FUI	NDS ESTABLISHED FOR SUPPORTING OPERATIONS	•			
PAI	RT XI, LINE 2D - OTHER ADJUSTMENTS:				
CHZ	ANGE IN ASSETS HELD BY COMMUNITY FOUNDATION	ON OF S	OUTHERN		
WIS	SCONSIN				-21,416.
CHZ	ANGE IN BENEFICIAL INTEREST IN PERPETUAL '	TRUST			-149,921.

LINE 11F

-15,052.

TO REMOVE DONOR DESIGNATIONS

-222,350.

TOTAL TO SCHEDULE D, PART XI, LINE 2D

INVESTMENT MANAGEMENT FEES REPORTED ON FORM 990, PART IX,

-408,739.

Schedule D (Form 990) 2022	UNITED WAY	BLACKHAWK	REGION,	INC.	39-6006734	Page 5
Schedule D (Form 990) 2022 Part XIII Supplemental Info	ormation (continued)					
	,					
PART XII, LINE 2D -	- OTHER ADJUS	TMENTS:				
	01111111111111					
DONOR DESIGNATIONS					-57.	730.
DOTTOR DEDICATE TOTAL					3,,	7000
				· · · · · · · · · · · · · · · · · · ·		

SCHEDULE I (Form 990)

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

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

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Attach to Form 990.

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

Employer identification number Name of the organization 39-6006734 UNITED WAY BLACKHAWK REGION, INC. Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection 1 X Yes criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of 1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of (e) Amount of (g) Description of (h) Purpose of grant valuation (book, or government (if applicable) cash grant noncash noncash assistance or assistance FMV, appraisal, assistance other) AMERICAN NATIONAL RED CROSS 431 18TH ST NW 53-0196605 501(C)(3) 0 GENERAL SUPPORT WASHINGTON, DC 20006 10,500. BELOIT MEALS ON WHEELS, INC. 424 COLLEGE ST 39-1375390 501(C)(3) BELOIT, WI 53511-6310 75,000 0. GENERAL SUPPORT SOUTH BELOIT SCHOOL DISTRICT 850 HAYES AVE STATE OF EARLY READING -SOUTH BELOIT, IL 61080 46-2986292 ILLINOIS 29,000 0 ELEMENTARY BOYS & GIRLS CLUB OF JANESVILLE INC. - 200 W COURT ST -JANESVILLE WI 53548-3886 39-1645796 501(C)(3) 107 496 0. GENERAL SUPPORT CASA OF ROCK COUNTY, INC. 51 SOUTH MAIN ST 83-4132453 501(C)(3) JANESVILLE, WI 53545 80 004 0. GENERAL SUPPORT COMMUNITY ACTION, INC. OF ROCK AND WALWORTH COUNTIES - 20 ECLIPSE CTR - BELOIT WI 53511-3550 39-1052077 501(C)(3) 226 500 0 GENERAL SUPPORT 22. 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) 2022

Part II Continuation of Grants and Other A				·			
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EDGERTON COMMUNITY OUTREACH, INC.							
106 S MAIN ST							
EDGERTON, WI 53534-2026	39-1618796	501(C)(3)	37,500.	0.			GENERAL SUPPORT
,			, ,				
EVERYONE COOPERATING TO HELP							
OTHERS, INC 65 S HIGH ST -							
JANESVILLE, WI 53548-3842	39-1222279	501(C)(3)	134,500.	0.			GENERAL SUPPORT
FAMILY PROMISE OF GREATER BELOIT							
737 BLUFF ST							
BELOIT, WI 53511-5350	39-2035122	501(C)(3)	15,504.	0.			GENERAL SUPPORT
FAMILY SERVICES OF SOUTHERN							
WISCONSIN AND NORTHERN ILLINOIS,							
INC 416 COLLEGE ST - BELOIT, WI							
53511-6310	39-0833966	501(C)(3)	72,504.	0.			GENERAL SUPPORT
HEALTHNET OF ROCK COUNTY, INC.							
23 W MILWAUKEE ST							
JANESVILLE, WI 53548-2981	39-1778804	501(C)(3)	73,884.	0.			GENERAL SUPPORT
TANEGUTLIE GOMMINIEW DAY GADE							
JANESVILLE COMMUNITY DAY CARE							
CENTER, INC 3103 RUGER AVE -	20 1101021	E01/G)/2)	41 406	0			GENERAL GURRORM
JANESVILLE, WI 53546-1937	39-1101821	501(C)(3)	41,496.	0.			GENERAL SUPPORT
LUTHERAN SOCIAL SERVICES OF							
WISCONSIN AND UPPER MICHIGAN, INC.							
- 612 N RANDALL AVE STE A - JANESVILLE, WI 53545-1958	39-0816846	501 (C) (3)	27,996.	0.			GENERAL SUPPORT
RETIRED SENIOR VOLUNTEER PROGRAM	33-0010040	DOT (C) (3)	21,330.	0.			GENERAL SUFFURT
OF ROCK COUNTY, INC 2433 S RIVERSIDE DR LOT 1 - BELOIT, WI							
53511-2477	39-1587220	501(C)(3)	17,496.	0.			GENERAL SUPPORT
JJJ11 24//	39-130/220	DOT (C) (3)	17,490.	0.			GENERAL SUFFORT
STATELINE BOYS & GIRLS CLUBS, INC.							
1851 MOORE ST							
BELOIT, WI 53511-2866	39-0974673	501(C)(3)	129,996.	0.			GENERAL SUPPORT

Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)	T
(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
20 0006440	501/G\/2\	22.004	0			GENERAL SUPPORT
39-1431930	501(C)(3)	36,000.	0.			GENERAL SUPPORT
36-2167910	501(C)(3)	58 500	n			GENERAL SUPPORT
		32,500.	0.			GENERAL SUPPORT
39-0817532	501(C)(3)	25,000.	0.			GENERAL SUPPORT
39-0808510	501(C)(3)	221,263.	0.			GENERAL SUPPORT
39-1534049	501(C)(3)	5,004.	0.			GENERAL SUPPORT
	(b) EIN 39-0806449 39-1431930 36-2167910 39-0806889 39-0808510	(b) EIN (c) IRC section	(b) EIN (c) IRC section if applicable (d) Amount of cash grant (d) Amou	(b) EIN (c) IRC section if applicable (d) Amount of cash grant (e) Amount of noncash assistance (e)	(b) EIN (c) IRC section if applicable (d) Amount of cash grant (e) Amount of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) 39-0806449 501(c)(3) 32,004. 0. 39-1431930 501(c)(3) 36,000. 0. 36-2167910 501(c)(3) 58,500. 0. 39-0806889 501(c)(3) 32,500. 0. 39-0817532 501(c)(3) 25,000. 0. 39-0808510 501(c)(3) 221,263. 0.	if applicable cash grant noncash assistance (book, FMV, appraisal, other) non-cash assistance non-cash assistance non-cash assistance (book, FMV, appraisal, other) non-cash assistance non-cash assistance non-cash assistance non-cash assistance (book, FMV, appraisal, other) non-cash assistance no

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	0	61,606.	0.	FMV	воокѕ
Part IV Supplemental Information. Provide the information req	uired in Part I, lin	e 2; Part III, column	(b); and any other ac	dditional information.	
PART I, LINE 2:					
UNITED WAY BLACKHAWK REGION, INC.'S	S GRANT A	LLOCATIONS	ARE ORIGI	NALLY	
DETERMINED BASED ON THE SUCCESS OF	THE CURR	ENT YEAR'S	CAMPAIGN.	AFTER AN	
OVERALL AMOUNT IS DETERMINED TO BE	AVAILABL	E FOR ALLC	CATION, AG	ENCIES AND	
PROGRAMS MUST APPLY FOR FUNDS AND I					
OF NEED FOR THE PROGRAM IN THE COM	MUNITY, C	LIENT OUTC	OMES, AND	COMPLIANCE	
WITH NECESSARY REGULATIONS. VOLUNTI	-				
STAFF MONITOR COMPLIANCE THROUGHOUT					
FINAL FUNDING DECISIONS AND STAFF N					

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022
Open to Public Inspection

Name of the organization

UNITED WAY BLACKHAWK REGION, INC.

Employer identification number 39-6006734

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: PARTNERSHIPS TO ACHIEVE SUSTAINABLE SOLUTIONS. PART III, LINE 3, CHANGES IN PROGRAM SERVICES: FORM 990, THE ORGANIZATION CEASED THE COVID-19 ACTION FUND PROGRAM SINCE IT WAS NO LONGER NEEDED BECAUSE OF THE END OF THE PANDEMIC. FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: OTHER PROGRAMS: UWBR SERVES AS A CONVENER TO BRING TOGETHER THE COMMUNITY TO IDENTIFY UNDERLYING CAUSES OF PROBLEMS IN OUR COMMUNITY AND DEVELOP STRATEGIES AND PARTNERSHIPS TO ADDRESS THOSE ISSUES. AS UWBR LEADS AND/OR SERVES ON APPROXIMATELY A DOZEN LOCAL TASK FORCES ALIGNED WITH HEALTH, EDUCATION, AND/OR FINANCIAL STABILITY. UWBR HOSTS ITS DAY OF CARING, A DAY OF SERVICE WHEREAS ANNUALLY, HUNDREDS OF VOLUNTEERS COMPLETE COMMUNITY SERVICE PROJECTS AT NONPROFIT AGENCIES ACROSS THE REGION. UWBR FUNDS 211, AN ANONYMOUS 24/7 HELPLINE THAT CONNECTS CALLERS WITH LOCAL PROGRAMS AND RESOURCES. IN PARTNERSHIP WITH UNITED WAY OF WISCONSIN AND UNITED WAYS ACROSS THE STATE, UWBR PUBLISHES THE ALICE REPORT ALICE, AN ACRONYM FOR ASSET LIMITED, CONSTRAINED, EMPLOYED, IS A NEW WAY OF DEFINING AND UNDERSTANDING THE STRUGGLES OF HOUSEHOLDS THAT EARN ABOVE THE FEDERAL POVERTY LEVEL, NOT ENOUGH TO AFFORD A BARE-BONES HOUSEHOLD BUDGET. UWBR IS FINANCIAL SPONSOR FOR DOLLY PARTON'S IMAGINATION LIBRARY IN THREE COMMUNITIES OF THE BLACKHAWK REGION. ENROLLED CHILDREN ARE GIFTED A AGE-APPROPRIATE BOOK IN THE MAIL EACH MONTH UNTIL THEIR 5TH

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

Schedule O (Form 990) 2022

Schedule O (Form 990) 2022 Page **2**

Name of the organization
UNITED WAY BLACKHAWK REGION, INC.

Employer identification number 39-6006734

BIRTHDAY. IN COLLABORATION WITH SCHOLASTIC BOOK FAIRS, UWBR SPONSORED

BOOK FAIRS AT ELEMENTARY SCHOOLS IN SOUTH BELOIT, IL. UWBR IS

INSTALLING BORN LEARNING TRAILS ACROSS THE REGION. BORN LEARNING TRAILS

ARE A SERIES OF 10 INTERACTIVE SIGNS THAT OFFER FUN, ACTIVE LEARNING

ACTIVITIES FOR YOUNG CHILDREN AND THEIR FAMILIES. LASTLY, LOCAL

NONPROFITS CAN RENT OFFICE SPACE OR MEETING SPACE IN THE UNITED WAY

COMMUNITY SERVICES BUILDING AT A REDUCED RATE.

EXPENSES \$ 28,931. INCLUDING GRANTS OF \$ 25,695. REVENUE \$ 0.

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

THE PREPARED FORM 990 IS INITIALLY REVIEWED BY THE FINANCE DIRECTOR AND THE PRESIDENT/CEO. THE RETURN IS ALSO REVIEWED BY MEMBERS OF THE GOVERNING BODY BEFORE THE RETURN IS FILED WITH THE IRS.

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

232212 10-28-22

<u>Schedule O (Form 990) 2022</u> Page **2**

Name of the organization **Employer identification number** UNITED WAY BLACKHAWK REGION, INC. 39-6006734 GOVERNING BODY FOR APPROVAL AS APPROPRIATE WITHIN THE APPROVED BUDGET. 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 ORGANIZATION'S WEBSITE. FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS: CHANGE IN ASSETS HELD BY COMMUNITY FOUNDATION OF SOUTHERN -21,416. WISCONSIN CHANGE IN BENEFICIAL INTEREST IN PERPETUAL TRUST -149,921. TO REMOVE DONOR DESIGNATED FUNDS -164,620. TOTAL TO FORM 990, PART XI, LINE 9 -335,957.