

Return of Organization Exempt From Income Tax

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

2022

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.

Open to Public Inspection

A For the 2022 calendar year, or tax year beginning 2022 , and ending 20																																								
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">C Name of organization UNITED NEIGHBORHOOD CENTERS OF MILWAUKEE, INC.</td> <td>D Employer identification number 90-6031721</td> </tr> <tr> <td colspan="2">Doing business as</td> <td>E Telephone number (414) 978-2000</td> </tr> <tr> <td>Number and street (or P.O. box if mail is not delivered to street address)</td> <td>Room/suite</td> <td></td> </tr> <tr> <td colspan="2">1609 W NORTH AVENUE</td> <td></td> </tr> <tr> <td colspan="2">City or town, state or province, country, and ZIP or foreign postal code</td> <td></td> </tr> <tr> <td colspan="2">MILWAUKEE, WI 53205</td> <td>G Gross receipts \$ 634,333.</td> </tr> <tr> <td colspan="2">F Name and address of principal officer: RENEE LOGEE, 1609 W NORTH AVENUE, MILWAUKEE, WI 53205</td> <td>H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td> </tr> <tr> <td colspan="2"></td> <td>H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td colspan="2"></td> <td>If "No," attach a list. See instructions.</td> </tr> <tr> <td colspan="2">I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527</td> <td>H(c) Group exemption number</td> </tr> <tr> <td colspan="2">J Website: www.uncom-milw.org</td> <td></td> </tr> <tr> <td colspan="2">K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other</td> <td>L Year of formation: 2003</td> </tr> <tr> <td colspan="2"></td> <td>M State of legal domicile: WI</td> </tr> </table>	C Name of organization UNITED NEIGHBORHOOD CENTERS OF MILWAUKEE, INC.		D Employer identification number 90-6031721	Doing business as		E Telephone number (414) 978-2000	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite		1609 W NORTH AVENUE			City or town, state or province, country, and ZIP or foreign postal code			MILWAUKEE, WI 53205		G Gross receipts \$ 634,333.	F Name and address of principal officer: RENEE LOGEE, 1609 W NORTH AVENUE, MILWAUKEE, WI 53205		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No			If "No," attach a list. See instructions.	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number	J Website: www.uncom-milw.org			K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 2003			M State of legal domicile: WI
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Part I Summary

Activities & Governance	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 2022 (Part V, line 2a)	5	7
	6	Total number of volunteers (estimate if necessary)	6	8
	7a	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)	619,938.	571,979.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	14,231.	52,449.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	58.	9.
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	842.	-221.
	12		635,069.	624,216.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
	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)	397,441.	402,753.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
	b	Total fundraising expenses (Part IX, column (D), line 25)	53,069.	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	245,114.	235,260.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	642,555.	638,013.	
19	Revenue less expenses. Subtract line 18 from line 12	-7,486.	-13,797.	
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)	387,906.	424,758.
	22	Net assets or fund balances. Subtract line 21 from line 20	26,585.	77,234.
22		361,321.	347,524.	

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		05/11/2023
	RENEE LOGEE, EXECUTIVE DIRECTOR		Date
Type or print name and title			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date
	David Krause	David Krause	05/12/2023
	Firm's name Krause & Associates, SC	Firm's EIN 39-1810886	Check <input checked="" type="checkbox"/> if self-employed
Firm's address 1214 Bridge Street, Grafton, WI 53024		Phone no. (262) 377-9988	

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