

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury
Internal Revenue Service

▶ 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 For the 2020 calendar year, or tax year beginning _____ and ending _____

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
UNITED NEIGHBORHOOD CENTERS OF MILWAUKEE INC
 Doing business as _____
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
1609 W NORTH AVENUE 740
 City or town, state or province, country, and ZIP or foreign postal code
MILWAUKEE, WI 53205

D Employer identification number
90-6031721

E Telephone number
414-978-2000

G Gross receipts \$ **491,584.**

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. See instructions
H(c) Group exemption number ▶ _____

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 ▶ _____

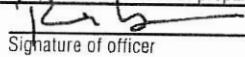
L Year of formation: **2003** **M** State of legal domicile: **WI**

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: THE MISSION OF THE UNITED NEIGHBORHOOD CENTERS OF MILWAUKEE IS TO STRENGTHEN CITY		
	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 2020 (Part V, line 2a)	5	7
	6	Total number of volunteers (estimate if necessary)	6	8
	7 a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	536,109.	437,981.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	49,500.	50,500.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	163.	99.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	587,448.	491,584.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	398,447.	375,364.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
		b Total fundraising expenses (Part IX, column (D), line 25) ▶ 41,211.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	280,442.	185,971.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	678,889.	561,335.
	19 Revenue less expenses. Subtract line 18 from line 12	-91,441.	-69,751.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	468,733.	443,320.
	22	Net assets or fund balances. Subtract line 21 from line 20	30,175.	74,513.
		438,558.	368,807.	

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 **RENEE LOGEE, EXECUTIVE DIR.**
 Date **9/27/21**
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: **RENEE MESSING** Preparer's signature: **RENEE MESSING** Date: **09/09/21** Check if self-employed PTIN: **P01872384**

Firm's name ▶ **RITZ HOLMAN LLP** Firm's EIN ▶ **39-0919055**

Firm's address ▶ **330 E. KILBOURN AVE, SUITE 550 MILWAUKEE, WI 53202** Phone no. **414-271-1451**

May the IRS discuss this return with the preparer shown above? See instructions Yes No