

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning **2019**, and ending _____

<p>B Check if applicable:</p> <p><input type="checkbox"/> Address change</p> <p><input type="checkbox"/> Name change</p> <p><input type="checkbox"/> Initial return</p> <p><input type="checkbox"/> Final return/terminated</p> <p><input type="checkbox"/> Amended return</p> <p><input type="checkbox"/> Application pending</p>	<p>C</p> <p style="font-size: 1.2em;">UNITED NEIGHBORHOOD CENTERS OF MILWAUKEE INC 710 N. PLANKINTON AVE #740 MILWAUKEE, WI 53203</p>	<p>D Employer identification number 90-6031721</p> <p>E Telephone number (414) 978-2024</p>
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<p>F Name and address of principal officer: RENEE LOGEE SAME AS C ABOVE</p>	<p>G Gross receipts \$ 587,448.</p>
<p>H(a) Is this a group return for subordinates? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>H(b) Are all subordinates included? Yes <input type="checkbox"/> No <input type="checkbox"/> If "No," attach a list. (see instructions)</p>	

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

J Website: ▶ WWW.UNCOM-MILW.ORG

K Form of organization: Corporation Trust Association Other ▶

H(c) Group exemption number ▶ _____

L Year of formation: 2003 **M** State of legal domicile: WI

Part I Summary

1	Briefly describe the organization's mission or most significant activities: <u>THE MISSION OF THE UNITED NEIGHBORHOOD CENTERS OF MILWAUKEE IS TO STRENGTHEN CITY NEIGHBORHOODS BY COMBINING AND ENHANCING THE ASSETS OF OUR PARTNER AGENCIES TO IMPROVE THE QUALITY OF LIFE FOR URBAN FAMILIES.</u>		
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
3	Number of voting members of the governing body (Part VI, line 1a)	3	8
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	8
5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	10
6	Total number of volunteers (estimate if necessary)	6	30
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b	Net unrelated business taxable income from Form 990-T, line 39	7b	0.
8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
9	Program service revenue (Part VIII, line 2g)	717,539.	536,109.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	9,000.	49,500.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	145.	163.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,033.	1,676.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	727,717.	587,448.
14	Benefits paid to or for members (Part IX, column (A), line 4)		
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		
16a	Professional fundraising fees (Part IX, column (A), line 11e)	448,481.	398,447.
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>28,277.</u>		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	326,550.	280,442.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	775,031.	678,889.
19	Revenue less expenses. Subtract line 18 from line 12	-47,314.	-91,441.
20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
21	Total liabilities (Part X, line 26)	580,891.	468,733.
22	Net assets or fund balances. Subtract line 21 from line 20	50,892.	30,175.
		529,999.	438,558.

Part II Signature Block

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

Sign Here

Signature of officer: *Renée Logee* Date: 7/13/20

RENEE LOGEE
Type or print name and title **EXECUTIVE DIR.**

Paid Preparer Use Only

Print/Type preparer's name: **RENEE MESSING** Preparer's signature: _____ Date: _____

Firm's name: ▶ **RITZ HOLMAN LLP** Check if self-employed if PTIN **P01872384**

Firm's address: ▶ **330 E. KILBOURN STE. 550 MILWAUKEE, WI 53202-3144** Firm's EIN ▶ **39-0919055**

Phone no. **(414) 271-1451**

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

THE MISSION OF THE UNITED NEIGHBORHOOD CENTERS OF MILWAUKEE IS TO STRENGTHEN CITY NEIGHBORHOODS BY COMBINING AND ENHANCING THE ASSETS OF OUR PARTNER AGENCIES TO IMPROVE THE QUALITY OF LIFE FOR URBAN FAMILIES.

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 No

If "Yes," describe these new services on Schedule O.

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

If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 431,439. including grants of \$) (Revenue \$ 49,500.)

SEE SCHEDULE O

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 431,439.