

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2018, or fiscal year beginning JUL 1, 2018, and ending JUN 30, 2019

2018

Department of the Treasury
Internal Revenue Service

▶ Do not send to the IRS. Keep for your records.

▶ Go to www.irs.gov/Form8879EO for the latest information.

Name of exempt organization UNITED WAY OF GREATER MILWAUKEE & WAUKESHA COUNTY INC.	Employer identification number 39-0806190
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Name and title of officer
FILIPPO CARINI
CHIEF OPERATING OFFICER

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b <u>58,144,508.</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b _____

Part II Declaration and Signature Authorization of Officer

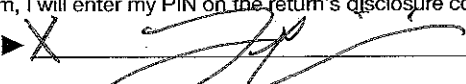
Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2018 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize CLIFTONLARSONALLEN LLP to enter my PIN 06190
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶  Date ▶ 11/13/19

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. **39631212345**
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2018 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶  Date ▶ 11/12/19

ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Paperwork Reduction Act Notice, see instructions. Form **8879-EO** (2018)

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2018

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 2018 calendar year, or tax year beginning **JUL 1, 2018** and ending **JUN 30, 2019**

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	C Name of organization UNITED WAY OF GREATER MILWAUKEE & WAUKESHA COUNTY INC.		D Employer identification number 39-0806190
	Doing business as		E Telephone number 414-263-8141
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	225 WEST VINE STREET		G Gross receipts \$ 63,071,187.
	City or town, state or province, country, and ZIP or foreign postal code MILWAUKEE, WI 53212		
F Name and address of principal officer: AMY LINDNER SAME AS C ABOVE		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) H(c) Group exemption number ▶	

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

J Website: ▶ **WWW.UNITEDWAYGMWC.ORG**

K Form of organization: Corporation Trust Association Other ▶ **L** Year of formation: **1909** **M** State of legal domicile: **WI**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: OUR MISSION: UNITED WAY OF GREATER MILWAUKEE & WAUKESHA COUNTY CHANGES LIVES AND IMPROVES OUR		
	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	48
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	47
	5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	152
	6 Total number of volunteers (estimate if necessary)	6	2500
	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, line 38	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	54,945,626.	56,249,894.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	479,215.	857,622.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	724,897.	990,313.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	170,907.	46,679.
		56,320,645.	58,144,508.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	44,987,267.	48,508,399.
	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)	7,635,061.	7,528,626.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 4,401,856.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,731,689.	3,136,930.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	55,354,017.	59,173,955.	
19 Revenue less expenses. Subtract line 18 from line 12	966,628.	-1,029,447.	
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)	39,933,507.	38,095,967.
	22 Net assets or fund balances. Subtract line 21 from line 20	7,268,059.	7,681,372.
	32,665,448.	30,414,595.	

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		Date		
	FILIPPO CARINI, CHIEF OPERATING OFFICER Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	KIMBERLY ANDERSON Firm's name ▶ CLIFTONLARSONALLEN LLP Firm's address ▶ 8215 GREENWAY BOULEVARD, SUITE 600 MIDDLETON, WI 53562	KIMBERLY ANDERSON	11/13/19	<input type="checkbox"/>	P00188889 41-0746749 608-662-8600

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

UNITED WAY OF GREATER MILWAUKEE &
WAUKESHA COUNTY INC.

Form 990 (2018)

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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:
OUR MISSION: UNITED WAY OF GREATER MILWAUKEE & WAUKESHA COUNTY CHANGES LIVES AND IMPROVES OUR COMMUNITY BY MOBILIZING PEOPLE AND RESOURCES TO DRIVE STRATEGIC IMPACT IN HEALTH, EDUCATION AND FINANCIAL STABILITY.

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 \$ 27,173,717. including grants of \$ 25,242,449.) (Revenue \$ _____)
COMMUNITY INVESTMENT STRATEGIES - SEE SCHEDULE O

4b (Code: _____) (Expenses \$ 1,068,248. including grants of \$ _____) (Revenue \$ 353,158.)
VOLUNTEER ENGAGEMENT - SEE SCHEDULE O

4c (Code: _____) (Expenses \$ 819,452. including grants of \$ _____) (Revenue \$ _____)
GRANTS - SEE SCHEDULE O

4d Other program services (Describe in Schedule O.)
(Expenses \$ 23,265,950. including grants of \$ 23,265,950.) (Revenue \$ 504,464.)

4e Total program service expenses **52,327,367.**

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**UNITED WAY OF GREATER MILWAUKEE &
WAUKESHA COUNTY INC.**

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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)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
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.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
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? <i>If "Yes," complete Schedule D, Part VII</i>	X	
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
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? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
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)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

**UNITED WAY OF GREATER MILWAUKEE &
WAUKESHA COUNTY INC.**

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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? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	X
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? <i>If "Yes," complete Schedule J</i>	23	X
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	X
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? <i>If "Yes," complete Schedule L, Part I</i>	25b	X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26	X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
b 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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	X

Part V Statements Regarding Other IRS Filings and Tax Compliance

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	1a	24
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	10
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X

**UNITED WAY OF GREATER MILWAUKEE &
WAUKESHA COUNTY INC.**

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

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a		152
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		
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)?		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).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
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?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
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?		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
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?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		
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? If "Yes," see instructions and file Form 4720, Schedule N.		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		X

Form 990 (2018)

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 in Schedule O. See instructions.

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

Section 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 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 in Schedule O.		
	1a 48		
b	Enter the number of voting members included in line 1a, above, who are independent		
	1b 47		
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?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **WI**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial 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 books and records **FILIPPO CARINI - 414-263-8100**
225 W. VINE STREET, MILWAUKEE, WI 53212

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) LINDA BENFIELD VICE CHAIR	0.60	X		X				0.	0.	0.
(2) STEVEN BOOTH DIRECTOR	0.30	X						0.	0.	0.
(3) DANIEL BUKIEWICA DIRECTOR	0.30	X						0.	0.	0.
(4) THOMAS CARDELLA DIRECTOR	0.60	X						0.	0.	0.
(5) CHERYL CARRON DIRECTOR	0.30	X						0.	0.	0.
(6) SHEILA COCHRAN DIRECTOR	0.30	X						0.	0.	0.
(7) JOHN DUNN DIRECTOR	0.30	X						0.	0.	0.
(8) PAMELA FENDT DIRECTOR	0.60	X						0.	0.	0.
(9) KEVIN FLETCHER DIRECTOR	0.30	X						0.	0.	0.
(10) JOHN FLORSHEIM DIRECTOR	0.30	X						0.	0.	0.
(11) MICHAEL FLYNN DIRECTOR	2.60	X						0.	0.	0.
(12) CRISTY GARCIA-THOMAS DIRECTOR	0.30	X						0.	0.	0.
(13) DAVID GAY DIRECTOR	0.60	X						0.	0.	0.
(14) CELCELIA GORE DIRECTOR	2.60	X						0.	0.	0.
(15) KELLY GREBE SECRETARY	0.60	X		X				0.	0.	0.
(16) JACQUELINE HERD-BARBER DIRECTOR	0.60	X						0.	0.	0.
(17) NANCY HERNANDEZ DIRECTOR	0.30	X						0.	0.	0.

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) CATHERINE JACOBSON DIRECTOR	0.30	X					0.	0.	0.	
(19) JASMINE JOHNSON DIRECTOR	0.30	X					0.	0.	0.	
(20) SUZANNE KELLEY DIRECTOR	0.30	X					0.	0.	0.	
(21) JOHN KISSINGER DIRECTOR	0.30	X					0.	0.	0.	
(22) DR. JEANNETTE KOWALIK DIRECTOR	0.30	X					0.	0.	0.	
(23) MARGARET KURLINSKI DIRECTOR	0.30	X					0.	0.	0.	
(24) DONALD LAYDEN DIRECTOR	0.60	X					0.	0.	0.	
(25) MATTHEW LEVATICH DIRECTOR	0.30	X					0.	0.	0.	
(26) EARNELL LUCAS DIRECTOR	0.30	X					0.	0.	0.	
1b Sub-total							0.	0.	0.	
c Total from continuation sheets to Part VII, Section A							1,390,475.	0.	234,991.	
d Total (add lines 1b and 1c)							1,390,475.	0.	234,991.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 8

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 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.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0

SEE PART VII, SECTION A CONTINUATION SHEETS

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Part VII Section A. **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) JAY MAGULSKI DIRECTOR	0.60	X						0.	0.	0.
(28) GREGORY MARCUS IMMEDIATE PAST CHAIR	0.60	X						0.	0.	0.
(29) JOHN MILLER DIRECTOR	0.30	X						0.	0.	0.
(30) BLAKE MORET DIRECTOR	2.60	X						0.	0.	0.
(31) WAYNE MORGAN DIRECTOR	0.30	X						0.	0.	0.
(32) CORY NETTLES CHAIR	1.60	X		X				0.	0.	0.
(33) GEORGE OLIVER DIRECTOR	0.30	X						0.	0.	0.
(34) JEFFREY PEELEN DIRECTOR	0.30	X						0.	0.	0.
(35) CHRISTOPHER PIOTROWSKI DIRECTOR	0.30	X						0.	0.	0.
(36) DR. KEITH POSLEY DIRECTOR	0.30	X						0.	0.	0.
(37) JONAS PRISING DIRECTOR	0.30	X						0.	0.	0.
(38) STEVE SALOUTOS DIRECTOR	0.30	X						0.	0.	0.
(39) BERNIE SHERRY DIRECTOR	0.30	X						0.	0.	0.
(40) THELMA SIAS DIRECTOR	0.30	X						0.	0.	0.
(41) JUDSON SNYDER DIRECTOR	0.30	X						0.	0.	0.
(42) MARGARET TROY DIRECTOR	0.30	X						0.	0.	0.
(43) ROBERT VALCQ DIRECTOR	0.30	X						0.	0.	0.
(44) GREGORY WESLEY DIRECTOR	0.60	X						0.	0.	0.
(45) THOMAS WESTRICK DIRECTOR	0.30	X						0.	0.	0.
(46) STACY WILLIAMS DIRECTOR	0.30	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

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Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c	64,800.			
	d Related organizations	1d				
	e Government grants (contributions)	1e	1,216,209.			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	54,968,885.			
	g Noncash contributions included in lines 1a-1f: \$		5,787,226.			
	h Total. Add lines 1a-1f		56,249,894.			
	Program Service Revenue	2 a SERVICE FEES	Business Code 900099	501,214.	501,214.	
b VOLUNTEER ENGAGEMENT FEES		900099	353,158.	353,158.		
c MEMBERSHIP FEES		900099	3,250.	3,250.		
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f			857,622.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		392,884.		392,884.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	(i) Real				
		(ii) Personal				
		b Less: rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		b Less: cost or other basis and sales expenses		4,881,992.		
		c Gain or (loss)		597,429.		
	d Net gain or (loss)		597,429.		597,429.	
	8 a Gross income from fundraising events (not including \$ 64,800. of contributions reported on line 1c). See Part IV, line 18	a	46,310.			
		b Less: direct expenses	b	44,687.		
c Net income or (loss) from fundraising events			1,623.		1,623.	
9 a Gross income from gaming activities. See Part IV, line 19	a	5,840.				
	b Less: direct expenses	b	0.			
	c Net income or (loss) from gaming activities		5,840.		5,840.	
10 a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code				
11 a						
	b					
	c					
	d All other revenue	900099	39,216.		39,216.	
	e Total. Add lines 11a-11d		39,216.			
12 Total revenue. See instructions		58,144,508.	857,622.	0.	1,036,992.	

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Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	48,508,399.	48,508,399.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
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, trustees, and key employees	716,818.	123,820.	490,069.	102,929.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	5,193,845.	1,989,822.	954,149.	2,249,874.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	429,242.	164,881.	86,205.	178,156.
9 Other employee benefits	779,861.	274,299.	179,410.	326,152.
10 Payroll taxes	408,860.	151,991.	85,363.	171,506.
11 Fees for services (non-employees):				
a Management				
b Legal	10,705.	482.	9,119.	1,104.
c Accounting	31,300.	2,925.	25,301.	3,074.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	39,563.		39,563.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	600,057.	259,597.	181,298.	159,162.
12 Advertising and promotion	160,820.			160,820.
13 Office expenses	121,603.	33,770.	41,201.	46,632.
14 Information technology	116,781.	50,459.	13,172.	53,150.
15 Royalties				
16 Occupancy	219,897.	99,223.	36,776.	83,898.
17 Travel	66,319.	28,541.	6,747.	31,031.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	76,360.	52,830.	5,716.	17,814.
20 Interest	2,764.	853.	683.	1,228.
21 Payments to affiliates	581,509.	179,304.	143,775.	258,430.
22 Depreciation, depletion, and amortization	269,051.	82,959.	66,522.	119,570.
23 Insurance	28,498.	3,693.	18,766.	6,039.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a CAMPAIGN & AGENCY RELAT	360,796.	229,734.	9,538.	121,524.
b MISCELLANEOUS	300,484.	72,739.	50,321.	177,424.
c UNITED EWAY EXPENSE	78,658.			78,658.
d PRINTING, PUBLICATIONS,	71,765.	17,046.	1,038.	53,681.
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	59,173,955.	52,327,367.	2,444,732.	4,401,856.
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)

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Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing		1		
	2 Savings and temporary cash investments	5,139,761.	2	5,128,576.	
	3 Pledges and grants receivable, net	14,128,551.	3	12,862,290.	
	4 Accounts receivable, net		4		
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L			6	
	7 Notes and loans receivable, net		7	400,000.	
	8 Inventories for sale or use		8		
	9 Prepaid expenses and deferred charges	82,912.	9	55,550.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 5,233,672.			
	b Less: accumulated depreciation	10b 3,113,836.	1,929,056.	10c	2,119,836.
	11 Investments - publicly traded securities		11		
	12 Investments - other securities. See Part IV, line 11	18,310,764.	12	17,274,352.	
	13 Investments - program-related. See Part IV, line 11		13		
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11	342,463.	15	255,363.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	39,933,507.	16	38,095,967.		
Liabilities	17 Accounts payable and accrued expenses	1,139,670.	17	831,346.	
	18 Grants payable	5,996,405.	18	6,278,579.	
	19 Deferred revenue	0.	19	524,250.	
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22		
	23 Secured mortgages and notes payable to unrelated third parties		23		
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	131,984.	25	47,197.	
	26 Total liabilities. Add lines 17 through 25	7,268,059.	26	7,681,372.	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	29,285,416.	27	25,976,962.	
	28 Temporarily restricted net assets	2,156,275.	28	3,134,303.	
	29 Permanently restricted net assets	1,223,757.	29	1,303,330.	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds		30		
	31 Paid-in or capital surplus, or land, building, or equipment fund		31		
	32 Retained earnings, endowment, accumulated income, or other funds		32		
33 Total net assets or fund balances	32,665,448.	33	30,414,595.		
34 Total liabilities and net assets/fund balances	39,933,507.	34	38,095,967.		

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Part XI Reconciliation of Net Assets

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

1 Total revenue (must equal Part VIII, column (A), line 12)	1	58,144,508.
2 Total expenses (must equal Part IX, column (A), line 25)	2	59,173,955.
3 Revenue less expenses. Subtract line 2 from line 1	3	-1,029,447.
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	32,665,448.
5 Net unrealized gains (losses) on investments	5	109,794.
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 in Schedule O)	9	-1,331,200.
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	30,414,595.

Part 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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
b Were the organization's financial statements audited by an independent accountant?	2b	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
c 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?	2c	X	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Form **990** (2018)

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	53617309.	58015256.	60058019.	54945626.	56249894.	282886104
2 Tax revenues levied for the organization'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	53617309.	58015256.	60058019.	54945626.	56249894.	282886104
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)						24352952.
6 Public support. Subtract line 5 from line 4.						258533152

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4	53617309.	58015256.	60058019.	54945626.	56249894.	282886104
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	387,415.	334,091.	426,574.	467,769.	392,884.	2008733.
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						284894837
12 Gross receipts from related activities, etc. (see instructions)					12	3,204,932.

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	90.75 %
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	91.19 %

16a 33 1/3% support test - 2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

b 33 1/3% support test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

17a 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶

b 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, 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 business under section 513						
4 Tax revenues levied for the organization'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						
7a 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.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>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).</i>		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described in (2), 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>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.</i>		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i>		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a 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? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

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

Section 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	

Section 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	
b	Average monthly cash balances	1b	
c	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 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount		(A) Prior Year	Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

UNITED WAY OF GREATER MILWAUKEE &

Schedule A (Form 990 or 990-EZ) 2018 WAUKESHA COUNTY INC.

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Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Horizontal lines for supplemental information input.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2018

Name of the organization

UNITED WAY OF GREATER MILWAUKEE &
WAUKESHA COUNTY INC.

Employer identification number

39-0806190

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

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 or 990-EZ), 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 "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

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

Name of organization UNITED WAY OF GREATER MILWAUKEE & WAUKESHA COUNTY INC.	Employer identification number 39-0806190
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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	<hr/> <hr/> <hr/>	\$ <u>2,463,732.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ <u>1,919,783.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ <u>4,687,145.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ <u>1,184,811.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ <u>1,207,977.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization UNITED WAY OF GREATER MILWAUKEE & WAUKESHA COUNTY INC.	Employer identification number 39-0806190
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
3	20,000 SHARES ARROW ELECTRONICS INC, 24,000 SHARES PROGRESSIVE CORP OH, 7,300 SHARES FIDELITY NTL	\$ 3,770,626.	12/18/18
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

Name of organization UNITED WAY OF GREATER MILWAUKEE & WAUKESHA COUNTY INC.	Employer identification number 39-0806190
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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 Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(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.**

OMB No. 1545-0047

2018
Open to Public Inspection

Name of the organization UNITED WAY OF GREATER MILWAUKEE & WAUKESHA COUNTY INC. **Employer identification number** 39-0806190

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds 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 writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2018

**UNITED WAY OF GREATER MILWAUKEE &
WAUKESHA COUNTY INC.**

Schedule D (Form 990) 2018

39-0806190 Page 2

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a** Public exhibition
- b** Scholarly research
- c** Preservation for future generations
- d** Loan or exchange programs
- e** Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	4,972,938.	4,982,410.	4,296,046.	4,596,724.	4,610,969.
b Contributions	253,070.	1,083,533.	637,251.	111,239.	313,385.
c Net investment earnings, gains, and losses	302,785.	310,006.	471,135.	-6,985.	138,629.
d Grants or scholarships	144,764.	116,850.	244,046.	237,207.	398,559.
e Other expenditures for facilities and programs	175,683.	1,286,161.	177,976.	167,726.	67,700.
f Administrative expenses					
g End of year balance	5,208,346.	4,972,938.	4,982,410.	4,296,046.	4,596,724.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment 60.14 %
- b** Permanent endowment 25.02 %
- c** Temporarily restricted endowment 14.84 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** unrelated organizations
- (ii)** related organizations

	Yes	No
3a(i)	X	
3a(ii)		X
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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		100,235.		100,235.
b Buildings		1,511,373.	1,511,373.	0.
c Leasehold improvements		2,362,801.	842,000.	1,520,801.
d Equipment		902,810.	479,562.	423,248.
e Other		356,453.	280,901.	75,552.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				2,119,836.

Schedule D (Form 990) 2018

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) ENDOWMENT-MUTUAL FUNDS	4,672,896.	END-OF-YEAR MARKET VALUE
(B) GENERAL - MUTUAL FUNDS	12,350,745.	END-OF-YEAR MARKET VALUE
(C) ENDOWMENT-CASH FUNDS	250,711.	END-OF-YEAR MARKET VALUE
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	17,274,352.	

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.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost 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" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) 457(B) PLAN PARTICIPANT LIABILITY	47,197.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	47,197.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	33,767,907.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	109,794.	
b	Donated services and use of facilities	2b	150,318.	
c	Recoveries of prior year grants	2c	-1,331,200.	
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e		-1,071,088.
3	Subtract line 2e from line 1	3		34,838,995.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	39,563.	
b	Other (Describe in Part XIII.)	4b	23,265,950.	
c	Add lines 4a and 4b	4c		23,305,513.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		58,144,508.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	36,018,760.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	150,318.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e		150,318.
3	Subtract line 2e from line 1	3		35,868,442.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	39,563.	
b	Other (Describe in Part XIII.)	4b	23,265,950.	
c	Add lines 4a and 4b	4c		23,305,513.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5		59,173,955.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4:

UNITED WAY'S ENDOWMENTS CONSIST OF VARIOUS FUNDS ESTABLISHED TO BENEFIT UNITED WAY FOR A VARIETY OF PURPOSES. UNITED WAY'S ENDOWMENTS INCLUDE BOTH DONOR-RESTRICTED ENDOWMENTS AND FUNDS DESIGNATED BY THE BOARD OF DIRECTORS TO FUNCTION AS AN ENDOWMENT. NET ASSETS ASSOCIATED WITH ENDOWMENT FUNDS ARE CLASSIFIED AND REPORTED BASED ON THE EXISTENCE OR ABSENCE OF DONOR-IMPOSED RESTRICTIONS.

PART X, LINE 2:

MANAGEMENT ANALYZED THE REQUIREMENTS FOR ACCOUNTING FOR UNCERTAIN TAX POSITIONS. THE ORGANIZATION DETERMINED THAT IT WAS NOT REQUIRED TO RECORD A LIABILITY RELATED TO UNCERTAIN TAX POSITIONS AT JUNE 30, 2019 AND 2018.

UNITED WAY OF GREATER MILWAUKEE &
WAUKESHA COUNTY INC.

Part XIII Supplemental Information (continued)

PART XI, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATED FUNDS 23,265,950.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATED FUNDS 23,265,950.

UNITED WAY OF GREATER MILWAUKEE &

Schedule G (Form 990 or 990-EZ) 2018 **WAUKESHA COUNTY INC.**

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Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		WOMEN'S LEADERSHIP L (event type)	SPREE (event type)	NONE (total number)	
Revenue	1	Gross receipts	67,600.	43,510.	111,110.
	2	Less: Contributions	48,000.	16,800.	64,800.
	3	Gross income (line 1 minus line 2)	19,600.	26,710.	46,310.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages	16,397.	15,826.	32,223.
	8	Entertainment			
	9	Other direct expenses	3,607.	8,857.	12,464.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			44,687.
11	Net income summary. Subtract line 10 from line 3, column (d)			1,623.	

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1	Gross revenue		
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
7	Direct expense summary. Add lines 2 through 5 in column (d)				
8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**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.

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Name of the organization **UNITED WAY OF GREATER MILWAUKEE & WAUKESHA COUNTY INC.** Employer identification number **39-0806190**

Part I General Information on Grants and Assistance

- 1** 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 criteria used to award the grants or assistance? **Yes** **No**
- 2** 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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ABCD: AFTER BREAST CANCER DIAGNOSIS - 5775 NORTH GLEN PARK ROAD, #201 - GLENDALE, WI 53209	39-1967028	501 (C)(3)	30,550.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
ABCD: AFTER BREAST CANCER DIAGNOSIS - 5775 NORTH GLEN PARK ROAD, #201 - GLENDALE, WI 53209	39-1967028	501 (C)(3)	37,500.	0.			NEUTRA CONEXION
ACTS COMMUNITY DEVELOPMENT CORPORATION - 2414 WEST VLIET STREET - MILWAUKEE, WI 53205	39-1837474	501 (C)(3)	22,505.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
ADAPTIVE COMMUNITY APPROACH PROGRAM, INC. (ACAP) - 121 WISCONSIN AVENUE - WAUKESHA, WI 53186-4924	39-1867400	501 (C)(3)	10,049.	0.			COMMUNITY ORIENTERING
ADAPTIVE COMMUNITY APPROACH PROGRAM, INC. (ACAP) - 121 WISCONSIN AVENUE - WAUKESHA, WI 53186-4924	39-1867400	501 (C)(3)	4,706.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
ADULLAM OUTREACH INCORPORATED 33033 N. 30TH STREET MILWAUKEE, WI 53210-2027	27-2815225	501 (C)(3)	7,750.	0.			WARMING ROOM SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ **586.**

3 Enter total number of other organizations listed in the line 1 table ▶ **0.**

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

Schedule I (Form 990) (2018)

UNITED WAY OF GREATER MILWAUKEE &
WAUKESHA COUNTY INC.

Schedule I (Form 990)

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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ADVOCATES OF OZAUKEE, INC. PO BOX 80166 SAUKVILLE, WI 53080	39-1378449	501 (C)(3)	15,441.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
ADVOCATES OF OZAUKEE, INC. PO BOX 80166 SAUKVILLE, WI 53080	39-1378449	501 (C)(3)	8,000.	0.			TEMPORARY SHELTER
ADVOCATES OF OZAUKEE, INC. PO BOX 80166 SAUKVILLE, WI 53080	39-1378449	501 (C)(3)	54,933.	0.			DOMESTIC VIOLENCE
AFRICAN AMERICAN BREASTFEEDING NETWORK - 4340 N 46TH STREET - MILWAUKEE, WI 53216	46-2196318	502 (C)(3)	5,000.	0.			HEALTHY BIRTH OUTCOMES
AIDS RESOURCE CENTER OF WISCONSIN, INC. - 648 NORTH PLANKINTON AVENUE, SUITE 200 - MILWAUKEE, WI 53203-1802	39-1534049	501 (C)(3)	90,411.	0.			DENTAL CLINIC
AIDS RESOURCE CENTER OF WISCONSIN, INC. - 648 NORTH PLANKINTON AVENUE, SUITE 200 - MILWAUKEE, WI 53203-1802	39-1534049	501 (C)(3)	84,573.	0.			FOOD PANTRY
AIDS RESOURCE CENTER OF WISCONSIN, INC. - 648 NORTH PLANKINTON AVENUE, SUITE 200 - MILWAUKEE, WI 53203-1802	39-1534049	501 (C)(3)	81,861.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
AIDS RESOURCE CENTER OF WISCONSIN, INC. - 648 NORTH PLANKINTON AVENUE, SUITE 200 - MILWAUKEE, WI 53203-1802	39-1534049	501 (C)(3)	54,722.	0.			LIFEPOINT
ALOHA UNITED WAY 200 NORTH VINEYARD BOULEVARD, #700 HONOLULU, HI 96817	99-0073494	501 (C)(3)	11,546.	0.			DONOR DESIGNATION PLEDGE PAYMENTS

Schedule I (Form 990)

UNITED WAY OF GREATER MILWAUKEE &
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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALVERNO COLLEGE 3401 SOUTH 39 STREET MILWAUKEE, WI 53215-4093	39-0806263	501 (C)(3)	47,650.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
ALZHEIMER'S ASSOCIATION SOUTHEASTERN WISCONSIN CHAPTER - 620 SOUTH 76 STREET, #160 - MILWAUKEE, WI 53214-1549	39-1350965	501 (C)(3)	22,876.	0.			AWARENESS, EDUCATION, & SUPPORT
ALZHEIMER'S ASSOCIATION SOUTHEASTERN WISCONSIN CHAPTER - 620 SOUTH 76 STREET, #160 - MILWAUKEE, WI 53214-1549	39-1350965	501 (C)(3)	68,892.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
AMERICAN HEART ASSOCIATION GREATER MIDWEST AFFILIATE - 1555 N RIVERCENTER DR STE 212 - MILWAUKEE, WI 53212-3958	13-5613797	501 (C)(3)	8,063.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
AMERICAN LUNG ASSOCIATION OF WISCONSIN, UPPER MIDWEST, BROOKFIELD - 13100 WEST LISBON ROAD, SUITE 700 - BROOKFIELD, WI	20-4392201	501 (C)(3)	5,812.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
AMERICAN RED CROSS IN SOUTHEASTERN WISCONSIN - 2600 WEST WISCONSIN AVENUE - MILWAUKEE, WI 53233-2923	53-0196605	501 (C)(3)	800,000.	0.			LOCAL DISASTER RESPONSE
AMERICAN RED CROSS IN SOUTHEASTERN WISCONSIN - 2600 WEST WISCONSIN AVENUE - MILWAUKEE, WI 53233-2923	53-0196605	501 (C)(3)	73,269.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
AMERICAN RED CROSS IN SOUTHEASTERN WISCONSIN - 2600 WEST WISCONSIN AVENUE - MILWAUKEE, WI 53233-2923	53-0196605	501 (C)(3)	50,500.	0.			HOME FIRE PREPAREDNESS PROGRAM
AMERICAN RED CROSS IN SOUTHEASTERN WISCONSIN - 2600 WEST WISCONSIN AVENUE - MILWAUKEE, WI 53233-2923	53-0196605	501 (C)(3)	1,892.	0.			DISASTER SERVICES

Schedule I (Form 990)

**UNITED WAY OF GREATER MILWAUKEE &
WAUKESHA COUNTY INC.**

Schedule I (Form 990)

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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICA'S BEST CHARITIES 1100 LARKSPUR LANDING CIRCLE, SUITE LARKSPUR, CA 94939	94-3067804	501 (C)(3)	5,098.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
ARCH MISSION FOUNDATION 13636 VENTURA BOULEVARD, #610 SHERMAN OAKS, CA 91423	81-3446615	501 (C)(3)	5,000.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
AURORA AT HOME 11333 WEST NATIONAL AVENUE WEST ALLIS, WI 53227	39-0806180	501 (C)(3)	487,030.	0.			AURORA AT HOME
AURORA AT HOME 11333 WEST NATIONAL AVENUE WEST ALLIS, WI 53227	39-0806180	501 (C)(3)	53,449.	0.			AURORA VNA ZILBER FAMILY HOSPICE
AURORA AT HOME 11333 WEST NATIONAL AVENUE WEST ALLIS, WI 53227	39-0806180	501 (C)(3)	8,420.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
AURORA FAMILY SERVICE, INC. 3200 WEST HIGHLAND BOULEVARD MILWAUKEE, WI 53208	39-0806174	501 (C)(3)	347,553.	0.			SYSTEMIC FAMILY COUNSELING
AURORA FAMILY SERVICE, INC. 3200 WEST HIGHLAND BOULEVARD MILWAUKEE, WI 53208	39-0806174	501 (C)(3)	284,374.	0.			ELDER SERVICE MONEY MANAGEMENT
AURORA FAMILY SERVICE, INC. 3200 WEST HIGHLAND BOULEVARD MILWAUKEE, WI 53208	39-0806174	501 (C)(3)	240,636.	0.			FAMILY ENRICHMENT
AURORA FAMILY SERVICE, INC. 3200 WEST HIGHLAND BOULEVARD MILWAUKEE, WI 53208	39-0806174	501 (C)(3)	84,322.	0.			MILWAUKEE MENTAL HEALTH CONSULTANTS

Schedule I (Form 990)

UNITED WAY OF GREATER MILWAUKEE &
WAUKESHA COUNTY INC.

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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AURORA FAMILY SERVICE, INC. 3200 WEST HIGHLAND BOULEVARD MILWAUKEE, WI 53208	39-0806174	501 (C)(3)	25,000.	0.			HEALTHY BIRTH OUTCOMES
AURORA FAMILY SERVICE, INC. 3200 WEST HIGHLAND BOULEVARD MILWAUKEE, WI 53208	39-0806174	501 (C)(3)	7,511.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
AURORA FOUNDATION-AURORA 950 NORTH 12 STREET, SUITE A511 MILWAUKEE, WI 53233	39-6044569	501 (C)(3)	30,000.	0.			HEALTH IMPROVEMENT FUND
AURORA FOUNDATION-AURORA 950 NORTH 12 STREET, SUITE A511 MILWAUKEE, WI 53233	39-6044569	501 (C)(3)	30,000.	0.			HEALTHY BIRTH OUTCOMES
AURORA FOUNDATION-AURORA 950 NORTH 12 STREET, SUITE A511 MILWAUKEE, WI 53233	39-6044569	501 (C)(3)	4,208.	0.			HEALTHY GIRLS
AURORA FOUNDATION-AURORA 950 NORTH 12 STREET, SUITE A511 MILWAUKEE, WI 53233	39-6044569	501 (C)(3)	1,500.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
AURORA HEALING CENTER ON BRUCE STREET - 130 WEST BRUCE STREET, SUITE 400 - MILWAUKEE, WI 53204	39-1442285	501 (C)(3)	46,299.	0.			COUNSELING PROGRAM FOR UNDERSERVED SURVIVORS OF SEXUAL ASSAULT
AURORA HEALING CENTER ON BRUCE STREET - 130 WEST BRUCE STREET, SUITE 400 - MILWAUKEE, WI 53204	39-1442285	501 (C)(3)	15,615.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
BADGER ADVOCATES 10 EAST DOTY STREET # 838 MADISON, WI 53703	27-5033472	501 (C)(3)	12,500.	0.			DONOR DESIGNATION PLEDGE PAYMENTS

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BAY VIEW COMMUNITY CENTER 1320 E OKLAHOMA AVE MILWAUKEE, WI 53207-2457	39-1343561	501 (C)(3)	16,150.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
BAY VIEW COMMUNITY CENTER, INC. 1320 E OKLAHOMA AVE MILWAUKEE, WI 53207-2457	39-1343561	501 (C)(3)	87,264.	0.			FAMILY AND CHILDREN
BAY VIEW COMMUNITY CENTER, INC. 1320 E OKLAHOMA AVE MILWAUKEE, WI 53207-2457	39-1343561	501 (C)(3)	28,788.	0.			FOOD PANTRY
BENEDICT CENTER, THE 1849 N. DR. MARTIN LUTHER KING DRIV MILWAUKEE, WI 53212	39-1226475	501 (C)(3)	31,295.	0.			WARMING ROOM SUPPORT
BENEDICT CENTER, THE 1849 N. DR. MARTIN LUTHER KING DRIV MILWAUKEE, WI 53212	39-1226475	501 (C)(3)	7,295.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
BEST BUDDIES WISCONSIN 10425 W NORTH AVE STE 340 WAUWATOSA, WI 53226	52-1614576	501 (C)(3)	20,671.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
BIG BROTHERS BIG SISTERS OF METRO MILWAUKEE - 788 NORTH JEFFERSON STREET, SUITE 600 - MILWAUKEE, WI 53202-3739	39-1239687	501 (C)(3)	190,164.	0.			ONE TO ONE MENTORING PROGRAM
BIG BROTHERS BIG SISTERS OF METROPOLITAN MILWAUKEE, INC. - 788 NORTH JEFFERSON STREET, SUITE 600 - MILWAUKEE, WI 53202-3739	39-1239687	501 (C)(3)	151,880.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
BIG BROTHERS BIG SISTERS OF OZAUKEE COUNTY INC. - 885 BADGER CIRCLE - GRAFTON, WI 53024	39-1229374	501 (C)(3)	26,580.	0.			MATCH ME

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BIG BROTHERS BIG SISTERS OF OZAUKEE COUNTY INC. - 885 BADGER CIRCLE - GRAFTON, WI 53024	39-1229374	501 (C)(3)	16,912.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
BIZSTARTS MILWAUKEE INC 1555 NORTH RIVERCENTER DRIVE, SUITE MILWAUKEE, WI 53212	26-1766033	501 (C)(3)	9,389.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
BLACK ARTS MKE 929 NORTH WATER STREET MILWAUKEE, WI 53202	47-1889202	501 (C)(3)	8,000.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
BOY SCOUTS OF AMERICA, POTAWATOMI AREA COUNCIL - 804 BLUEMOUND RD - WAUKESHA, WI 53188	39-0806342	501 (C)(3)	20,158.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
BOY SCOUTS OF AMERICA, POTAWATOMI AREA COUNCIL - 804 BLUEMOUND RD - WAUKESHA, WI 53188	39-0806342	501 (C)(3)	117,037.	0.			CUB SCOUTS
BOYS & GIRLS CLUB FOND DU LAC AREA 76 W 2ND STREET FOND DU LAC, WI 54935	39-1896496	501 (C)(3)	5,553.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
BOYS & GIRLS CLUBS OF AMERICA, NATIONAL HEADQUARTERS - ATTN: PAUL SANSONE - ATLANTA, GA 30309-3447	13-5562976	501 (C)(3)	16,448.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
BOYS & GIRLS CLUBS OF GREATER MILWAUKEE - 1558 NORTH SIXTH STREET - MILWAUKEE, WI 53212-0486	39-0806292	501 (C)(3)	875,628.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
BOYS & GIRLS CLUBS OF GREATER MILWAUKEE, INC - 1558 NORTH SIXTH STREET - MILWAUKEE, WI 53212-0486	39-0806292	501 (C)(3)	1,157,938.	0.			SCHOOL ACHIEVEMENT

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BOYS & GIRLS CLUBS OF GREATER MILWAUKEE, INC - 1558 NORTH SIXTH STREET - MILWAUKEE, WI 53212-0486	39-0806292	501 (C)(3)	113,376.	0.			SPONSOR-A-SCHOLAR
BOYS & GIRLS CLUBS OF GREATER MILWAUKEE, INC - 1558 NORTH SIXTH STREET - MILWAUKEE, WI 53212-0486	39-0806292	501 (C)(3)	105,891.	0.			SPARK EARLY LITERACY PROGRAM
BRADLEY IMPACT FUND 1249 NORTH FRANKLIN PLACE MILWAUKEE, WI 53202	45-4678325	501 (C)(3)	100,000.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
BREAD OF HEALING, INC. 1821 NORTH 16 STREET MILWAUKEE, WI 53205	81-0669867	501 (C)(3)	45,840.	0.			COMMUNITY MED SHARE
BREAD OF HEALING, INC. 1821 NORTH 16 STREET MILWAUKEE, WI 53205	81-0669867	501 (C)(3)	85,000.	0.			MHCP GRANT
BREAD OF HEALING, INC. 1821 NORTH 16 STREET MILWAUKEE, WI 53205	81-0669867	501 (C)(3)	45,000.	0.			HEALTH IMPROVEMENT FUND
BREAD OF HEALING, INC. 1821 NORTH 16 STREET MILWAUKEE, WI 53205	81-0669867	501 (C)(3)	5,693.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
BREWERS COMMUNITY FOUNDATION MILLER PARK MILWAUKEE, WI 53214	39-1970152	501 (C)(3)	19,000.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
BROWN COUNTY UNITED WAY 112 NORTH ADAMS STREET GREEN BAY, WI 54301-5010	39-0806299	501 (C)(3)	61,709.	0.			DONOR DESIGNATION PLEDGE PAYMENTS

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BRUCE GUADALUPE SCHOOL 1028 SOUTH NINTH STREET MILWAUKEE, WI 53204	39-1146191	501 (C)(3)	197,465.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
CARDINAL STRITCH UNIVERSITY 6801 N YATES RD MILWAUKEE, WI 53217-3945	39-0806196	501 (C)(3)	250,000.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
CARE NET PREGNANCY CENTER OF MILWAUKEE - 4957 W. FOND DU LAC AVE - MILWAUKEE, WI 53216	39-1496868	501 (C)(3)	6,074.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
CARING PLACE, INC., THE 810 NORTH EAST AVENUE WAUKESHA, WI 53186	39-1615978	501 (C)(3)	31,993.	0.			ADULT DAY CARE
CARING PLACE, INC., THE 810 NORTH EAST AVENUE WAUKESHA, WI 53186	39-1615978	501 (C)(3)	17,228.	0.			MEALS ON WHEELS
CARING PLACE, INC., THE 810 NORTH EAST AVENUE WAUKESHA, WI 53186	39-1615978	501 (C)(3)	4,162.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
CARMEN HIGH SCHOOL OF SCIENCE AND TECHNOLOGY - 1712 SOUTH 32 STREET - MILWAUKEE, WI 53215	56-2569203	501 (C)(3)	124,524.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
CARROLL UNIVERSITY 100 NORTH EAST AVENUE WAUKESHA, WI 53186-3103	39-0806325	501 (C)(3)	190,512.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
CATHEDRAL CENTER, INC. 845 NORTH VAN BUREN STREET MILWAUKEE, WI 53202	74-3038890	501 (C)(3)	63,899.	0.			EMERGENCY SHELTER

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CATHEDRAL CENTER, INC. 845 NORTH VAN BUREN STREET MILWAUKEE, WI 53202	74-3038890	501 (C)(3)	18,270.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
CATHEDRAL CENTER, INC. 845 NORTH VAN BUREN STREET MILWAUKEE, WI 53202	74-3038890	501 (C)(3)	600.	0.			MEALS SUPPORT
CATHOLIC CHARITIES COMMUNITY SERVICE CCCC TAX CREDIT - 6240 SMITH ROAD - DENVER, CO 80216	84-0686679	501 (C)(3)	7,772.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
CATHOLIC CHARITIES OF THE ARCHDIOCESE OF MILWAUKEE, INC. - 3501 SOUTH LAKE DRIVE - MILWAUKEE, WI 53207	39-0806321	501 (C)(3)	236,996.	0.			BEHAVIORAL HEALTH SERVICES
CATHOLIC CHARITIES OF THE ARCHDIOCESE OF MILWAUKEE, INC. - 3501 SOUTH LAKE DRIVE - MILWAUKEE, WI 53207	39-0806321	501 (C)(3)	171,888.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
CATHOLIC CHARITIES OF THE ARCHDIOCESE OF MILWAUKEE, INC. - 3501 SOUTH LAKE DRIVE - MILWAUKEE, WI 53207	39-0806321	501 (C)(3)	72,368.	0.			IN HOME SUPPORT & HOARDING INTERVENTION
CATHOLIC CHARITIES OF THE ARCHDIOCESE OF MILWAUKEE, INC. - 3501 SOUTH LAKE DRIVE - MILWAUKEE, WI 53207	39-0806321	501 (C)(3)	68,430.	0.			IN-HOME SUPPORT & HOARDING INTERVENTION
CATHOLIC CHARITIES OF THE ARCHDIOCESE OF MILWAUKEE, INC. - 3501 SOUTH LAKE DRIVE - MILWAUKEE, WI 53207	39-0806321	501 (C)(3)	52,510.	0.			PREGNANCY AND PARENTING SUPPORTIVE SERVICES
CATHOLIC CHARITIES OF THE ARCHDIOCESE OF MILWAUKEE, INC. - 3501 SOUTH LAKE DRIVE - MILWAUKEE, WI 53207	39-0806321	501 (C)(3)	71,559.	0.			OUTREACH & CASE MANAGEMENT SERVICES

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CATHOLIC CHARITIES OF THE ARCHDIOCESE OF MILWAUKEE, INC. - 3501 SOUTH LAKE DRIVE - MILWAUKEE, WI 53207	39-0806321	501 (C)(3)	40,698.	0.			SUPPORTED PARENTING PROGRAM
CATHOLIC MEMORIAL HIGH SCHOOL 601 EAST COLLEGE AVENUE WAUKESHA, WI 53186-5598	39-0964819	501 (C)(3)	83,890.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
CENTRO LEGAL POR DERECHOS HUMANOS INC. - 611 WEST NATIONAL AVENUE #103 - MILWAUKEE, WI 53204-1768	39-1710549	501 (C)(3)	70,340.	0.			DOMESTIC ABUSE AND FAMILY LAW PROGRAM
CENTRO LEGAL POR DERECHOS HUMANOS INC. - 611 WEST NATIONAL AVENUE #103 - MILWAUKEE, WI 53204-1768	39-1710549	501 (C)(3)	54,777.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
CHABAD OF DOWNTOWN 1301 N ASTOR ST MILWAUKEE, WI 53202	39-1672482	501 (C)(3)	18,000.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
CHARLES E. KUBLY FOUNDATION 1341 W MEQUON RD #220 MEQUON, WI 53092-3241	20-0375310	501 (C)(3)	5,950.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
CHILDREN'S HEALTH ALLIANCE 6737 W WASHINGTON STREEET, SUITE 11 WEST ALLIS, WI 53214	39-0812532	501 (C)(3)	25,000.	0.			MHCP GRANT
CHILDREN'S HOSPITAL & HEALTH SYSTEM FDN. - MS 3050 - MILWAUKEE, WI 53201	39-1500075	501 (C)(3)	380,372.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
CHILDREN'S HOSPITAL OF WISCONSIN 999 N. 92ND ST. WAUWATOSA, WI 53226	39-1500074	501 (C)(3)	459,179.	0.			DONOR DESIGNATION PLEDGE PAYMENTS

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CHILDREN'S HOSPITAL OF WISCONSIN - COMMUNITY SERVICES - 620 SOUTH 76TH STREET, SUITE 120 - MILWAUKEE, WI 53214-1549	39-0806380	501 (C)(3)	128,393.	0.			COUNSELING FOR CHILDREN AND FAMILIES
CHILDREN'S HOSPITAL OF WISCONSIN - COMMUNITY SERVICES - 620 SOUTH 76TH STREET, SUITE 120 - MILWAUKEE, WI 53214-1549	39-0806380	501 (C)(3)	90,122.	0.			MILWAUKEE START RIGHT
CHILDREN'S HOSPITAL OF WISCONSIN - COMMUNITY SERVICES - 620 SOUTH 76TH STREET, SUITE 120 - MILWAUKEE, WI 53214-1549	39-0806380	501 (C)(3)	57,421.	0.			VOLUNTEER RESPITE CARE
CHILDREN'S HOSPITAL OF WISCONSIN COMMUNITY SERVICES - 620 SOUTH 76TH STREET, SUITE 120 - MILWAUKEE, WI 53214-1549	39-0806380	501 (C)(3)	84,225.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
CHRIS LONG FOUNDATION C/O THE MONETA GROUP CLAYTON, MO 63105	47-6329563	501 (C)(3)	25,000.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
CHRIST KING PARISH 2604 N SWAN BLVD MILWAUKEE, WI 53226	39-0806444	501 (C)(3)	100,000.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
CITY YEAR, INC. 648 NORTH PLANKINTON AVENUE, SUITE MILWAUKEE, WI 53203	22-2882549	501 (C)(3)	93,258.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
CITY YEAR, INC. 648 NORTH PLANKINTON AVENUE, SUITE MILWAUKEE, WI 53203	22-2882549	501 (C)(3)	100,000.	0.			WHOLE SCHOOL WHOLE CHILD
COA YOUTH & FAMILY CENTERS 909 EAST NORTH AVENUE MILWAUKEE, WI 53212-3447	39-0806339	501 (C)(3)	327,307.	0.			YOUTH & FAMILY PROGRAM

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COA YOUTH & FAMILY CENTERS 909 EAST NORTH AVENUE MILWAUKEE, WI 53212-3447	39-0806339	501 (C)(3)	202,125.	0.			HOME INSTRUCTION FOR PARENTS OF PRESCHOOL CHILDREN (HIPPIY)
COA YOUTH & FAMILY CENTERS 909 EAST NORTH AVENUE MILWAUKEE, WI 53212-3447	39-0806339	501 (C)(3)	191,486.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
COA YOUTH & FAMILY CENTERS 909 EAST NORTH AVENUE MILWAUKEE, WI 53212-3447	39-0806339	501 (C)(3)	86,084.	0.			EARLY CHILDHOOD EDUCATION
COA YOUTH & FAMILY CENTERS 909 EAST NORTH AVENUE MILWAUKEE, WI 53212-3447	39-0806339	501 (C)(3)	72,000.	0.			HEALTHY GIRLS
COALITION FOR CHILDREN, YOUTH AND FAMILIES - 6682 WEST GREENFIELD, SUITE 310 - MILWAUKEE, WI 53214	39-1496074	501 (C)(3)	14,513.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
COE COLLEGE COE COLLEGE OFFICE OF ADVANCEMENT CEDAR RAPIDS, IA 52402	42-0686467	501 (C)(3)	5,000.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
COLLEGE POSSIBLE (WI) 1515 N. RIVERCENTER DRIVE, SUITE 10 MILWAUKEE, WI 53212	41-1968798	501 (C)(3)	35,250.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
COLUMBIA ST. MARY'S - OZAUKEE 13111 NORTH PORT WASHINGTON ROAD MEQUON, WI 53097	39-0806315	501 (C)(3)	5,000.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
COLUMBIA ST. MARY'S FOUNDATION INC. - 2320 NORTH LAKE DRIVE - MILWAUKEE, WI 53211	39-1494981	501 (C)(3)	50,000.	0.			HEALTH IMPROVEMENT FUND

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COLUMBIA ST. MARY'S FOUNDATION INC. - 2320 NORTH LAKE DRIVE - MILWAUKEE, WI 53211	39-1494981	501 (C)(3)	26,287.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
COLUMBIA ST. MARY'S FOUNDATION INC. - 2320 NORTH LAKE DRIVE - MILWAUKEE, WI 53211	39-1494981	501 (C)(3)	20,000.	0.			HEALTHY BIRTH OUTCOMES
COMMUNITY ADVOCATES INC. 728 N JAMES LOVELL ST MILWAUKEE, WI 53233-2408	39-1249426	501 (C)(3)	200,000.	0.			SIEMER INSTITUTE GRANT
COMMUNITY ADVOCATES INC. 728 N JAMES LOVELL ST MILWAUKEE, WI 53233-2408	39-1249426	501 (C)(3)	12,911.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
COMMUNITY ADVOCATES, INC. 728 N JAMES LOVELL ST MILWAUKEE, WI 53233-2408	39-1249426	501 (C)(3)	155,539.	0.			FAMILY SUPPORT CENTER
COMMUNITY ADVOCATES, INC. 728 N JAMES LOVELL ST MILWAUKEE, WI 53233-2408	39-1249426	501 (C)(3)	70,895.	0.			HOMELESS OUTREACH NURSING CENTER
COMMUNITY ADVOCATES, INC. 728 N JAMES LOVELL ST MILWAUKEE, WI 53233-2408	39-1249426	501 (C)(3)	69,274.	0.			EMERGENCY SUPPORT/ADVOCACY CONTINUUM
COMMUNITY HEALTH CHARITIES, LOCAL 1199 N FAIRFAX ST STE 600 ALEXANDRIA, VA 22314	85-0258784	501 (C)(3)	327,528.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
COMMUNITY OUTPATIENT HEALTH SERVICE - W180 N8085 TOWN HALL ROAD - MENOMONEE FALLS, WI 53051	39-1743056	501 (C)(3)	33,913.	0.			DONOR DESIGNATION PLEDGE PAYMENTS

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COMMUNITY OUTPATIENT HEALTH SERVICE - W180 N8085 TOWN HALL ROAD - MENOMONEE FALLS, WI 53051	39-1743056	501 (C)(3)	30,324.	0.			COMMUNITY OUTREACH HEALTH CLINIC
COMMUNITY SHARES OF GREATER MILWAUKEE - 5027 W. NORTH AVENUE - MILWAUKEE, WI 53208	39-1362120	501 (C)(3)	69,243.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
COPE SERVICES INC. 885 BADGER CIRCLE GRAFTON, WI 53024-9436	39-1335672	501 (C)(3)	9,640.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
COPE SERVICES, INC. 885 BADGER CIRCLE GRAFTON, WI 53024-9436	39-1335672	501 (C)(3)	17,664.	0.			COPE HOTLINE
CRISTO REY JESUIT MILWAUKEE HIGH SCHOOL - 1215 SOUTH 45 STREET - WEST MILWAUKEE, WI 53214	53-0196617	501 (C)(3)	61,316.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
CROHN'S & COLITIS FOUNDATION, WISCONSIN CHAPTER - 17100 W BLUEMOUND RD STE 101 - BROOKFIELD, WI 53005-5950	13-6193105	501 (C)(3)	6,500.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
CURATIVE CARE NETWORK, INC. 1000 NORTH 92ND STREET WAUWATOSA, WI 53226-3533	39-0806286	501 (C)(3)	536,323.	0.			ADULT DAY SERVICES
CURATIVE CARE NETWORK, INC. 1000 NORTH 92ND STREET WAUWATOSA, WI 53226-3533	39-0806286	501 (C)(3)	374,799.	0.			CHILDREN'S SERVICES
CURATIVE CARE NETWORK, INC. 1000 NORTH 92ND STREET WAUWATOSA, WI 53226-3533	39-0806286	501 (C)(3)	21,281.	0.			SENIORS SERVICES

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CURATIVE CARE NETWORK, INC. 1000 NORTH 92ND STREET WAUWATOSA, WI 53226-3533	39-0806286	501 (C)(3)	17,997.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
CYSTIC FIBROSIS FOUNDATION, WISCONSIN, WAUKESHA - 400 S EXECUTIVE DR STE 109 - BROOKFIELD, WI 53005	39-0987132	501 (C)(3)	6,945.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
DANCEWORKS 1661 NORTH WATER STREET MILWAUKEE, WI 53202	39-1734312	501 (C)(3)	5,482.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
DICKINSON COLLEGE PO BOX 1773 CARLISLE, PA 17013	23-1365954	501 (C)(3)	5,000.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
DISCOVERY WORLD 500 HARBOR DRIVE MILWAUKEE, WI 53202-5601	39-1691578	501 (C)(3)	29,298.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
DIVERSE AND RESILIENT INC 2439 NORTH HOLTON STREET MILWAUKEE, WI 53212	30-0084616	501 (C)(3)	170,000.	0.			TEEN PREGNANCY
DIVERSE AND RESILIENT INC 2439 NORTH HOLTON STREET MILWAUKEE, WI 53212	30-0084616	501 (C)(3)	56,000.	0.			HEALTHY GIRLS
DIVERSE AND RESILIENT INC. 2439 NORTH HOLTON STREET MILWAUKEE, WI 53212	30-0084616	501 (C)(3)	9,436.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
DIVERSE AND RESILIENT, INC. 2439 NORTH HOLTON STREET MILWAUKEE, WI 53212	30-0084616	501 (C)(3)	72,000.	0.			END HIV

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DIVINE SAVIOR HOLY ANGELS HIGH SCHOOL - 4257 NORTH 100 STREET - MILWAUKEE, WI 53222-1391	39-6054869	501 (C)(3)	64,681.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
DOMINICAN CENTER FOR WOMEN, INC. 2470 WEST LOCUST STREET MILWAUKEE, WI 53206	41-1685734	501 (C)(3)	6,170.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
DR JAMES CAMERON LEGACY FOUNDATION INC. - 11933 WEST BURLEIGH STREET - WAUWATOSA, WI 53222	46-1046265	501 (C)(3)	25,000.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
EARTHSHARE WISCONSIN 7735 OLD GEORGETOWN RD STE 510 BETHESDA, MD 20814	52-1601960	501 (C)(3)	19,057.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
EASTERSEALS SOUTHEAST WISCONSIN 2222 S. 114 STREET MILWAUKEE, WI 53227-1031	39-0816849	501 (C)(3)	16,612.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
EASTERSEALS SOUTHEASTERN WISCONSIN 2222 S. 114 STREET MILWAUKEE, WI 53227-1031	39-0816849	501 (C)(3)	119,421.	0.			SUPPORTED EMPLOYMENT
EASTERSEALS SOUTHEASTERN WISCONSIN 2222 S. 114 STREET MILWAUKEE, WI 53227-1031	39-0816849	501 (C)(3)	110,618.	0.			CASE MANAGEMENT (SBHF)
EASTERSEALS SOUTHEASTERN WISCONSIN 2222 S. 114 STREET MILWAUKEE, WI 53227-1031	39-0816849	501 (C)(3)	25,158.	0.			CHILDBIRTH & INFANT PREPARATION SERVICES (SBHF)
ELEVATE, INC. N169 W21005 MEADOW LANE JACKSON, WI 53037	39-1256286	501 (C)(3)	1,907.	0.			DONOR DESIGNATION PLEDGE PAYMENTS

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ELEVATE, INC. N169 W21005 MEADOW LANE JACKSON, WI 53037	39-1256286	501 (C)(3)	37,972.	0.			GERMANTOWN PREVENTION
ELMBROOK CHURCH 777 BARKER ROAD BROOKFIELD, WI 53045	39-1159457	501 (C)(3)	5,462.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
EMBA EMERGENCY FUND EMPLOYES' MUTUAL BENEFIT ASSN. MILWAUKEE, WI 53203	39-6006836	501 (C)(3)	18,828.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
ERAS SENIOR NETWORK, INC. 2607 NORTH GRANDVIEW BOULEVARD, STE WAUKESHA, WI 53188-1690	39-1393171	501 (C)(3)	58,380.	0.			FAITH IN ACTION
ERAS SENIOR NETWORK, INC. 2607 NORTH GRANDVIEW BOULEVARD, STE WAUKESHA, WI 53188-1690	39-1393171	501 (C)(3)	27,771.	0.			RETIRED AND SENIOR VOLUNTEER (RSVP)
ERAS SENIOR NETWORK, INC. 2607 NORTH GRANDVIEW BOULEVARD, STE WAUKESHA, WI 53188-1690	39-1393171	501 (C)(3)	26,276.	0.			FIND A RIDE WAUKESHA COUNTY
ERAS SENIOR NETWORK, INC. 2607 NORTH GRANDVIEW BOULEVARD, STE WAUKESHA, WI 53188-1690	39-1393171	501 (C)(3)	114,699.	0.			NEIGHBORHOOD OUTREACH
ERAS SENIOR NETWORK, INC. 2607 NORTH GRANDVIEW BOULEVARD, STE WAUKESHA, WI 53188-1690	39-1393171	501 (C)(3)	7,500.	0.			FIND A RIDE GRANT
ERAS SENIOR NETWORK, INC. 2607 NORTH GRANDVIEW BOULEVARD, STE WAUKESHA, WI 53188-1690	39-1393171	501 (C)(3)	5,000.	0.			HELPING KIDS SUCCEED

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ERAS SENIOR NETWORK, INC. 2607 NORTH GRANDVIEW BOULEVARD, STE WAUKESHA, WI 53188-1690	39-1393171	501 (C)(3)	2,744.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
EVANGELICAL CHILD & FAMILY AGENCY 1617 SOUTH 124 STREET NEW BERLIN, WI 53151	36-2229573	501 (C)(3)	7,128.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
EVANGELICAL COVENANT CHURCH HINDSDALE IL - 412 SOUTH GARFIELD STREET - HINDSDALE, IL 60521	36-2480776	501 (C)(3)	11,260.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
EVANS SCHOLARS FOUNDATION 1 BRIAR RD GOLF, IL 60029	36-2518129	501 (C)(3)	17,500.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
FAMILY SERVICE OF WAUKESHA 101 WEST BROADWAY, FLOOR 2 WAUKESHA, WI 53186	39-1038707	501 (C)(3)	35,000.	0.			HELPING KIDS SUCCEED
FAMILY SERVICE OF WAUKESHA 101 WEST BROADWAY, FLOOR 2 WAUKESHA, WI 53186	39-1038707	501 (C)(3)	7,073.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
FAMILY SERVICE OF WAUKESHA 101 WEST BROADWAY, FLOOR 2 WAUKESHA, WI 53186	39-1038707	501 (C)(3)	240,596.	0.			MENTAL HEALTH COUNSELING
FAMILY SERVICE OF WAUKESHA 101 WEST BROADWAY, FLOOR 2 WAUKESHA, WI 53186	39-1038707	501 (C)(3)	41,060.	0.			C.A.R.E. CENTER
FAMILY SERVICE OF WAUKESHA 101 WEST BROADWAY, FLOOR 2 WAUKESHA, WI 53186	39-1038707	501 (C)(3)	25,672.	0.			CENTER FOR THE PREVENTION OF FAMILY VIOLENCE

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FAMILY SERVICE OF WAUKESHA 101 WEST BROADWAY, FLOOR 2 WAUKESHA, WI 53186	39-1038707	501 (C)(3)	13,069.	0.			COOPERATIVE PARENTING CENTER
FEEDING AMERICA EASTERN WISCONSIN 1700 WEST FOND DU LAC AVENUE MILWAUKEE, WI 53205-1299	39-1384593	501 (C)(3)	38,314.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
FIRST CHRISTIAN AND MISSIONARY ALLIANCE CHURCH - W156 N10041 PILGRIM ROAD - GERMANTOWN, WI 53022	39-1430204	501 (C)(3)	10,966.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
FIRST STAGE CHILDREN'S THEATER 325 W. WALNUT MILWAUKEE, WI 53212	39-1634828	501 (C)(3)	5,383.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
FISHER HOUSE WISCONSIN 5000 WEST NATIONAL AVENUE MILWAUKEE, WI 53295	27-5461119	501 (C)(3)	5,481.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
FIX THE SYSTEM WISCONSIN 3415 GATEWAY RD BROOKFIELD, WI 53045	83-2323474	501 (C)(3)	45,000.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
FONDY FOOD CENTER, INC. 1617 WEST NORTH AVENUE, SUITE 4 MILWAUKEE, WI 53205-1253	31-1751969	501 (C)(3)	32,000.	0.			FONDY FARMER'S MARKET
FONDY FOOD CENTER, INC. 1617 WEST NORTH AVENUE, SUITE 4 MILWAUKEE, WI 53205-1253	31-1751969	501 (C)(3)	5,698.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
FONDY FOOD CENTER, INC. 1617 WEST NORTH AVENUE, SUITE 4 MILWAUKEE, WI 53205-1253	31-1751969	501 (C)(3)	500.	0.			P5 GRANT

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FRIEDENS COMMUNITY MINISTRIES, INC. - 1220 WEST VLIET STREET - MILWAUKEE, WI 53205-0411	39-1587037	501 (C)(3)	55,575.	0.			EMERGENCY FOOD PANTRY
FRIEDENS COMMUNITY MINISTRIES, INC. - 1220 WEST VLIET STREET - MILWAUKEE, WI 53205-0411	39-1587037	501 (C)(3)	7,500.	0.			FOOD DELIVERY TRUCK GRANT
FRIEDENS COMMUNITY MINISTRIES, INC. - 1220 WEST VLIET STREET - MILWAUKEE, WI 53205-0411	39-1587037	501 (C)(3)	3,630.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
FRIENDS OF SCHLITZ AUDUBON NATURE CENTER - 1111 EAST BROWN DEER ROAD - BAYSIDE, WI 53217	39-1231819	501 (C)(3)	5,652.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
FRIENDS, INC. POST OFFICE BOX 117 WEST BEND, WI 53095	39-1308555	501 (C)(3)	6,410.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
FRIENDS, INC. POST OFFICE BOX 117 WEST BEND, WI 53095	39-1308555	501 (C)(3)	18,878.	0.			DOMESTIC VIOLENCE PROJECT
FROEDTERT HOSPITAL FOUNDATION, INC. - 9200 WEST WISCONSIN AVENUE - MILWAUKEE, WI 53226	39-1431192	501 (C)(3)	137,093.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
GATHERING OF SOUTHEAST WI, INC., THE - 804 EAST JUNEAU AVENUE - MILWAUKEE, WI 53202	39-1891030	501 (C)(3)	17,131.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
GESU PARISH 1210 WEST MICHIGAN STREET MILWAUKEE, WI 53233	39-1799799	501 (C)(3)	5,000.	0.			DONOR DESIGNATION PLEDGE PAYMENTS

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GIRL SCOUTS OF WISCONSIN SOUTHEAST, INC. - 131 SOUTH 69TH STREET - MILWAUKEE, WI 53214-1663	39-0892833	501 (C)(3)	621,429.	0.			LEADERSHIP & CRITICAL LIFE SKILLS DEVELOPMENT FOR GIRLS
GIRL SCOUTS OF WISCONSIN SOUTHEAST, INC. - 131 SOUTH 69TH STREET - MILWAUKEE, WI 53214-1663	39-0892833	501 (C)(3)	37,334.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
GIRL SCOUTS OF WISCONSIN SOUTHEAST, INC. - 131 SOUTH 69TH STREET - MILWAUKEE, WI 53214-1663	39-0892833	501 (C)(3)	500.	0.			P5 GRANT
GLEANERS COMMUNITY FOOD BANK OF SOUTHEASTERN MICHIGAN - 2131 BEAUFAIT - DETROIT, MI 48207-3410	38-2156255	501 (C)(3)	9,645.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
GLOBAL IMPACT 1199 NORTH FAIRFAX STREET, SUITE 30 ALEXANDRIA, VA 22314	52-1273585	501 (C)(3)	7,326.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
GOODWILL INDUSTRIES OF SE WI 5400 S. 60TH STREET GREENDALE, WI 53129-0509	39-0808491	501 (C)(3)	25,853.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
GPS EDUCATION PARTNERS, INC. 20633 WATERTOWN CT. WAUKESHA, WI 53186	39-1667442	501 (C)(3)	74,976.	0.			PATHWAYS TO EMPLOYABILITY
GRAND AVENUE CLUB INC. 210 EAST MICHIGAN STREET MILWAUKEE, WI 53202-4901	39-1708177	501 (C)(3)	34,994.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
GRAND AVENUE CLUB INC. 210 EAST MICHIGAN STREET MILWAUKEE, WI 53202-4901	39-1708177	501 (C)(3)	3,350.	0.			WORK INCENTIVE BENEFIT

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GRAND AVENUE CLUB, INC. 210 EAST MICHIGAN STREET MILWAUKEE, WI 53202-4901	39-1708177	501 (C)(3)	43,859.	0.			GRAND AVENUE CLUB
GREAT RIVERS UNITED WAY, INC 1855 EAST MAIN STREET ONALASKA, WI 54650-6727	39-0848188	501 (C)(3)	6,156.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
GREATER MILWAUKEE FOUNDATION 101 WEST PLEASANT STREET, SUITE 210 MILWAUKEE, WI 53212	39-6036407	501 (C)(3)	250,000.	0.			MILWAUKEE SUCCEEDS
GREATER MILWAUKEE FOUNDATION 101 WEST PLEASANT STREET, SUITE 210 MILWAUKEE, WI 53212	39-6036407	501 (C)(3)	7,175.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
GREATER TWIN CITIES UNITED WAY 404 SOUTH EIGHTH STREET MINNEAPOLIS, MN 55404	41-1973442	501 (C)(3)	31,756.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
GUEST HOUSE OF MILWAUKEE INC. 1216 NORTH 13TH STREET MILWAUKEE, WI 53205	39-1539301	501 (C)(3)	52,146.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
GUEST HOUSE OF MILWAUKEE, INC. 1216 NORTH 13TH STREET MILWAUKEE, WI 53205	39-1539301	501 (C)(3)	60,774.	0.			GUEST HOUSE - EMERGENCY SHELTER
HABITAT FOR HUMANITY OF WISCONSIN 420 S 1ST ST #6 MILWAUKEE, WI 53204	27-0819276	501 (C)(3)	20,608.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
HARRY & ROSE SAMSON FAMILY JEWISH COMMUNITY CENTER - 6255 NORTH SANTA MONICA BOULEVARD - WHITEFISH BAY, WI 53217	39-0806234	501 (C)(3)	176,947.	0.			OLDER ADULT SENIORS

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HARRY & ROSE SAMSON FAMILY JEWISH COMMUNITY CENTER - 6255 NORTH SANTA MONICA BOULEVARD - WHITEFISH BAY, WI 53217	39-0806234	501 (C)(3)	44,013.	0.			SPECIAL NEEDS-CHAVERIM
HARRY & ROSE SAMSON FAMILY JEWISH COMMUNITY CENTER - 6255 NORTH SANTA MONICA BOULEVARD - WHITEFISH BAY, WI 53217	39-0806234	501 (C)(3)	27,062.	0.			SCHOOL AGED SPECIAL NEEDS
HARRY & ROSE SAMSON FAMILY JEWISH COMMUNITY CENTER - 6255 NORTH SANTA MONICA BOULEVARD - WHITEFISH BAY, WI 53217	39-0806234	501 (C)(3)	23,885.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
HEAR WISCONSIN, INC. 10243 WEST NATIONAL AVENUE WEST ALLIS, WI 53227-2028	39-0826101	501 (C)(3)	18,252.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
HEAR WISONSIN, INC. 10243 WEST NATIONAL AVENUE WEST ALLIS, WI 53227-2028	39-0826101	501 (C)(3)	191,530.	0.			LANGUAGE ACCESS SERVICES
HEBRON HOUSE OF HOSPITALITY, INC. 111 EAST MAIN STREET WAUKESHA, WI 53186	39-1414365	501 (C)(3)	143,132.	0.			EMERGENCY SHELTER
HEBRON HOUSE OF HOSPITALITY, INC. 111 EAST MAIN STREET WAUKESHA, WI 53186	39-1414365	501 (C)(3)	60,523.	0.			HOUSING ASSISTANCE
HEBRON HOUSE OF HOSPITALITY, INC. 111 EAST MAIN STREET WAUKESHA, WI 53186	39-1414365	501 (C)(3)	46,375.	0.			JEREMY HOUSE
HEBRON HOUSE OF HOSPITALITY, INC. 111 EAST MAIN STREET WAUKESHA, WI 53186	39-1414365	501 (C)(3)	9,424.	0.			DONOR DESIGNATION PLEDGE PAYMENTS

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HOPE NETWORK FOR SINGLE MOTHERS N88 W17658 CHRISTMAN ROAD MENOMONEE FALLS, WI 53051	39-1475304	501 (C)(3)	8,500.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
HOPE STREET MINISTRY 2522 WEST CAPITOL DRIVE MILWAUKEE, WI 53206	05-0627081	501 (C)(3)	6,000.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
HOUSING ACTION COALITION OF WAUKESHA CTY - POST OFFICE BOX 605 - WAUKESHA, WI 53187	26-4291024	501 (C)(3)	7,500.	0.			HOUSING
HOUSING ACTION COALITION OF WAUKESHA CTY - POST OFFICE BOX 605 - WAUKESHA, WI 53187	26-4291024	501 (C)(3)	1,173.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
HOUSING RESOURCES, INC. 7830 WEST BURLEIGH STREET MILWAUKEE, WI 53222	39-1706658	501 (C)(3)	30,406.	0.			POST PURCHASE COUNSELING
HOUSING RESOURCES, INC. 7830 WEST BURLEIGH STREET MILWAUKEE, WI 53222	39-1706658	501 (C)(3)	7,488.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
HUNGER RELIEF FUND OF WISCONSIN HUNGER TASK FORCE, INC. MILWAUKEE, WI 53214	39-1345847	501 (C)(3)	194,026.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
I HAVE A DREAM FOUNDATION 322 EIGHTH AVE, STE 202 NEW YORK, NY 10001	13-3355315	501 (C)(3)	12,500.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
I HAVE A DREAM FOUNDATION-MILWAUKEE - 3025 W MCKINLEY BLVD - MILWAUKEE, WI 53208	26-0697330	501 (C)(3)	25,000.	0.			DONOR DESIGNATION PLEDGE PAYMENTS

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IGNACE INDIAN HEALTH CENTER 930 HISTORIC MITCHELL STREET MILWAUKEE, WI 53204	39-1958089	501 (C)(3)	21,379.	0.			MHCP GRANT
IMMOKALEE FOUNDATION 2375 TAMIAMI TRAIL N STE 308 NAPLES, FL 34103	65-0315664	501 (C)(3)	25,000.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
IMPACT, INC. 6737 WEST WASHINGTON STREET, SUITE MILWAUKEE, WI 53214-2619	39-0988784	501 (C)(3)	718,622.	0.			IMPACT 2-1-1
IMPACT, INC. 6737 WEST WASHINGTON STREET, SUITE MILWAUKEE, WI 53214-2619	39-0988784	501 (C)(3)	99,942.	0.			IMPACT 2-1-2
IMPACT, INC. 6737 WEST WASHINGTON STREET, SUITE MILWAUKEE, WI 53214-2619	39-0988784	501 (C)(3)	95,846.	0.			ASSESSMENT AND REFERRAL
IMPACT, INC. 6737 WEST WASHINGTON STREET, SUITE MILWAUKEE, WI 53214-2619	39-0988784	501 (C)(3)	20,000.	0.			HEALTH IMPROVEMENT FUND
IMPACT, INC. 6737 WEST WASHINGTON STREET, SUITE MILWAUKEE, WI 53214-2619	39-0988784	501 (C)(3)	13,453.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
INDEPENDENCEFIRST, INC. 540 SOUTH FIRST STREET MILWAUKEE, WI 53204	39-1343425	501 (C)(3)	17,735.	0.			ATTENDANT REFERRAL PROGRAM
INDEPENDENCEFIRST, INC. 540 SOUTH FIRST STREET MILWAUKEE, WI 53204	39-1343425	501 (C)(3)	12,755.	0.			DONOR DESIGNATION PLEDGE PAYMENTS

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INDEPENDENCEFIRST, INC. 540 SOUTH FIRST STREET MILWAUKEE, WI 53204	39-1343425	501 (C)(3)	48,000.	0.			HEALTHY GIRLS
INTERFAITH OLDER ADULT PROGRAMS, INC. - 600 WEST VIRGINIA STREET, SUITE 300 - MILWAUKEE, WI 53204-1551	39-1217963	501 (C)(3)	104,780.	0.			NEIGHBORHOOD OUTREACH
INTERFAITH OLDER ADULT PROGRAMS, INC. - 600 WEST VIRGINIA STREET, SUITE 300 - MILWAUKEE, WI 53204-1551	39-1217963	501 (C)(3)	44,747.	0.			EMPLOYMENT SERVICES
INTERFAITH OLDER ADULT PROGRAMS, INC. - 600 WEST VIRGINIA STREET, SUITE 300 - MILWAUKEE, WI 53204-1551	39-1217963	501 (C)(3)	3,175.	0.			FAMILY CAREGIVER SUPPORT NETWORK
INTERFAITH OLDER ADULT PROGRAMS, INC. - 600 WEST VIRGINIA STREET, SUITE 300 - MILWAUKEE, WI 53204-1551	39-1217963	501 (C)(3)	288.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
INTERNATIONAL INSTITUTE OF WISCONSIN - 1110 N OLD WORLD THIRD ST., SUITE 420 - MILWAUKEE, WI 53203-1102	39-0806350	501 (C)(3)	192,706.	0.			IMMIGRATION AND CITIZENSHIP SERVICES
INTERNATIONAL INSTITUTE OF WISCONSIN - 1110 N OLD WORLD THIRD ST., SUITE 420 - MILWAUKEE, WI 53203-1102	39-0806350	501 (C)(3)	2,712.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
JA WORLDWIDE INC. 745 ATLANTIC AVENUE, #723 BOSTON, MA 02111	27-3666259	501 (C)(3)	35,000.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
JDRF INTERNATIONAL, SOUTHEASTERN WISCONSIN CHAPTER - 3333 NORTH MAYFAIR ROAD, SUITE 107 - WAUWATOSA, WI 53222	13-3272289	501 (C)(3)	16,000.	0.			DONOR DESIGNATION PLEDGE PAYMENTS

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JEWISH FAMILY SERVICES INC. 1300 NORTH JACKSON STREET MILWAUKEE, WI 53202	39-0806291	501 (C)(3)	77,039.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
JEWISH FAMILY SERVICES, INC. 1300 NORTH JACKSON STREET MILWAUKEE, WI 53202	36-2167761	501 (C)(3)	207,080.	0.			INDIVIDUAL & FAMILY COUNSELING
JEWISH FAMILY SERVICES, INC. 1300 NORTH JACKSON STREET MILWAUKEE, WI 53202	36-2167761	501 (C)(3)	87,867.	0.			CASE MANAGEMENT PROGRAM
JEWISH FEDERATION OF METRO CHICAGO 30 SOUTH WELLS STREET CHICAGO, IL 60606	36-2167761	501 (C)(3)	14,335.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
JOURNEY HOUSE, INC. 2110 W SCOTT ST MILWAUKEE, WI 53204-2077	39-1203539	501 (C)(3)	47,010.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
JUNIOR ACHIEVEMENT OF WISCONSIN, INC. - 11111 WEST LIBERTY DRIVE - MILWAUKEE, WI 53224	39-0826295	501 (C)(3)	123,203.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
JUNIOR ACHIEVEMENT USA ONE EDUCATION WAY COLORADO SPRINGS, CO 80906-4477	84-1267604	501 (C)(3)	12,500.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
LA CASA DE ESPERANZA, INC 410 ARCADIAN AVENUE WAUKESHA, WI 53186-5086	39-1144446	501 (C)(3)	202,902.	0.			FINANCIAL STABILITY
LA CASA DE ESPERANZA, INC 410 ARCADIAN AVENUE WAUKESHA, WI 53186-5086	39-1144446	501 (C)(3)	76,387.	0.			SCHOOL AGE EDUCATION PROGRAM

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LA CASA DE ESPERANZA, INC 410 ARCADIAN AVENUE WAUKESHA, WI 53186-5086	39-1144446	501 (C)(3)	50,925.	0.			EARLY CHILDHOOD EDUCATION
LA CASA DE ESPERANZA, INC 410 ARCADIAN AVENUE WAUKESHA, WI 53186-5086	39-1144446	501 (C)(3)	24,790.	0.			WORKFORCE DEVELOPMENT
LA CASA DE ESPERANZA, INC. 410 ARCADIAN AVENUE WAUKESHA, WI 53186-5086	39-1144446	501 (C)(3)	6,240.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
LA CAUSA, INC. 136 WEST GREENFIELD AVENUE MILWAUKEE, WI 53204	39-1247667	501 (C)(3)	48,773.	0.			EARLY EDUCATION AND CARE CENTER
LA CAUSA, INC. 136 WEST GREENFIELD AVENUE MILWAUKEE, WI 53204	39-1247667	501 (C)(3)	35,663.	0.			CRISIS NURSERY AND RESPITE CENTER
LA CAUSA, INC. 136 WEST GREENFIELD AVENUE MILWAUKEE, WI 53204	39-1247667	501 (C)(3)	12,440.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
LAWRENCE UNIVERSITY OF WISCONSIN 711 EAST BOLDT WAY APPLETON, WI 54915	39-0806297	501 (C)(3)	45,000.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
LAYTON BOULEVARD WEST NEIGHBORS 1545 SOUTH LAYTON BOULEVARD MILWAUKEE, WI 53215	39-1817581	501 (C)(3)	7,100.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
LEGAL ACTION OF WISCONSIN INC. 230 WEST WELLS STREET, ROOM 800 MILWAUKEE, WI 53203-1866	39-1077192	501 (C)(3)	8,255.	0.			DONOR DESIGNATION PLEDGE PAYMENTS

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LEGAL AID SOCIETY OF MILWAUKEE 728 N JAMES LOVELL ST, 3RD FL, NO. MILWAUKEE, WI 53233	39-0806284	501 (C)(3)	145,178.	0.			CIVIL DIVISION
LEGAL AID SOCIETY OF MILWAUKEE 728 N JAMES LOVELL ST, 3RD FL, NO. MILWAUKEE, WI 53233	39-0806284	501 (C)(3)	28,434.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
LEUKEMIA & LYMPHOMA SOCIETY, WISCONSIN CHAPTER, BROOKFIELD - 6737 W WASHINGTON STREET, SUITE 2100 - MILWAUKEE, WI 53214	13-5644916	501 (C)(3)	29,695.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
LIFE NAVIGATORS 7203 WEST CENTER STREET WAUWATOSA, WI 53210-1126	39-0978146	501 (C)(3)	30,400.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
LIFE REMODELED A NONPROFIT CORPORATION - POST OFFICE BOX 28508 - DETROIT, MI 48228	27-5020487	501 (C)(3)	8,100.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
LIFESTRIDERS, INC. S11 W29667 SUMMIT AVE. WAUKESHA, WI 53188	47-0955137	501 (C)(3)	30,789.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
LITERACY SERVICES OF WISCONSIN, INC. - 555 NORTH PLANKINTON AVENUE - MILWAUKEE, WI 53203-2910	39-1091203	501 (C)(3)	45,360.	0.			ADULT EDUCATION PROGRAM
LITERACY SERVICES OF WISCONSIN, INC. - 555 NORTH PLANKINTON AVENUE - MILWAUKEE, WI 53203-2910	39-1091203	501 (C)(3)	43,302.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
LOCAL INITIATIVES SUPPORT CORPORATION - 234 WEST FLORIDA ST STE 204 - MILWAUKEE, WI 53204	13-3030229	501 (C)(3)	24,942.	0.			DONOR DESIGNATION PLEDGE PAYMENTS

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LUMEN CHRISTI PARISH 11300 ST JAMES LANE MEQUON, WI 53092	30-0664758	501 (C)(3)	12,281.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
LUTHERAN SOCIAL SERVICES OF WISCONSIN & UPPER MICHIGAN - 6737 W WASHINGTON ST STE 2275 - WEST ALLIS, WI 53214-5666	39-0816846	501 (C)(3)	16,661.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
LUTHERAN SOCIAL SERVICES OF WISCONSIN & UPPER MICHIGAN, INC.	39-0816846		61,325.	0.			SPRING CITY CORNER CLUBHOUSE
MACC FUND (MIDWEST ATHLETES AGAINST CHILDHOOD CANCER) - 10000 WEST INNOVATION DRIVE, #135 - MILWAUKEE, WI 53226	39-1270290	501 (C)(3)	11,500.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
MAKE-A-WISH FOUNDATION OF WISCONSIN - 11020 W. PLANK COURT SUITE 200 - WAUWATOSA, WI 53226	39-1543541	501 (C)(3)	22,000.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
MALAIKA EARLY LEARNING CENTER 125 WEST AUER AVE MILWAUKEE, WI 53212	39-2021628	501 (C)(3)	9,719.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
MARCUS CENTER FOR THE PERFORMING ARTS - 929 NORTH WATER STREET - MILWAUKEE, WI 53202	51-0532407	501 (C)(3)	16,000.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
MARQUETTE UNIVERSITY 1250 W. WISCONSIN AVE. MILWAUKEE, WI 53233	39-0806251	501 (C)(3)	40,505.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
MARQUETTE UNIVERSITY HIGH SCHOOL 3401 WEST WISCONSIN AVENUE MILWAUKEE, WI 53208	39-0806826	501 (C)(3)	25,614.	0.			DONOR DESIGNATION PLEDGE PAYMENTS

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MARSHFIELD AREA UNITED WAY 156 SOUTH CENTRAL AVE MARSHFIELD, WI 54449	39-1035073	501 (C)(3)	5,508.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
MATC FOUNDATION 700 WEST STATE STREET MILWAUKEE, WI 53233	39-1341603	501 (C)(3)	68,221.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
MEDICAL COLLEGE OF WI - CANCER CENTER - 8701 WATERTOWN PLANK ROAD - MILWAUKEE, WI 53226	39-0806261	501 (C)(3)	450,864.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
MENTAL HEALTH AMERICA OF WISCONSIN, INC. - 600 WEST VIRGINIA STREET, SUITE 502 - MILWAUKEE, WI 53204	39-0827843	501 (C)(3)	71,395.	0.			MENTAL HEALTH ACCESS
MENTAL HEALTH AMERICA OF WISCONSIN, INC. - 600 WEST VIRGINIA STREET, SUITE 502 - MILWAUKEE, WI 53204	39-0827843	501 (C)(3)	65,405.	0.			MENTAL HEALTH ADVANCEMENT
MENTAL HEALTH AMERICA OF WISCONSIN, INC. - 600 WEST VIRGINIA STREET, SUITE 502 - MILWAUKEE, WI 53204	39-0827843	501 (C)(3)	30,000.	0.			HEALTHY BIRTH OUTCOMES
MENTAL HEALTH AMERICA OF WISCONSIN, INC. - 600 WEST VIRGINIA STREET, SUITE 502 - MILWAUKEE, WI 53204	39-0827843	501 (C)(3)	13,815.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
MEQUON-THIENSVILLE EDUCATION FOUNDATION - 5000 WEST MEQUON ROAD - MEQUON, WI 53092	31-1625167	501 (C)(3)	9,447.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
MESSMER CATHOLIC SCHOOLS 742 WEST CAPITOL DRIVE MILWAUKEE, WI 53206	39-1482053	501 (C)(3)	6,312.	0.			DONOR DESIGNATION PLEDGE PAYMENTS

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META HOUSE, INC. 2625 NORTH WEIL STREET MILWAUKEE, WI 53212	39-1017822	501 (C)(3)	194,418.	0.			TRANSITIONAL LIVING
META HOUSE, INC. 2625 NORTH WEIL STREET MILWAUKEE, WI 53212	39-1017822	501 (C)(3)	80,395.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
METROGO INC PO BOX 1184 MILWAUKEE, WI 53201-1184	39-1717955	501 (C)(3)	15,000.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
MILE HIGH UNITED WAY, INC. 711 PARK AVE W DENVER, CO 80205-2891	84-0404235	501 (C)(3)	130,163.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
MILESTONES PROGRAMS FOR CHILDREN 2214 EAST CAPITOL DRIVE SHOREWOOD, WI 53211-2105	39-1326721	501 (C)(3)	7,471.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
MILWAUKEE AREA LABOR COUNCIL 633 S HAWLEY RD MILWAUKEE, WI 53214	39-0965630	501 (C)(3)	300,000.	0.			UNITED WAY PROGRAM ALLOCATION
MILWAUKEE ART MUSEUM 700 N ART MUSEUM DR MILWAUKEE, WI 53202	39-0806316	501 (C)(3)	22,659.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
MILWAUKEE BUCKS FOUNDATION 1001 NORTH 4 STREET MILWAUKEE, WI 53203	47-3620094	501 (C)(3)	6,500.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
MILWAUKEE CENTER FOR INDEPENDENCE 2020 WEST WELLS STREET MILWAUKEE, WI 53233-2720	39-0806257	501 (C)(3)	5,463.	0.			DONOR DESIGNATION PLEDGE PAYMENTS

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MILWAUKEE CHRISTIAN CENTER, INC. 807 SOUTH 14 STREET MILWAUKEE, WI 53204-2619	39-0807066	501 (C)(3)	86,024.	0.			YOUTH DEVELOPMENT PROGRAM
MILWAUKEE CHRISTIAN CENTER, INC. 807 SOUTH 14 STREET MILWAUKEE, WI 53204-2619	39-0807066	501 (C)(3)	70,002.	0.			ELDERLY ADULT SUPPORT SERVICES
MILWAUKEE CHRISTIAN CENTER, INC. 807 SOUTH 14 STREET MILWAUKEE, WI 53204-2619	39-0807066	501 (C)(3)	64,932.	0.			EMERGENCY FOOD PANTRY
MILWAUKEE CHRISTIAN CENTER, INC. 807 SOUTH 14 STREET MILWAUKEE, WI 53204-2619	39-0807066	501 (C)(3)	6,206.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
MILWAUKEE COLLEGE PREPARATORY - 36TH ST OF WI - 2449 NORTH 36TH STREET - MILWAUKEE, WI 53210	39-1881295	501 (C)(3)	397,250.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
MILWAUKEE COLLEGIATE ACADEMY 4030 N 29TH ST MILWAUKEE, WI 53216	30-0322248	501 (C)(3)	15,250.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
MILWAUKEE COMMUNITY BUSINESS COLLABORATIVE - POST OFFICE BOX 12360 - MILWAUKEE, WI 53213	46-3689224	501 (C)(3)	8,100.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
MILWAUKEE COUNTY BEHAVIORAL HEALTH DIVISION - 9455 WATERTOWN PLANK RD. - MILWAUKEE, WI 53226	39-6005720		182,200.	0.			MHCP GRANT
MILWAUKEE DANCERS FUND ATTN: RANDALL D CROCKER MILWAUKEE, WI 53202	45-4194709	501 (C)(3)	12,505.	0.			DONOR DESIGNATION PLEDGE PAYMENTS

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MILWAUKEE DEVELOPMENT CORPORATION 756 N MILWAUKEE STREET SUITE 400 MILWAUKEE, WI 53202	93-0828687	501 (C)(3)	10,000.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
MILWAUKEE DOWNTOWN 600 EAST WELLS STREET MILWAUKEE, WI 53202	39-1988035	501 (C)(3)	60,100.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
MILWAUKEE EXCELLENCE CHARTER SCHOOL - 4950 NORTH 24 STREET - MILWAUKEE, WI 53209	47-4978181	501 (C)(3)	36,500.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
MILWAUKEE FILM INC 1037 W MCKINLEY AVE #700 MILWAUKEE, WI 53205-2530	26-3049630	501 (C)(3)	22,610.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
MILWAUKEE HABITAT FOR HUMANITY 3726 NORTH BOOTH STREET MILWAUKEE, WI 53212	39-1496741	501 (C)(3)	16,996.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
MILWAUKEE HEALTH CARE PARTNERSHIP 2320 N LAKE DRIVE MILWAUKEE, WI 53211	39-1931089	501 (C)(3)	200,000.	0.			MHCP GRANT
MILWAUKEE HEALTH CARE PARTNERSHIP 2320 N LAKE DRIVE MILWAUKEE, WI 53211	39-1931089	501 (C)(3)	50,000.	0.			HEALTH IMPROVEMENT FUND
MILWAUKEE HEALTH SERVICES 2555 NORTH MARTIN LUTHER KING DRIVE MILWAUKEE, WI 53212	39-1664109	501 (C)(3)	114,179.	0.			MHCP GRANT
MILWAUKEE HEALTH SERVICES 2555 NORTH MARTIN LUTHER KING DRIVE MILWAUKEE, WI 53212	39-1664109	501 (C)(3)	485.	0.			DONOR DESIGNATION PLEDGE PAYMENTS

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MILWAUKEE INSTITUTE OF ART & DESIGN - 273 EAST ERIE STREET - MILWAUKEE, WI 53202-6003	39-1201561	501 (C)(3)	25,100.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
MILWAUKEE JEWISH FEDERATION 1360 NORTH PROSPECT AVENUE MILWAUKEE, WI 53202-3094	39-0806312	501 (C)(3)	355,297.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
MILWAUKEE LGBT COMMUNITY CENTER 1110 NORTH MARKET STREET #2 MILWAUKEE, WI 53202-3139	39-1893808	501 (C)(3)	38,892.	0.			PROJECT Q HEALTH & WELLNESS
MILWAUKEE LGBT COMMUNITY CENTER 1110 NORTH MARKET STREET #2 MILWAUKEE, WI 53202-3139	39-1893808	501 (C)(3)	15,957.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
MILWAUKEE LGBT COMMUNITY CENTER 1110 NORTH MARKET STREET #2 MILWAUKEE, WI 53202-3139	39-1893808	501 (C)(3)	6,485.	0.			PROJECT Q
MILWAUKEE PUBLIC LIBRARY FOUNDATION - 814 WEST WISCONSIN AVENUE - MILWAUKEE, WI 53233	39-1610233	501 (C)(3)	17,776.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
MILWAUKEE PUBLIC SCHOOLS 234 W. GALENA STREET MILWAUKEE, WI 53212	39-1929112	501 (C)(3)	6,000.	0.			WATER FILTER PROGRAM
MILWAUKEE PUBLIC SCHOOLS 234 W. GALENA STREET MILWAUKEE, WI 53212	39-1929112	501 (C)(3)	4,156.	0.			WATER FILTER TROGRAM
MILWAUKEE PUBLIC SCHOOLS FOUNDATION - 234 W. GALENA STREET - MILWAUKEE, WI 53212	39-1929112	501 (C)(3)	19,618.	0.			DONOR DESIGNATION PLEDGE PAYMENTS

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MILWAUKEE REPERTORY THEATER 108 EAST WELLS STREET MILWAUKEE, WI 53202-3525	39-0946025	501 (C)(3)	29,905.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
MILWAUKEE RESCUE MISSION 830 NORTH 19 STREET MILWAUKEE, WI 53233	39-0816851	501 (C)(3)	204,736.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
MILWAUKEE RIVERWALK DISTRICT 101 WEST PLEASANT STREET MILWAUKEE, WI 53212	39-1749659	501 (C)(3)	5,000.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
MILWAUKEE SYMPHONY ORCHESTRA 1101 N. MARKET STREET, SUITE 100 MILWAUKEE, WI 53202-3148	39-6023436	501 (C)(3)	16,217.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
MILWAUKEE URBAN LEAGUE 435 WEST NORTH AVENUE MILWAUKEE, WI 53212-3146	39-0826861	501 (C)(3)	133,558.	0.			CAMPAIGN FOR ACADEMIC ACHIEVEMENT
MILWAUKEE URBAN LEAGUE 435 WEST NORTH AVENUE MILWAUKEE, WI 53212-3146	39-0826861	501 (C)(3)	127,551.	0.			EMPLOYMENT ASSISTANCE PROGRAM
MILWAUKEE URBAN LEAGUE 435 WEST NORTH AVENUE MILWAUKEE, WI 53212-3146	39-0826861	501 (C)(3)	50,264.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
MILWAUKEE WOMEN'S CENTER, INC., THE - 728 N JAMES LOVELL ST - MILWAUKEE, WI 53233	32-0211087	501 (C)(3)	59,162.	0.			NEVERMORE BATTERERS TREATMENT
MILWAUKEE WOMEN'S CENTER, INC., THE - 728 N JAMES LOVELL ST - MILWAUKEE, WI 53233	32-0211087	501 (C)(3)	42,539.	0.			EMERGENCY SHELTER

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MILWAUKEE WOMEN'S CENTER, INC., THE - 728 N JAMES LOVELL ST - MILWAUKEE, WI 53233	32-0211087	501 (C)(3)	9,698.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
MOUNT MARY UNIVERSITY 2900 NORTH MENOMONEE RIVER PARKWAY MILWAUKEE, WI 53222-4597	39-0806154	501 (C)(3)	12,618.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
MOUNT SAINT VINCENT HOME CCCC TAX CREDIT - 4159 LOWELL BLVD - DENVER, CO 80211	84-0405260	501 (C)(3)	6,028.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
MUSEUM OF WISCONSIN ART 205 VETERANS AVENUE WEST BEND, WI 53095	39-1017647	501 (C)(3)	5,000.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
MUSLIM COMMUNITY AND HEALTH CENTER 803 WEST LAYTON AVENUE MILWAUKEE, WI 53221	45-2385629	501 (C)(3)	6,120.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
NAMI WAUKESHA INC 217 WISCONSIN AVENUE, SUITE 300 WAUKESHA, WI 53186-4946	39-1485627	501 (C)(3)	8,017.	0.			COURT SUPPORT & ADVOCACY
NAMI WAUKESHA, INC. 217 WISCONSIN AVENUE, SUITE 300 WAUKESHA, WI 53186-4946	39-1485627	501 (C)(3)	9,005.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
NATIONAL ACTION COUNCIL FOR MINORITIES IN ENGINEERING INC. - 1 NORTH BROADWAY, STE 601 - WHITE PLAINS, NY 10601	52-1190664	501 (C)(3)	6,425.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
NATIONAL MULTIPLE SCLEROSIS SOCIETY, WISCONSIN - 1120 JAMES DRIVE, SUITE A - HARTLAND, WI 53029	13-5661935	501 (C)(3)	6,700.	0.			DONOR DESIGNATION PLEDGE PAYMENTS

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NATIVITY JESUIT ACADEMY 1515 SOUTH 29 STREET MILWAUKEE, WI 53215	39-1741141	501 (C)(3)	157,795.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
NEAR WEST SIDE PARTNERS 624 NORTH 24 STREET, FIRST FLOOR MILWAUKEE, WI 53233	47-2708769	501 (C)(3)	52,613.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
NEHEMIAH PROJECT, INC. 2506 WEST VLIET STREET MILWAUKEE, WI 53205	39-1841047	501 (C)(3)	17,093.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
NEIGHBORHOOD HOUSE OF MILWAUKEE, INC. - 2819 W. RICHARDSON PLACE - MILWAUKEE, WI 53208-3546	39-0806269	501 (C)(3)	207,454.	0.			YOUTH DEVELOPMENT PROGRAM
NEIGHBORHOOD HOUSE OF MILWAUKEE, INC. - 2819 W. RICHARDSON PLACE - MILWAUKEE, WI 53208-3546	39-0806269	501 (C)(3)	103,510.	0.			EARLY CHILDHOOD EDUCATION
NEIGHBORHOOD HOUSE OF MILWAUKEE, INC. - 2819 W. RICHARDSON PLACE - MILWAUKEE, WI 53208-3546	39-0806269	501 (C)(3)	38,943.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
NEIGHBORHOOD HOUSE OF MILWAUKEE, INC. - 2819 W. RICHARDSON PLACE - MILWAUKEE, WI 53208-3546	39-0806269	501 (C)(3)	15,000.	0.			HEALTHY GIRLS
NEU-LIFE COMMUNITY DEVELOPMENT 2014 WEST NORTH AVENUE MILWAUKEE, WI 53205	39-1805861	501 (C)(3)	50,000.	0.			HEALTHY GIRLS
NEU-LIFE COMMUNITY DEVELOPMENT 2014 WEST NORTH AVENUE MILWAUKEE, WI 53205	39-1805861	501 (C)(3)	1,588.	0.			DONOR DESIGNATION PLEDGE PAYMENTS

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NEW CONCEPT SELF DEVELOPMENT CENTER INC. - 1531 WEST VLIET STREET - MILWAUKEE, WI 53205	39-1220236	501 (C)(3)	64,562.	0.			EACH ONE REACH ONE
NEW CONCEPT SELF DEVELOPMENT CENTER INC. - 1531 WEST VLIET STREET - MILWAUKEE, WI 53205	39-1220236	501 (C)(3)	41,979.	0.			MLK SOCIAL SERVICE
NEW CONCEPT SELF DEVELOPMENT CENTER INC. - 1531 WEST VLIET STREET - MILWAUKEE, WI 53205	39-1220236	501 (C)(3)	30,000.	0.			HEALTHY GIRLS
NEXT DOOR FOUNDATION, INC. 2545 NORTH 29TH STREET MILWAUKEE, WI 53210	39-1162969	501 (C)(3)	58,955.	0.			SKILLS BUILDING & GED FAST TRACK PROGRAM
NEXT DOOR FOUNDATION, INC. 2545 NORTH 29TH STREET MILWAUKEE, WI 53210	39-1162969	501 (C)(3)	219,622.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
NEXT DOOR FOUNDATION, INC. 2545 NORTH 29TH STREET MILWAUKEE, WI 53210	39-1162969	501 (C)(3)	10,000.	0.			SUMMER READING
NONPROFIT MANAGEMENT FUND 101 W. PLEASANT STREET, 201 MILWAUKEE, WI 53207	39-6036407	501 (C)(3)	35,000.	0.			CAPACITY BUILDING
NOTRE DAME SCHOOLS OF MILWAUKEE 1418 S LAYTON BLVD MILWAUKEE, WI 53215	39-1850760	501 (C)(3)	41,843.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
OSHKOSH AREA UNITED WAY, INC. 21 W NEW YORK AVE OSHKOSH, WI 54901-3757	39-1017908	501 (C)(3)	6,285.	0.			DONOR DESIGNATION PLEDGE PAYMENTS

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OUR NEXT GENERATION INC. 3421 W. LISBON AVENUE MILWAUKEE, WI 53208	39-1761838	501 (C)(3)	9,990.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
OUTREACH COMMUNITY HEALTH CENTERS, INC. - 711 W. CAPITOL DR. - MILWAUKEE, WI 53206	39-1353282	501 (C)(3)	65,868.	0.			MHCP GRANT
OUTREACH COMMUNITY HEALTH CENTERS, INC. - 711 W. CAPITOL DR. - MILWAUKEE, WI 53206	39-1353282	501 (C)(3)	3,600.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
OZAUKEE FAMILY SERVICES 885 BADGER CIRCLE GRAFTON, WI 53024-9436	39-1208203	501 (C)(3)	37,946.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
OZAUKEE FAMILY SERVICES 885 BADGER CIRCLE GRAFTON, WI 53024-9436	39-1208203	501 (C)(3)	25,603.	0.			COUNSELING SERVICES
OZAUKEE FAMILY SERVICES 885 BADGER CIRCLE GRAFTON, WI 53024-9436	39-1208203	501 (C)(3)	7,829.	0.			PREVENTION
PARACHEER SPIRIT NFP 2614 NORTH CLARK STREET CHICAGO, IL 60614-1523	83-2252996	501 (C)(3)	10,000.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
PARENTING NETWORK, INC., THE 7516 WEST BURLEIGH STREET MILWAUKEE, WI 53210-1030	39-1312225	501 (C)(3)	92,881.	0.			PARENTING EDUCATION & SUPPORT SERVICES
PARENTING NETWORK, INC., THE 7516 WEST BURLEIGH STREET MILWAUKEE, WI 53210-1030	39-1312225	501 (C)(3)	82,300.	0.			PARENT HELPLINE

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PARENTING NETWORK, INC., THE 7516 WEST BURLEIGH STREET MILWAUKEE, WI 53210-1030	39-1312225	501 (C)(3)	13,191.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
PARENTING NETWORK, INC., THE 7516 WEST BURLEIGH STREET MILWAUKEE, WI 53210-1030	39-1312225	501 (C)(3)	35,000.	0.			HEALTHY GIRLS
PARENTS PLACE, INC. 1570 EAST MORELAND BOULEVARD WAUKESHA, WI 53186	39-1513200	501 (C)(3)	61,096.	0.			COMMUNITY EDUCATION/BORN LEARNING
PARENTS PLACE, INC. 1570 EAST MORELAND BOULEVARD WAUKESHA, WI 53186	39-1513200	501 (C)(3)	13,008.	0.			SUPERVISED VISITATION
PARENTS PLACE, INC. 1570 EAST MORELAND BOULEVARD WAUKESHA, WI 53186	39-1513200	501 (C)(3)	3,949.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
PARTNERS WORLDWIDE 6139 TAHOE DRIVE SE GRAND RAPIDS, MI 49546	38-3293173	501 (C)(3)	10,000.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
PATHFINDERS 4200 NORTH HOLTON STREET, SUITE 400 MILWAUKEE, WI 53212	39-1185304	501 (C)(3)	55,806.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
PATHFINDERS 4200 NORTH HOLTON STREET, SUITE 400 MILWAUKEE, WI 53212	39-1185304	501 (C)(3)	43,319.	0.			Q-BLOK
PATHFINDERS 4200 NORTH HOLTON STREET, SUITE 400 MILWAUKEE, WI 53212	39-1185304	501 (C)(3)	50,000.	0.			HEALTHY GIRLS

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PATHFINDERS 4200 NORTH HOLTON STREET, SUITE 400 MILWAUKEE, WI 53212	39-1185304	501 (C)(3)	303,972.	0.			PATHFINDERS YOUTH SHELTER
PATHFINDERS 4200 NORTH HOLTON STREET, SUITE 400 MILWAUKEE, WI 53212	39-1185304	501 (C)(3)	190,049.	0.			CLINICAL SERVICES
PATHWAYS HIGH 336 W. WALNUT ST. MILWAUKEE, WI 53212	81-2564093	501 (C)(3)	22,580.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
PEARLS FOR TEEN GIRLS, INC. 1805 N. MARTIN LUTHER KING DRIVE MILWAUKEE, WI 53212	39-1997970	501 (C)(3)	105,344.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
PEARLS FOR TEEN GIRLS, INC. 1805 N. MARTIN LUTHER KING DRIVE MILWAUKEE, WI 53212	39-1997970	501 (C)(3)	96,000.	0.			HEALTHY GIRLS
PENFIELD CHILDREN'S CENTER 833 NORTH 26TH STREET MILWAUKEE, WI 53233-1507	39-1093701	501 (C)(3)	465,445.	0.			EARLY INTERVENTION/PARENT PROGRAM
PENFIELD CHILDREN'S CENTER 833 NORTH 26TH STREET MILWAUKEE, WI 53233-1507	39-1093701	501 (C)(3)	113,527.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
PENFIELD CHILDREN'S CENTER 833 NORTH 26TH STREET MILWAUKEE, WI 53233-1507	39-1093701	501 (C)(3)	45,516.	0.			BEHAVIORAL HEALTH CLINIC
PENFIELD MONTESSORI ACADEMY 1441 N 24TH ST MILWAUKEE, WI 53205	47-3685752	501 (C)(3)	7,495.	0.			DONOR DESIGNATION PLEDGE PAYMENTS

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PLANNED PARENTHOOD OF WISCONSIN ATTN: DEVELOPMENT DEPARTMENT MILWAUKEE, WI 53202-5917	39-0863391	501 (C)(3)	231,602.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
PLAYWORKS WISCONSIN 3600 W. PIERCE STREET MILWAUKEE, WI 53215	94-3251867	501 (C)(3)	25,000.	0.			HELPING KIDS SUCCEED
PLAYWORKS WISCONSIN 3600 W. PIERCE STREET MILWAUKEE, WI 53215	94-3251867	501 (C)(3)	390.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
PLYMOUTH COMMUNITY UNITED WAY 960 W. ANN ARBOR TRAIL PLYMOUTH, MI 48170	23-7327248	501 (C)(3)	67,539.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
PORTAL INC. 1015 CEDAR CREEK ROAD GRAFTON, WI 53024	39-1024001	501 (C)(3)	10,329.	0.			EMPLOYMENT READINESS AND ADVANCEMENT
PORTAL INC. 1015 CEDAR CREEK ROAD GRAFTON, WI 53024	39-1024001	501 (C)(3)	10,216.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
PREVENT BLINDNESS WISCONSIN 731 N JACKSON ST STE 405 MILWAUKEE, WI 53202-7600	39-6096227	501 (C)(3)	47,000.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
PROGRESSIVE COMMUNITY HEALTH CENTERS - 3522 W. LISBON AVENUE - MILWAUKEE, WI 53208	39-1958810	501 (C)(3)	79,832.	0.			MHCP GRANT
PROGRESSIVE COMMUNITY HEALTH CENTERS - 3522 W. LISBON AVENUE - MILWAUKEE, WI 53208	39-1958810	501 (C)(3)	50,000.	0.			HEALTH IMPROVEMENT FUND

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PROGRESSIVE COMMUNITY HEALTH CENTERS - 3522 W. LISBON AVENUE - MILWAUKEE, WI 53208	39-1958810	501 (C)(3)	30,000.	0.			HEALTHY BIRTH OUTCOMES
PROGRESSIVE COMMUNITY HEALTH CENTERS - 3522 W. LISBON AVENUE - MILWAUKEE, WI 53208	39-1958810	501 (C)(3)	476.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
PUBLIC ALLIES 735 N. WATER STREET, STE 550 MILWAUKEE, WI 53202-5000	52-1759564	501 (C)(3)	20,100.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
REPAIRERS OF THE BREACH, INC. 6101 W. VLIET STREET, SUITE B MILWAUKEE, WI 53213-2485	39-1707495	501 (C)(3)	49,143.	0.			WARMING ROOM SUPPORT
REPAIRERS OF THE BREACH, INC. 6101 W. VLIET STREET, SUITE B MILWAUKEE, WI 53213-2485	39-1707495	501 (C)(3)	2,018.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
RIVEREDGE NATURE CENTER INC 4458 COUNTY ROAD Y NEWBURG, WI 53060	39-6108549	501 (C)(3)	7,981.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
RIVERWEST FOOD PANTRY 2610 N MARTIN LUTHER KING DR MILWAUKEE, WI 53212	46-3422131	501 (C)(3)	5,109.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
ROCKETSHIP EDUCATION WISCONSIN 3003 WEST CLEVELAND AVENUE MILWAUKEE, WI 53215	90-0951861	501 (C)(3)	6,000.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
RONALD MCDONALD HOUSE CHARITIES OF EASTERN WISCONSIN - 8948 W WATERTOWN PLANK ROAD - WAUWATOSA, WI 53226	39-1433107	501 (C)(3)	12,300.	0.			DONOR DESIGNATION PLEDGE PAYMENTS

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RUNNING REBELS COMMUNITY ORGANIZATION - 225 W CAPITAL DR - MILWAUKEE, WI 53212	39-3910464	501 (C)(3)	20,000.	0.			HEALTHY GIRLS
RUNNING REBELS COMMUNITY ORGANIZATION - 225 W CAPITAL DR - MILWAUKEE, WI 53212	39-3910464	501 (C)(3)	5,754.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
SAINT MONICA SCHOOL 160 E. SILVER SPRING DR. WHITEFISH BAY, WI 53217	39-0807225	501 (C)(3)	5,218.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
SAINT THOMAS MORE HIGH SCHOOL 2601 EAST MORGAN AVENUE BAY VIEW, WI 53207	39-1163083	501 (C)(3)	10,750.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
SALVATION ARMY - WAUKESHA 445 MADISON STREET WAUKESHA, WI 53188	13-2923701	501 (C)(3)	60,261.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
SALVATION ARMY, THE- WAUKESHA COUNTY - 445 MADISON STREET - WAUKESHA, WI 53188	13-2923701	501 (C)(3)	214,479.	0.			EMERGENCY LODGE
SALVATION ARMY, THE- WAUKESHA COUNTY - 445 MADISON STREET - WAUKESHA, WI 53188	13-2923701	501 (C)(3)	21,012.	0.			FAMILY SERVICES
SALVATION ARMY, THE- WAUKESHA COUNTY - 445 MADISON STREET - WAUKESHA, WI 53188	13-2923701	501 (C)(3)	4,366.	0.			COMMUNITY MEAL PROGRAM
SALVATION ARMY, THE- WISCONSIN & UPPER MICHIGAN - 11315 WEST WATERTOWN PLANK ROAD - WAUWATOSA, WI 53226-0019	13-2923701	501 (C)(3)	21,094.	0.			EMPLOYMENT ASSISTANCE

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SANTA CLARA COLLEGE 500 EL CAMINO REAL SANTA CLARA, CA 95050	94-1156617	501 (C)(3)	10,000.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
SCHOOLS THAT CAN MILWAUKEE CITY FORWARD COLLECTIVE - 111 W PLEASANT ST # 101 - MILWAUKEE, WI 53212-3939	27-2818891	501 (C)(3)	189,026.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
SECUREFUTURES 710 PLANKINTON AVENUE MILWAUKEE, WI 53203	20-5203533	501 (C)(3)	27,160.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
SERENITY INNS, INC. 2825 WEST BROWN STREET MILWAUKEE, WI 53208	41-2034019	501 (C)(3)	12,885.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
SHARON LYNNE WILSON CENTER FOR THE ARTS INC. - 19805 WEST CAPITOL DRIVE - BROOKFIELD, WI 53045	39-1787648	501 (C)(3)	26,000.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
SHARP LITERACY, INC. 5775 N GLEN PARK RD #202 MILWAUKEE, WI 53209	39-1963963	501 (C)(3)	10,454.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
SHOREWOOD SEED FOUNDATION POST OFFICE BOX 71235 GLENDALE, WI 53211	04-3750042	501 (C)(3)	13,599.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
SILVER SPRING NEIGHBORHOOD CENTER INC. - 5460 NORTH 64TH STREET - MILWAUKEE, WI 53218	39-0966281	501 (C)(3)	53,518.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
SILVER SPRING NEIGHBORHOOD CENTER INC. - 5460 NORTH 64TH STREET - MILWAUKEE, WI 53218	39-0966281	501 (C)(3)	500.	0.			P5 GRANT

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SILVER SPRING NEIGHBORHOOD CENTER, INC. - 5460 NORTH 64TH STREET - MILWAUKEE, WI 53218	39-0966281	501 (C)(3)	307,288.	0.			YOUTH SOCIAL DEVELOPMENT
SILVER SPRING NEIGHBORHOOD CENTER, INC. - 5460 NORTH 64TH STREET - MILWAUKEE, WI 53218	39-0966281	501 (C)(3)	169,730.	0.			ELAINE SCHREIBER CHILD DEVELOPMENT CENTER
SILVER SPRING NEIGHBORHOOD CENTER, INC. - 5460 NORTH 64TH STREET - MILWAUKEE, WI 53218	39-0966281	501 (C)(3)	21,899.	0.			COMMUNITY FOOD BANK
SIXTEENTH STREET COMMUNITY HEALTH CENTERS INC. - 1337 SOUTH 16TH STREET, 2ND FLOOR - MILWAUKEE, WI 53204-2712	39-1180475	501 (C)(3)	476,242.	0.			MHCP GRANT
SIXTEENTH STREET COMMUNITY HEALTH CENTERS INC. - 1337 SOUTH 16TH STREET, 2ND FLOOR - MILWAUKEE, WI 53204-2712	39-1180475	501 (C)(3)	37,500.	0.			WAUKESHA AODA AND BEHAVIORAL HEALTH PROGRAM
SIXTEENTH STREET COMMUNITY HEALTH CENTERS INC. - 1337 SOUTH 16TH STREET, 2ND FLOOR - MILWAUKEE, WI 53204-2712	39-1180475	501 (C)(3)	32,000.	0.			HEALTH IMPROVEMENT FUND
SIXTEENTH STREET COMMUNITY HEALTH CENTERS INC. - 1337 SOUTH 16TH STREET, 2ND FLOOR - MILWAUKEE, WI 53204-2712	39-1180475	501 (C)(3)	133,221.	0.			THE GREAT START PROGRAM
SIXTEENTH STREET COMMUNITY HEALTH CENTERS INC. - 1337 SOUTH 16TH STREET, 2ND FLOOR - MILWAUKEE, WI 53204-2712	39-1180475	501 (C)(3)	36,332.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
SOCIAL DEVELOPMENT FOUNDATION 1730 WEST NORTH AVENUE MILWAUKEE, WI 53205	47-0923289	501 (C)(3)	90,000.	0.			VITA TAX PROGRAM

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SOCIAL DEVELOPMENT FOUNDATION 1730 WEST NORTH AVENUE MILWAUKEE, WI 53205	47-0923289	501 (C)(3)	2,500.	0.			FATHERHOOD SUMMIT
SOCIAL DEVELOPMENT FOUNDATION 1730 WEST NORTH AVENUE MILWAUKEE, WI 53205	47-0923289	501 (C)(3)	1,932.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
SOJOURNER FAMILY PEACE CENTER, INC. - 619 WEST WALNUT STREET - MILWAUKEE, WI 53212	39-1276210	501 (C)(3)	126,617.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
SOJOURNER FAMILY PEACE CENTER, INC. - 619 WEST WALNUT STREET - MILWAUKEE, WI 53212	39-1276210	501 (C)(3)	112,566.	0.			COURTHOUSE ADVOCACY
SOJOURNER FAMILY PEACE CENTER, INC. - 619 WEST WALNUT STREET - MILWAUKEE, WI 53212	39-1276210	501 (C)(3)	36,521.	0.			EMERGENCY SHELTER
SOJOURNER FAMILY PEACE CENTER, INC. - 619 WEST WALNUT STREET - MILWAUKEE, WI 53212	39-1276210	501 (C)(3)	22,590.	0.			BEYOND ABUSE
SOJOURNER FAMILY PEACE CENTER, INC. - 619 WEST WALNUT STREET - MILWAUKEE, WI 53212	39-1276210	501 (C)(3)	15,704.	0.			DOMESTIC ABUSE VICTIM ADVOCATES
SPECIAL OLYMPICS WISCONSIN-GREATER MILWAUKEE AREA - 10224 N PORT WASHINGTON RD - MEQUON, WI 53092	39-1176591	501 (C)(3)	8,202.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
ST FRANCIS XAVIER PARISH & SCHOOL 524 9TH ST WILMETTE, IL 60091	36-2171003	501 (C)(3)	16,875.	0.			DONOR DESIGNATION PLEDGE PAYMENTS

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ST. ANN CENTER FOR INTERGENERATIONAL CARE - 2801 EAST MORGAN AVENUE - MILWAUKEE, WI 53207	39-1757756	501 (C)(3)	102,294.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
ST. AUGUSTINE PREPARATORY ACADEMY 2607 SOUTH 5TH STREET MILWAUKEE, WI 53207	47-1800734	501 (C)(3)	86,094.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
ST. BENEDICT COMMUNITY MEAL PROGRAM - 1015 NORTH NINTH STREET - MILWAUKEE, WI 53233	39-0806264	501 (C)(3)	18,000.	0.			WARMING ROOM SUPPORT
ST. BENEDICT COMMUNITY MEAL PROGRAM - 1015 NORTH NINTH STREET - MILWAUKEE, WI 53233	39-0806264	501 (C)(3)	5,184.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
ST. COLETTA OF WISCONSIN, INC. N4637 COUNTY ROAD Y JEFFERSON, WI 53549	39-0816855	501 (C)(3)	101,429.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
ST. ELIZABETH ANN SETON DENTAL CLINIC - 1730 SOUTH 13 STREET - MILWAUKEE, WI 53204	39-1494981	501 (C)(3)	48,702.	0.			RESTORATIVE CARE PROGRAM
ST. ELIZABETH ANN SETON DENTAL CLINIC - 1730 SOUTH 13 STREET - MILWAUKEE, WI 53204	39-1494981	501 (C)(3)	30,324.	0.			HEALTHY TEETH FOR CHILDREN
ST. FRANCIS CHILDREN'S CENTER 6700 NORTH PORT WASHINGTON ROAD MILWAUKEE, WI 53217	39-6092761	501 (C)(3)	42,277.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
ST. JOSEPH ACADEMY 1600 WEST OKLAHOMA AVENUE MILWAUKEE, WI 53215-4518	39-0806262	501 (C)(3)	3,049.	0.			DONOR DESIGNATION PLEDGE PAYMENTS

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ST. JOSEPH ACADEMY 1600 WEST OKLAHOMA AVENUE MILWAUKEE, WI 53215-4518	39-0806262	501 (C)(3)	55,727.	0.			EARLY CHILDHOOD EDUCATION CENTER
ST. JOSEPH'S MEDICAL CLINIC 826 NORTH EAST AVENUE WAUKESHA, WI 53186	39-1273248	501 (C)(3)	93,626.	0.			MEDICAL SERVICES
ST. MARCUS LUTHERAN SCHOOL 2215 NORTH PALMER STREET MILWAUKEE, WI 53212	39-0850377	501 (C)(3)	60,306.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
STARTING POINT, INC. 11514 N PORT WASHINGTON RD STE 120 MEQUON, WI 53092	39-1246685	501 (C)(3)	24,012.	0.			LEAD PROGRAM
STARTING POINT, INC. 11514 N PORT WASHINGTON RD STE 120 MEQUON, WI 53092	39-1246685	501 (C)(3)	5,110.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
TEACH FOR AMERICA MILWAUKEE 700 W VIRGINIA STREET SUITE 610 MILWAUKEE, WI 53204	13-3541913	501 (C)(3)	77,043.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
TEEN CHALLENGE INTERNATIONAL WISCONSIN - 9236 WEST APPLETON AVENUE - MILWAUKEE, WI 53225	39-1447329	501 (C)(3)	12,337.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
TEENS GROW GREENS 322 E MICHIGAN ST STE 204 MILWAUKEE, WI 53202	36-4770419	501 (C)(3)	7,000.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
THREE HARBORS COUNCIL, BOY SCOUTS OF AMERICA - 330 SOUTH 84 STREET - MILWAUKEE, WI 53214-1468	45-3321626	501 (C)(3)	571,645.	0.			LEARNING FOR LIFE

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THREE HARBORS COUNCIL, BOY SCOUTS OF AMERICA - 330 SOUTH 84 STREET - MILWAUKEE, WI 53214-1468	45-3321626	501 (C)(3)	73,786.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
TIPPECANOE PRESBYTERIAN CHURCH 125 W SAVELAND BAY VIEW, WI 53207	23-6393377	501 (C)(3)	13,400.	0.			WARMING ROOM SUPPORT
TRI-CITY AREA UNITED WAY 1812 HALL AVENUE MARINETTE, WI 54143	38-6034023	501 (C)(3)	5,728.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
UNITED COMMUNITY CENTER, INC 1028 SOUTH NINTH STREET MILWAUKEE, WI 53204-1395	39-1146191	501 (C)(3)	297,373.	0.			BEFORE & AFTER SCHOOL CARE PROGRAM
UNITED COMMUNITY CENTER, INC 1028 SOUTH NINTH STREET MILWAUKEE, WI 53204-1395	39-1146191	501 (C)(3)	192,292.	0.			YOUTH EMPOWERED TO SUCCEED
UNITED COMMUNITY CENTER, INC 1028 SOUTH NINTH STREET MILWAUKEE, WI 53204-1395	39-1146191	501 (C)(3)	115,194.	0.			ELDERLY PROGRAM
UNITED COMMUNITY CENTER, INC 1028 SOUTH NINTH STREET MILWAUKEE, WI 53204-1395	39-1146191	501 (C)(3)	97,283.	0.			AFTER SCHOOL ACHIEVEMENT
UNITED MIGRANT OPPORTUNITY SERVICES UMOS - 2701 SOUTH CHASE AVENUE - MILWAUKEE, WI 53207-1450	39-1047172	501 (C)(3)	10,000.	0.			HEALTHY YOUTH
UNITED MIGRANT OPPORTUNITY SERVICES UMOS - 2701 SOUTH CHASE AVENUE - MILWAUKEE, WI 53207-1450	39-1047172	501 (C)(3)	30,000.	0.			HEALTHY GIRLS

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UNITED NEGRO COLLEGE FUND-MILWAUKEE - POST OFFICE BOX 240933 - MILWAUKEE, WI 53224-9024	13-1624241	501 (C)(3)	12,863.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
UNITED PERFORMING ARTS FUND INC. 301 W. WISCONSIN AVE. SUITE 600 MILWAUKEE, WI 53203	39-6100399	501 (C)(3)	236,718.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
UNITED WAY BLACKHAWK REGION 205 NORTH MAIN STREET, SUITE 101 JANESVILLE, WI 53545	39-6006734	501 (C)(3)	17,002.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
UNITED WAY CALIFORNIA CAPITAL REGION - 10389 OLD PLACERVILLE ROAD - SACRAMENTO, CA 95827	94-1225382	501 (C)(3)	6,267.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
UNITED WAY FOR SOUTHEASTERN MICHIGAN - 3011 W GRAND BLVD, SUITE 500 - DETROIT, MI 48202-3012	20-3099071	501 (C)(3)	36,933.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
UNITED WAY FOX CITIES, INC. 1455 MIDWAY ROAD MENASHA, WI 54952	39-0912895	501 (C)(3)	44,334.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
UNITED WAY OF BREVARD COUNTY 937 DIXON BOULEVARD COCOA, FL 32922-6806	59-0836384	501 (C)(3)	18,172.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
UNITED WAY OF CENTRAL CAROLINAS, INC. - 301 SOUTH BREVARD STREET - CHARLOTTE, NC 28202-2317	56-0529948	501 (C)(3)	5,724.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
UNITED WAY OF CENTRAL INDIANA 2955 N MERIDIAN ST., STE 300 INDIANAPOLIS, IN 46208	35-1007590	501 (C)(3)	6,506.	0.			DONOR DESIGNATION PLEDGE PAYMENTS

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UNITED WAY OF DANE COUNTY, INC. 2059 ATWOOD AVENUE MADISON, WI 53704	39-0817532	501 (C)(3)	129,633.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
UNITED WAY OF DOOR COUNTY 57 NORTH THIRD AVENUE STURGEON BAY, WI 54235	39-1799879	501 (C)(3)	5,844.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
UNITED WAY OF FLORENCE COUNTY 1621 WEST PALMETTO STREET FLORENCE, SC 29501-4133	57-0368721	501 (C)(3)	6,037.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
UNITED WAY OF GREATER ATLANTA 100 EDGEWOOD AVE NE ATLANTA, GA 30303	58-0566194	501 (C)(3)	9,344.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
UNITED WAY OF GREATER CHIPPEWA VALLEY, INC. - 3603 NORTH HASTINGS WAY, SUITE 200 - EAU CLAIRE, WI 54703	39-1077901	501 (C)(3)	35,959.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
UNITED WAY OF GREATER CINCINNATI 2400 READING ROAD CINCINNATI, OH 45202	31-0537502	501 (C)(3)	24,266.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
UNITED WAY OF GREATER CLEVELAND 1331 EUCLID AVE CLEVELAND, OH 44115	34-6516654	501 (C)(3)	62,614.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
UNITED WAY OF GREATER HOUSTON 50 WAUGH DR HOUSTON, TX 77007	74-1167964	501 (C)(3)	10,174.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
UNITED WAY OF GREATER LOS ANGELES 1150 SOUTH OLIVE STREET LOS ANGELES, CA 90015-2211	95-2274801	501 (C)(3)	19,771.	0.			DONOR DESIGNATION PLEDGE PAYMENTS

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UNITED WAY OF GREATER MILWAUKEE & WAUKESHA COUNTY, INC. - 225 WEST VINE STREET - MILWAUKEE, WI 53212	39-0806190	501 (C)(3)	36,656.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
UNITED WAY OF GREATER ROCHESTER, INC. - 75 COLLEGE AVE - ROCHESTER, NY 14607	16-1015782	501 (C)(3)	7,038.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
UNITED WAY OF GREATER ST. JOSEPH 118 SOUTH FIFTH STREET, FIRST FLOOR SAINT JOSEPH, MO 64501	44-0547802	501 (C)(3)	41,477.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
UNITED WAY OF GREATER ST. LOUIS, INC. - 910 NORTH ELEVENTH STREET - SAINT LOUIS, MO 63101	43-0714167	501 (C)(3)	11,777.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
UNITED WAY OF GREATER TOLEDO 424 JACKSON ST TOLEDO, OH 43604	34-4427947	501 (C)(3)	9,570.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
UNITED WAY OF HARRISONBURG AND ROCKINGHAM CO., INC. - POST OFFICE BOX 326 - HARRISONBURG, VA 22803-0326	54-0632716	501 (C)(3)	30,877.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
UNITED WAY OF KENOSHA COUNTY 5500 6TH AVENUE, SUITE 210 KENOSHA, WI 53140-3710	39-0806285	501 (C)(3)	22,223.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
UNITED WAY OF KING COUNTY 720 SECOND AVENUE SEATTLE, WA 98104	91-0565555	501 (C)(3)	13,118.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
UNITED WAY OF LAKE COUNTY, INC 9285 PROGRESS PARKWAY MENTOR, OH 44060-1854	34-1105038	501 (C)(3)	11,804.	0.			DONOR DESIGNATION PLEDGE PAYMENTS

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UNITED WAY OF LAKE COUNTY, INC. 330 SOUTH GREENLEAF STREET GURNEE, IL 60031	36-2167949	501 (C)(3)	5,049.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
UNITED WAY OF LEE COUNTY, INC. 2133 EXECUTIVE PARK DRIVE OPELIKA, AL 36801	23-7107722	501 (C)(3)	5,736.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
UNITED WAY OF LEE COUNTY, INC. POST OFFICE BOX 382 DIXON, IL 61021-0382	36-6009288	501 (C)(3)	155.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
UNITED WAY OF MARATHON COUNTY, INC (WI) - 705 S 24TH ST STE 400B - WAUSAU, WI 54401	39-0935496	501 (C)(3)	14,570.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
UNITED WAY OF MASSACHUSETTS BAY AND MERRIMACK VALLEY - 51 SLEEPER STREET - BOSTON, MA 02210-1208	04-2382233	501 (C)(3)	9,921.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
UNITED WAY OF METROPOLITAN CHICAGO 1750 GRANDSTAND PLACE, SUITE 5 ELGIN, IL 60123-4900	30-0200478	501 (C)(3)	198,317.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
UNITED WAY OF METROPOLITAN DALLAS, INC. - 1800 NORTH LAMAR STREET - DALLAS, TX 75202	75-6005352	501 (C)(3)	8,924.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
UNITED WAY OF NORMAN INC. (OK) 2424 SPRINGER DR SUITE 304 NORMAN, OK 73069	73-0668684	501 (C)(3)	30,196.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
UNITED WAY OF NORTH CENTRAL MASS., INC. - 649 JOHN FITCH HWY - FITCHBURG, MA 01420	04-2233021	501 (C)(3)	5,474.	0.			DONOR DESIGNATION PLEDGE PAYMENTS

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UNITED WAY OF NORTHERN OZAUKEE COUNTY - POST OFFICE BOX 39 - PORT WASHINGTON, WI 53074	23-7084522	501 (C)(3)	24,858.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
UNITED WAY OF PORTAGE COUNTY (WI) 1100 CENTERPOINT DRIVE, # 302 STEVENS POINT, WI 54481	39-0831152	501 (C)(3)	25,638.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
UNITED WAY OF RACINE COUNTY 2000 DOMANIK DRIVE RACINE, WI 53404	39-0806349	501 (C)(3)	158,110.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
UNITED WAY OF ROCK RIVER VALLEY 612 NORTH MAIN STREET, SUITE 300 ROCKFORD, IL 61103	36-2167843	501 (C)(3)	10,450.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
UNITED WAY OF SHEBOYGAN COUNTY 2020 ERIE AVENUE SHEBOYGAN, WI 53081-3711	39-0808471	501 (C)(3)	13,322.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
UNITED WAY OF SOUTHWEST GEORGIA 112 WESTOVER BLVD ALBANY, GA 31707	58-0655156	501 (C)(3)	23,912.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
UNITED WAY OF SUMMIT COUNTY, INC. 37 N. HIGH ST, SUITE A AKRON, OH 44308	34-1169257	501 (C)(3)	15,361.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
UNITED WAY OF TARRANT COUNTY 210 E. NINTH STREET FORT WORTH, TX 76102-6494	75-0858360	501 (C)(3)	11,082.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
UNITED WAY OF THE COLUMBIA-WILLAMETTE - 619 SW 11 AVENUE SUITE 300 - PORTLAND, OR 97205-2646	93-0582124	501 (C)(3)	6,133.	0.			DONOR DESIGNATION PLEDGE PAYMENTS

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UNITED WAY OF THE GREATER TRIANGLE, INC. - 800 PARK OFFICES DRIVE - DURHAM, NC 27709	56-1949103	501 (C)(3)	5,512.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
UNITED WAY OF THE NATIONAL CAPITAL AREA - 1577 SPRING HILL RD STE 420 - VIENNA, VA 22182	53-0234290	501 (C)(3)	6,111.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
UNITED WAY OF THE PLAINS 245 NORTH WATER STREET WICHITA, KS 67202-2090	48-0547688	501 (C)(3)	33,480.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
UNITED WAY OF WALWORTH COUNTY N6359 HIGHWAY 12/67 ELKHORN, WI 53121	39-6108550	501 (C)(3)	9,492.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
UNITED WAY OF WASHINGTON COUNTY 215 NORTH MAIN STREET STE 110 WEST BEND, WI 53095	23-7281696	501 (C)(3)	62,305.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
UNITED WAY OF WASHTENAW 2305 PLATT ROAD ANN ARBOR, MI 48104	38-1951024	501 (C)(3)	13,693.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
UNITED WAY OF YORK COUNTY 800 EAST KING STREET YORK, PA 17403	23-1352588	501 (C)(3)	52,173.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
UNITED WAY OF YUMA COUNTY 180 WEST 1ST STREET, SUITE B YUMA, AZ 85364	86-0211326	501 (C)(3)	11,029.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
UNITED WAY SERVICES OF GEAUGA COUNTY - 209 CENTER STREET - CHARDON, OH 44024-1189	20-5575556	501 (C)(3)	6,833.	0.			DONOR DESIGNATION PLEDGE PAYMENTS

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY SUNCOAST (SARASOTA COUNTY) - 1800 2ND STREET, SUITE 102 - SARASOTA, FL 34236	59-3725701	501 (C)(3)	12,986.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
UNITED WAY WORLDWIDE 701 NORTH FAIRFAX STREET ALEXANDRIA, VA 22314-2045	13-1635294	501 (C)(3)	74,828.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
UNITY IN MOTION, INC. POST OFFICE BOX 511131 MILWAUKEE, WI 53203	26-3696451	501 (C)(3)	27,287.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
UNIVERSITY OF MICHIGAN-ELBEL CLUB (MI) - ATTN: K. BAUMGARTNER - REVELLI HALL - ANN ARBOR, MI 48104-3707	38-6006309	501 (C)(3)	4,988.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
UNIVERSITY OF WISCONSIN - FOUNDATION - 1848 UNIVERSITY AVENUE - MADISON, WI 53726-4090	39-0743975	501 (C)(3)	1,740,225.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
UNIVERSITY SCHOOL OF MILWAUKEE 2100 WEST FAIRY CHASM ROAD MILWAUKEE, WI 53217	39-6076442	501 (C)(3)	55,939.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
URBAN ECOLOGY CENTER 1500 EAST PARK PLACE MILWAUKEE, WI 53211-3587	39-1712663	501 (C)(3)	49,095.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
USHERS NEW LOOK 500 BISHOP ST NW STE B5 ATLANTA, GA 30318-4369	58-2480934	501 (C)(3)	10,500.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
UWM FOUNDATION, THE 1440 E NORTH AVE MILWAUKEE, WI 53202	23-7337744	501 (C)(3)	1,020,859.	0.			DONOR DESIGNATION PLEDGE PAYMENTS

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UNITED WAY OF GREATER MILWAUKEE &
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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VALLEY OF THE SUN UNITED WAY 3200 E CAMELBACK RD STE 375 PHOENIX, AZ 85018	86-0104419	501 (C)(3)	37,948.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
VERSITI 638 N 18 STREET MILWAUKEE, WI 53233	39-0807235	501 (C)(3)	9,000.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
VISION FORWARD ASSOCIATION, INC. 912 NORTH HAWLEY ROAD MILWAUKEE, WI 53213	39-0808506	501 (C)(3)	37,405.	0.			CHILDREN'S SERVICES
VISION FORWARD ASSOCIATION, INC. 912 NORTH HAWLEY ROAD MILWAUKEE, WI 53213	39-0808506	501 (C)(3)	32,462.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
WALKER'S POINT YOUTH & FAMILY CENTER - 2030 WEST NATIONAL AVENUE - MILWAUKEE, WI 53204	39-1247541	501 (C)(3)	12,500.	0.			HEALTHY GIRLS
WALKER'S POINT YOUTH & FAMILY CENTER - 2030 WEST NATIONAL AVENUE - MILWAUKEE, WI 53204	39-1247541	501 (C)(3)	18,879.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
WALKER'S POINT YOUTH & FAMILY CENTER - 2030 WEST NATIONAL AVENUE - MILWAUKEE, WI 53204	39-1247541	501 (C)(3)	170,914.	0.			RUNAWAY SERVICES
WALLIN EDUCATION PARTNERS 5200 WILLSON ROAD, SUITE 209 MINNEAPOLIS, MN 55424	20-8505156	501 (C)(3)	26,750.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
WARREN VILLAGE CCCC TAX CREDIT 1323 GILPIN STREET DENVER, CO 80218-2552	84-0644270	501 (C)(3)	7,358.	0.			DONOR DESIGNATION PLEDGE PAYMENTS

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WAUKESHA COUNTY COMMUNITY DENTAL CLINIC - 210 NW BARSTOW STREET, SUITE 305 - WAUKESHA, WI 53188	30-0436162	501 (C)(3)	26,983.	0.			ADULT DENTAL CARE PROGRAM
WAUKESHA COUNTY COMMUNITY DENTAL CLINIC - 210 NW BARSTOW STREET, SUITE 305 - WAUKESHA, WI 53188	30-0436162	501 (C)(3)	3,157.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
WEST ALLIS-WEST MKE EDUCATION FOUNDATION - 1205 SOUTH 70 STREET - WEST ALLIS, WI 53214	20-8209763	501 (C)(3)	6,058.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
WHEATON FRANCISCAN ST. JOSEPH 5000 W CHAMBERS STREET MILWAUKEE, WI 53210	39-1636804	501 (C)(3)	40,000.	0.			HEALTHY BIRTH OUTCOMES
WIREGRASS UNITED WAY, INC. POST OFFICE BOX 405 DOTHAN, AL 36302-0405	63-6000270	501 (C)(3)	5,159.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
WISCONSIN COMMUNITY SERVICES, INC. 3732 WEST WISCONSIN AVENUE, SUITE 3 MILWAUKEE, WI 53208-3166	39-0808464	501 (C)(3)	246,382.	0.			CRIMINAL JUSTICE RECOVERY SERVICES
WISCONSIN COMMUNITY SERVICES, INC. 3732 WEST WISCONSIN AVENUE, SUITE 3 MILWAUKEE, WI 53208-3166	39-0808464	501 (C)(3)	135,806.	0.			COMMUNITY REINTEGRATION SERVICES
WISCONSIN COMMUNITY SERVICES, INC. 3732 WEST WISCONSIN AVENUE, SUITE 3 MILWAUKEE, WI 53208-3166	39-0808464	501 (C)(3)	59,262.	0.			YOUTH ENHANCED SUPPORT
WISCONSIN COMMUNITY SERVICES, INC. 3732 WEST WISCONSIN AVENUE, SUITE 3 MILWAUKEE, WI 53208-3166	39-0808464	501 (C)(3)	36,917.	0.			MEDIATION AND RESTORATIVE JUSTICE CENTER

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WISCONSIN COMMUNITY SERVICES, INC. 3732 WEST WISCONSIN AVENUE, SUITE 3 MILWAUKEE, WI 53208-3166	39-0808464	501 (C)(3)	30,324.	0.			DRIVER'S LICENSE RECOVERY
WISCONSIN COMMUNITY SERVICES, INC. 3732 WEST WISCONSIN AVENUE, SUITE 3 MILWAUKEE, WI 53208-3166	39-0808464	501 (C)(3)	25,000.	0.			HEALTHY GIRLS
WISCONSIN COMMUNITY SERVICES, INC. 3732 WEST WISCONSIN AVENUE, SUITE 3 MILWAUKEE, WI 53208-3166	39-0808464	501 (C)(3)	4,096.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
WISCONSIN EQUAL JUSTICE FUND POST OFFICE BOX 475 WAUSAU, WI 54402-0475	39-1904737	501 (C)(3)	5,885.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
WISCONSIN HISTORICAL REAL ESTATE FOUNDATION - 816 STATE ST - MADISON, WI 53706	30-0595385	501 (C)(3)	5,000.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
WISCONSIN HUMANE SOCIETY 4500 WEST WISCONSIN AVENUE MILWAUKEE, WI 53208-3156	39-0810533	501 (C)(3)	36,542.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
WISCONSIN LUTHERAN CHILD & FAMILY SERVICE - W175 N11120 STONEWOOD DRIVE - GERMANTOWN, WI 53022	39-1047224	501 (C)(3)	16,915.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
WISCONSIN LUTHERAN COLLEGE 8800 W BLUEMOUND RD MILWAUKEE, WI 53226	23-7179639	501 (C)(3)	11,250.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
WISCONSIN LUTHERAN HIGH SCHOOL 330 N GLENVIEW AVE MILWAUKEE, WI 53213	39-0888758	501 (C)(3)	16,250.	0.			DONOR DESIGNATION PLEDGE PAYMENTS

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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WISCONSIN PRESERVATION FUND 1000 N MARKET ST 17TH FL MILWAUKEE, WI 53202	39-1657657	501 (C)(3)	175,000.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
WISCONSIN PRIMARY HEALTH CARE ASSOCIATION - 5202 EASTPARK BLVD., SUITE 109 - MADISON, WI 53718-2151	39-1407034	501 (C)(3)	159,000.	0.			MHCP GRANT
WISCONSIN RIGHT TO LIFE EDUCATION FUND - 5317 N 118TH CT - MILWAUKEE, WI 53217	39-1548867	501 (C)(3)	6,098.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
WISCONSIN VETERANS NETWORK 6317 EW GREENFIELD AVE WEST ALLIS, WI 53214	82-1043745	501 (C)(3)	15,000.	0.			VETSNET WAUKESHA
WOMEN'S CARE CENTER 1441 NORTH FARWELL AVENUE MILWAUKEE, WI 53202	81-4537878	501 (C)(3)	6,734.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
WOMEN'S CENTER, THE 505 NORTH EAST AVENUE WAUKESHA, WI 53186	39-1269698	501 (C)(3)	127,794.	0.			TRANSITIONAL LIVING & DOMESTIC VIOLENCE PROGRAM
WOMEN'S CENTER, THE 505 NORTH EAST AVENUE WAUKESHA, WI 53186	39-1269698	501 (C)(3)	30,083.	0.			EMPLOYMENT
WOMEN'S CENTER, THE 505 NORTH EAST AVENUE WAUKESHA, WI 53186	39-1269698	501 (C)(3)	26,706.	0.			SEXUAL ABUSE & ASSAULT COUNSELING
WOMEN'S CENTER, THE 505 NORTH EAST AVENUE WAUKESHA, WI 53186	39-1269698	501 (C)(3)	22,377.	0.			CHILD ABUSE PREVENTION

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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WOMEN'S CENTER, THE 505 NORTH EAST AVENUE WAUKESHA, WI 53186	39-1269698	501 (C)(3)	29,864.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
WOMEN'S CENTER, THE 505 NORTH EAST AVENUE WAUKESHA, WI 53186	39-1269698	501 (C)(3)	500.	0.			P5 GRANT
WOMEN'S FUND OF GREATER MILWAUKEE INC. - 316 NORTH MILWAUKEE STREET, SUITE 215 - MILWAUKEE, WI 53202	20-3514894	501 (C)(3)	20,915.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
WRTP/BIG STEP 3841 WEST WISCONSIN AVE MILWAUKEE, WI 53208	39-1838210	501 (C)(3)	5,494.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
YESHIVA ELEMENTARY SCHOOL 5115 W. KEEFE AVE MILWAUKEE, WI 53216	39-1631932	501 (C)(3)	25,000.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
YMCA AT PABST FARMS 1750 VALLEY ROAD OCONOMOWOC, WI 53066	39-0806378	501 (C)(3)	34,122.	0.			DAY CARE
YMCA AT PABST FARMS 1750 VALLEY ROAD OCONOMOWOC, WI 53066	39-0806378	501 (C)(3)	29,927.	0.			SPECIAL PROGRAMS
YMCA AT PABST FARMS 1750 VALLEY ROAD OCONOMOWOC, WI 53066	39-0806378	501 (C)(3)	13,518.	0.			YOUTH & COMMUNITY
YMCA AT PABST FARMS 1750 VALLEY ROAD OCONOMOWOC, WI 53066	39-0806378	501 (C)(3)	7,168.	0.			DONOR DESIGNATION PLEDGE PAYMENTS

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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YMCA KETTLE MORaine 1111 WEST WASHINGTON STREET WEST BEND, WI 53095	39-1175559	501 (C)(3)	6,239.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
YMCA OF GREATER WAUKESHA COUNTY 3610 MICHELLE WITMER MEMORIAL DRIVE NEW BERLIN, WI 53151	45-5119441	501 (C)(3)	68,499.	0.			DAY CAMP
YMCA OF GREATER WAUKESHA COUNTY 3610 MICHELLE WITMER MEMORIAL DRIVE NEW BERLIN, WI 53151	45-5119441	501 (C)(3)	17,472.	0.			OLDER ADULTS
YMCA OF GREATER WAUKESHA COUNTY 3610 MICHELLE WITMER MEMORIAL DRIVE NEW BERLIN, WI 53151	45-5119441	501 (C)(3)	12,801.	0.			EARLY CHILDHOOD EDUCATION
YMCA OF GREATER WAUKESHA COUNTY 3610 MICHELLE WITMER MEMORIAL DRIVE NEW BERLIN, WI 53151	45-5119441	501 (C)(3)	5,712.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
YMCA OF METROPOLITAN MILWAUKEE, INC. - 161 WEST WISCONSIN AVENUE, SUITE 4000 - MILWAUKEE, WI 53203-2601	39-0806314	501 (C)(3)	221,533.	0.			DAY CAMP
YMCA OF METROPOLITAN MILWAUKEE, INC. - 161 WEST WISCONSIN AVENUE, SUITE 4000 - MILWAUKEE, WI 53203-2601	39-0806314	501 (C)(3)	170,030.	0.			EARLY CHILDHOOD EDUCATION
YMCA OF METROPOLITAN MILWAUKEE, INC. - 161 WEST WISCONSIN AVENUE, SUITE 4000 - MILWAUKEE, WI 53203-2601	39-0806314	501 (C)(3)	65,778.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
YOU CAN MISSIONS N8492 BANCROFT ROAD THERESA, WI 53091	81-4323200	501 (C)(3)	13,100.	0.			DONOR DESIGNATION PLEDGE PAYMENTS

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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YWCA SOUTHEAST WISCONSIN 1915 NORTH MARTIN LUTHER KING JR. D MILWAUKEE, WI 53212-3675	39-0806258	501 (C)(3)	199,045.	0.			COMMUNITY ADULT LEARNING LAB
YWCA SOUTHEAST WISCONSIN 1915 NORTH MARTIN LUTHER KING JR. D MILWAUKEE, WI 53212-3675	39-0806258	501 (C)(3)	187,720.	0.			AUTO LOAN ACCESS
YWCA SOUTHEAST WISCONSIN 1915 NORTH MARTIN LUTHER KING JR. D MILWAUKEE, WI 53212-3675	39-0806258	501 (C)(3)	10,320.	0.			DONOR DESIGNATION PLEDGE PAYMENTS
ZOOLOGICAL SOCIETY OF MILWAUKEE COUNTY - 10005 W BLUEMOUND RD - MILWAUKEE, WI 53226	39-6077242	501 (C)(3)	35,116.	0.			DONOR DESIGNATION PLEDGE PAYMENTS

Schedule I (Form 990)

UNITED WAY OF GREATER MILWAUKEE &
WAUKESHA COUNTY INC.

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

Part IV **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

FOR THOSE DISTRIBUTIONS LABELED "DONOR DESIGNATED PLEDGES," NO MONITORING OF THE USE OF THESE FUNDS IS PERFORMED SINCE THE DOLLARS ARE SENT TO THE AGENCIES AT THE REQUEST OF THE DONOR AND, THEREFORE, ARE NOT DISTRIBUTED AT THE DISCRETION OF UNITED WAY OF GREATER MILWAUKEE & WAUKESHA COUNTY. FOR ALL THE OTHER DISTRIBUTIONS, USE OF THE FUNDS IS CLOSELY MONITORED BY UNITED WAY OF GREATER MILWAUKEE & WAUKESHA COUNTY'S COMMUNITY IMPACT DIVISION. THE AGENCIES COMPLY WITH OUR "AGENCY OUTCOMES POLICY," THE IMPACT OF WHICH IS TO ENABLE UWGMWC TO MEASURE, IN A STANDARD FASHION, THE

Part IV Supplemental Information

RESULTS OF THE PROGRAMS THAT IT FUNDS.

Multiple horizontal lines for supplemental information.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2018

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization **UNITED WAY OF GREATER MILWAUKEE & WAUKESHA COUNTY INC.** Employer identification number **39-0806190**

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		<input checked="" type="checkbox"/>
4b		<input checked="" type="checkbox"/>
4c		<input checked="" type="checkbox"/>
5a		<input checked="" type="checkbox"/>
5b		<input checked="" type="checkbox"/>
6a		<input checked="" type="checkbox"/>
6b		<input checked="" type="checkbox"/>
7		<input checked="" type="checkbox"/>
8		<input checked="" type="checkbox"/>
9		

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

Schedule J (Form 990) 2018

UNITED WAY OF GREATER MILWAUKEE &
WAUKESHA COUNTY INC.

Schedule J (Form 990) 2018

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Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) MARY LOU YOUNG CEO	(i)	312,219.	0.	0.	31,625.	8,628.	352,472.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) AMY LINDNER PRESIDENT	(i)	197,793.	0.	0.	17,777.	1,728.	217,298.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) FILIPPO CARINI CHIEF OPERATING OFFICER	(i)	211,267.	0.	0.	27,251.	20,265.	258,783.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) NICOLE ANGRESANO VP - COMMUNITY IMPACT	(i)	150,619.	0.	0.	19,397.	1,454.	171,470.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) LINDA MCFERRIN VP - RESOURCE DEVELOPMENT	(i)	162,132.	0.	0.	21,156.	7,179.	190,467.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization **UNITED WAY OF GREATER MILWAUKEE & WAUKESHA COUNTY INC.** Employer identification number **39-0806190**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		45,810.	FMV
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	122	5,482,826.	STOCK QUOTE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (BACKPACKS FIL)	X	15,134	258,590.	FMV
26 Other ()				
27 Other ()				
28 Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

- 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? **X**
- b If "Yes," describe the arrangement in Part II.
- 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? **X**
- 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? **X**
- b If "Yes," describe in Part II.
- 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31	X	
32a		X

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

Schedule M (Form 990) 2018

SCHEDULE O
(Form 990 or 990-EZ)

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 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public
Inspection

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

COMMUNITY BY MOBILIZING PEOPLE AND RESOURCES TO DRIVE STRATEGIC IMPACT
IN HEALTH, EDUCATION AND FINANCIAL STABILITY.

OUR VISION: UNITED WAY OF GREATER MILWAUKEE & WAUKESHA COUNTY ASPIRES
TO ACCOMPLISH THE FOLLOWING:

- * PRODUCE SIGNIFICANT AND MEASURABLE RESULTS IN THE AREAS OF HEALTH,
EDUCATION, AND FINANCIAL STABILITY.
- * CONVENE DIVERSE TEAMS OF COMMUNITY MEMBERS TO TAKE COLLABORATIVE
ACTION ON PRIORITY ISSUES.
- * RECRUIT AND RETAIN TALENT TO DRIVE CROSS-SECTOR INITIATIVES AND
INTEGRATED, COMMUNITY-FOCUSED WORK.
- * SUSTAIN ITS FINANCIAL STABILITY AND EFFICIENT OPERATIONS.
- * BE RECOGNIZED AS A LEADER IN EFFECTING LONG-TERM SOCIETAL CHANGE.
- * ATTAIN ROBUST REVENUE GROWTH AS DONORS' CHARITY OF CHOICE.

FORM 990, PART I, LINE 1

DIVERSITY & INCLUSION VALUE STATEMENT:

WE BELIEVE DIVERSITY GOES BEYOND VISIBLE DIFFERENCES AND AFFIRMS THE
ESSENCE OF ALL INDIVIDUALS INCLUDING THE REALITIES, BACKGROUND,
EXPERIENCES, SKILLS AND PERSPECTIVES THAT MAKE EACH PERSON WHO THEY
ARE. DIVERSITY AND INCLUSION ARE AT THE HEART OF WHAT IT MEANS TO LIVE
UNITED.

OUR VALUES:

- * WE BELIEVE WE ALL HAVE AN OBLIGATION FOR THE CARE AND WELL-BEING OF

Name of the organization UNITED WAY OF GREATER MILWAUKEE & WAUKESHA COUNTY INC.	Employer identification number 39-0806190
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THE GREATER MILWAUKEE & WAUKESHA COUNTY COMMUNITY.

* WE BELIEVE IN MAXIMIZING COMMUNITY IMPACT BY POOLING INDIVIDUAL CONTRIBUTIONS. WE BELIEVE IN WORKING IN CONCERT WITH LOCAL AGENCY PARTNERS TO MAKE A CRITICAL DIFFERENCE IN OUR COMMUNITY.

* WE BELIEVE MAXIMIZING THE SATISFACTION OF OUR CUSTOMERS (DONORS) IS OUR MOST IMPORTANT CONCERN AS A MEANS OF WARRANTING THEIR CONTINUED LOYALTY.

* WE BELIEVE WE ARE ACCOUNTABLE TO OUR COMMUNITY AND MUST MAINTAIN STELLAR FINANCIALS AND SECURE SYSTEMS THAT ENSURE THE CONFIDENTIALITY OF DONOR INFORMATION.

* WE BELIEVE EXCELLENCE IS THE STANDARD FOR ALL WE DO (INTERNALLY AND EXTERNALLY), ACHIEVED BY ENCOURAGING AND NOURISHING:

* RESPECT FOR EACH OTHER AND THE INDIVIDUALS WE SERVE

* INTEGRITY IN EVERY ACTION WE TAKE

* ETHICAL BEHAVIOR IN ALL WE DO

* HONEST, OPEN COMMUNICATIONS

* PRUDENT RISK-TAKING

* COOPERATION AND TEAMWORK

* CREATIVITY AND INNOVATION

* OWNERSHIP OF OUR ACTIONS

* WE BELIEVE THE ULTIMATE MEASURE OF OUR SUCCESS IS OUR ABILITY TO PROVIDE SUPERIOR VALUE TO OUR PARTNERS AND CUSTOMERS, BALANCING NEAR-TERM AND LONG-TERM OBJECTIVES, AND GROWTH TO ACHIEVE MEASURED IMPACT AND OVERALL COMMUNITY IMPROVEMENT.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION

OUR VISION: UNITED WAY OF GREATER MILWAUKEE & WAUKESHA COUNTY ASPIRES

Name of the organization	UNITED WAY OF GREATER MILWAUKEE & WAUKESHA COUNTY INC.	Employer identification number	39-0806190
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TO ACCOMPLISH THE FOLLOWING:

* PRODUCE SIGNIFICANT AND MEASURABLE RESULTS IN THE AREAS OF HEALTH, EDUCATION, AND FINANCIAL STABILITY.

* CONVENE DIVERSE TEAMS OF COMMUNITY MEMBERS TO TAKE COLLABORATIVE ACTION ON PRIORITY ISSUES.

* RECRUIT AND RETAIN TALENT TO DRIVE CROSS-SECTOR INITIATIVES AND INTEGRATED, COMMUNITY-FOCUSED WORK.

* SUSTAIN ITS FINANCIAL STABILITY AND EFFICIENT OPERATIONS.

* BE RECOGNIZED AS A LEADER IN EFFECTING LONG-TERM SOCIETAL CHANGE.

* ATTAIN ROBUST REVENUE GROWTH AS DONORS' CHARITY OF CHOICE.

DIVERSITY & INCLUSION VALUE STATEMENT:

WE BELIEVE DIVERSITY GOES BEYOND VISIBLE DIFFERENCES AND AFFIRMS THE ESSENCE OF ALL INDIVIDUALS INCLUDING THE REALITIES, BACKGROUND, EXPERIENCES, SKILLS AND PERSPECTIVES THAT MAKE EACH PERSON WHO THEY ARE. DIVERSITY AND INCLUSION ARE AT THE HEART OF WHAT IT MEANS TO LIVE UNITED.

OUR VALUES:

* WE BELIEVE WE ALL HAVE AN OBLIGATION FOR THE CARE AND WELL-BEING OF THE GREATER MILWAUKEE & WAUKESHA COUNTY COMMUNITY.

* WE BELIEVE IN MAXIMIZING COMMUNITY IMPACT BY POOLING INDIVIDUAL CONTRIBUTIONS. WE BELIEVE IN WORKING IN CONCERT WITH LOCAL AGENCY PARTNERS TO MAKE A CRITICAL DIFFERENCE IN OUR COMMUNITY.

* WE BELIEVE MAXIMIZING THE SATISFACTION OF OUR CUSTOMERS (DONORS) IS OUR MOST IMPORTANT CONCERN AS A MEANS OF WARRANTING THEIR CONTINUED LOYALTY.

* WE BELIEVE WE ARE ACCOUNTABLE TO OUR COMMUNITY AND MUST MAINTAIN STELLAR FINANCIALS AND SECURE SYSTEMS THAT ENSURE THE CONFIDENTIALITY OF DONOR INFORMATION.

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* WE BELIEVE EXCELLENCE IS THE STANDARD FOR ALL WE DO (INTERNALLY AND EXTERNALLY), ACHIEVED BY ENCOURAGING AND NOURISHING:

* RESPECT FOR EACH OTHER AND THE INDIVIDUALS WE SERVE

* INTEGRITY IN EVERY ACTION WE TAKE

* ETHICAL BEHAVIOR IN ALL WE DO

* HONEST, OPEN COMMUNICATIONS

* PRUDENT RISK-TAKING

* COOPERATION AND TEAMWORK

* CREATIVITY AND INNOVATION

* OWNERSHIP OF OUR ACTIONS

* WE BELIEVE THE ULTIMATE MEASURE OF OUR SUCCESS IS OUR ABILITY TO PROVIDE SUPERIOR VALUE TO OUR PARTNERS AND CUSTOMERS, BALANCING NEAR-TERM AND LONG-TERM OBJECTIVES, AND GROWTH TO ACHIEVE MEASURED IMPACT AND OVERALL COMMUNITY IMPROVEMENT.

FORM 990, PART III, LINE 4A

COMMUNITY INVESTMENT:

PHILOSOPHY: EVERYONE DESERVES OPPORTUNITIES TO BUILD A GOOD LIFE A QUALITY EDUCATION THAT LEADS TO A STABLE JOB, ENOUGH INCOME TO SUPPORT A FAMILY THROUGH ALL OF LIFE'S STAGES, GOOD HEALTH AND A SAFE HOME.

GOAL: TO CREATE LONG-LASTING CHANGE BY ADDRESSING OUR COMMUNITY'S MOST SERIOUS PROBLEMS BY INVESTING IN SOLUTIONS RIGHT HERE IN OUR COMMUNITY.

STRATEGY: FOCUS ON THREE CRITICAL ISSUE AREAS, HEALTH, EDUCATION AND FINANCIAL STABILITY THE BUILDING BLOCKS TO A GOOD LIFE.

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HEALTH

HEALTH OF INDIVIDUALS IS A STRONG INDICATOR OF THE HEALTH OF A COMMUNITY. ACHIEVING AND MAINTAINING GOOD HEALTH IS IMPORTANT DURING ALL STAGES OF LIFE, FROM CONCEPTION THROUGH CHILDHOOD, INTO ADULTHOOD AND THROUGH OLDER AGE. TO IMPROVE THE HEALTH OF OUR COMMUNITY WE MUST ALL BECOME MORE AWARE OF HEALTH RISKS, STARTING FROM BEFORE BIRTH. WHETHER IT IS A TEEN STRUGGLING TO MAKE THE RIGHT DECISION, A SENIOR IN NEED OF HOME HEALTH CARE, OR A SURVIVOR OF ABUSE SEEKING A SAFER ENVIRONMENT; UNITED WAY IS WORKING TO IMPROVE THE QUALITY OF LIFE FOR ALL.

UNITED WAY PARTNERS WITH AGENCIES TO PROVIDE HELP TO THOSE WITHOUT HEALTH INSURANCE, SENIORS IN NEED OF HOME HEALTH CARE, SURVIVORS OF ABUSE AND INDIVIDUALS STRUGGLING WITH MENTAL ILLNESS OR ADDICTION. IN 2019-20, UNITED WAY WILL INVEST \$9,917,151 IN HEALTH PROGRAMS.

GOALS IN HEALTH: PROVIDE FUNDING TO INCREASE THE NUMBER OF YOUTH AND ADULTS WHO:

- * ARE ABLE TO LIVE INDEPENDENTLY AND WITH DIGNITY.
- * HAVE ACCESS TO HIGH QUALITY AND AFFORDABLE MENTAL, BEHAVIORAL, DENTAL, AND GENERAL HEALTH CARE SERVICES.
- * HAVE ACCESS TO PREVENTION EDUCATION AND CAN AVOID RISKY BEHAVIORS.
- * HAVE A NETWORK OF SUPPORT FOR CHILDREN WITH DISABILITIES, THEIR FAMILIES, AND CAREGIVERS.
- * HAVE ACCESS TO HIGH QUALITY, AFFORDABLE PRENATAL CARE AND PREGNANCY SUPPORT SERVICES.

UNITED WAY'S INVESTMENT AREAS IN HEALTH:

- * ACCESS TO HEALTHCARE: UNITED WAY IS REMOVING BARRIERS TO ENSURE ALL

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YOUTH AND ADULTS HAVE ACCESS TO QUALITY AND AFFORDABLE HEALTH CARE. TO DO THIS, WE INVEST IN PROGRAMS THAT PROVIDE ACCESS TO GENERAL, DENTAL, PRENATAL AND PERINATAL, AND BEHAVIORAL AND MENTAL HEALTH CARE.

* HEALTH & WELLNESS: UNITED WAY IS SUPPORTING YOUTH AND ADULTS OF ALL AGES AND ABILITIES TO ENSURE EVERYONE HAS THE OPPORTUNITY TO LIVE WITH INDEPENDENCE AND DIGNITY. WE DO THIS BY INVESTING IN PROGRAMS THAT PROVIDE OLDER ADULTS WITH SUPPORT AND INDEPENDENCE, SERVICES FOR CHILDREN AND ADULTS WITH DISABILITIES, THEIR FAMILIES AND CAREGIVERS, AND CONNECT OUR ENTIRE COMMUNITY WITH ASSESSMENT, REFERRAL AND SUPPORT PROGRAMS.

* SAFE & HEALTHY COMMUNITIES: UNITED WAY TRANSFORMS COMMUNITIES THROUGH EDUCATION AND ACCESS TO SUPPORT, MAKING HEALTHY CHOICES EASY, SAFE, AND AFFORDABLE. WE DO THIS BY INVESTING IN PROGRAMS THAT PROVIDE PREVENTATIVE HEALTH EDUCATION, SUPPORT SURVIVORS OF INTIMATE PARTNER VIOLENCE, HOUSE YOUTH WHO ARE HOMELESS, AND ENCOURAGE MEDIATION AND HEALTHY CONFLICT RESOLUTION.

* ASSESSMENT, REFERRAL, AND SUPPORT: SUPPORT FOR 2-1-1'S 24 HOUR A DAY CENTRAL ACCESS POINT OF RESOURCES AND REFERRALS.

UNITED WAY'S IMPACT IN HEALTH OF ADULTS WHO PARTICIPATED IN UNITED WAY-FUNDED BEHAVIORAL AND MENTAL HEALTH PROGRAMS:

100% WERE BETTER ABLE TO IDENTIFY STRESSORS IN THEIR LIVES

91% WERE ABLE TO CREATE A PLAN TO MANAGE THEIR STRESS

93% WERE BETTER ABLE TO COMMUNICATE WITH OTHERS

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90% FELT THEIR RELATIONSHIPS WERE BETTER

94% HAD A BETTER UNDERSTANDING OF THE PROBLEMS THEY WERE STRUGGLING WITH

93% KNEW SPECIFIC STEPS TO IMPROVE THEIR SITUATION

OF CHILDREN WHO PARTICIPATED IN UNITED WAY-FUNDED BEHAVIORAL AND MENTAL HEALTH PROGRAMS:

94% FELT THEIR SOCIAL/EMOTIONAL WELL-BEING WAS SUPPORTED WITHIN THE CONTEXT OF THE FAMILY

89% MAINTAINED OR IMPROVED BEHAVIOR WITH THEIR PEERS

92% MAINTAINED OR IMPROVED THEIR BEHAVIOR AT HOME

87% DISPLAYED SIGNS OF IMPROVEMENT IN SOCIAL SKILLS

83% DISPLAYED SIGNS OF DEVELOPMENT IMPROVEMENT IN SELF-REGULATION OF EMOTIONS

OF THE ADULTS WHO PARTICIPATED IN UNITED WAY-FUNDED CHEMICAL ABUSE AND DEPENDENCY PROGRAMS:

98% FELT THEIR MENTAL HEALTH HAS IMPROVED

100% FELT THEY HAD MADE PROGRESS TOWARDS THEIR GOALS

100% FELT MORE CONNECTED TO THE RECOVERY COMMUNITY

OF THE ADULTS WHO PARTICIPATED IN UNITED WAY-FUNDED DISABILITIES PROGRAMS:

94% FELT THEIR FINANCIAL CONCERNS WERE ADDRESSED

99% FELT THEIR HOUSING CONCERNS WERE ADDRESSED

92% ATTENDED SOCIAL ACTIVITIES

92% WERE CONNECTED TO SUPPORT NETWORKS

100% FELT THEY WERE TREATED WITH RESPECT AND DIGNITY

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99% MADE THEIR OWN CHOICES

99% LET THEIR NEEDS BE KNOWN (ADVOCATED)

OF THE CHILDREN WHO PARTICIPATED IN UNITED WAY-FUNDED DISABILITIES

PROGRAMS :

91% COOPERATED WITH OTHER CHILDREN

95% MAINTAINED APPROPRIATE BEHAVIOR OR IMPROVED BEHAVIOR

94% DISPLAYED SIGNS OF DEVELOPMENTAL IMPROVEMENT IN SELF-HELP/ADAPTING

92% DISPLAYED DEVELOPMENTAL IMPROVEMENT IN COGNITIVE SKILLS

94% DISPLAYED SIGNS OF DEVELOPMENTAL IMPROVEMENT IN SOCIAL SKILLS

93% DISPLAYED SIGNS OF DEVELOPMENTAL IMPROVEMENT IN SELF-REGULATION OF

EMOTIONS

OF THE CAREGIVERS WHO PARTICIPATED IN UNITED WAY-FUNDED DISABILITIES

PROGRAMS :

96% FELT THAT THE PROGRAM HELPED THEM TO MAKE PLANS FOR THE

INDIVIDUAL'S FUTURE

87% FELT THAT THE PROGRAM USED THEM TO UNDERSTAND RIGHTS AND ADVOCATE

FOR THE INDIVIDUAL

OF THE YOUTH WHO STAYED AT A UNITED WAY-FUNDED EMERGENCY SHELTER :

87% RETURNED TO THEIR HOME OR A SAFE, ACCEPTABLE ALTERNATIVE

93% FELT THEIR RELATIONSHIP WITH THEIR PARENT/GUARDIAN REMAINED THE

SAME OR IMPROVED

84% WERE BETTER ABLE TO COPE WITH THE PROBLEMS THAT CAUSED THEM TO

SEEK SERVICES

OF THOSE THAT PARTICIPATED IN UNITED WAY-FUNDED HEALTH CARE ACCESS

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PROGRAMS :

98% FELT THEY RECEIVED THE SUPPORT THEY NEEDED IN MAKING DECISIONS

98% FELT THEY RECEIVED THE EDUCATION THEY NEED TO CARE FOR THEMSELVES

96% FELT THEY WERE INCLUDED IN SETTING A PLAN FOR THEIR OWN HEALTH

85% FELT THEIR PAIN WAS RELIEVED OR MANAGED

96% FELT THEIR NEEDS WERE MET

OF THOSE THAT PARTICIPATED IN UNITED WAY-FUNDED HEALTH EDUCATION

PREVENTION (HEALTH) PROGRAMS:

100% WERE GIVEN THE NECESSARY RESOURCES AROUND TREATMENT OPTIONS

99% WERE GIVEN OTHER RESOURCES THEY NEEDED

96% DEMONSTRATED AN INCREASED KNOWLEDGE OF HIV AND/OR STIS

94% WERE AWARE OF THEIR HIV AND/OR STI STATUS

OF THOSE THAT PARTICIPATED IN UNITED WAY-FUNDED HEALTH EDUCATION

PREVENTION (RESISTANCE) PROGRAMS:

95% FELT THEY HAD AN ADULT THEY COULD TRUST TO TALK TO ABOUT THINGS THAT ARE BOTHERING THEM

95% LEARNED TO HAVE FUN WITHOUT FOLLOWING OTHERS WHEN THEY ARE NOT MAKING GOOD DECISIONS

OF THOSE THAT PARTICIPATED IN UNITED WAY-FUNDED INTIMATE PARTNER

VIOLENCE (BATTERERS INTERVENTION) PROGRAMS:

97% DISPLAYED INTENT TO REMAIN VIOLENCE FREE IN THE FUTURE

97% HAD A BETTER UNDERSTANDING THAT THE ABUSE WAS THEIR FAULT

97% FELT THEY HAD A BETTER UNDERSTANDING OF THE EFFECTS OF DOMESTIC VIOLENCE

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OF THOSE THAT PARTICIPATED IN UNITED WAY-FUNDED INTIMATE PARTNER VIOLENCE (VICTIM SAFETY) PROGRAMS:

- 96% HAD MORE KNOWLEDGE ABOUT SAFETY PLANNING**
- 96% WERE MORE AWARE OF RESOURCES THEY COULD USE IN THE FUTURE**
- 94% KNEW MORE ABOUT THEIR RIGHTS AND OPTIONS IN THE LEGAL SYSTEM**

OF THE ADULTS THAT PARTICIPATED IN UNITED WAY-FUNDED OLDER ADULT SUPPORT AND INDEPENDENCE PROGRAMS:

- 90% UNDERSTOOD THEIR RIGHTS**
- 94% PHYSICAL HEALTH CONCERNS WERE ADDRESSED**
- 89% FELT SAFER AND MORE SECURE**
- 90% WERE MORE PHYSICALLY ACTIVE**
- 89% WERE BETTER ABLE TO COPE WITH STRESS**
- 84% ATTENDED SOCIAL ACTIVITIES**
- 87% SOCIALIZED AND MADE FRIENDS**
- 91% FELT THEY HAD A VOICE IN MAKING THEIR OWN CHOICE**
- 93% EXPRESSED THEIR NEEDS**
- 92% COULD SOLVE THEIR OWN PROBLEMS**

OF THE CAREGIVERS THAT PARTICIPATED IN UNITED WAY-FUNDED OLDER ADULT SUPPORT AND INDEPENDENCE PROGRAMS:

- 100% FELT SUPPORTED, WHICH HELPED THEM AS CAREGIVERS**
- 95% WERE ABLE TO CONTINUE TO WORK/SEEK EMPLOYMENT**
- 99% RECEIVED HELP IN ACCESSING THE SERVICES THEY NEEDED TO BETTER CARE FOR THE INDIVIDUAL**
- 96% WERE ABLE TO MAKE PLANS FOR THE INDIVIDUAL'S FUTURE**

OF THOSE THAT PARTICIPATED IN UNITED WAY-FUNDED PREGNANCY PARENTING AND

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SUPPORT SERVICES PROGRAMS:

- 96% CONNECTED TO A MEDICAL HOME
- 87% BROUGHT BABY IN FOR A SIX-WEEK CHECKUP
- 61% ATTENDED A PARENTING PROGRAM OR WERE REFERRED TO A PARENTING PROGRAM
- 98% WERE EDUCATED ON THE BENEFITS OF BREASTFEEDING
- 99% WERE EDUCATED ON SAFE SLEEP ENVIRONMENTS
- 100% HAD A HEALTHY PREGNANCY OUTCOME
- 89% CARRIED THE BABY TO TERM
- 83% DELIVERED A BABY WITH A HEALTHY BIRTH WEIGHT

OF THOSE THAT PARTICIPATED IN UNITED WAY-FUNDED ASSESSMENT REFERRAL AND SUPPORT PROGRAMS:

- 99% FELT THEY WERE LISTENED TO AND SUPPORTED
- 96% FELT THEY HAD AN INCREASED SENSE OF HOPE AFTER THE CALL
- 98% FELT THEY KNEW WHAT THEIR NEXT STEPS WERE
- 98% FELT THEY GOT WHAT THEY NEEDED FROM THE CALL

FORM 990, PART III, LINE 4A

EDUCATION - HELPING CHILDREN AND YOUTH ACHIEVE THEIR POTENTIAL:
 EDUCATION IS THE CORNERSTONE OF INDIVIDUAL AND COMMUNITY SUCCESS.
 STRONG, PRODUCTIVE COMMUNITIES ARE DEPENDENT UPON A SKILLED WORKFORCE
 THAT CAN COMPETE IN A GLOBAL ECONOMY. IT'S NOT ENOUGH TO INTERVENE IN
 HIGH SCHOOL. IT IS CRITICAL TO REACH CHILDREN EARLY EVEN BEFORE THEY
 START SCHOOL. ONCE A YOUNG PERSON FALLS BEHIND, IT CAN BE VERY
 DIFFICULT TO CATCH UP. IF A CHILD ISN'T READING AT GRADE LEVEL BY 3RD
 GRADE THEY MAY NEVER CATCH UP. UNITED WAY IS WORKING WITH SCHOOLS AND
 ORGANIZATIONS TO CHANGE THAT, AND HELPING TO ENSURE THAT EVERY CHILD

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HAS A CHANCE FOR SUCCESS IN SCHOOL, WORK, AND LIFE BY INVESTING IN PROGRAMS THAT PRODUCE RESULTS. IN 2019 - 20, UNITED WAY WILL INVEST \$8,321,219 IN EDUCATION PROGRAMS.

GOALS IN EDUCATION: PROVIDE FUNDING TO INCREASE THE NUMBER OF CHILDREN WHO:

- * ENTER SCHOOL READY TO SUCCEED.
- * READ PROFICIENTLY BY THIRD GRADE.
- * ARE ON TRACK TO BE PROMOTED TO THE NEXT GRADE LEVEL.
- * HAVE GOALS FOR THEIR FUTURES.
- * DISPLAY IMPROVED COGNITIVE, SOCIAL, AND/OR PHYSICAL SKILLS.
- * GRADUATE FROM HIGH SCHOOL ON TIME.
- * ARE PREPARED FOR SUCCESS IN COLLEGE, WORK, AND LIFE.

UNITED WAY'S INVESTMENT AREAS IN EDUCATION:

- * EARLY CHILDHOOD EDUCATION: AIMS TO INCREASE THE NUMBER OF CHILDREN WHO ENTER SCHOOL READY TO SUCCEED.
- * STRENGTHENING FAMILIES: SUPPORTS SUCCESS WITHIN THE FAMILY UNIT AND IMPROVED COGNITIVE, SOCIAL, AND/OR PHYSICAL SKILLS AMONG CHILDREN.
- * YOUTH DEVELOPMENT: FOCUSES ON INCREASING THE NUMBER OF CHILDREN WHO READ PROFICIENTLY BY THIRD GRADE, ARE ON TRACK TO BE PROMOTED TO THE NEXT GRADE LEVEL, DEVELOP RESISTANCE SKILLS, INCREASE SCHOOL ENGAGEMENT, HAVE GOALS AND ASPIRATION, GRADUATE HIGH SCHOOL ON TIME, AND ARE PREPARED FOR SUCCESS IN COLLEGE, WORK, AND LIFE.

UNITED WAY'S IMPACT IN EDUCATION:

OF THE CHILDREN WHO PARTICIPATED IN UNITED WAY-FUNDED EARLY CHILDHOOD EDUCATION PROGRAMS:

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93% DISPLAYED DEVELOPMENTAL IMPROVEMENT IN MOTOR SKILLS

84% DISPLAYED DEVELOPMENTAL IMPROVEMENT IN LITERACY SKILLS

87% COOPERATED WITH OTHER CHILDREN

OF THE PARENTS/CAREGIVERS WHO PARTICIPATED IN UNITED WAY-FUNDED EARLY CHILDHOOD EDUCATION PROGRAMS:

93% LEARNED POSITIVE WAYS TO DEAL WITH STRESS

91% HAD IMPROVED OVERALL HEALTH

89% HAD DECREASED STRESS LEVELS

98% LEARNED MORE POSITIVE CAREGIVING/PARENTING SKILLS

98% IMPROVED THEIR EMOTIONAL/BONDING RELATIONSHIP WITH THEIR

CHILD(REN)

96% WERE BETTER ABLE TO CONTROL THEIR ANGER

OF THE CHILDREN WHO PARTICIPATED IN UNITED WAY-FUNDED SUPPORT FOR CHILDREN AND FAMILIES PROGRAMS:

84% COOPERATED WITH OTHER CHILDREN

87% MAINTAINED APPROPRIATE BEHAVIOR OR IMPROVED THEIR BEHAVIOR

87% DISPLAYED DEVELOPMENTAL IMPROVEMENT IN SOCIAL/EMOTIONAL SKILLS

91% DISPLAYED DEVELOPMENTAL IMPROVEMENT IN MOTOR SKILLS

87% DISPLAYED DEVELOPMENTAL IMPROVEMENT IN LITERACY SKILLS

OF THE PARENTS/CAREGIVERS WHO PARTICIPATED IN UNITED WAY-FUNDED SUPPORT FOR CHILDREN AND FAMILIES PROGRAMS:

93% LEARNED POSITIVE WAYS TO DEAL WITH STRESS

89% DECREASED THEIR STRESS

98% LEARNED MORE POSITIVE CAREGIVING/PARENTING SKILLS

98% USED THE SKILLS THEY LEARNED FROM THE PROGRAM

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96% WERE ABLE TO CONTROL THEIR ANGER

OF THE CHILDREN AGES 6-11 WHO PARTICIPATED IN UNITED WAY-FUNDED YOUTH DEVELOPMENT PROGRAMS:

92% HAVE GOALS AND PLANS FOR THE FUTURE

88% HAVE PLANS FOR THE NEXT YEAR

96% TRIED THEIR BEST IN SCHOOL

88% FINISHED THEIR HOMEWORK ON TIME

91% WENT TO SCHOOL EACH DAY (UNLESS THEY WERE SICK)

OF THE CHILDREN AGES 12 AND OLDER WHO PARTICIPATED IN UNITED WAY-FUNDED YOUTH DEVELOPMENT PROGRAMS:

89% BELIEVED THEY COULD MAKE A DIFFERENCE IN THEIR COMMUNITY

84% VOLUNTEERED IN THEIR COMMUNITY

87% WERE ABLE TO RESIST PRESSURE FROM OTHER WHO TRY TO GET THEM TO DO THINGS THEY DON'T WANT TO DO

84% KNEW HOW TO REFUSE SOMEONE THEY LIKED IF ASKED TO HAVE SEX

89% SPEND TIME WITH FRIENDS WHO DID NOT USE ALCOHOL OR OTHER DRUGS

FINANCIAL STABILITY - HELPING FAMILIES ACHIEVE FINANCIAL STABILITY THROUGH INCREASED ADULT EDUCATION:

OUR COMMUNITY WILL ONLY PROSPER AND GROW IF ALL FAMILIES ARE FINANCIALLY STABLE. FEWER FINANCIAL STRESSES LEAD TO HEALTHIER LIVES, IMPROVED WORK PERFORMANCE, AND BETTER EDUCATION OUTCOMES. UNITED WAY INVESTS IN PROGRAMS THAT HELP ADULTS IMPROVE THEIR EDUCATION LEVEL AND CREATE A MORE FINANCIALLY SECURE FUTURE FOR THEMSELVES AND THEIR FAMILIES.

UNITED WAY'S WORK IN FINANCIAL STABILITY IS FOCUSED ON ENSURING ALL

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FAMILIES AND INDIVIDUALS ACHIEVE FINANCIAL STABILITY. IN 2019-20,
UNITED WAY WILL INVEST \$5,290,514 IN FINANCIAL STABILITY PROGRAMS.

GOALS IN FINANCIAL STABILITY: INCREASE THE NUMBER OF ADULTS & FAMILIES

WHO:

- * ARE ABLE TO MEET THEIR BASIC NEEDS.
- * GAIN EDUCATIONAL AND/OR TRAINING SKILLS TO SECURE AND MAINTAIN
EMPLOYMENT THAT OFFERS A FAMILY-SUSTAINING WAGE.
- * HAVE ACCESS TO CULTURALLY APPROPRIATE RELOCATION AND REUNIFICATION
SERVICES AS IMMIGRANTS OR REFUGEES.
- * HAVE ACCESS TO HIGH QUALITY, FREE, OR LOW COST LEGAL SERVICES.
- * SAVE FOR A HOME OR POSTSECONDARY EDUCATION.

UNITED WAY'S INVESTMENT AREAS IN FINANCIAL STABILITY:

* FINANCIAL EMPOWERMENT FOR INDIVIDUALS & FAMILIES: UNITED WAY IS
PROMOTING FINANCIAL STABILITY AND INDEPENDENCE. TO DO THIS, WE ARE
INVESTING IN PROGRAMS THAT HELP PEOPLE UNDERSTAND HOW TO BUILD
FINANCIAL ASSETS AND SAVE FOR A HOME OR POSTSECONDARY EDUCATION.

* REDUCING BARRIERS TO EMPLOYMENT: UNITED WAY IS HELPING OTHERS TO
BUILD EDUCATION CREDENTIALS AND SKILL CERTIFICATION TO OVERCOME
BARRIERS TO EMPLOYMENT. TO DO THIS, WE INVEST IN PROGRAMS THAT HELP
INDIVIDUALS NAVIGATE THROUGH THE LEGAL SYSTEM AND GAIN EDUCATIONAL
AND/OR TRAINING SKILLS TO SECURE AND MAINTAIN EMPLOYMENT THAT OFFERS A
FAMILY SUSTAINING WAGE.

* SAFE & STABLE HOMES: UNITED WAY IS ENSURING INDIVIDUALS AND FAMILIES
HAVE SAFE AND AFFORDABLE PERMANENT HOUSING. WE DO THIS, BY INVESTING IN

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PROGRAMS THAT HELP PEOPLE MEET THEIR BASIC NEEDS OF FOOD AND SHELTER.

UNITED WAY'S IMPACT IN FINANCIAL STABILITY:

OF THOSE WHO UTILIZED UNITED WAY-FUNDED ADULT LEARNING PROGRAMS:

- 96% LEARNED THE BASICS OF A CHECKING/SAVINGS ACCOUNT
- 79% PUT MONEY IN A CHECKING/SAVINGS ACCOUNT
- 98% MADE PROGRESS TOWARDS THEIR ACADEMIC GOALS
- 90% IMPROVED THEIR COMPUTER SKILLS
- 100% HAD A GREATER BELIEF IN THEMSELVES
- 98% LEARNED PROBLEM SOLVING SKILLS

OF THOSE THAT UTILIZED UNITED WAY-FUNDED EMERGENCY SHELTERS:

- 88% FELT THEIR HOUSING WOULD IMPROVE AFTER LEAVING THE SHELTER
- 68/% SET PERSONAL GOALS TOWARDS SELF-IMPROVEMENT
- 64% MADE PROGRESS TOWARDS THEIR GOALS
- 94% FELT THEIR BASIC NEEDS WERE MET

OF THOSE THAT PARTICIPATED IN UNITED WAY-FUNDED EMERGENCY FOOD PANTRIES:

- 94% HAD A BETTER UNDERSTANDING OF HEALTHY EATING HABITS
- 94% WERE OFFERED RESOURCES ABOUT HEALTHY EATING HABITS
- 73% WERE ABLE TO USE THEIR MONEY TOWARDS OTHER AREAS OF THEIR BUDGET
- 87% FELT THEIR 3-5 DAY EMERGENCY FOOD NEEDS WERE MET

OF THOSE THAT PARTICIPATED IN UNITED WAY-FUNDED ACCESS TO AFFORDABLE AND HEALTHY FOOD PROGRAMS:

- 99% SAVED MONEY ON THEIR GROCERY BILLS

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100% SAID THAT THE LOCATION WAS CONVENIENT

75% INCREASED THEIR CONSUMPTION OF HEALTHY FOODS

OF THOSE THAT PARTICIPATED IN UNITED WAY-FUNDED HOUSING AND HOMEOWNERSHIP PROGRAMS:

99% WILL BE BETTER ABLE TO HANDLE SIMILAR SITUATIONS IT HE FUTURE BECAUSE OF WHAT THEY LEARNED

93% AVOIDED FORECLOSURE, EVICTION OR HOMELESSNESS

89% WERE ABLE TO MAINTAIN OR SECURE SAFE AND AFFORDABLE HOUSING

OF THOSE THAT PARTICIPATED IN UNITED WAY-FUNDED IMMIGRATION AND REFUGEE SERVICES PROGRAMS:

98% RECEIVED ASSISTANCE OR RESOURCES FOR LEGAL HELP

98% UNDERSTOOD THEIR LEGAL STATUS

97% UNDERSTOOD THEIR EMPLOYMENT ELIGIBILITY

94% KNEW WHEN THEY WOULD QUALIFY FOR PERMANENT RESIDENCY OR CITIZENSHIP

99% FELT STAFF WERE RESPECTFUL OF THEIR CULTURE

97% UNDERSTOOD WHAT TO EXPECT NEXT

OF THOSE THAT PARTICIPATED IN UNITED WAY-FUNDED OLDER ADULT SUPPORT AND INDEPENDENCE PROGRAMS:

90% UNDERSTOOD THEIR RIGHTS

94% PHYSICAL HEALTH CONCERNS WERE ADDRESSED

89% FELT SAFER AND MORE SECURE

90% WERE MORE PHYSICALLY ACTIVE

89% WERE BETTER ABLE TO COPE WITH STRESS

83% ATTENDED SOCIAL ACTIVITIES

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87% SOCIALIZED AND MADE FRIENDS

91% FELT THEY HAD A VOICE IN MAKING THEIR OWN CHOICE

93% EXPRESSED THEIR NEEDS

92% COULD SOLVE THEIR OWN PROBLEMS

OF THE CAREGIVERS THAT PARTICIPATED IN UNITED WAY-FUNDED OLDER ADULT SUPPORT AND INDEPENDENCE PROGRAMS:

100% FELT SUPPORTED, WHICH HELPED THEM AS CAREGIVERS

95% WERE ABLE TO CONTINUE TO WORK/SEEK EMPLOYMENT

99% RECEIVED HELP IN ACCESSING THE SERVICES THEY NEEDED TO BETTER CARE FOR THE INDIVIDUAL

96% WERE ABLE TO MAKE PLANS FOR THE INDIVIDUAL'S FUTURE

OF THOSE THAT PARTICIPATED IN UNITED WAY-FUNDED REDUCING BARRIERS TO EMPLOYMENT PROGRAMS:

83% ACHIEVED/GAINED JOB-SPECIFIC CREDENTIALS (CERTIFICATE, LICENSE, ETC)

86% IMPROVED THEIR COMPUTER SKILLS

89% IMPROVED THEIR JOB INTERVIEWING SKILLS

89% IMPROVED THEIR RESUME WRITING SKILLS

FORM 990, PART III, LINE 4A

SPECIAL INITIATIVES

AS A COMMUNITY, WE MUST INVEST OUR RESOURCES EFFICIENTLY AND IN A WAY THAT WILL LEAD TO LONG-TERM CHANGE. UNITED WAY ENGAGES THE COMMUNITY IN A NUMBER OF SPECIAL INITIATIVES THAT BRING PEOPLE AND RESOURCES FROM ACROSS THE COMMUNITY TOGETHER. WE WORK TOGETHER TO SET PRIORITIES AND

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BUILD STRATEGIES THAT DRIVE LONG-TERM CHANGE. WE DO THIS THROUGH A NUMBER OF SPECIAL INITIATIVES IN OUR STRATEGIC ISSUE AREAS OF HEALTH, EDUCATION, AND FINANCIAL STABILITY.

HEALTH INITIATIVES

HEALTHY BIRTH OUTCOMES

IMPROVES BIRTH OUTCOMES TO ENSURE BABIES LIVE TO SEE THEIR FIRST BIRTHDAY

HEALTH IMPROVEMENT FUND

INCREASES COVERAGE, ACCESS, CARE COORDINATION, AND COMMUNITY HEALTH IN MILWAUKEE

HEALTHY YOUTH

REDUCES TEEN PREGNANCY, SEXUAL VIOLENCE, AND VICTIMIZATION FOR YOUNG PEOPLE OF ALL GENDERS.

TEEN PREGNANCY PREVENTION

IMPROVES THE SEXUAL AND REPRODUCTIVE HEALTH OF YOUNG PEOPLE IN MILWAUKEE

EDUCATION INITIATIVES

MILWAUKEE SUCCEEDS-KINDERGARTEN READINESS PARTNERSHIP HELPS CHILDREN REACH THEIR HIGHEST LEVEL OF SCHOOL READINESS BEFORE THEY START KINDERGARTEN THROUGH INCREASED QUALITY EARLY CHILDHOOD EDUCATION, QUALITY CHILD CARE, DEVELOPMENTAL SCREENING AND EARLY CHILDHOOD IMMUNIZATIONS.

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BUILD MY BOOKSHELF

WAUKESHA IMPROVES LITERACY BY HELPING CHILDREN IN HIGH-NEED WAUKESHA COUNTY SCHOOLS BUILD THEIR HOME LIBRARIES.

EMERGING READERS

GIVES THE GIFT OF READING TO LOCAL KIDS WHO ARE MATCHED WITH UNITED WAY EMERGING LEADERS FAMILIES WHO PROVIDE AGE APPROPRIATE READING MATERIALS FOUR TIMES A YEAR.

MY VERY OWN LIBRARY

BUILDS STRONG READERS BY PROVIDING FREE BOOKS AND FAMILY ENGAGEMENT ACTIVITIES AT 14 MILWAUKEE PUBLIC SCHOOLS.

READS FOR SUMMER LEARNING

PRESERVES AND GROWS STUDENT READING SKILLS OVER THE SUMMER, WHEN CHILDREN CAN LOSE TWO TO THREE MONTHS OF READING SKILLS PROGRESS.

HELPING KIDS SUCCEED

WAUKESHA SUPPORTS EDUCATORS, INCREASES STUDENT ACHIEVEMENT, AND ENHANCES FAMILY STABILITY AND EMPOWERMENT IN THE SCHOOL DISTRICT OF WAUKESHA'S HIGHEST-NEED SCHOOLS.

MILWAUKEE COMMUNITY SCHOOLS PARTNERSHIP

TRANSFORMS SCHOOLS AND COMMUNITIES TO COLLECTIVELY ENSURE STUDENT SUCCESS.

VELLO VIRTUAL READING TUTORS

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INCREASES READING SKILLS FOR CHILDREN FALLING BEHIND THEIR PEERS THROUGH THE USE OF VIRTUAL VOLUNTEERISM.

**FINANCIAL STABILITY INITIATIVES
ASSET BUILDING - WAUKESHA
INCREASES FINANCIAL CAPABILITIES BY IMPROVING BUDGETING SKILLS, SAVINGS, CREDIT, FINANCIAL LITERACY, EMPLOYABILITY, AND INCREASING INCOME.**

**FINANCIAL EMPOWERMENT FOR WOMEN
PROVIDES EDUCATIONAL TOOLS AND RESOURCES THAT ASSIST WOMEN IN PLANNING THEIR FINANCIAL FUTURE.**

**FUND MY FUTURE MILWAUKEE (CHILDREN'S SAVINGS ACCOUNTS)
RAISES CHILDREN'S EXPECTATIONS FOR THEIR FUTURE BY SEEDING AN EDUCATIONAL SAVINGS ACCOUNT STARTING IN KINDERGARTEN FOR ALL MILWAUKEE STUDENTS.**

**FORM 990, PART III, LINE 4B
VOLUNTEER ENGAGEMENT**

UNITED WAY PROVIDES MULTIPLE WAYS FOR COMMUNITY MEMBERS TO ENGAGE BY INVITING INDIVIDUALS, BUSINESSES AND COMMUNITY ORGANIZATIONS TO LIVE UNITED BY GIVING, ADVOCATING AND VOLUNTEERING.

VOLUNTEERING THROUGH UNITED WAY GREATER MILWAUKEE & WAUKESHA COUNTY IS A GREAT WAY TO GIVE BACK, WHILE GETTING INVOLVED IN HELPING SOME OF THE

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MOST IMPORTANT ISSUES FACING OUR COMMUNITY TODAY. WE BELIEVE STRATEGIC VOLUNTEERISM MULTIPLES THE POSITIVE IMPACT OF UNITED WAY'S FINANCIAL INVESTMENTS AND HAS THE POTENTIAL TO IMPROVE RESULTS IN THE AREAS OF EDUCATION, FINANCIAL STABILITY AND HEALTH.

EACH YEAR, UNITED WAY OF GREATER MILWAUKEE & WAUKESHA COUNTY MOBILIZES THE GIFT OF TIME AND TALENT AND CONNECTS THOUSANDS OF INDIVIDUALS TO MEANINGFUL VOLUNTEER EXPERIENCES TO POSITIVELY IMPACT THE EDUCATION, FINANCIAL STABILITY, AND HEALTH OF RESIDENTS IN OUR REGION. AVAILABLE OPPORTUNITIES INCLUDE:

*ON-SITE PROJECTS: VOLUNTEERS CAN DO GOOD WITHOUT EVEN LEAVING THEIR OFFICE BY HOSTING KIT PACKING EVENTS TO PREPARE CARE PACKAGES FOR INDIVIDUALS AND FAMILIES.

*IN THE COMMUNITY: VOLUNTEERS CAN ROLL UP THEIR SHIRT SLEEVES AT A UNITED WAY FUNDED PROGRAM BY READING BOOKS TO LOCAL CHILDREN, PLAYING BOARD GAMES WITH OLDER ADULTS, HELPING TO HARVEST A COMMUNITY GARDEN, OR PREPARING AND SERVING MEALS AT A LOCAL SHELTER. UNITED WAY ALSO SUPPORTS SEVERAL COMMUNITY EVENTS WITH THE POWER OF VOLUNTEERISM SUCH AS PROJECT HOMELESS CONNECT, BACKPACK COALITION, AND MY VERY OWN LIBRARY.

*SKILL-BASED: VOLUNTEERS CAN USE THEIR PROFESSIONAL TALENTS TO HELP LOCAL COMMUNITY MEMBERS BY SERVING AS BUDGETING, RESUME, OR INTERVIEW COACHES.

*SUPPLY DRIVES: VOLUNTEERS CAN HOST A COLLECTION DRIVE TO SUPPORT OUR

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COMMUNITY. REQUESTED ITEMS ROTATE SEASONALLY AND INCLUDE SCHOOL SUPPLIES, WINTER APPAREL, HEALTH AND HYGIENE ITEMS, AND MORE.

FORM 990, PART III, LINE 4C

GRANTS

MILWAUKEE LIFECOURSE INITIATIVE FOR HEALTHY FAMILIES COLLABORATIVE:

UNITED WAY OF GREATER MILWAUKEE & WAUKESHA COUNTY WAS SELECTED BY THE WISCONSIN PARTNERSHIP PROGRAM (WPP) AT THE UNIVERSITY OF WISCONSIN SCHOOL OF MEDICINE AND PUBLIC HEALTH TO LEAD ITS LIFECOURSE INITIATIVE FOR HEALTHY FAMILIES (LIHF) IN MILWAUKEE, ALLOWING UNITED WAY TO EXPAND ITS EFFORTS TO REDUCE MILWAUKEE'S INFANT MORTALITY RATE.

THE MILWAUKEE LIHF COLLABORATIVE IS DEDICATED TO IMPROVING COMMUNITY CONDITIONS THAT SUPPORT HEALTHY BIRTH OUTCOMES. IT CONVENES DIVERSE COMMUNITY STAKEHOLDERS FROM AFFECTED COMMUNITIES, AS WELL AS BUSINESSES, NONPROFIT ORGANIZATIONS, AND THE PUBLIC SECTOR TO IDENTIFY A SHARED AGENDA TO PREVENT PREMATUREITY AND REDUCE INFANT MORTALITY RATES IN MILWAUKEE.

MILWAUKEE LIHF COLLABORATIVE HAS THREE INTERCONNECTED STRATEGIES TO REDUCE THE INFANT MORTALITY RATE:

- * REDUCE POVERTY AND ENVIRONMENTAL STRESS.
- * EXPAND HEALTH CARE ACCESS OVER THE LIFE COURSE OF PARENTS AND CHILDREN.
- * STRENGTHEN FATHER INVOLVEMENT.

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COMMUNITY SCHOOLS INITIATIVE

THE MILWAUKEE COMMUNITY SCHOOLS PARTNERSHIP (MCSP) IS A STRATEGY IMPLEMENTED BY MILWAUKEE PUBLIC SCHOOLS AND UNITED WAY TO TRANSFORM THE WAY A SCHOOL INTERACTS WITH ITS STUDENTS, THEIR FAMILIES AND THE SURROUNDING COMMUNITY TO BETTER SUPPORT ALL THE NEEDS OF A CHILD.

THE COMMUNITY SCHOOLS MODEL WORKS TO INCREASE A SCHOOL'S CAPACITY TO GROW STRONG PARTNERSHIPS WITH ITS SURROUNDING COMMUNITY AND BETTER ENGAGE AND ALIGN RESOURCES CENTERED ON THE SELF-IDENTIFIED, REAL-TIME NEEDS OF COMMUNITIES. OUR STRATEGY PLACES THE FOCUS ON THE WHOLE CHILD, WITH THE UNDERSTANDING THAT A CHILD BELONGS TO A FAMILY, AND THAT FAMILY LIVES AND INTERACTS WITHIN A LARGER COMMUNITY.

CURRENT MCSP SCHOOLS (AUER AVENUE SCHOOL, BRADLEY TECH, HOPKINS-LLOYD COMMUNITY SCHOOL AND JAMES MADISON ACADEMIC CAMPUS) MAY HAVE DIFFERENT FOCUSES AND ACTIVITIES TO IMPROVE THEIR SCHOOLS AND COMMUNITIES, BUT ALL SHARE CORE CHARACTERISTICS:

* A SHARED VISION THAT INTEGRATES INTO THE WORK OF THE SCHOOL AND ALL PARTNERS.

* DEMONSTRATED LONG-TERM COMMITMENT AND SHARED OWNERSHIP AS EVIDENCED BY A PARTNERSHIP AGREEMENT SIGNED BY THE SCHOOL, DISTRICT, AND LEAD PARTNER AGENCY.

* A FULL-TIME COMMUNITY SCHOOL COORDINATOR HIRED BY A NON-PROFIT PARTNER AND PLACED IN THE SCHOOL TO ASSESS, ALIGN, AND SUPPORT PROGRAMS AND RESOURCES TO ACHIEVE THE SHARED VISION.

* LOCAL DECISION-MAKING REGARDING THE SHARED VISION AND PRIORITIES OF

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THE COMMUNITY SCHOOL. THIS DECISION-MAKING HAPPENS THROUGH A SCHOOL-LEVEL ADVISORY COMMITTEE, FACILITATED BY THE COMMUNITY SCHOOL COORDINATOR AND SCHOOL PRINCIPAL.

* USE OF DIVERSE KNOWLEDGE TO INFORM THE SHARED VISION AND LOCAL DECISIONS. THIS KNOWLEDGE IS OBTAINED THROUGH IMPLEMENTATION OF THE MCSP SCAN, A MULTI-COMPONENT TOOL THAT COMBINES ACADEMIC, HEALTH, AND SAFETY DATA WITH AN ASSET MAP AND LIVED-EXPERIENCE NARRATIVE FROM STUDENTS, SCHOOL STAFF, PARENTS AND COMMUNITY MEMBERS.

* CULTURAL RELEVANCE WITHIN AND OUTSIDE OF THE SCHOOL DAY THAT RESPONDS TO THE SELF-IDENTITIES OF STUDENTS, PARENTS, SCHOOL STAFF, AND COMMUNITY MEMBERS.

* A FOCUS ON EQUITY THAT PERMEATES ALL ACTIVITIES OF THE COMMUNITY SCHOOL TO ENSURE THAT STUDENTS, PARENTS, SCHOOL STAFF, AND COMMUNITY MEMBERS ALL HAVE THE SAME OPPORTUNITIES AND ACCESS TO RESOURCES TO HELP THEM SUCCEED.

SUCCESSFUL IMPLEMENTATION OF A COMMUNITY SCHOOLS MODEL HAS BEEN PROVEN ACROSS THE COUNTRY TO IMPROVE CLIMATE AND CULTURE, ACADEMIC ACHIEVEMENT, AND INVESTMENT IN LOCAL NEIGHBORHOODS. HERE IN MILWAUKEE, WE ARE DIRECTLY WORKING TO IMPROVE:

- * STUDENT ATTENDANCE AND ACADEMIC ENGAGEMENT.
- * LEVELS OF TRUST BETWEEN SCHOOL, FAMILY AND BROADER COMMUNITY.
- * ALIGNED SCHOOL AND COMMUNITY PARTNERSHIPS TO SUPPORT STUDENT SUCCESS.

* THE 2015-2016 SCHOOL YEAR WAS THE FIRST FULL YEAR OF IMPLEMENTATION FOR THE MCSP. BROWNING ELEMENTARY, LINCOLN AVENUE SCHOOL AND SOUTH DIVISION HIGH SCHOOL HAVE BEEN ADDED FOR THE 2016-17 SCHOOL YEAR AND LONGFELLOW SCHOOL WAS ADDED IN 2017-2018 BRINGING THE TOTAL NUMBER OF

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SCHOOLS IN THE PARTNERSHIP TO EIGHT.

PROJECT LIFELINE, TEEN PREGNANCY PREVENTION GRANT

THE BOYS AND GIRLS CLUBS OFFICE ON ADOLESCENT HEALTH TEEN PREGNANCY PREVENTION (BGCGM TPP) GRANT SPECIFICALLY REACHES YOUTH IN TARGET ZIP CODES (53204, 53206, 53208, 53210, 53212, AND 53215) THROUGH IN-SCHOOL, AFTERSCHOOL, COMMUNITY-BASED AND HOUSE OF CORRECTIONS OUTREACH USING EVIDENCE-BASED COMPREHENSIVE AND ABSTINENCE-BASED SEXUAL HEALTH CURRICULA, SERVING OVER 3,000 YOUTH PER YEAR.

THE BGCGM TPP GRANT ALSO BRINGS TOGETHER A COMMUNITY ADVISORY COMMITTEE FOR INFORMATION SHARING AND TRAINING, A YOUTH LEADERSHIP COUNCIL MADE UP OF YOUTH FROM THE TARGET ZIP CODES TO ADVISE US ON STRATEGIES FOR THE GRANT, YOUTH FRIENDLY HEALTH & RESOURCE FAIRS ON THE NORTH AND SOUTH SIDES OF MILWAUKEE, A COMMUNITY-WIDE YOUTH SYMPOSIUM, AND WILL UTILIZE THE EXISTING BABYCANWAIT.COM WEBSITE AND SOCIAL MEDIA OUTLETS TO REACH YOUTH WITH MEDICALLY ACCURATE INFORMATION.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

DONOR DIRECTED DESIGNATIONS TO SPECIFIC UNITED WAY OF GREATER MILWAUKEE AND WAUKESHA COUNTY MEMBER AND NON-MEMBER AGENCIES TO ADDRESS DONOR PERCEIVED COMMUNITY NEEDS.

EXPENSES \$ 23,265,950. INCL GRANTS OF \$ 23,265,950. REVENUE \$ 504,464.

FORM 990, PART VI, SECTION A, LINE 1:

THE BYLAWS ALLOW FOR DELEGATION OF AUTHORITY TO THE EXECUTIVE COMMITTEE

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WHICH ONLY INCLUDES BOARD MEMBERS.

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

MEMBERS OF UNITED WAY OF GREATER MILWAUKEE & WAUKESHA'S EXECUTIVE AND AUDIT COMMITTEE REVIEWED FORM 990 PRIOR TO FILING.

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

UNITED WAY OF GREATER MILWAUKEE & WAUKESHA COUNTY STAFF, BOARD OF DIRECTORS AND COMMITTEE MEMBERS ARE REQUIRED TO ANNUALLY READ AND SIGN THE CODE OF PROFESSIONAL ETHICS DOCUMENT. NEW EMPLOYEES ARE ALSO REQUIRED TO SIGN A CONFIDENTIALITY DOCUMENT.

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

UNITED WAY OF GREATER MILWAUKEE & WAUKESHA COUNTY STAFF, BOARD OF DIRECTORS AND COMMITTEE MEMBERS ARE REQUIRED TO ANNUALLY READ AND SIGN THE CODE OF PROFESSIONAL ETHICS DOCUMENT. NEW EMPLOYEES ARE ALSO REQUIRED TO SIGN A CONFIDENTIALITY DOCUMENT.

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

AN EXECUTIVE REVIEW COMMITTEE COMPRISED OF MEMBERS OF THE BOARD EVALUATES THE CEO'S ANNUAL PERFORMANCE AND MAKES A RECOMMENDATION FOR COMPENSATION ADJUSTMENTS TO THE BOARD.

FORM 990, PART VI, SECTION C, LINE 19:

THE GOVERNING DOCUMENTS ARE MADE AVAILABLE ON THE ORGANIZATIONS WEBSITE AND UPON REQUEST.

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FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

PROVISION FOR UNCOLLECTIBLE PLEDGES -1,331,200.

OTHER PROGRAM INFORMATION

ACCOUNTABILITY

AT UNITED WAY OF GREATER MILWAUKEE & WAUKESHA COUNTY, WE INVEST IN PROGRAMS THAT PRODUCE RESULTS, AT AGENCIES THAT MANAGE THEIR MONEY WISELY. WE HAVE BEEN RECOGNIZED NATIONALLY AND LOCALLY FOR OUR HIGH RATE OF EFFICIENCY. UNITED WAY RECEIVED THE HIGHEST POSSIBLE RATING, 4 STARS, FROM THE LEADING CHARITY WATCHDOG AGENCY, CHARITY NAVIGATOR, AND HAS BEEN A BETTER BUSINESS BUREAU ACCREDITED CHARITY SINCE 2007.

WE INVEST NEARLY 90% OF THE MONEY RAISED IN THE ANNUAL COMMUNITY CAMPAIGN IN THE PROGRAMS WE SUPPORT, FAR EXCEEDING THE 65% MINIMUM CONSIDERED ACCEPTABLE FOR A NONPROFIT TO BE LIVING UP TO ITS MISSION BY CHARITY NAVIGATOR, THE LEADING INDEPENDENT CHARITY EVALUATOR.

IN ADDITION, THOUSANDS OF VOLUNTEERS GIVE GENEROUSLY OF THEIR TIME AND TALENTS TO UNITED WAY EACH YEAR, ALLOWING US TO MINIMIZE COSTS AND KEEP ADMINISTRATIVE AND FUNDRAISING EXPENSES LOW.