				LIC DISCLOSURE CO			OMB No. 1545-0047
For	" <b>9</b>	90	Under section 501(c), 527, or 49	•			2023
		••		ecurity numbers on this form a			Open to Public
Depa Interr	rtment o Ial Reve	of the Treasury nue Service		/Form990 for instructions and	-	•	Inspection
AF	or the	e 2023 calenda	ar year, or tax year beginning	JUL 1, 2023 and	d ending	<u>JUN 30, 2024</u>	ł
	heck if	la.	organization			D Employer identit	fication number
	→ Addre	UNIT	ED WAY OF GREATER	MILWAUKEE &			
	_chang Name		ESHA COUNTY INC.				
	_ chang ∣Initial	e Doing bi	usiness as	della sur d'ha a harak a dahara (	Descrite	39-08061	
	_return ]Final	225	and street (or P.O. box if mail is not <b>WEST VINE STREET</b>	delivered to street address)	Room/suit	e E Telephone numb 414-263-	
	⊥return termir ated	, 1-	own, state or province, country, an	d ZIP or foreign postal code		G Gross receipts \$	64,280,793.
	Amen	ded MTTM	AUKEE, WI 53212			H(a) Is this a group	
	Applic tion	F Name a	nd address of principal officer: AM	Y LINDNER		for subordinate	
	pendi	<sup>ng</sup> SAME .	AS C ABOVE			H(b) Are all subordinates	included? Yes No
<u> </u> ]	ax-ex	empt status:		) (insert no.) 4947(a)(1)	or 📃 52	If "No," attach	a list. See instructions
	Vebsi		UNITEDWAYGMWC.ORG			H(c) Group exempti	
	orm of art I	f organization: Summarv	X Corporation Trust	Association Other	L Yea	r of formation: 1909	M State of legal domicile: WI
FC					אזא רוידו		
e			e the organization's mission or mo				
Governance		Check this box		continued its operations or dispos			
veri			ing members of the governing boo			3	
			ependent voting members of the g				
Activities &			of individuals employed in calenda				123
vitie			of volunteers (estimate if necessar				13562
<b>Activ</b>			d business revenue from Part VIII, o				
_	b	Net unrelated	business taxable income from For	m 990-T, Part I, line 11	<u></u>		
						Prior Year	Current Year
e						55,976,113	
Revenue		•		4		<u>387,335</u> . 1,221,991.	
Be			come (Part VIII, column (A), lines 3, (Part VIII, column (A), lines 5, 6d, 8			35,418	
			- add lines 8 through 11 (must equ			57,620,857	
			nilar amounts paid (Part IX, column			51,772,696	
			o or for members (Part IX, column			0.	-
Ś	45	-	compensation, employee benefits			8,034,252.	
Expenses	16a	Professional fu	undraising fees (Part IX, column (A)	, line 11e)		0.	0.
xpe	b		ng expenses (Part IX, column (D), I	· · ·			
ш	''		es (Part IX, column (A), lines 11a-11			3,434,178	
			s. Add lines 13-17 (must equal Par			63,241,126.	
		Revenue less	expenses. Subtract line 18 from lin	e 12		-5,620,269. Beginning of Current Year	
Assets or d Balances	20	Total assets (F	Part X lina 16)		-	52,625,295.	
Asse Bali	20		(Part X, line 26)			7,347,879	
Net.			fund balances. Subtract line 21 fro	m line 20		45,277,416	
Pa	rt II	Signature					
Und	er pena	alties of perjury,	declare that I have examined this retu	rn, including accompanying schedule	es and stater	nents, and to the best of n	ny knowledge and belief, it is
true,	correc	ct, and complete?	Declaration of preparer (other than off	icer) is based on all information of w	hich prepar		
			MALICE			1/31/2	2025
Sig		Signature of of				Date	
Her	е	BOB MAL Type or print n		ENT FINANCE			
				Duen even la ciencetura		Date Check	PTIN
Paid		Print/Type prep	arer's name Y ANDERSON	Preparer's signature KIMBERLY ANDERS	ON	01/31/25	
	arer	Firm's name	CLIFTONLARSONALL		511		<u>41-0746749</u>
	Only		8215 GREENWAY BO		00		0,10,10
			MIDDLETON, WI 53	-	-	Phone no. 60	08-662-8600
May	the II	RS discuss this	return with the preparer shown al		<u></u>	·····	X Yes No
LHA			eduction Act Notice, see the sep				Form <b>990</b> (2023)
	S	EE SCHE	DULE O FOR ORGANI	ZATION MISSION ST	<b>FATEME</b>	NT CONTINUA	LION

	UNITED WAY OF GREATER MILWAUKEE &
	1990 (2023)WAUKESHA COUNTY INC.39-0806190Page 2t IIIStatement of Program Service Accomplishments
Par	
1	Check if Schedule O contains a response or note to any line in this Part III X
•	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?
•	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
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 \$ 24,823,844. including grants of \$ 22,919,794. ) (Revenue \$)
	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.
	HEALTH
	HEALTH OF INDIVIDUALS IS A STRONG INDICATOR OF THE HEALTH OF A
	COMMUNITY. ACHIEVING AND MAINTAINING GOOD HEALTH IS IMPORTANT DURING
4b	(Code:) (Expenses \$ 23,580,697. including grants of \$ 23,580,697. ) (Revenue \$) DONOR DIRECTED DESIGNATIONS TO SPECIFIC MEMBER AND NON-MEMBER AGENCIES
	TO ADDRESS DONOR PERCEIVED COMMUNITY NEEDS.
4c	(Code:) (Expenses \$ 6,231,753. including grants of \$ 4,957,103. ) (Revenue \$)
	GRANTS
	COMMUNITY SCHOOLS
	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.
4d	Other program services (Describe on Schedule O.)
40	(Expenses \$         1,880,817.         including grants of \$         826,786.)         (Revenue \$         377,251.)           Total program service expenses         56,517,111.         56,517,111.         377,251.)
40	Total program service expenses 56,517,111. Form 990 (2023)
332002	SEE SCHEDULE O FOR CONTINUATION(S)
	2

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<sup>2023.05040</sup> UNITED WAY OF GREATER MIL A5083651

## UNITED WAY OF GREATER MILWAUKEE &

39-	0806190	Page 3
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Form	990 (2023) WAUKESHA COUNTY INC. 39-080	5190	Р	age <b>3</b>
Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		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? If "Yes," complete Schedule C, Part II	4		X 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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X 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? If "Yes," complete Schedule D, Part I	6		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? If "Yes," complete Schedule D, Part II	7		X X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		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?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		37	
	Part VI	<u>11a</u>	Х	<u> </u>
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total		37	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	<u> </u>
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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		v	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		<u> </u>
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	<u> </u>
t	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		v	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		х	
	Schedule D, Parts XI and XII	12a	Δ	<u> </u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	10		v
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> </u>
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	446		x
15	or more? <i>If</i> "Yes," <i>complete Schedule F, Parts I and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		
15		45		x
16	foreign organization? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		<u> </u>
10		10		x
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	47		x
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40	х	
10	1c and 8a? If "Yes," complete Schedule G, Part II	18	~	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	1		v
00-	complete Schedule G, Part III	19		X X
20a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		<u> </u>
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
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 12, if "Vea," complete Schedule I, Parte I, and II.	01	х	1
00000	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II	<b>21</b>		(2023)
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## UNITED WAY OF GREATER MILWAUKEE & WAUKESHA COUNTY INC.

Form	990 (2023) WAUKESHA COUNTY INC. 39-080	<u>5190</u>	Р	age <b>4</b>
Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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? If "Yes, " complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
Ь	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	2.14		
Lou	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		<u> </u>
b	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
		25b		x
06	Schedule L, Part I	250		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			x
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			37
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	X	<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	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? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	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)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par	t 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	<u></u>	<u></u> .	
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 39	)		
		)		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
_	(gambling) winnings to prize winners?	1c	Х	
332004	12-21-23	Form	<b>990</b>	(2023)
	4			

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2023.05040 UNITED WAY OF GREATER MIL A5083651

39-0806190 Page 4

	UNITED WAY OF GREATER MILWAUKEE &			
Form	990 (2023) WAUKESHA COUNTY INC. 39-0806	190	P	<sub>age</sub> 5
Par				
			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 123			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	0.0		
Ĩ	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х
h	If "Yes," enter the name of the foreign country	та		
D.	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
52		5a		х
b	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a 5b		X
		50 5c		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	50		
0a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	6a		x
<b>h</b>	any contributions that were not tax deductible as charitable contributions?	0a		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	<b>C</b> h		
-	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	7.		Х
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_		v
-	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	_		v
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		<u> </u>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
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.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	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			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		<u> </u>
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?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			
332005	12-21-23	Form	990	(2023)

## UNITED WAY OF GREATER MILWAUKEE &

	990 (2023) WAUKESHA COUNTY INC. 39-080		Р	age 6
Par	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a	a "No" i	respor	ise
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
		_	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 62	2		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 62	4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			37
-	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision		x	
	of officers, directors, trustees, or key employees to a management company or other person?	3	_ <u> </u>	x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5 6		6		X
0 7a	Did the organization have members or stockholders?			
74	more members of the governing body?	7a		x
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	14		
~	persons other than the governing body?	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		77	
12a	Did the organization have a written conflict of interest policy? <i>If</i> " <i>No</i> ," <i>go to line 13</i>	12a	X X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	100	x	
12	on Schedule O how this was done Did the organization have a written whistleblower policy?	12c 13	X	
13 14		14	X	
14 15	Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent	14		
10	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	х	
	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate 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?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed			
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)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.         X       Own website         Another's website       X         Upon request       Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records BOB MALICKI - (414)263-8141			
	225 W VINE STREET, MILWAUKEE, WI 53212-3951			
332006	12-21-23	Forn	<b>990</b> ו	(2023)
	6			

UNITED WAY OF GREATER MILWAUKEE &

Form 990 (2	2023) WAUKESHA	COUNTY INC.	39-08
Part VII	Compensation of Officers, D	irectors, Trustees,	Key Employees, Highest Compensated
	Employees, and Independent	t Contractors	

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

 List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

 List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	(do	not c	Pos			ne	Reportable	Reportable	Estimated
	hours per	box	, unles	ss pei	rson i	s both	n an	compensation	compensation	amount of
	week		cer an	id a d	Irecto	or/trus	tee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC/	from the
	related organizations	ustee	trust		96	bens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	ual tr	tional		voldr	t con	_	1099-NEC)		organizations
	line)	ndividual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) AMY L. LINDNER	50.00		_		-		-			
PRESIDENT & CEO		1		х				333,250.	Ο.	30,899.
(2) FILIPPO CARINI	50.00									
CHIEF OPERATING OFFICER		1		х				237,749.	Ο.	50,160.
(3) NICOLE ANGRESSANO	50.00									
VP - COMMUNITY IMPACT		1				X		196,665.	Ο.	26,144.
(4) GINA SANTAGATI	50.00									
VP - RESOURCE DEVELOPMENT						X		166,245.	0.	42,278.
(5) NATALIE HARLAN	50.00									
DIRECTOR, HUMAN RESOURCES						X		159,125.	0.	15,119.
(6) JAYNE THOMA	50.00									
VP - VOLUNTEER ENGAGEMENT						X		139,110.	0.	29,164.
(7) LAURA MEINE	50.00									
VP - DIGITAL INNOVATION						X		119,612.	0.	29,207.
(8) LINDA E. BENFIELD	0.60									
IMMEDIATE PAST CHAIR		Х		Х				0.	0.	0.
(9) STEVEN G. BOOTH	0.30									
DIRECTOR		Х						0.	0.	0.
(10) DAVID BOWLES	0.30									
DIRECTOR		Х						0.	0.	0.
(11) DANIEL J. BUKIEWICZ	0.30									
DIRECTOR		Х						0.	0.	0.
(12) BLADEN J. BURNS	0.30									
DIRECTOR		Х						0.	0.	0.
(13) CHERYL R. CARRON	0.30									
DIRECTOR		Х						0.	0.	0.
(14) MICHAEL G. CARTER	0.30									
DIRECTOR		Х						0.	0.	0.
(15) ERIC L. CONLEY	0.30									
DIRECTOR		Х						0.	0.	0.
(16) SHELDON CUFFIE	1.30									
DIRECTOR		Х						0.	0.	0.
(17) JULIA CURRIE	0.30									
DIRECTOR		Х						0.	0.	0.
332007 12-21-23										Form <b>990</b> (2023)

332007 12-21-23

Form 990 (2023)

7

## UNITED WAY OF GREATER MILWAUKEE &

Form 990 (2023) WAUKESHA COUNTY INC.

39-0806190 Page 8

Part VI	Section A. Officers, Directors, Trust	ees, Key Emp	oloy	ees,	anc	d Hig	ghes	st C	ompensated Employee	s (continued)		
	(A)	(B)				C)			(D)	(E)	(F)	
	Name and title	Average	(do			itior	ו than o	ane	Reportable	Reportable	Estima	ted
		hours per	box	, unles	s per	rson i	is botł	n an	compensation	compensation	amoun	t of
		week		cer an	aad	Irecto	or/trus	tee)	from	from related	othe	
		(list any hours for	Individual trustee or director						the	organizations (W-2/1099-MISC/	compens	
		related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from t organiza	
		organizations	truste	nstitutional trustee		/ee	mpen		1099-NEC)	1000 NEO)	and rela	
		below	idual 1	ution	er	Key employee	est co oyee	er			organiza	
		line)	Indiv	Instit	Officer	Key e	Highest compensated employee	Former				
(18) AN	TONY B. D'CRUZ	0.30										
DIRECTO	R		Х						0.	0.		0.
(19) CO	REEN DICUS-JOHNSON	0.30								_		
DIRECTO		0 00	X						0.	0.		0.
	J. DISTEFANO	0.30								0		•
DIRECTO		0 20	Х				-		0.	0.		0.
	CHAEL R. EVANS	0.30	37							0		0
DIRECTO		0 60	Х				-		0.	0.		0.
DIRECTO	MELA S. FENDT	0.60	х						0.	0.		0.
	HN W. FLORSHEIM	0.30	~						0.	0.		0.
DIRECTO		0.50	х						0.	0.		0.
	ISTY GARCIA-THOMAS	0.30					$\vdash$					<u> </u>
DIRECTO	R		х						0.	0.		0.
(25) DA	VID GAY	0.60										
TREASUR	ER		х		х				0.	0.		0.
(26) CI	NDY GNADINGER, ED.D	0.30										
DIRECTO	R		х						0.	0.		0.
1b Sub	btotal								1,351,756.	0.	222,9	971.
c Tot	tal from continuation sheets to Part VII	, Section A							0.	0.		0.
d Tot	tal (add lines 1b and 1c)								1,351,756.	0.	222,9	971.
<b>2</b> Tot	al number of individuals (including but no	ot limited to th	ose	liste	d ab	ove	e) wh	o re	ceived more than \$100,	000 of reportable		
con	npensation from the organization											<u> </u>
											Yes	No
3 Did	the organization list any former officer,	director, truste	ee, k	ey e	mpl	oye	e, or	hig	hest compensated empl	oyee on		
	a 1a? If "Yes," complete Schedule J for su										3	X
	any individual listed on line 1a, is the su			•						<b>v</b>		
	d related organizations greater than \$150										4 X	
	any person listed on line 1a receive or a								0		-	v
	dered to the organization? If "Yes." com B. Independent Contractors	plete Schedule	e J fo	or su	ch į	bers	ion -				5	X
	mplete this table for your five highest cor	monsated ind		ndor		ontre	acto	re th	at received more than \$	100,000 of componen	tion from	
	organization. Report compensation for t											
	(A)			- Tuiri	9 10		51 101		(B)		(C)	
	Name and business	address	NC	ONE					Description of s	ervices C	compensati	on
								_				
<b>2</b> Tot	al number of independent contractors (ir		ot lin	aitad	l to i	thor			above) who received me	ore than		
	20,000 of compensation from the organiz	•				(	) ]	eu				
	SEE PART VII, SECTION		IN	UA'	ΤI	ON	S	HE	ETS		Form <b>990</b>	(2023)
332008 12-2	21-23											

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8

#### UNITED WAY OF GREATER MILWAUKEE &

Form 990 WAUKESHA	A COUNTY								39-080	6190
Part VII Section A. Officers, Directors, T	rustees, Key Er	nplo	yee			ligh	est (	Compensated Employ	ees (continued)	<b>I</b>
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average				ition			Reportable	Reportable	Estimated
	hours	(cl	heck	all	that	app	ly)	compensation	compensation	amount of
	per							from the	from related	other
	week (list any	tor				plo ye		organization	organizations (W-2/1099-MISC)	compensation from the
	hours for	or director				ed em		(W-2/1099-MISC)		organization
	related	tee or	ustee			ensate				and related
	organizations	Individual trustee	Institutional trustee		Key employee	Highest com pen sated em ployee				organizations
	below	ividua	titutio	Officer	/ em p	hesto	Former			
	line)	Ind	lns	0ff	Key	Ξi	For			
(27) LINDA GORENS-LEVEY, CPA, CFA	1.30									0
DIRECTOR	0.60	Х						0.	0.	0.
(28) KELLY H. GREBE SECRETARY	0.00	х		x				0.	0.	0.
(29) NANCY HERNANDEZ	0.30	^		<u> </u>				0.	0.	0.
DIRECTOR	0.30	x						0.	0.	0.
(30) BRYAN HOUSE	0.30	^						0.	0.	0.
DIRECTOR	0.30	x						0.	0.	0.
(31) MARK F. IRGENS	0.60				-					0.
DIRECTOR	0.00	x						0.	0.	0.
(32) DANIEL W. JACKSON, FACHE	0.30									
DIRECTOR		x						0.	0.	0.
(33) JASMINE M. JOHNSON, MSM	0.30									
DIRECTOR		x						0.	0.	0.
(34) RODNEY JONES-TYSON	0.30									
DIRECTOR		х						0.	0.	0.
(35) CRAIG JORGENSEN	0.30									
DIRECTOR		Х						0.	0.	0.
(36) MARGARET C KELSEY	0.30									
DIRECTOR		Х						0.	0.	0.
(37) JOHN KISSINGER	0.30									
DIRECTOR		Х						0.	0.	0.
(38) HEATHER LADAGE	0.30									
DIRECTOR	0.00	Х			<u> </u>			0.	0.	0.
(39) DONALD W. LAYDEN, JR.	0.60			37						0
CHAIR	0.30	Х		Х				0.	0.	0.
(40) MATTHEW S. LEVATICH DIRECTOR	0.30	x						0.	0.	0.
(41) PATRICK LUBAR	0.30	^						0.	0.	0.
DIRECTOR	0.30	x						0.	0.	0.
(42) SHERIFF EARNELL R. LUCAS	0.30									0.
DIRECTOR	0.50	х						0.	0.	0.
(43) JAY M. MAGULSKI	0.30									
DIRECTOR		x						0.	0.	0.
(44) SAMANTHA MALDONADO	0.30									
DIRECTOR		х						0.	0.	0.
(45) DEREK MEYER	0.30	1								
DIRECTOR		х						0.	0.	0.
(46) BLAKE D. MORET	0.30									
DIRECTOR		Х						0.	0.	0.
Total to Part VII, Section A, line 1c										

332201 04-01-23

### UNITED WAY OF GREATER MILWAUKEE &

Form 990 WAUKESHA COUNTY INC.

39-0806190

		npic	yee			lighe	est	Compensated Employe	, ,	I
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	, .			ition			Reportable	Reportable	Estimated
	hours	(C	neck I	all 1	that	app	ly)	compensation	compensation	amount of
	per week					e		from the	from related organizations	other compensation
	(list any	tor				Highest com pen sated em ployee		organization	(W-2/1099-MISC)	from the
	hours for	direct				d em		(W-2/1099-MISC)	(112/1000/11100)	organization
	related	ee or	stee			nsate				and related
	organizations	trust	al tru		yee	im pei				organizations
	below	Individual trustee or director	Institutional trustee	er	Key employee	est co	er			5
	line)	Indiv	Instit	Officer	Key e	High	Former			
(47) WAYNE T. MORGAN	0.30									
DIRECTOR		х						0.	0.	0
(48) MICHELLE NETTLES	1.30									
DIRECTOR		х						0.	0.	0
(49) GEORGE R. OLIVER	0.60								•••	
VICE-CHAIR		х		x				0.	0.	0
(50) DR. KEITH P. POSLEY	0.30									
DIRECTOR		x						0.	0.	0
(51) DR. JOAN M. PRINCE	0.30									<b>U</b>
DIRECTOR	0.50	x						0.	0.	0
(52) JONAS PRISING	0.30	23								<b>U</b>
DIRECTOR	0.30	x						0.	0.	0
(53) JOHN R. RAYMOND, SR., MD	0.30	Δ						0.	0.	0
DIRECTOR	0.50	x						0.	0.	0
(54) STEPHANIE RIESCH-KNAPP	1.30	Δ						0.	0.	0
DIRECTOR	1.30	x						0.	0.	0
(55) CHRISTOPHER ROWLAND	0.30	Δ						0.	0.	0
DIRECTOR	0.50	x						0.	0.	0
(56) RACHEL SCHNEIDER	0.30	Δ						0.	0.	0
	0.30	x						0.	0.	
DIRECTOR (57) ASHLEY SMITH	0.30	~						0.	0.	0
	0.30	77						0.	0	
DIRECTOR	0.20	Х						0.	0.	0
(58) JOSH SMITH	0.30							0	0	
DIRECTOR	0.20	Х						0.	0.	0
(59) JUDSON M. SNYDER	0.30							0	0	
DIRECTOR	0.20	Х						0.	0.	0
(60) KIMBERLY K. STOLL	0.30							0	0	
DIRECTOR	0.20	Х						0.	0.	0
(61) JUDITH TAYLOR	0.30							0	•	
DIRECTOR	1 20	Х						0.	0.	0
(62) SCOTT TURNER	1.30								_	_
DIRECTOR		Х						0.	0.	0
(63) MARK WALLACE	0.30								_	_
DIRECTOR		х						0.	0.	0
(64) PEGGY WILLIAM-SMIH	0.30								-	-
DIRECTOR		Х					L	0.	0.	0
(65) THOMAS J. WESTRICK	0.30								_	
DIRECTOR		Х					L	0.	0.	0
(66) LESIE WININGER	0.30	x								
								0.	0.	0

Form 990 WAUKES Part VII Section A. Officers, Directors	HA COUNTY Trustees Key Fr				nd H	liab	ast (	Compensated Employe	39-080	0130
(A) Name and title	(B) Average hours			(C Pos	<b>C)</b> ition			(D) Reportable compensation	<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of
	per week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key em ployee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
67) DEVONA WRIGHT COTTRELL DIRECTOR	1.30	x						0.	0.	C
68) KATRENE ZELENOVSKIY DIRECTOR	0.30	x						0.	0.	C
(69) SAMUEL ZIELKE	0.30									
DIRECTOR		X						0.	0.	
		-								
		-								

332201 04-01-23

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

	39-	0806190	Page <b>9</b>
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			2023) WAUKESHA	COUN	TY INC.			39-0806	190 Page <b>9</b>
Pa	rt \	/111	Statement of Revenue						
			Check if Schedule O contains a	response	or note to any line	e in this Part VIII	(B)	(	
						<b>(A)</b> Total revenue	Related or exempt		<b>(D)</b> Revenue excluded from tax under sections 512 - 514
ts S	1	а	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues	1b					
D D O			Fundraising events	1c	762,117.				
ifts ar A			Related organizations	1d					
s, G mila			Government grants (contributions)	1e	4,301,750.				
Sii			All other contributions, gifts, grants, and						
buti			similar amounts not included above	1f	56,180,368.				
itri 101		g	 Noncash contributions included in lines 1a-1f	1g \$	2,152,301.				
Cor		-	Total. Add lines 1a-1f			61,244,235.			
-					Business Code				
e	2	a	SERVICE FEES		900099	377,251.	377,251.		
Program Service Revenue		b					-		
Ser		с							
am		d							
Be		е							
Pro			All other program service revenue						
		a	Total. Add lines 2a-2f			377,251.			
	3		Investment income (including divide						
					,	1,338,960.			1338960.
	4		Income from investment of tax-exen			i			
	5		Royalties						
				i) Real	(ii) Personal				
	6	а	Gross rents 6a	.,					
	-		Less: rental expenses 6b						
			Rental income or (loss) 6c						
			Net rental income or (loss)						
	7		· · · · ·	Securities	(ii) Other				
	•			233,249.					
		h	Less: cost or other basis	,					
Ð		~	and sales expenses 7b	Ο.					
evenue		c		233,249.					
Seve			Net gain or (loss)			1,233,249.			1233249.
Other R	8		Gross income from fundraising events (	not					
0			including \$ 762,117.						
			contributions reported on line 1c). S		48,686.				
			Part IV, line 18		78,459.				
			Less: direct expenses			-29,773.			-29,773.
	~		Net income or (loss) from fundraisin	-		23,113.			25,113.
	9	a	Gross income from gaming activitie		7 889				
		1-	Part IV, line 19		7,889.				
			Less: direct expenses		-	7,889.			7,889.
			Net income or (loss) from gaming ac		·····	7,005.			7,005.
	10	а	Gross sales of inventory, less return						
			and allowances						
			Less: cost of goods sold						
		С	Net income or (loss) from sales of in	ventory	Business Code				
s		_			Business Code				
Miscellaneous Revenue	11	a							
llan 'enı		b							
Sev		c			000000	20 502			20 500
Mis			All other revenue		900099	30,523.			30,523.
			Total. Add lines 11a-11d			30,523.	388.051		0500040
	12		Total revenue. See instructions			64,202,334.	377,251.	0.	2580848.
33200	9 12	2-21-	23						Form <b>990</b> (2023)

12

Form 990 (2023)

# UNITED WAY OF GREATER MILWAUKEE & WAUKESHA COUNTY INC.

39-0806190 Page 10

ecti	on 501(c)(3) and 501(c)(4) organizations must comp			nplete column (A).	
	Check if Schedule O contains a respon	se or note to any line in (A)	this Part IX (B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	<b>(B)</b> Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	52,284,379.	52,284,379.		
2	Grants and other assistance to domestic	<u> </u>			
•	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 5	Benefits paid to or for members Compensation of current officers, directors,				
5		672,338.	144,207.	406,761.	121,37
6	trustees, and key employees	072,550.	111,207.	400,7010	121,37
0	Compensation not included above to disqualified persons (as defined under section $4958(f)(1)$ ) and				
	persons described in section 4958(c)(3)(B)		0 0 0 0 0 0 0	1 010 050	
7	Other salaries and wages	5,956,757.	2,078,940.	1,212,058.	2,665,75
B	Pension plan accruals and contributions (include		100 410	101 600	001 1-
	section 401(k) and 403(b) employer contributions)	490,207.	187,419.	101,633.	201,15
9	Other employee benefits	725,849.	250,109.	150,765.	324,97
)	Payroll taxes	469,456.	159,416.	105,336.	204,70
1	Fees for services (nonemployees):				
а	Management			1	
b	Legal	21,390.	834.	17,220.	3,33
С	Accounting	56,448.	2,258.	45,158.	9,03
	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	53,926.		53,926.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	1,197,096.	755,650.	200,000.	241,44
2	Advertising and promotion	176,264.	2,487.	354.	173,42
3	Office expenses	112,579.	60,211.	36,527.	15,84
4	Information technology	163,886.	25,108.	47,114.	91,66
5	Royalties				
6	Occupancy	218,123.	96,604.	41,937.	79,58
7	Travel	27,101.	17,456.	2,240.	7,40
3	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	80,971.	47,837.	13,955.	19,17
C	Interest	30,782.	8,888.	7,983.	13,91
1	Payments to affiliates	586,124.	169,244.	151,995.	264,88
2	Depreciation, depletion, and amortization	256,100.	73,950.	66,412.	115,73
3	Insurance	36,610.	4,305.	23,167.	9,13
1	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	CAMPAIGN AND PROGRAMMAT	236,551.	122,116.	1,341.	113,09
b	PRINTING	48,044.	19,173.	2,194.	26,67
с					
d					
е	All other expenses	34,761.	6,520.	22,421.	5,82
5	Total functional expenses. Add lines 1 through 24e	63,935,742.	56,517,111.	2,710,497.	4,708,13
6	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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Form 990 (2023)

## UNITED WAY OF GREATER MILWAUKEE &

Form 990 (2023) WAUKESHA COUNTY INC.
Part X | Balance Sheet

Part X	X	Balance Sheet					
		Check if Schedule O contains a response or no	te to any	line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			1,400.	1	1,400
:	2	Savings and temporary cash investments			3,243,984.	2	5,952,468
:	3	Pledges and grants receivable, net	9,079,640.	3	10,086,295		
4		Accounts receivable, net		4			
		Loans and other receivables from any current of					
		trustee, key employee, creator or founder, subs					
		controlled entity or family member of any of the	ese perso	ns		5	
	6	Loans and other receivables from other disqual	ified pers	ons (as defined			
		under section 4958(f)(1)), and persons describe		6			
	7	Notes and loans receivable, net			100,000.	7	(
	8	Inventories for sale or use				8	
9	9	Prepaid expenses and deferred charges			44,080.	9	310,690
1	0a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	6,290,201.			
	b	Less: accumulated depreciation			2,128,387.	10c	2,259,318
1	1	Investments - publicly traded securities		11			
1	2	Investments - other securities. See Part IV, line			37,628,259.	12	29,677,19
1	3	Investments - program-related. See Part IV, line				13	
1	4	Intangible assets		14			
1	5	Other assets. See Part IV, line 11	399,545.	15	9,168,668		
1		Total assets. Add lines 1 through 15 (must equ			52,625,295.	16	57,456,030
1		Accounts payable and accrued expenses	2,553,831.	17	1,202,293		
18		Grants payable	4,096,140.	18	4,061,229		
19		Deferred revenue	528,116.	19	287,57		
2		Tax-exempt bond liabilities				20	
2		Escrow or custodial account liability. Complete				21	
2	2	Loans and other payables to any current or form					
		trustee, key employee, creator or founder, subs					
	_	controlled entity or family member of any of the		F		22	
2		Secured mortgages and notes payable to unrel				23	
24		Unsecured notes and loans payable to unrelate				24	
2	5	Other liabilities (including federal income tax, pa	•				
		parties, and other liabilities not included on line	Complete Part X	169,792.		5,754,912	
	~	of Schedule D			7,347,879.		11,306,009
2	6	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, ch			7,547,079.	26	11,300,003
		and complete lines 27, 28, 32, and 33.	eck nere				
2	7	Net assets without donor restrictions			37,925,433.	27	34,304,850
2	8	Net assets with donor restrictions			7,351,983.	28	11,845,171
	0	Organizations that do not follow FASB ASC 9			7,551,505.	20	11,010,17
		and complete lines 29 through 33.					
2	a	Capital stock or trust principal, or current funds			29		
2	9	Paid-in or capital surplus, or land, building, or e				30	
3		Retained earnings, endowment, accumulated in				30	
2 2 2 3 3 3 3		Total net assets or fund balances			45,277,416.	32	46,150,027
3		Total liabilities and net assets/fund balances			52,625,295.	33	57,456,036
	5	Total habilities and her assets/fully baidlices			50,005,055	00	Form <b>990</b> (20)

332011 12-21-23

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ısign l	Envelope ID: A4417838-1971-4069-988A-C120B68D5C9B						
	UNITED WAY OF GREATER MILWAUKEE &						
Form	1990 (2023) WAUKESHA COUNTY INC.	39-08	06190	Pag	<sub>ge</sub> 12		
Pa	rt 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)		<u>64,202</u>				
2	2 Total expenses (must equal Part IX, column (A), line 25)						
3	Revenue less expenses. Subtract line 2 from line 1	3			92.		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))						
5	Net unrealized gains (losses) on investments	5	606	5,01	<u>19.</u>		
6	Donated services and use of facilities 6						
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
	column (B))	10	46,150	),02	<u>27.</u>		
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII				X		
				Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		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:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		2b	Х			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate						
	consolidated basis, or both:						
	Separate basis X Consolidated basis Both consolidated and separate basis						
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,					
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х			
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the						
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a	Х			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	Х			

Form 990 (2023)

332012 12-21-23

S	SCHEDULE A Public Charity Status and Public Support								OMB No. 1545-0047	
(Fo	rm 9	990)	C		nization is a section 501					2023
			0		47(a)(1) nonexempt cha					2023
		t of the Treasury venue Service		Attach to Form 990 or Form 990-EZ.						Open to Public
					Form990 for instruction			ormation.	<b>F</b>	Inspection
					GREATER MILWA	AOKEE	δε			identification number
D	rt I	Baaaan		Charity Status						9-0806190
					(All organizations must c			ee instruction	S.	
	orga	7	•	•	For lines 1 through 12, cl		,	1.V. A. V.*.		
1	A church, convention of churches, or association of churches described in <b>section 170(b)(1)(A)(i)</b> . A school described in <b>section 170(b)(1)(A)(ii)</b> . (Attach Schedule E (Form 990).)									
2 3		7			•		<u>/////////////////////////////////////</u>	:)		
	<ul> <li>A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).</li> <li>A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,</li> </ul>									
4	L	city, and stat	÷			acsenbea	in Sectio			the hospital s hame,
5	5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in									
Ŭ	section 170(b)(1)(A)(iv). (Complete Part II.)									
6		7			nental unit described in	section 17	70(b)(1)(A)	(v).		
7	X	7		-	ntial part of its support fr				ne general i	oublic described in
		-		Complete Part II.)		•			•	
8		A community	trust describ	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)				
9		An agricultur	al research or	ganization described	in section 170(b)(1)(A)(	i <b>x)</b> operate	ed in conju	inction with a	land-grant	college
		or university	or a non-land-	grant college of agric	ulture (see instructions).	Enter the i	name, city	, and state of	the college	e or
		_ university: _								
10		An organizati	on that norma	ally receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, and	d gross receipts from
					t to certain exceptions; a					-
					(less section 511 tax) fro	m busines	ses acqui	red by the org	anization a	after June 30, 1975.
		7		omplete Part III.)						
11		7			ively to test for public sat					
12		-	-	-	ively for the benefit of, to				-	
					d in section 509(a)(1) o					Sheck the box on
e	Г		-		f supporting organizatior upervised, or controlled				-	aivina
				-	gularly appoint or elect a	• • • •	-			
			0	complete Part IV, Se		majority c				pporting
k	Г	~		•	or controlled in connect	ion with it:	s supporte	d organizatio	n(s). bv hav	vina
	_				anization vested in the sa			-		-
			0	st complete Part IV,		·			5 11	
c		Type III fur	nctionally inte	egrated. A supportin	g organization operated	in connect	tion with, a	and functional	ly integrate	ed with,
		its support	ed organizatio	on(s) (see instructions	). You must complete I	Part IV, Se	ections A,	D, and E.		
c		Type III no	n-functionall	y integrated. A supp	oorting organization oper	ated in co	nnection v	ith its suppor	ted organiz	zation(s)
		that is not f	unctionally in	tegrated. The organiz	ation generally must sat	isfy a distr	ibution red	quirement and	an attentiv	/eness
	_	requiremen	t (see instruct	tions). You must cor	nplete Part IV, Sections	A and D,	and Part	<b>V</b> .		
e			•		written determination from			Туре I, Туре	II, Type III	
		-	-	• •	nally integrated supporting	ng organiz	ation.			[]
		nter the number		•						
<u>ç</u>	Pr	(i) Name of supp		n about the supporte (ii) EIN	d organization(s).	(iv) Is the orga	anization listed	(v) Amount o	fmonetary	(vi) Amount of other
		organization		(,	(described on lines 1-10	in your governi		support (see ir		support (see instructions)
					above (see instructions))	Yes	No			
_										
Tot	al									

UNITED WAY OF GREATER MILWAUKEE & 39-0806190 Page 2 WAUKESHA COUNTY INC. Schedule A (Form 990) 2023 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) (d) 2022 (a) 2019 (b) 2020 (c) 2021 (e) 2023 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 58882574.80310309.62127827.56768475.61410823.319500008 include any "unusual grants.") 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 58882574.80310309.62127827.56768475.61410823.319500008 4 Total. Add lines 1 through 3 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) 43317169. 276182839 6 Public support. Subtract line 5 from line 4 Section B. Total Support <u>(c) 2</u>021 <u>(d)</u>2022 <u>(a)</u> 2019 <u>(e)</u>2023 Calendar year (or fiscal year beginning in) (b) 2020 (f) Total 58882574.80310309.62127827.56768475.61410823.319500008 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, 424,418. 627,170. 1078879. 1338960. 432,528. 3901955. and income from similar sources 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.) 323401963 **11 Total support.** Add lines 7 through 10 3.291.941 12 **12** Gross receipts from related activities, etc. (see instructions) First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 organization, check this box and stop here Section C. Computation of Public Support Percentage 85.40 14 % 14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) 15 Public support percentage from 2022 Schedule A, Part II, line 14 85.25 15 % 16a 33 1/3% support test - 2023. 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 X b 33 1/3% support test - 2022. 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 - 2023. 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 - 2022. 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

Schedule A (Form 990) 2023

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#### UNITED WAY OF GREATER MILWAUKEE &

Schedule A (Form 990) 2023 WAUKESHA COUNTY INC.
Part III Support Schedule for Organizations Described in Section 509(a)(2)

39-0806190 Page 3

••••	
	(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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	3 <b>(f)</b> Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	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						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support				L		
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	3 (f) Total
	Amounts from line 6			(-,	(,	(-/=	
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources						
r	Unrelated business taxable income						
~	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11							
	activities not included on line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain						
_	or loss from the sale of capital						
13	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)				1		
	First 5 years. If the Form 990 is for th	L ne organization's fi	rst second third "	fourth or fifth tax	L	1 501(c)(3) organ	I
	check this box and <b>stop here</b>	-			-		
See	ction C. Computation of Publi						
15				column (f))		15	%
16	Public support percentage from 2022					16	%
	ction D. Computation of Invest					1.01	
17	Investment income percentage for 20			ne 13, column (f))		17	%
18	Investment income percentage from					18	<u> </u>
	a 33 1/3% support tests - 2023. If the						
	more than 33 1/3%, check this box a						
Ł	<b>33 1/3% support tests - 2022.</b> If the						3%, and
	line 18 is not more than 33 1/3%, che						
20	<b>Private foundation.</b> If the organization						
	23 12-21-23		,	. ,			dule A (Form 990) 2023

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18

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

## Schedule A (Form 990) 2023

39-0806190 Page 4

1

2

3a

Yes No

#### Part IV Supporting Organizations (Complete only if you checked a box on line 12 of Part I. If you check

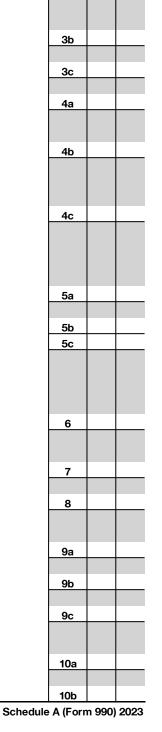
(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and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

## Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

19

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## UNITED WAY OF GREATER MILWAUKEE &

Sch	edule A (Form 990) 2023 WAUKESHA COUNTY INC. 39-0806	190 r	Page 5
Pa	Int 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 on lines 11b and		
	11c below, the governing body of a supported organization?	1a	
b	A family member of a person described on line 11a above?	1b	
c	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide		
		1c	
Se	ction B. Type I Supporting Organizations		
		Yes	No
1 2 Sec	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> <b>Part VI</b> <i>how the supported organization(s)</i> effectively operated, supervised, or controlled the organization's activities. <i>If the organization had more than one supported</i> <i>organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the</i> <i>supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i> 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</i> "Yes," <i>explain in</i> <b>Part VI</b> <i>how providing such benefit carried out the purposes of the supported organization(s) that operated,</i> <i>supervised, or controlled the supporting organization.</i> <b>ction C. Type II Supporting Organizations</b>	2	
		Yes	i 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)? If "No," describe in Part VI how control		
	or management of the supporting organization was vested in the same persons that controlled or managed		

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

#### Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the c	organization used to satisf	y the Integral Part Test during	g the year (see instructions).
---	---	-----------------------------	---------------------------------	--------------------------------

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

С		The organization supported a governme	ental entity. Describe in Part VI how	w you supported a governmental entity (see instruction <u>s).</u>
---	--	---------------------------------------	---------------------------------------	---

2 Activities Test. Answer lines 2a and 2b below.

the supported organization(s)

Section D. All Type III Supporting Organizations

- **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? 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.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b 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? *If* "Yes" or "No" provide details in **Part VI.** 

**b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard.* 

Schedule A (Form 990) 2023

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#### UNITED WAY OF GREATER MILWAUKEE &

39-0806190 -

Sche	dule A (Form 990) 2023 WAUKESHA COUNTY INC.			39-0806190 Page 6
Pa		ng Organiz		<u> </u>
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	ov. 20, 1970 ( <i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	st complete S	Sections A through E.	
Sect	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	on 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		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrated	Type III supporting orga	anization (see

instructions).

Schedule A (Form 990) 2023

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	dule A (Form 990) 2023 WAUKESHA COUN		ni-otiono i i	9-0806190 Page 7
	t V Type III Non-Functionally Integrated 509	(a)(s) Supporting Orga	nizations (continued)	
	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe		1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity		2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations		
4	Amounts paid to acquire exempt-use assets		4	
5	Qualified set-aside amounts (prior IRS approval required - pr	ovide details in Part VI)	6	
<u>6</u> 7	Other distributions ( <i>describe in</i> <b>Part VI</b> ). See instructions. <b>Total annual distributions.</b> Add lines 1 through 6.		7	
8	Distributions to attentive supported organizations to which the	a organization is responsive		
0	(provide details in <b>Part VI</b> ). See instructions.	le organization is responsive	8	
9	Distributable amount for 2023 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount		10	
10		(i)	(ii)	(iii)
Sect	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2023	Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2023 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2023			
a	From 2018			
b	From 2019			
C	From 2020			
d	From 2021			
e	From 2022			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2023 distributable amount			
<u>    i</u>				
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2023 from Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2023 distributable amount			
C	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2024. Add lines 3j and 4c.			
8	Breakdown of line 7:			
	Excess from 2019			
	Excess from 2020			
	Excess from 2021			
	Excess from 2022			
	Excess from 2023			

Schedule A (Form 990) 2023

332027 12-21-23

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

Schedule A	(Form 990) 2023	WAUKESHA	COUNTY	INC.	39-0806190 Pag
Part VI	Supplemental Infor	mation. Provide	the explanation	ons 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, 9	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, Sect	tion E, lines 2,	5, and 6. Also complete this part for any a	additional information.
	(See instructions.)				

Schedule A (I	Form 990) 2023
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Schedule B	Schedule of Contributors	OMB No. 1545-0047
Form 990) Department of the Treasury nternal Revenue Service	Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information.	2023
	NITED WAY OF GREATER MILWAUKEE & NAUKESHA COUNTY INC.	Employer identification number
<b>Organization type</b> (check	c one):	
Filers of:	Section:	
Form 990 or 990-EZ	$\fbox{X}$ 501(c)( 3 ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> 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	
, ,	n is covered by the <b>General Rule</b> or a <b>Special Rule.</b> c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special F	Rule. See instructions.
General Rule		
•	ion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributo	
Special Rules		

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "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), 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).

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

Part I

		\$ <u>1,159,975.</u>	Noncash (Complete Part II for noncash contributions.)
(b)		(c)	(d)
Name, address, and ZIP + 4		Total contributions	Type of contribution
		\$ <u>1,093,253.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(b)		(c)	(d)
Name, address, and ZIP + 4		Total contributions	Type of contribution
		\$3,314,978.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
08365	25 2023.05040 t	JNITED WAY OF GRE	Schedule B (Form 990) (2023)

Schedule B (Form 990) (2023)	Page
Name of organization	Employer identification number
UNITED WAY OF GREATER MILWAUKEE &	
WAUKESHA COUNTY INC.	39-0806190

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1		\$ <u>2,278,630.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2		\$ <u>1,878,885.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3		\$4,864,433.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$ <u>1,159,975.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ <u>1,093,253.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$3,314,978.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule	B (Form 990) (2023)		Pag
UNITE	organization D WAY OF GREATER MILWAUKEE & SHA COUNTY INC.		Employer identification numbe
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 contribution	(d) Is Type of contribution
7		\$2,000,0	OO.       Person       X         Payroll       Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) Is Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Is Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) Is Type of contribution
		\$	Person Payroll Payroll (Complete Part II for noncash contributions.)
(0)	(b)	(0)	(a)

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)

Schedule B (Form 990) (2023)
Name of organization

323452 12-26-23

	B (Form 990) (2023)		Page <b>3</b>
	rganization D WAY OF GREATER MILWAUKEE &		Employer identification number
	SHA COUNTY INC.		39-0806190
Part II	Noncash Property (see instructions). Use duplicate copies of Part	II if additional space is needed	l.
(a) No. from Part I	(b) Description of noncash property given	e) (d) ) Date received	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	

27

Schedule B (Form 990) (2023)

Schedule	B (Form 990) (2023)			Page 4						
Name of o	organization			Employer identification number						
UNITE	D WAY OF GREATER MILWAUK	EE &								
	SHA COUNTY INC.			39-0806190						
Part III	Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns (a)			10) that total more than \$1,000 for the year						
	completing Part III, enter the total of exclusively religious, c	naritable, etc., contributions of \$1,000 or	less for the year. (Enter this	info. once.) \$						
( ) ) )	Use duplicate copies of Part III if additional s	pace is needed.	1							
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d)	Description of how gift is held						
Part I		(0) 000 01 gitt	(4)	Jeeenpaien et new girt is new						
		() <b>-</b>								
		(e) Transfer of g	ift							
			Deletienshin e	f turn of a very to two poles of						
	Transferee's name, address, ar		Relationship o	f transferor to transferee						
(a) No.		/								
from Part I	(b) Purpose of gift	(c) Use of gift	(d) I	Description of how gift is held						
	(e) Transfer of gift									
	Transferee's name, address, ar	Id ZIP + 4	Relationship o	f transferor to transferee						
		[								
(a) No.										
`from Part I	(b) Purpose of gift	(c) Use of gift	(d) I	Description of how gift is held						
		(e) Transfer of g	ift							
	Transferee's name, address, ar	od ZIP + 4	Relationship o	f transferor to transferee						
		[								
		[								
(a) No.										
from Part I	(b) Purpose of gift	(c) Use of gift	(d) I	Description of how gift is held						
<u> </u>										
	•	(e) Transfer of g	ift							
	Transferee's name, address, ar	d ZIP + 4	Relationship o	f transferor to transferee						

28

Schedule B (Form 990) (2023)

sci	<b>HEDULE D</b>	Supplementa	al Financial Statements	OMB No. 1545-0047
	1990)	Complete if the orga	inization answered "Yes" on Form 990,	2023
			), 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.	Open to Public
	nent of the Treasury Revenue Service		0 for instructions and the latest information.	Inspection
ame	e of the organizati			Employer identification number
		WAUKESHA COUNTY IN		39-0806190
<b>°</b> ar		-	d Funds or Other Similar Funds or A	ccounts. Complete if the
	organizatio	on answered "Yes" on Form 990, Part IV, lin		
			(a) Donor advised funds	(b) Funds and other accounts
		nd of year		
		of contributions to (during year)		
		of grants from (during year)		
		t end of year		
	-		writing that the assets held in donor advised fur	
			exclusive legal control?	
	•		or donor advisor, or for any other purpose confer	5
	impermissible priv		or donor advisor, or for any other purpose comer	
ar			ganization answered "Yes" on Form 990, Part IV	
		servation easements held by the organization		,
		n of land for public use (for example, recrea		torically important land area
		of natural habitat		tified historic structure
	—	n of open space		
			fied conservation contribution in the form of a co	onservation easement on the last
	day of the tax yea			Held at the End of the Tax Year
а	Total number of c	onservation easements		2a
				2b
	-	vation easements on a certified historic structure		2c
d	Number of conser	vation easements included on line 2c acqu		
			-	2d
;			leased, extinguished, or terminated by the orgar	nization during the tax
	year			
ŀ	Number of states	where property subject to conservation eas	sement is located	
5	Does the organiza	tion have a written policy regarding the per	riodic monitoring, inspection, handling of	
	violations, and ent	forcement of the conservation easements if	t holds?	Yes No
;	Staff and voluntee	r hours devoted to monitoring, inspecting,	handling of violations, and enforcing conservati	
	Amount of expense	es incurred in monitoring, inspecting, hanc	dling of violations, and enforcing conservation ea	asements during the year
		-	e satisfy the requirements of section 170(h)(4)(B)	
			on easements in its revenue and expense stater	
			note to the organization's financial statements th	nat describes the
ar	organization's acc t III Organiza	counting for conservation easements.	f Art, Historical Treasures, or Other S	Similar Assets
		f the organization answered "Yes" on Form		Similar Assets.
_			58, not to report in its revenue statement and ba	lance sheet works
a	0	, 1	blic exhibition, education, or research in furthera	
	,	, 1	ncial statements that describes these items.	
b	· •		58, to report in its revenue statement and balance	e sheet works of
-			c exhibition, education, or research in furtherand	
		ing amounts relating to these items.		
	•	с с		\$
			asures, or other similar assets for financial gain,	
	-	unts required to be reported under FASB A		•
				\$
		eduction Act Notice, see the Instructions		Schedule D (Form 990) 2023
	<b>.</b> 09-28-23			
			29	
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		WAY OF GREA		UKEE &		2	<b>•</b> • •	0 6 1 0 0		•
		A COUNTY IN						<u>06190</u>		age 2
Par	rt III Organizations Maintaining C							(continu	ued)	
3	Using the organization's acquisition, accession collection items (check all that apply).	on, and other records	s, check any of the	following that	make sig	gnificant us	e of its			
а	a Public exhibition d Loan or exchange program									
b										
с										
4	Provide a description of the organization's co	ellections and explain	how they further th	ne organizatio	n's exem	pt purpose	e in Part	XIII.		
5										
	to be sold to raise funds rather than to be ma	aintained as part of th	ne organization's co	ollection?				Yes		No
Par	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, Par		Ū							
<b>1</b> a	Is the organization an agent, trustee, custodi	an, or other intermed	liary for contributior	ns or other as	sets not i	ncluded				
	on Form 990, Part X?		-					Yes		No
b	If "Yes," explain the arrangement in Part XIII									
		·	0					Amount		
с	Beginning balance					1c				
d	Additions during the year									
	Distributions during the year									
f	Ending balance					1f				
	Did the organization include an amount on Fo					· · · · ·		Yes		No
	If "Yes," explain the arrangement in Part XIII.					· · · · · · · · · · · · · · · · · · ·				1
	rt V Endowment Funds Complete if	the organization ans	wered "Yes" on Fo	rm 990, Part I	V, line 10	).				
	·	(a) Current year	(b) Prior year	(c) Two year		(d) Three ye	ars back	(e) Four	years	back
1a	Beginning of year balance	19,608,645.	21,383,903.	25,404	1,378.	5,53	5,487.			346.
	Contributions	141,831.	512,745.		3,975.		7,578.	,		115.
	Net investment earnings, gains, and losses	1,013,178.	738,858.		2,889.		, 8,737.	. 89,821.		
	Grants or scholarships	4,953,628.	3,026,861.		3,106.		5,506.			
	Other expenditures for facilities	, , , .	, , , -	,	, .	/	, .	· · · · · · · · · · · · · · · · · · ·		
C				168	3,456.	14	1,918.		131	693.
f	Administrative expenses				,		_,		,	
		15,810,026.	19,608,645.	21,383	3 903	25 40	4,378.	5	535	487.
-	End of year balance Provide the estimated percentage of the curr				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	20,10	1,070.	5,		107.
2		86.3220	%	)) field as.						
	Board designated or quasi-endowment Permanent endowment 9.6480	%	%							
	4 0000									
C		%								
2-	The percentages on lines 2a, 2b, and 2c show		tion that are hold a	ad administar	ad far the					
38	Are there endowment funds not in the posse	ssion of the organiza	tion that are neid a	nu auminister	ed for the	;		<u>ا</u>	Yes	No
	organization by:								X	
	(i) Unrelated organizations?							3a(i)	<u> </u>	x
<b>L</b>								3a(ii)		
-	If "Yes" on line 3a(ii), are the related organiza							3b		
4 Par	t VI Land, Buildings, and Equipm	organization's endo	wment funds.							
1 41	Complete if the organization answered		Part IV line 11a 9	See Form 990	Dart X li	ine 10				
				1				( )		
	Description of property	(a) Cost or of basis (investm	• • •	t or other (other)		cumulated	1	(d) Book	valu	е
			,	, ,	uep	reclation		100	2	2 5
	Land			0,235.	2 0	05 22	7			35.
	Buildings		4,52	5,151.	4,9	85,33	1.	1,539	, Ö.	14.
	Leasehold improvements		1 50				<u>_</u>	614	2	<u> </u>
	Equipment			9,859.	9	85,50		614	-	
	Other			4,956.		60,04				$\frac{16}{10}$
Tota	I. Add lines 1a through 1e. <i>(Column (d) must e</i>	qual Form 990, Part )	<u>X. line 10c. column</u>	<u>(B))</u>				2,259	-	
						S	chedule	D (Form	990)	2023

332052 09-28-23

Schedule D (Form 990) 2023

## UNITED WAY OF GREATER MILWAUKEE &

WAUKESHA COUNTY INC.

Part VII Investments - Other Securities			
Complete if the organization answered "Yes" (a) Description of security or category (including name of security)	on Form 990, Part IV, line <sup>-</sup> (b) Book value	11b. See Form 990, Part X, line 12. (c) Method of valuation: Cost or end	of voar market value
(4) Financial daminativas		(c) Method of Valuation. Cost of end	
(1) Financial derivatives			
(2) Closely held equity interests(3) Other			
(A) ENDOWMENT - MUTUTAL FUNDS	7,363,803.	END-OF-YEAR MARKET	VALUE
(B) GENERAL – MUTUAL FUNDS	13,019,502.	END-OF-YEAR MARKET	VALUE
(C) BAIRD - BOND FUNDS	9,293,892.	END-OF-YEAR MARKET	VALUE
(D)	5,250,0520		
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))	29,677,197.		
Part VIII Investments - Program Related.	- , - , -		
Complete if the organization answered "Yes"	on Form 990, Part IV, line <sup>.</sup>	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, line 13, col. (B))			
Part IX Other Assets			
Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	
	Description		(b) Book value
(1) 457(B) PARTICIPANT ASSETS			154,146.
(2) UWWC COMMUNITY FOUNDATION			239,351.
(3) RIGHT OF USE ASSET- LEASE			53,941.
(4) FUNDS HELD AS A FISCAL AG			5,546,643.
(5) LONG-TERM PLEDGES RECEIVAL	BLE		3,174,587.
(6)			
(7)			
(8)			
(9)			<u> </u>
Total. (Column (b) must equal Form 990, Part X, line 15, co	<i>I. (</i> B))		9,168,668.
Part X Other Liabilities			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11t. See Form 990, Part X, line 25. ا	
<b>1.</b> (a) Description of liability			(b) Book value
(1) Federal income taxes			154 446
(2) 457(B) PLAN PARTICIPANT L			154,146.
(3) FUNDS HELD AS A FISCAL AG	EN'I'		5,546,643.
(4) OPERATING LEASE LIABILITY			54,123.
(5)			
(6)			
(7)			
(8)			
(9) <b>-</b>			5 75/ 010
Total. (Column (b) must equal Form 990, Part X, line 25, co			5,754,912.
2. Liability for uncertain tax positions. In Part XIII, provide			
organization's liability for uncertain tax positions under	FASE ASU / 40. UNECK NE	re ii the text of the loothote has been pro	

Schedule D (Form 990) 2023

332053 09-28-23

	UNITED WAY OF GREATER MILW	AUKEI	2 &		
_	dule D (Form 990) 2023 WAUKESHA COUNTY INC.				0806190 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Stateme	nts Wi	th Revenue per Re	turn	
	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	41,284,892.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	606,019.		
b	Donated services and use of facilities	2b	111,161.		
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	717,180.
3	Subtract line 2e from line 1			3	40,567,712.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b		53,926.		
b	Other (Describe in Part XIII.)	4b	23,580,696.		
С	Add lines 4a and 4b			4c	23,634,622.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	64,202,334.
Pa	t XII Reconciliation of Expenses per Audited Financial Stateme		ith Expenses per R	Retur	n
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	40,412,281.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	111,161.		
b	Prior year adjustments	2b			
с	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	111,161.
3	Subtract line 2e from line 1			3	40,301,120.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b				
b	Other (Describe in Part XIII.)	4b	23,580,696.		
С	Add lines 4a and 4b			4c	23,634,622.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)			5	63,935,742.
Pa	t 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.

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, 2024 AND 2023.

Schedule D (Form 990) 2023

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332054 09-28-23

32

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UNITED WAY OF GREATER MILWAUKEE &	
Chedule D (Form 990) 2023     WAUKESHA COUNTY INC.       Part XIII     Supplemental Information (continued)	39-0806190 Page 8
ART XI, LINE 4B - OTHER ADJUSTMENTS:	
ONOR DESIGNATED FUNDS	23,580,696.
ART XII, LINE 4B - OTHER ADJUSTMENTS:	
ONOR DESIGNATED FUNDS	23,580,696.

Schedule D (Form 990) 2023

332055 09-28-23

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	Iraisi	ng or Gaming A	ctiv	ities	OMB No. 1545-0047
(Form 990)	(Form 990) Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.							2023
Department of the Treasury	Attach to Form 990 or Form 990-EZ.							Open to Public
Internal Revenue Service Name of the organization		<u>o www.irs.gov/Form990 for instruc</u> WAY OF GREATER MILN				ו.	Employer ide	Inspection entification number
Name of the organization		A COUNTY INC.	NAUI	166	œ		39-0806	
Part I Fundrais		Complete if the organization answe	red "Y	es" or	n Form 990, Part IV, li	ine 17		
required to	complete this part	t						
	-	ed funds through any of the following	-					
a Mail solicitat b Internet and	email solicitations				overnment grants nment grants			
c Phone solici		g Special		-	-			
d 🗌 In-person so								
2 a Did the organization	on have a written o	or oral agreement with any individual	(includ	ling of	ficers, directors, trus	tees,	or	_
		art VII) or entity in connection with pr			•			
b If "Yes," list the 10 compensated at le	0	viduals or entities (fundraisers) pursua	ant to	agreei	ments under which tr	ne fur	idraiser is to b	6
								1
(i) Name and addres	s of individual	(iii) A ativity	(iii) fundr	Did aiser	(iv) Gross receipts		Amount paid or retained by)	(vi) Amount paid to (or retained by)
or entity (fund	fraiser)	(ii) Activity	have c or con contribu	trol of	from activity		fundraiser ted in col. (i)	organization
			Yes	No				
Total								
	ich the organizatio	n is registered or licensed to solicit o	ontrib	utions	or has been notified	it is e	exempt from re	egistration
or licensing.								

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

Schedule G (Form 990) 2023

LHA 332081 09-13-23

UNITED WAY OF GREATER MILWAUKEE & 39-0806190 Page 2 WAUKESHA COUNTY INC. Schedule G (Form 990) 2023 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 (c) Other events (b) Event #2 (d) Total events TECHNOLOGY WOMEN UNITED NONE (add col. (a) through UNITED CIO FBRUECHEON col. (c)) (event type) (total number) (event type) Revenue 698,103. 112,700. 810,803. 1 Gross receipts 81,114. 762,117. 2 Less: Contributions 681,003. 17,100. **3** Gross income (line 1 minus line 2) 31,586. 48,686. 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs 46,404. 73,021. 26,617. 7 Food and beverages 8 Entertainment 1,525. 3,913. 5,438 9 Other direct expenses 78,459 **10** Direct expense summary. Add lines 4 through 9 in column (d) -29,77311 Net income summary. Subtract line 10 from line 3, column (d) 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. (d) Total gaming (add (b) Pull tabs/instant (c) Other gaming (a) Bingo Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 1 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses % Yes Yes % Yes % 6 Volunteer labor No No 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 G (Form 990) 2023 332082 09-13-23

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Schedule G (Form 990) 2023				<u> </u>
	gaming activities with nonmembers?	📖	Yes	No No
<b>c c</b>	?		Yes	No
13 Indicate the percentage of gaming		🗀		
	· ·	13a		%
				%
<b>14</b> Enter the name and address of t	the person who prepares the organization's gaming/special events books and records:			
Name				
Address				
<b>15a</b> Does the organization have a co	ntract with a third party from whom the organization receives gaming revenue?		Yes	No No
	ming revenue received by the organization \$ and the amount	t		
of gaming revenue retained by the contract of gaming revenue retained by the contract of the c	he third party \$s of the third party:			
Name				
Address				
<b>16</b> Gaming manager information:				
Name				
Gaming manager compensation	\$			
Description of convisoe provided				
Description of services provided				
Director/officer	Employee Independent contractor			
17 Mandatory distributions:				
	er state law to make charitable distributions from the gaming proceeds to		Yes	No No
retain the state gaming license?	s required under state law to be distributed to other exempt organizations or spent in the		162	
organization's own exempt activ		5		
	rmation. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	l Part III, lir	1es 9, §	9b, 10b,
15b, 15c, 16, and 17b, a	as applicable. Also provide any additional information. See instructions.			
332083 09-13-23		hedule G (	Form	990) 2023
	36			

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0 1 1 0 (5 000)	UNITED WAY OF GREATER MILWAUKEE &	39-0806190 Page 4
Schedule G (Form 990) Part IV Supplemental	WAUKESHA COUNTY INC.	39-0808190 Page 4
ouppientental	(continuea)	
		Schedule G (Form 990)

332084 04-01-23

SCHEDULE I (Form 990)	Go	irants and Oth vernments, ar ete if the organizatio	nd Individual	s in the Ŭni <sup>.</sup>	ted States		OMB No. 1545-0047
Department of the Treasury Internal Revenue Service		Co to unus in	Attach to Form a.gov/Form990 for				Open to Public Inspection
	Y OF GREA	TER MILWAUK	<u> </u>	the latest informa			Employer identification number
WAUKESHA							39-0806190
Part I General Information on Grants a	nd Assistance						
1 Does the organization maintain records t							
criteria used to award the grants or assis	tance?						X Yes N
2 Describe in Part IV the organization's pro							
Part II Grants and Other Assistance to I recipient that received more than \$					anization answered "Y	es" on Form 990, Par	t IV, line 21, for any
· · · · · · · · · · · · · · · · · · ·			1		(f) Method of		
<b>1 (a)</b> Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
4C FOR CHILDREN							
1736 N 2ND ST							
MILWAUKEE, WI 53212	39-1151791	501 (C)(3)	55,608.	0.			COMMUNITY SCHOOLS
ABCD: AFTER BREAST CANCER DIAGNOSIS – 5775 N GLEN PARK RD #201 – GLENDALE, WI 53209	39-1967028	501 (C)(3)	44,360.	0.			DONOR DESIGNATIONS
ACADEMY FOR URBAN SCHOOL LEADERSHIP – 3400 N AUSTIN AVE – CHICAGO, IL 60634	36-4447457	501 (C)(3)	19,833.	0.			DONOR DESIGNATIONS
ACTS HOUSING ACTS HOUSING – MILWAUKEE 2414 WEST MILWAUKEE, WI 53205	39-1837474	501 (C)(3)	159,409.	0.			DONOR DESIGNATIONS
ADAPTIVE COMMUNITY APPROACH PROGRAM – 121 WISCONSIN AVENUE – WAUKESHA, WI 53186-4924	39-1867400	501 (C)(3)	16,445.	0.			COMMUNITY ORIENTEERING,DONOR DESIGNATIONS
ADVOCATES OF OZAUKEE, INC. PO BOX 80166 SAUKVILLE, WI 53080	39-1378449	501 (C)(3)	102,563.	0.			DOMESTIC VIOLENCE,DONOR DESIGNATIONS,SAFE & STABLE HOMES,HOMELESSNES: PREVENTION
<ul> <li>2 Enter total number of section 501(c)(3) ar</li> <li>3 Enter total number of other organizations</li> </ul>	nd government org	ganizations listed in th	,			·····	453

For Paperwork Reduction Act Notice, see the Instructions for Form 990. SEE PART IV FOR COLUMN (H) DESCRIPTIONS

# UNITED WAY OF GREATER MILWAUKEE &

Schedule I (Form 990) WAUKESHA COUNTY INC.

39-0806190 Page 1

Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	overnments (Scho	edule I (Form 990), Pa	rt II.)	1
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AFRICAN AMERICAN BREASTFEEDING							
NETWORK - PO BOX 1979 - MILWAUKEE,							
WI 53201	46-2196368	501 (C)(3)	70,000.	٥.			CAPACITY BUILDING
AFRICAN AMERICAN CHAMBER OF							
COMMERCE - 1920 N. DR MLK DRIVE -							
MILWAUKEE, WI 53212	39-1768969	501 (C)(3)	50,000.	0.			CAPACITY BUILDING
ALIANZA LATINA APLICANDO							
SOLUCIONES - 540 S 1ST STREET -	20 5074251	$E_{01} (C) (2)$	27 500	٥.			CADACIMY DUILDING
MILWAUKEE, WI 53204	20-5974351	501 (C)(3)	37,500.	U.			CAPACITY BUILDING
ALL IN MILWAUKEE							
135 W WELLS ST STE 100							
MILWAUKEE, WI 53203	83-2541054	501(C)(3)	182,148.	0.			DONOR DESIGNATIONS
, 00200							
ALMA CENTER							
2821 N VEL R PHILLIPS AVE							
MILWAUKEE, WI 53212	36-4530524	501 (C)(3)	40,000.	٥.			FAMILY HOMELESSNESS
,							
ALOHA UNITED WAY							
200 NORTH VINEYARD BOULEVARD, #700							
, HONOLULU, HI 96817	99-0073494	501 (C)(3)	12,071.	0.			DONOR DESIGNATIONS
			,				
ALVERNO COLLEGE							
3400 SOUTH 43RD STREET							DONOR DESIGNATIONS, LINDA
MILWAUKEE, WI 53234-3922	39-0806263	501 (C)(3)	26,425.	0.			MCFERRIN AWARD
ALZHEIMER'S ASSOCIATION							
SOUTHEASTERN WISCONSIN CHAPTER -							
620 SOUTH 76 STREET, #160 -							
MILWAUKEE, WI 53214-1549	13-3039601	501 (C)(3)	44,047.	0.			DONOR DESIGNATIONS
AMERICAN HEART ASSOCIATION -							
NATIONAL CENTER - 7272 GREENVILLE							
AVENUE - DALLAS, TX 75231	13-5613797	501 (C)(3)	5,361.	0.			DONOR DESIGNATIONS

# UNITED WAY OF GREATER MILWAUKEE &

Schedule I (Form 990) WAUKESHA COUNTY INC.

39-0806190 Page 1

	COONIT IN						59-0000190 Page
Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)	1
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN RED CROSS IN SOUTHEASTERN							DISASTER CYCLE
WISCONSIN - 2600 WEST WISCONSIN							SERVICES, DONOR
AVENUE – MILWAUKEE, WI 53233-2923	53-0196605	501 (C)(3)	600,870.	0.			DESIGNATIONS
,			,	- •			
ART START							
316 N MILWAUKEE SUITE 280							REDUCING BARRIERS TO
MILWAUKEE, WI 53202	13-4048380	170 (C)(3)	100,000.	0.			EMPLOYMENT
ARTHRITIS FOUNDATION, UPPER							
MIDWEST REGION, WEST ALLIS - 1355							
PEACHTREE STREET, NE SUITE 600 -							
ATLANTA, GA 30309	58-1341679	501 (C)(3)	8,500.	0.			DONOR DESIGNATIONS
ASCENSION - COLUMBIA ST. MARY'S							
HOSPITAL - ATTN: GIFT PROCESSING							
OFFICE 19333 WEST NORTH AVENUE -							
BROOKFIELD, WI 53045	39-0806315	501 (C)(3)	7,000.	0.			DONOR DESIGNATIONS
ASCENSION WISCONSIN FOUNDATION							HEALTH IMPROVEMENT
199333 W NORTH AVE							FUND, RESTORATIVE CARE
BROOKFIELD, WI 53045	39-1494981	501 (C)(3)	127,998.	0.			PROGRAM
,			,				
ASIAN AMERICAN PACIFIC ISLANDER							
COALITION OF WI - 438 S 2ND STREET							
APT 5 - MILWAUKEE, WI 53204	86-2738938	501 (C)(3)	25,000.	0.			CAPACITY BUILDING
AURORA AT HOME							AURORA ZILBER FAMILY
11333 WEST NATIONAL AVENUE	20 0000100		200.000	0			HOSPICE, AURORA AT HOME
WEST ALLIS, WI 53227	39-0806180	501 (C)(3)	300,000.	0.			HEALTH
AURORA FAMILY SERVICE, INC.							AFS FAMILY THERAPY
3200 WEST HIGHLAND BOULEVARD							TRAINING INSTITUTE, FAMIL ENRICHMENT, AFS FINANCIAL
MILWAUKEE, WI 53208	39-0806174	501 (C)(3)	572,240.	0.			WELLNESS
	55 00001/4		372,240.	0.			
AURORA FOUNDATION-AURORA							
950 NORTH 12 STREET, SUITE A511							
MILWAUKEE, WI 53233	39-6044569	501 (C)(3)	20,388.	0.			DONOR DESIGNATIONS

# UNITED WAY OF GREATER MILWAUKEE &

WAUKESHA COUNTY INC. Schedule I (Form 990)

39-0806190 Page 1

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AURORA HEALING & ADVOCACY SERVICES 945 NORTH 12 STREET	20 1442295	501 (0) (2)	107 270				AHAS HEALING CENTER, SAFE MOM SAFE BABY, MILWAUKEE
MILWAUKEE, WI 53233	39-1442285	501 (C)(3)	187,372.	0.			HEALTH CARE PARTNERSHIP
AURORA WALKER'S POINT COMMUNITY CLINIC – 130 W BRUCE STREET, SUITE 200 – MILWAUKEE, WI 53204	39-1442285	502 (C)(3)	30,000.	0.			HEALTH IMPROVEMENT FUND
BADGERS UNITED 1818 PARMENTER ST STE 300							
MIDDLETON, WI 53562	83-1752750	501 (C)(3)	25,000.	0.			DONOR DESIGNATIONS
BAY VIEW COMMUNITY CENTER 1320 E OKLAHOMA AVE MILWAUKEE, WI 53207-2457	39-1343561 !	501 (C)(3)	78,303.	0.			DONOR DESIGNATIONS,FAMILY LEARNING & ENGAGEMENT LAB,FOOD PANTRY
BELIEVE IN STUDENTS FAST FUND							
PO BOX 05686 MILWAUKEE, WI 53205	83-0561041	501 (C)(3)	41,718.	0.			SAFE & STABLE HOMES,DONON DESIGNATIONS
BENEDICT CENTER, THE 1849 N. DR. MARTIN LUTHER KING DRIV							
MILWAUKEE, WI 53212	39-1226475	501 (C)(3)	8,662.	0.			DONOR DESIGNATIONS
BEST BUDDIES WISCONSIN 10425 W NORTH AVE STE 340							
WAUWATOSA, WI 53226	52-1614576	501 (C)(3)	6,584.	0.			DONOR DESIGNATIONS
BETTY BRINN CHILDREN'S MUSEUM 929 EAST WISCONSIN AVENUE, FLOOR 2							
MILWAUKEE, WI 53202-5406	39-1681155	501 (C)(3)	8,600.	0.			DONOR DESIGNATIONS
BIG BROTHERS BIG SISTERS OF METROPOLITAN MILWAUKEE, INC 788							ONE TO ONE
N JEFFERSON ST SUITE 600 - MILWAUKEE, WI 53202	39-1239687	501 (C)(3)	266,096.	0.			MENTORING, DONOR DESIGNATIONS

# UNITED WAY OF GREATER MILWAUKEE &

WAUKESHA COUNTY INC. Schedule I (Form 990)

39-0806190 Page 1

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BIG BROTHERS BIG SISTERS OF DZAUKEE COUNTY - 2360 DAKOTA DRIVE - GRAFTON, WI 53024	39-1229374	501 (C)(3)	19,765.	0.			матсн ме
BIG BROTHERS BIG SISTERS OF DZAUKEE COUNTY - 2360 DAKOTA DRIVE - GRAFTON, WI 53024	39-1229374	501 (C)(3)	10,560.	0.			DONOR DESIGNATIONS
BLACK ARTS MKE 929 NORTH WATER STREET MILWAUKEE, WI 53202	47-1889202	501 (C)(3)	75,000.	0.			CAPACITY BUILDING
BLACK SPACE 1303 N 10TH STREET APT 418 MILWAUKEE, WI 53205	86-2118931	501 (C)(3)	95,000.	0.			CAPACITY BUILDING
BOY SCOUTS OF AMERICA - THREE HARBOR COUNCIL - 330 S 8TH STREET - MILWAUKEE, WI 53214	45-3321626	501 (C)(3)	233,232.	0.			SCOUTS BSA
BOY SCOUTS OF AMERICA, POTAWATOMI AREA COUNCIL - 804 BLUEMOUND RD - WAUKESHA, WI 53188	39-0806342	501 (C)(3)	69,622.	0.			CUB SCOUTS
BOYS & GIRLS CLUB FOND DU LAC AREA 76 W 2ND ST FOND DU LAC, WI 54935	39-1896496	501 (C)(3)	15,000.	0.			DONOR DESIGNATIONS
BOYS & GIRLS CLUBS OF AMERICA, NATIONAL HEADQUARTERS & RETIREES - 1275 PEACHTREE STREET, NE - ATLANTA, GA 30309-3447	13-5562976	501 (C)(3)	33,824.	0.			DONOR DESIGNATIONS
, BOYS & GIRLS CLUBS OF GREATER MILWAUKEE - 1558 N 6TH ST - MILWAUKEE, WI 53212	39-0806292		2,342,090.	0.			DONOR DESIGNATIONS,EAR LITERACY PROGRAM,SPONSOR-A-SCHO .CENTRALIZED

# UNITED WAY OF GREATER MILWAUKEE &

Schedule I (Form 990) WAUKESHA COUNTY INC.

39-0806190 Page 1

Part II Continuation of Grants and Other A			and Domestic Go	vernments (Sch	edule I (Form 990) Pa		59-0000190 Page
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
DREAD OF WEATING ING							COMMUNITY MED SHARE, DONOR
BREAD OF HEALING, INC. 1821 N 16TH ST							DESIGNATIONS,MILWAUKEE HEALTH CARE
MILWAUKEE, WI 53205	81-0669867	501(C)(3)	145,830.	0.			PARTNERSHIP, HEALTH
MILWROKEE, WI 33203	01 0000007	501 (0/(3/	145,050.				
BRIDGE TO BRIGHTER INC							
3158 WAUCHEETA TRAIL							
MADISON, WI 53711	86-3317249	501 (C)(3)	10,000.	0.			DONOR DESIGNATIONS
PROVING COUNTRY INTERED MAY							
BROWN COUNTY UNITED WAY 112 NORTH ADAMS STREET							
GREEN BAY, WI 54301-5010	39-0806299	501(C)(3)	101,592.	0.			DONOR DESIGNATIONS
GREEN DAT, WI S4501 5010	33 0000233	501 (0/(5)	101,352.				DONOR DESIGNATIONS
BRUCE-GUADALUPE COMMUNITY SCHOOL							
1028 S 9TH ST							
MILWAUKEE, WI 53204	39-1146191	501 (C)(3)	10,000.	0.			DONOR DESIGNATIONS
BUILD INC							
1223 NORTH MILWAUKEE AVENUE							
CHICAGO, IL 60622	23-7022085	501 (C)(3)	9,855.	0.			DONOR DESIGNATIONS
CALVIN UNIVERSITY							
3201 BURTON ST SE							
GRAND RAPIDS, MI 49546	38-3071514	501 (C)(3)	125,000.	0.			DONOR DESIGNATIONS
CAPITA PRODUCTIONS, INC.							
4141 N. 64TH STREET							
MILWAUKEE, WI 53216	39-1912062	501 (C)(3)	20,000.	0.			CAPACITY BUILDING
CAPUCHIN COMMUNITY SERVICES							
1927 NORTH VEL PHILLIPS AVE 2ND FLO							
MILWAUKEE, WI 53212	38-1525161	501 (C)(3)	8,878.	0.			DONOR DESIGNATIONS
CARE NET PREGNANCY CENTER OF							
MILWAUKEE - 4957 W FOND DU LAC AVE							
- MILWAUKEE, WI 53216	39-1496868	501 (C)(3)	14,922.	0.			DONOR DESIGNATIONS
			,	••		1	1

# UNITED WAY OF GREATER MILWAUKEE &

WAUKESHA COUNTY INC. Schedule I (Form 990)

39-0806190 Page 1

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CARMEN HIGH SCHOOL OF SCIENCE AND CECHNOLOGY - 1712 SOUTH 32 STREET							
MILWAUKEE, WI 53215	56-2569203	501 (C)(3)	25,352.	0.			DONOR DESIGNATIONS
CARVD N STONE FOUNDATION	02 0250047	E01 (0) (2)	20,000				AND GIME DUILDING
(ILWAUKEE, WI 53218	92-0258047	501 (C)(3)	20,000.	0.			CAPACITY BUILDING
CATHEDRAL CENTER, INC 710 N. PLANKINTON AVENUE, SUITE 803 411WAUKEE, WI 53203	74-3038890	501 (C)(3)	183,212.	0.			EMERGENCY SHELTER,SAFE & STABLE HOMES,DONOR DESIGNATIONS
,							
CATHEDRAL CENTER, INC. 710 N. PLANKINTON AVENUE, SUITE 803							STATE SHELTER SUBSIDY
MILWAUKEE, WI 53203	74-3038890	501 (C)(3)	98,830.	0.			GRANT
CATHOLIC CHARITIES DIOCESE OF CLEVELAND - 7911 DETROIT AVE -							
CLEVELAND, OH 44102	34-1318541	501 (C)(3)	5,169.	0.			DONOR DESIGNATIONS
ATHOLIC CHARITIES OF THE RCHDIOCESE OF MILWAUKEE, INC							SUPPORTED PARENTING PROGRAM - WAUK.
501 SOUTH LAKE DRIVE - ST. RANCIS, WI 53235	39-0806321	501 (C)(3)	532,598.	0.			COUNTY,PREGNANCY AND PARENTING SUPPORT
ATHOLIC COMMUNITY FOUNDATION							
MILWAUKEE, WI 53202	39-2005163	501 (C)(3)	6,250.	0.			DONOR DESIGNATIONS
CATHOLIC MEMORIAL HIGH SCHOOL							
AUKESHA, WI 53186-5598	39-0964819	501 (C)(3)	100,123.	0.			DONOR DESIGNATIONS
ENTER FOR HEALTHCARE CAREERS OF E WIS 2342 NORTH 27 STREET -							
ILWAUKEE, WI 53210	83-2138132	501 (C)(3)	100,000.	Ο.			DONOR DESIGNATIONS

# UNITED WAY OF GREATER MILWAUKEE &

WAUKESHA COUNTY INC. Schedule I (Form 990)

39-0806190 Page 1

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CENTRO LEGAL POR DERECHOS HUMANOS							DOMESTIC ABUSE & FAMILY
INC 611 WEST NATIONAL AVENUE							LAW PROGRAM, DONOR
103 - MILWAUKEE, WI 53204-1768	39-1710549	501 (C)(3)	113,719.	0.			DESIGNATIONS
CHABAD OF DOWNTOWN							
301 N ASTOR ST							
AILWAUKEE, WI 53202	39-1672482	501 (C)(3)	13,000.	0.			DONOR DESIGNATIONS
HARLES E. KUBLY FOUNDATION							
341 W MEQUON RD #220							
1EQUON, WI 53092-3241	20-0375310	501 (C)(3)	7,000.	0.			DONOR DESIGNATIONS
HILDREN'S HEALTH ALLIANCE							
737 W WASHINGTON STREET, SUITE 111							MILWAUKEE HEALTH CARE
VEST ALLIS, WI 53214	39-0812532	502 (C)(3)	25,000.	0.			PARTNERSHIP
CHILDREN'S HOSPITAL & HEALTH							
SYSTEM FDN 9000 W WISCONSIN AVE							
MILWAUKEE, WI 53226	39-1500075	501 (C)(3)	32,205.	0.			DONOR DESIGNATIONS
CHILDREN'S HOSPITAL OF PITTSBURGH							
4401 PENN AVE							
PITTSBURGH, PA 15224	25-1865744	501 (C)(3)	26,965.	Ο.			DONOR DESIGNATIONS
HILDREN'S ONCOLOGY SERVICES OF			, ,				
ILLINOIS INC 213 WEST INSTITUTE							
PLACE, SUITE 306 - CHICAGO, IL							
0610	36-4263831	501 (C)(3)	10,950.	0.			DONOR DESIGNATIONS
							DONOR DESIGNATIONS,MILW
HILDREN'S WISCONSIN							HEALTHCARE
PO BOX 1997 MS 3050							PARTNERSHIP, MILWAUKEE
IILWAUKEE, WI 53201	39-1500075	501 (C)(3)	1,272,615.	0.			START RIGHT, COUNSELING
CHILDREN'S WISCONSIN COMMUNITY							
SERVICES - 620 S 76TH ST STE 220 -							
IILWAUKEE, WI 53214	39-0806380	501 (C)(3)	126,395.	0.			DONOR DESIGNATIONS

# UNITED WAY OF GREATER MILWAUKEE &

Schedule I (Form 990) WAUKESHA COUNTY INC.

39-0806190 Page 1

Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	irt II.) T	
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILDREN'S WORKSHOP, INC.							
1717 NORTH 73 STREET							
	39-1166532	501 (C)(3)	6,450.	0.			DONOR DESIGNATIONS
WAUWATOSA, WI 53213	39-1100332	501 (C/(5)	0,450.	0.			DONOR DESIGNATIONS
CHRISTIAN CAMPS OF PITTSBURGH							
111 LAKE GLORIA RD							
BOSWELL, PA 15531	23-7389188	501 (C)(3)	5,250.	0.			DONOR DESIGNATIONS
			-,	- •			
CITY FORWARD COLLECTIVE							
700 W VIRGINIA ST SUITE 610							
MILWAUKEE, WI 53204	39-1590212	501 (C)(3)	365,774.	0.			DONOR DESIGNATIONS
· · · ·							
CITY ON A HILL							
224 W KILBOURN AVE							
MILWAUKEE, WI 53233	39-2017873	501 (C)(3)	85,000.	0.			CAPACITY BUILDING
CITY YEAR MILWAUKEE, INC.							
648 N PLANKINTON AVE STE 190							WHOLE SCHOOL, WHOLE CHILD
MILWAUKEE, WI 53203	22-2882549	501 (C)(3)	140,709.	0.			- JMAC, DONOR DESIGNATIONS
							DONOR
COA YOUTH & FAMILY CENTERS							DESIGNATIONS, OPPORTUNITIE:
909 EAST NORTH AVENUE							, CHANCES, AND
MILWAUKEE, WI 53212	39-0806339	501 (C)(3)	587,676.	0.			DECISIONS, EARLY CHILDHOOD
COALITION FOR CHILDREN, YOUTH AND							
FAMILIES - 6737 WEST WASHINGTON							
STREET, SUITE 2353 - MILWAUKEE, WI							
53214-5642	39-1496074	501 (C)(3)	7,030.	0.			DONOR DESIGNATIONS
COALITION FOR CHRISTIAN OUTREACH							
(CCO) - 5912 PENN AVE -							
PITTSBURGH, PA 15206	25-1216330	501 (C)(3)	14,607.	0.			DONOR DESIGNATIONS
COLLEGE POSSIBLE (WI)							CAREER PATHWAYS, DONOR
1515 N. RIVERCENTER DRIVE SUITE 105			0.40 555				DESIGNATIONS, CAPACITY
MILWAUKEE, WI 53212	41-1968798	DUI (C)(3)	242,757.	0.			BUILDING

# UNITED WAY OF GREATER MILWAUKEE &

Schedule I (Form 990) WAUKESHA COUNTY INC.

39-0806190 Page 1

Part II Continuation of Grants and Other	Assistance to Dor		and Domestic Go	vernments (Sche	edule I (Form 990), Pa		
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COMMUNITY ACTION COALITION FOR							SCHOOL HOUSING CASE
SOUTH CENTRAL WISCONSIN - 2717							MANAGERS, REDUCING
NORTH GRANDVIEW BLVD,SUITE 303 -							BARRIERS TO
MADISON, WI 53704	39-1053827	501 (C)(3)	150,000.	0.			EMPLOYMENT, SAFE & STABLE
							HOMELESS OUTREACH NURSING
COMMUNITY ADVOCATES INC.							CENTER , EMERGENCY
728 N JAMES LOVELL ST							SUPPORT/ADVOCACY
MILWAUKEE, WI 53233-2408	39-1249426	501 (C)(3)	1,023,264.	0.			CONTINUUM, FAMILY SUPPORT
COMMUNITY FIRST							
3940 W LISBON AVE							
MILWAUKEE, WI 53208	45-0635770	501 (C)(3)	60,000.	0.			CAPACITY BUILDING
COMMUNITY HEALTH CLINIC OF BUTLER							
COUNTY - 103 BONNIE DRIVE -	00 4050105		0.000	0			DONOD DEGLANA ELONG
BUTLER, PA 16002	20-4852135	501 (C)(3)	9,988.	0.			DONOR DESIGNATIONS
COMMUNITY OUTPATIENT HEALTH							DONOR
SERVICE - W180 N8085 TOWN HALL							DESIGNATIONS, COMMUNITY
ROAD - MENOMONEE FALLS, WI 53051	39-1743056	501 (C)(3)	75,480.	0.			OUTREACH HEALTH CLINIC
COMMUNITY SHARES OF WISCONSIN							
931 EAST MAIN STREET, SUITE 10							
MADISON, WI 53703	39-1172378	501 (C)(3)	6,015.	0.			DONOR DESIGNATIONS
							ADULT DENTAL CARE
COMMUNITY SMILES DENTAL							PROGRAM, DONOR
210 NW BARSTOW ST STE 305				_			DESIGNATIONS, HEALTH
WAUKESHA, WI 53188	30-0436162	501 (C)(3)	91,155.	0.			IMPROVEMENT FUND
CONGREGATION SHALOM							
7630 N SANTA MONICA BLVD							
FOX POINT, WI 53217	39-0991742	501 (C)(3)	15,625.	0.			DONOR DESIGNATIONS
CORE/EL CENTRO							
7630 N SANTA MONICA BLVD							
FOX POINT, WI 53217	39-2042797	501 (C)(3)	75,000.	0.			CAPACITY BUILDING

# UNITED WAY OF GREATER MILWAUKEE &

WAUKESHA COUNTY INC. Schedule I (Form 990)

39-0806190 Page 1

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CREATING HEALTHIER COMMUNITIES,							
LOCAL - 1199 N FAIRFAX ST STE 600							
- ALEXANDRIA, VA 22314	85-0258784	501 (C)(3)	296,733.	0.			DONOR DESIGNATIONS
CRISTO REY JESUIT MILWAUKEE HIGH							
SCHOOL - 1818 W NATIONAL AVE STE 1							
- MILWAUKEE, WI 53204	53-0196617	501 (C)(3)	110,401.	Ο.			DONOR DESIGNATIONS
CROHN'S & COLITIS FOUNDATION,							
WISCONSIN CHAPTER - 17100 W							
BLUEMOUND RD STE 101 - BROOKFIELD,							
WI 53005-5950	13-6193105	501 (C)(3)	7,000.	0.			DONOR DESIGNATIONS
CUDANTUE CADE NEWLODE INC							
CURATIVE CARE NETWORK, INC. 1000 NORTH 92ND STREET							CHILDREN'S SERVICES, DONOR
MILWAUKEE, WI 53226	39-0806286	501(C)(3)	551,491.	0.			DESIGNATIONS
	33 0000200	301 (0)(3)	551,451.				
DANE COUNTY HUMANE SOCIETY							
5132 VOGES ROAD							
MADISON, WI 53718	39-0806335	501 (C)(3)	6,139.	0.			DONOR DESIGNATIONS
DATA YOU CAN USE							
PO BOX 511700	04 0500560						
MILWAUKEE, WI 53203	81-2533562	501 (C)(3)	50,000.	0.			CAPACITY BUILDING
DEPAUL UNIVERSITY							
1 JACKSON BOULEVARD							
CHICAGO, IL 60604	36-2167048	501 (C)(3)	14,875.	Ο.			DONOR DESIGNATIONS
							MAKING PROUD CHOICES!
DIVERSE AND RESILIENT INC.							LGBTQIA YOUTH, END
2439 NORTH HOLTON STREET							HIV, DONOR
MILWAUKEE, WI 53212	30-0084616	501 (C)(3)	190,244.	0.			, DESIGNATIONS, CAPACITY
DIVINE SAVIOR HOLY ANGELS HIGH							
SCHOOL - 4257 N 100TH ST -							
MILWAUKEE, WI 53222	39-6054869	501 (C)(3)	47,355.	Ο.			DONOR DESIGNATIONS

# UNITED WAY OF GREATER MILWAUKEE &

Schedule I (Form 990) WAUKESHA COUNTY INC.

39-0806190 Page 1

Part II Continuation of Grants and Other A			and Domestic Go	vernments (Sche	edule I (Form 990), Pa		9-0000190 Pag
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DOMINICAN CENTER							CAPACITY
2470 W. LOCUST STREET							BUILDING, COMMUNITY
MILWAUKEE, WI 53206	41-1685734	501(C)(3)	79,812.	0.			SCHOOLS
DOWN SYNDROME ASSOCIATION OF	11 1003/01	301 (0)(3)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
WISCONSIN, INC 11709 W							
CLEVELAND AVE STE 2 - WEST ALLIS,							REDUCING BARRIERS TO
WI 53227	39-1681338	501(C)(3)	50,000.	0.			EMPLOYMENT
W1 33227	55 1001550	501 (0/(5/	50,000.	0.			
DR HOWARD FULLER COLLEGIATE							DONOR
ACADEMY - 4030 N 29TH ST -							DESIGNATIONS, CAPACITY
MILWAUKEE, WI 53216	30-0322248	501(C)(3)	381,678.	0.			BUILDING
MILWROREE, WI 35210	50 0522240	501 (0/(5/	501,070.	0.			DOTIDING
EARTHSHARE							
1717 K ST. NW SUITE 900							
WASHINGTON, DC 20006	52-1601960	F(1)(2)(2)	28,746.	0.			DONOR DESIGNATIONS
WASHINGTON, DC 20006	52-1001900	501 (C)(3)	20,740.	0.			DONOR DESIGNATIONS
EASTERSEALS SOUTHEAST WISCONSIN							DESIGNATIONS, CHILDBIRTH
6737 WEST WASHINGTON STREET, SUITE	20.0016040		1.60,000				AND INFANT PREPARATION
WEST ALLIS, WI 53214	39-0816849	501 (C)(3)	160,029.	0.			SERVICES (SBHF), CASE
							DOMOR
EMPLOY MILWAUKEE							DONOR
2342 N. 27TH STREET	20 1626025		115 000				DESIGNATIONS, REDUCING
MILWAUKEE, WI 53210-3100	39-1636835	501 (C)(3)	115,000.	0.			BARRIERS TO EMPLOYMENT
EDAC CENTOD NEWLODY							NETCHROPHOOD OUMPEACH
ERAS SENIOR NETWORK							NEIGHBORHOOD OUTREACH
2607 NORTH GRANDVIEW BOULEVARD, STE		$E_{01}$ (G) (2)	101 202	<u>_</u>			PROJECT, HELPING KIDS
WAUKESHA, WI 53188-1690	39-1393171	SUI (C)(3)	181,283.	0.			SUCCEED
EVANCEI TOXI OUTID & EANTIN ACENON							
EVANGELICAL CHILD & FAMILY AGENCY							
1617 SOUTH 124 STREET							
NEW BERLIN, WI 53151	36-2229573	501 (C)(3)	6,047.	0.			DONOR DESIGNATIONS
EVANGELICAL COVENANT CHURCH							
HINDSDALE IL - 412 SOUTH GARFIELD	26 2400776	$E_{01}$ (a) (b)	14 750	_			DONOR DEGLAMMETONS
STREET - HINSDALE, IL 60521	36-2480776	DUI (C)(3)	14,750.	0.			DONOR DESIGNATIONS

# UNITED WAY OF GREATER MILWAUKEE &

WAUKESHA COUNTY INC. Schedule I (Form 990)

39-0806190 Page 1

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FAMILY PROMISE OF OZAUKEE COUNTY 136 W GRAND AVE	46 4007704	501 (0) (2)	50.000				
PORT WASHINGTON, WI 53074 FAMILY PROMISE OF WAUKESHA COUNTY	46-4227704	501 (C)(3)	50,000.	0.			SAFE & STABLE HOMES
2727 N. GRANDVIEW BLVD. SUITE 203 WAUKESHA, WI 53188	39-1038707	501 (C)(3)	40,000.	0.			SAFE & STABLE HOMES
FAMILY SERVICE OF WAUKESHA 2727 N. GRANDVIEW BLVD. SUITE 203							DONOR DESIGNATIONS,HELPING KIDS SUCCEED,EMERGENCY
WAUKESHA, WI 53188 FATHERS MAKING PROGRESS 1531 W. VLIET STREET	39-1038707 85-0512163		267,219.	0.			GRANT, CENTER FOR THE FATHER'S EMPLOYMENT & RESOURCE CNTR, CAPACITY BUILDING
MILWAUKEE, WI 53212 FEDERATED INSURANCE FOUNDATION 121 E PARK SQUARE OWATONNA, MN 55060	23-7173646		97,500.	0.			DONOR DESIGNATIONS
FEEDING AMERICA EASTERN WISCONSIN 1700 W FOND DU LAC AVE MILWAUKEE, WI 53205	39-1384593		44,496.	0.			DONOR DESIGNATIONS
FISHER HOUSE WISCONSIN 5000 W NATIONAL AVE MILWAUKEE, WI 53295	27-5461119		8,251.	0.			DONOR DESIGNATIONS
FIX THE SYSTEM WISCONSIN 8850 BLACKHAWK ROAD, UNIT 403 MIDDLETON, WI 53562	83-2323474		12,500.	0.			DONOR DESIGNATIONS
FOUNDATION OF THE LEGACY GUILD 823 BURLINGTON AVENUE WESTERN SPRINGS, IL 60558	46-0888441		7,354.	0.			DONOR DESIGNATIONS

# UNITED WAY OF GREATER MILWAUKEE &

WAUKESHA COUNTY INC. Schedule I (Form 990)

39-0806190 Page 1

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FOX POINT LUTHERAN CHURCH							
7510 N SANTA MONICA BLVD							
FOX POINT, WI 53217	39-0907255	501 (C)(3)	34,900.	0.			DONOR DESIGNATIONS
FRESH START LEARNING							
4314 W NORTH AVE							
MILWAUKEE, WI 53208	45-2674487	501 (C)(3)	75,000.	0.			CAPACITY BUILDING
FRIEDENS COMMUNITY MINISTRIES,							
INC 1220 WEST VLIET STREET -							EMERGENCY FOOD
MILWAUKEE, WI 53205-0411	39-1587037	501 (C)(3)	51,908.	Ο.			PANTRY, EMERGENCY GRANT
FRIENDS OF THE VILLA TERRACE							
DECORATIVE ARTS MUSEUM LTC - ATTN:							
MEGAN HOLBROOK POST OFFICE BOX							
170605 - MILWAUKEE, WI 53217	39-1692671	501 (C)(3)	10,000.	0.			DONOR DESIGNATIONS
FRIENDS, INC.							
P.O. BOX 117							OPENING DOORS, SAFE &
WEST BEND, WI 53095	39-1308555	501 (C)(3)	57,750.	0.			STABLE HOMES
FROEDTERT HOSPITAL FOUNDATION,							DONOR
INC 9200 WEST WISCONSIN AVENUE							DESIGNATIONS, COMMUNITY
- MILWAUKEE, WI 53226	39-1431192	501 (C)(3)	148,303.	0.			SCHOOLS
GATHERING OF SOUTHEAST WI, INC.,							
THE - 804 E. JUNEAU AVE -							
MILWAUKEE, WI 53202	39-1891030	501 (C)(3)	19,866.	0.			DONOR DESIGNATIONS
GBASO							
2351 HOLMGREN WAY SUITE 102							
GREEN BAY, WI 54304	47-0967836	501 (C)(3)	8,825.	0.			DONOR DESIGNATIONS
							DONOR
GIRL SCOUTS OF WISCONSIN							DESIGNATIONS, LEADERSHIP
SOUTHEAST, INC 131 SOUTH 69TH							CRITICAL LIFE SKILLS DE
STREET - MILWAUKEE, WI 53214-1663	39-0892833	501 (C)(3)	412,829.	0.			FOR GIRLS

# UNITED WAY OF GREATER MILWAUKEE &

Schedule I (Form 990) WAUKESHA COUNTY INC.

39-0806190 Page 1

Part II Continuation of Grants and Other A	ssistance to Don	nestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)	1
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ATRIA ON THE DIN OF AF MISCONAIN							
GIRLS ON THE RUN OF SE WISCONSIN							
5775 N. GLEN PARK RD, STE. 203	26 0402812	E01 (0)(2)	14 515	0.			DONOD DEGLONATIONS
MILWAUKEE, WI 53209	26-0403812	501 (C)(3)	14,515.	0.			DONOR DESIGNATIONS
GLACIAL COMMUNITY YMCA							
1750 E VALLEY ROAD							DONOR DESIGNATIONS, PABST
OCONOMOWOC, WI 53066	39-0806378	501(C)(3)	49,233.	0.			FARMS SPECIAL PROGRAMS
	33 0000370	301 (0)(3)	49,200.				
GLOBAL IMPACT							
1199 NORTH FAIRFAX STREET, SUITE 30							
ALEXANDRIA, VA 22314	52-1273585	501 (C)(3)	9,587.	0.			DONOR DESIGNATIONS
GOODWILL INDUSTRIES, SE WI AND							
METRO CHI - 6055 N 91ST ST							
MILWAUKEE, WI 53225	39-0808491	501 (C)(3)	37,186.	0.			DONOR DESIGNATIONS
,							
GPS EDUCATION PARTNERS							
N19W24075 RIVERWOOD DR, SUITE 300							
, WAUKESHA, WI 53188	39-1667442	501 (C)(3)	47,389.	0.			PATHWAYS TO EMPLOYABILITY
,							
GRAFTON SCHOOL DISTRICT							
1900 WASHINGTON ST							
GRAFTON, WI 53024	54-0682401	501 (C)(3)	75,000.	0.			PARTNERSHIP SCHOOLS
			,				
GRAND AVENUE CLUB INC.							GRAND AVENUE CLUB, DONOR
210 EAST MICHIGAN STREET							DESIGNATIONS, REDUCING
MILWAUKEE, WI 53202-4901	39-1708177	501 (C)(3)	88,098.	0.			BARRIERS TO EMPLOYMENT
			,				
GREAT RIVERS UNITED WAY, INC							
1855 EAST MAIN ST.							
ONALASKA, WI 54650	39-0848188	501 (C)(3)	5,681.	0.			DONOR DESIGNATIONS
GREATER MILWAUKEE COMMITTEE FOR	_ · _ ·		, , , , , , , , , , , , , , , , , , , ,				
COMMUNITY DEVELOPMENT - 247 W							
FRESHWATER WAY SUITE 400 -							REDUCING BARRIERS TO
MILWAUKEE, WI 53204	39-0749512	501 (C)(3)	75,000.	0.			EMPLOYMENT

# UNITED WAY OF GREATER MILWAUKEE &

Schedule I (Form 990) WAUKESHA COUNTY INC.

39-0806190 Page 1

Part II Continuation of Grants and Other A	Assistance to Don	nestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GREATER MILWAUKEE FOUNDATION							DONOR
101 WEST PLEASANT STREET, SUITE 210							DESIGNATIONS, MILWAUKEE
MILWAUKEE, WI 53212	39-6036407	501 (C)(3)	147,428.	0.			SUCCEEDS
GREATER PITTSBURGH COMMUNITY FOOD							
BANK - 1 N LINDEN ST - DUQUESNE,							
PA 15110	25-1420599	501 (C)(3)	25,376.	0.			DONOR DESIGNATIONS
GREATER TWIN CITIES UNITED WAY							
404 SOUTH EIGHTH STREET							
MINNEAPOLIS, MN 55404	41-1973442	501(C)(3)	48,435.	0.			DONOR DESIGNATIONS
	41 1973442	501 (0/(5/	40,433.	••			DONOR DESIGNATIONS
GROUNDWORK MILWAUKEE							
227 W PLEASANT ST							
MILWAUKEE, WI 53212	32-0182692	501 (C)(3)	7,500.	0.			CAPACITY BUILDING
GUEST HOUSE OF MILWAUKEE INC.							EMERGENCY SHELTER, DONOR
1216 N 13TH ST							DESIGNATIONS, EMERGENCY
MILWAUKEE, WI 53205	39-1539301	501 (C)(3)	90,128.	0.			GRANT, FAMILY HOMELESSNESS
GUEST HOUSE OF MILWAUKEE INC.							
1217 N 13TH ST							STATE SHELTER SUBSIDY
MILWAUKEE, WI 53206	39-1539301	502(C)(3)	125,660.	0.			GRANT
HABITAT FOR HUMANITY GREATER	55 1555501	302 (0/(3/	125,000.	••			
PITTSBURG - 6435 FRANKSTOWN							
AVENUE, SUITE 100 - PITTSBURGH, PA							
15206	25-1529652	501 (C)(3)	9,988.	0.			DONOR DESIGNATIONS
HABITAT FOR HUMANITY WAUKESHA							
COUNTY - 2020 SPRINGDALE RD -							
WAUKESHA, WI 53186	39-1642114	501 (C)(3)	25,000.	0.			SAFE & STABLE HOMES
HARRY & ROSE SAMSON FAMILY JEWISH							DONOR
COMMUNITY CENTER - 6255 NORTH							DESIGNATIONS, SPECIAL
SANTA MONICA BOULEVARD - WHITEFISH							NEEDS PROGRAMS, OLDER
BAY, WI 53217	39-0806234	501 (C)(3)	174,958.	0.			ADULT SENIORS

# UNITED WAY OF GREATER MILWAUKEE &

Schedule I (Form 990) WAUKESHA COUNTY INC.

39-0806190 Page 1

Part II Continuation of Grants and Other	Assistance to Dor	mestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HARTFORD FAMILY FOUNDATION							
ATTN: GRK GROUP 777 EAST WISCONSIN							
AVENUE, FLOOR 21 - MILWAUKEE, WI							
53202	87-3697197	501 (C)(3)	16,570.	0.			DONOR DESIGNATIONS
HEAD MICCONGIN INC							KELLOGG GUTLD C ENNTLY
HEAR WISCONSIN, INC.							KELLOGG CHILD & FAMILY
10243 WEST NATIONAL AVENUE	20,000(101		176 040	0			PROGRAM, DONOR
WEST ALLIS, WI 53227-2028	39-0826101	501 (C)(3)	176,940.	0.			DESIGNATIONS
HEARTLOVE PLACE INC.							
1927 N. VEL R. PHILLIPS AVE							REDUCING BARRIERS TO
MILWAUKEE, WI 53212-3611	39-1896815	501 (C)(3)	50,000.	0.			EMPLOYMENT
,							
HEBRON HOUSING SERVICES							
1166 QUAIL CT SUITE 400							DONOR DESIGNATIONS, FAMILY
PEWAUKEE, WI 53072	39-1414365	501 (C)(3)	67,127.	0.			HOMELESSNESS
HIR WELLNESS CENTER							
3136 W KILBOURN AVE							
MILWAUKEE, WI 53208	81-4600131	501 (C)(3)	30,000.	0.			CAPACITY BUILDING
HISTORIC HAYMARKET MILWAUKEE							
800 WEST WELLS STREET							
MILWAUKEE, WI 53233	87-1376165	501 (C)(3)	100,000.	0.			DONOR DESIGNATIONS
HOLTON STREET CLINIC							
3251 N HOLTON ST							
MILWAUKEE, WI 53212	39-1637174	501 (C)(3)	15,000.	0.			DONOR DESIGNATIONS
HODE HOUSE OF MILWAUMER THA							
HOPE HOUSE OF MILWAUKEE, INC.							
209 W ORCHARD ST	20 1500000	F01 (0) (2)	CO. 000	_			EANTLY HOVELEGGUEGG
MILWAUKEE, WI 53204-2957	39-1592900	DUI (C)(3)	60,000.	0.			FAMILY HOMELESSNESS
HOPE NETWORK FOR SINGLE MOTHERS							
N88 W17658 CHRISTMAN RD							
MENOMONEE FALLS, WI 53051	39-1475304	501 (C)(3)	6,000.	0.			DONOR DESIGNATIONS
	J JJ 14/3304		0,000.	· ·			

# UNITED WAY OF GREATER MILWAUKEE &

Schedule I (Form 990) WAUKESHA COUNTY INC.

39-0806190 Page 1

Part II Continuation of Grants and Other	Assistance to Don	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	1
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IOPE THROUGH RESTORATION							
4035 N 70TH STREET							
MILWAUKEE, WI 53216	85-3284396	501 (C)(3)	50,000.	0.			CAPACITY BUILDING
	00 0101090						
HOUSING ACTION COALITION OF							
VAUKESHA CTY - 1210 SENTRY DRIVE -							OPERATIONS & WINTER
MILWAUKEE, WI 55186-5930	26-4291024	501 (C)(3)	75,000.	٥.			WARMING
,			,				
HOUSING RESOURCES, INC.							POST-PURCHASE
7830 WEST BURLEIGH STREET							COUNSELING, DONOR
MILWAUKEE, WI 53222	39-1706658	501 (C)(3)	30,773.	٥.			DESIGNATIONS
HUNGER RELIEF FUND OF WISCONSIN							
5000 W. ELECTRIC AVENUE							
WEST MILWAUKEE, WI 53219	39-1345847	501 (C)(3)	66,656.	٥.			DONOR DESIGNATIONS
HUNGER TASK FORCE, INC.							
5000 ELECTRIC AVENUE							DONOR DESIGNATIONS, RIDE
WEST MILWAUKEE, WI 53219	39-1345847	501 (C)(3)	132,651.	0.			UNITED
I HAVE A DREAM FOUNDATION							
322 EIGHTH AVE SUITE 201	12 2255215		00.100				
NEW YORK, NY 10001	13-3355315	501 (C)(3)	20,100.	0.			DONOR DESIGNATIONS
I HAVE A DREAM							
FOUNDATION-MILWAUKEE - 2342 NORTH							
27TH STREET - MILWAUKEE, WI 53210	26-0697330	501 (C)(3)	118,600.	0.			DONOR DESIGNATIONS
	20 000 7000		110,000.				
IMPACT, INC.							IMPACT 2-1-1, DONOR
5737 W WASHINGTON ST STE 2225							DESIGNATIONS, FAMILY FLEX
MILWAUKEE, WI 53214	39-0988784	501 (C)(3)	1,869,488.	0.			FUND, FAMILY HOMELESSNESS
·····		, /	_,,				ATTENDANT REFERRAL
INDEPENDENCEFIRST, INC.							PROGRAM, YOUTH LEADERSHII
540 S. 1ST ST							PROGRAM, DONOR
MILWAUKEE, WI 53204	39-1343425	501 (C)(3)	136,554.	٥.			, DESIGNATIONS, REDUCING

# UNITED WAY OF GREATER MILWAUKEE &

Schedule I (Form 990) WAUKESHA COUNTY INC.

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JACK MILLER CENTER FOR TEACHING							
AMERICA FOUNDING PRINCIPLES AND							
HISTORY - 3 BALA PLAZA WEST SUITE							
401 - BALA CYNWYD, PA 19004	26-1147689	501 (C)(3)	50,000.	0.			DONOR DESIGNATIONS
JDRF INTERNATIONAL, SOUTHEASTERN							
WISCONSIN CHAPTER - 3333 NORTH							
MAYFAIR ROAD, SUITE 107 -							
WAUWATOSA, WI 53222	13-3272289	501 (C)(3)	23,000.	٥.			DONOR DESIGNATIONS
							CASE
JEWISH FAMILY SERVICES INC.							MANAGEMENT, INDIVIDUAL AND
1300 N. JACKSON STREET							FAMILY COUNSELING, DONOR
MILWAUKEE, WI 53202	39-0806291	501 (C)(3)	252,914.	0.			DESIGNATIONS
JEWISH FEDERATION OF METRO CHICAGO							
30 SOUTH WELLS STREET							
CHICAGO, IL 60606	36-2167761	501 (C)(3)	15,836.	0.			DONOR DESIGNATIONS
JOBSWORK MKE							DONOR
2821 N VEL R. PHILLIPS STREET SUITE			104 500				DESIGNATIONS, MILWAUKEE
MILWAUKEE, WI 53212	46-3689224	501 (C)(3)	194,500.	0.			HEALTH CARE PARTNERSHIP
JOURNEY HOUSE, INC.							
2110 W SCOTT ST							
MILWAUKEE, WI 53204	39-1203539	501 (C)(3)	83,350.	0.			DONOR DESIGNATIONS
	33 1203333	301 (0)(3)					
JUNIOR ACHIEVEMENT							
300 N. 3RD ST. SUITE L04							
WAUSAU, WI 54403	39-0826295	501(C)(3)	24,750.	Ο.			DONOR DESIGNATIONS
JUNIOR ACHIEVEMENT OF WISCONSIN,							
INC 11111 WEST LIBERTY DRIVE -							
MILWAUKEE, WI 53224	39-0826295	501 (C)(3)	107,918.	Ο.			DONOR DESIGNATIONS
,							
JUNIOR ACHIEVEMENT USA							
12320 ORACLE BLVD. SUITE 325							
COLORADO SPRINGS, CO 80921	84-1267604	501(C)(3)	20,000.	0.			DONOR DESIGNATIONS

# UNITED WAY OF GREATER MILWAUKEE &

WAUKESHA COUNTY INC. Schedule I (Form 990)

39-0806190 Page 1

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JUNIOR ACHIEVEMENT WORLDWIDE INC. 131 DARTMOUTH STREET, 3RD FLOOR BOSTON, MA 02116	27-3666259	501 (C)(3)	25,000.	0.			DONOR DESIGNATIONS
JUNIOR LEAGUE OF MILWAUKEE, INC. 1060 EAST JUNEAU AVENUE MILWAUKEE, WI 53202	39-0893609	501 (C)(3)	6,000.	0.			DONOR DESIGNATIONS
JUPITER MEDICAL CENTER FOUNDATION 1210 SOUTH OLD DIXIE HIGHWAY JUPITER, FL 33458	65-0132406	501 (C)(3)	10,000.	0.			DONOR DESIGNATIONS
KINSHIP COMMUNITY FOOD CENTER 2610 N MARTIN LUTHER KING DR MILWAUKEE, WI 53212	46-3422131	501 (C)(3)	94,475.	0.			DONOR DESIGNATIONS,REDUCING BARRIERS TO EMPLOYMENT
LA CASA DE ESPERANZA, INC. 410 ARCADIAN AVENUE WAUKESHA, WI 53186-5086	39-1144446	501 (C)(3)	348,257.	0.			WORKFORCE DEVELOPMENT,EARLY CHILDHOOD EDUCATION,SCHOOL AGE
LA CAUSA, INC. 413 W. SCOTT STREET MILWAUKEE, WI 53204	39-1247667	501 (C)(3)	64,512.	0.			CRISIS NURSERY & RESPIT CENTER,EARLY EDUCATION CARE CENTER
LAD LAKE PO BOX 158 DOUSMAN, WI 53118-0158	39-0806398	501 (C)(3)	40,000.	0.			HEALTHY YOUTH PROGRAM
LAKESHORE COMMUNITY HEALTH CARE 1721 SAEMANN AVE SHEBOYGAN, WI 53081	26-4321839	501 (C)(3)	26,772.	0.			DONOR DESIGNATIONS
LASSID MINISTRIES – 7961 N 76TH STREET MILWAUKEE, WI 53223	04-3698740	501 (C)(3)	100,000.	0.			CAPACITY BUILDING

# UNITED WAY OF GREATER MILWAUKEE &

Schedule I (Form 990) WAUKESHA COUNTY INC.

39-0806190 Page 1

Schedule I (Form 990) WAUKESHA				. (2.)			59-0806190 Page
Part II Continuation of Grants and Other A	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.) T	1
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LAW FORWARD							
222 WEST WASHINGTON AVENUE, SUITE 2							
MADISON, WI 53703	84-2803392	501 (C)(3)	25,019.	0.			DONOR DESIGNATIONS
LAWRENCE UNIVERSITY OF WISCONSIN 711 EAST BOLDT WAY							
APPLETON, WI 54915	39-0806297	501 (C)(3)	60,300.	0.			DONOR DESIGNATIONS
LEGAL ACTION OF MIGGONGIN INC							
LEGAL ACTION OF WISCONSIN INC.							REDUCING BARRIERS TO
230 W WELLS, RM 800	20 1077100	F01 (0) (2)	075 000	0			EMPLOYMENT, FAMILY
MILWAUKEE, WI 53203	39-1077192	501 (C)(3)	275,000.	0.			HOMELESSNESS
LEGNL ALD GOGLERY OF MILWAUVER							DONOR DESIGNATIONS, CIVIL
LEGAL AID SOCIETY OF MILWAUKEE							DIVISION, FAMILY
728 N JAMES LOVELL ST, 3RD FLOOR NO		F01 (0) (2)	1 707 000	0			HOMELESSNESS, RIGHT TO COUNSEL
MILWAUKEE, WI 53233	39-0806284	501 (C)(3)	1,787,820.	0.			COUNSEL
LEUKEMIA & LYMPHOMA SOCIETY,							
WISCONSIN CHAPTER, BROOKFIELD -							
6737 W WASHINGTON ST, STE 2100 -	13-5644916	501 (C) (2)	11 600	0.			DONOR DESIGNATIONS
WEST ALLIS, WI 53214	13-3044910	501 (C)(3)	11,600.	0.			DONOR DESIGNATIONS
LIFE NAVIGATORS							
7203 WEST CENTER STREET							
WAUWATOSA, WI 53210	39-0978146	501 (C)(3)	27,750.	0.			DONOR DESIGNATIONS
LIGHT OF LIFE MINISTRIES							
913 WESTERN AVE							
	25-1056389	501(C)(3)	16,903.	0.			DONOR DESIGNATIONS
PITTSBURGH, PA 15233	23-1030309	501 (C/(3)	10,903.	0.			DONOR DESIGNATIONS
LIGHTHOUSE FOUNDATION							
116 BROWNS HILL ROAD SUITE 400							
VALENCIA, PA 16059	25-1547324	501 (C)(3)	15,950.	0.			DONOR DESIGNATIONS
LIMEDACY CEDUICES OF WISCONSTY							
LITERACY SERVICES OF WISCONSIN,							ADULT EDUCATION
INC 555 NORTH PLANKINTON AVENUE	20 1001000	F01 (d) (2)	0.0 5.4	_			PROGRAM, DONOR
- MILWAUKEE, WI 53203-2910	39-1091203	501 (C)(3)	92,564.	0.			DESIGNATIONS

# UNITED WAY OF GREATER MILWAUKEE &

Schedule I (Form 990) WAUKESHA COUNTY INC.

39-0806190 Page 1

						9-000190 Page 1
Assistance to Don	nestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)	1
<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
13-3030229	501 (C)(3)	8,500.	0.			DONOR DESIGNATIONS
39-0807221	501 (C)(3)	10,000.	Ο.			DONOR DESIGNATIONS
46-1316300	501 (C)(3)	9,750.	0.			DONOR DESIGNATIONS
						SAFE & STABLE HOMES, DONOR
						DESIGNATIONS, SPRING CITY
39-0816846	501 (C)(3)	78,466.	0.			CORNER CLUBHOUSE
39-1270290	501 (C)(3)	202,340.	0.			DONOR DESIGNATIONS
46-3864539	501 (C)(3)	25,000.	0.			LEAD SAFE HOME KIT
39-1543541	501 (C)(3)	28,000.	0.			DONOR DESIGNATIONS
39-2021628	501 (C)(3)	14,331.	0.			DONOR DESIGNATIONS
	501 (C)(3)	25,750.	0.			DONOR DESIGNATIONS
	Assistance to Dor (b) EIN 13-3030229 39-0807221 46-1316300 39-0816846 39-0816846 39-1270290 46-3864539 39-1543541 39-2021628	Assistance to Domestic Organizations           (b) EIN         (c) IRC section if applicable           13-3030229         501 (C)(3)           39-0807221         501 (C)(3)           46-1316300         501 (C)(3)           39-0816846         501 (C)(3)           39-1270290         501 (C)(3)           46-3864539         501 (C)(3)           39-1543541         501 (C)(3)           39-2021628         501 (C)(3)	Assistance to Domestic Organizations and Domestic Go           (b) EIN         (c) IRC section if applicable         (d) Amount of cash grant           13-3030229         501 (C) (3)         8,500.           39-0807221         501 (C) (3)         10,000.           46-1316300         501 (C) (3)         9,750.           39-0816846         501 (C) (3)         78,466.           39-1270290         501 (C) (3)         202,340.           46-3864539         501 (C) (3)         25,000.           39-1543541         501 (C) (3)         28,000.           39-2021628         501 (C) (3)         14,331.	Assistance to Domestic Organizations and Domestic Governments (Scher (b) EIN         (c) IRC section if applicable         (d) Amount of cash grant         (e) Amount of noncash assistance           13-3030229         501 (C) (3)         8,500.         0.           39-0807221         501 (C) (3)         10,000.         0.           46-1316300         501 (C) (3)         9,750.         0.           39-0816846         501 (C) (3)         78,466.         0.           39-1270290         501 (C) (3)         202,340.         0.           46-3864539         501 (C) (3)         25,000.         0.           39-1543541         501 (C) (3)         28,000.         0.           39-2021628         501 (C) (3)         14,331.         0.	Assistance to Domestic Organizations and Domestic Governments         (Schedule I (Form 990), Pa           (b) EIN         (c) IRC section if applicable         (d) Amount of cash grant         (e) Amount of noncash assistance         (f) Method of valuation (b) EIN           13-3030229         501 (c) (3)         8,500.         0.           39-0807221         501 (c) (3)         10,000.         0.           46-1316300         501 (c) (3)         9,750.         0.           39-0816846         501 (c) (3)         202,340.         0.           39-1270290         501 (c) (3)         202,340.         0.           46-3864539         501 (c) (3)         25,000.         0.           39-1543541         501 (c) (3)         28,000.         0.           39-2021628         501 (c) (3)         14,331.         0.	Assistance to Domestic Organizations and Domestic Governments         (Schedule I (Form 990), Part II.)           (b) EIN         (c) IRC section if applicable         (d) Amount of cash grant         (e) Amount of noncash assistance         (f) Method of valuation (book, FMV, appraisal, other)         (g) Description of noncash assistance           13-3030229         501 (c) (3)         8,500.         0.

# UNITED WAY OF GREATER MILWAUKEE &

WAUKESHA COUNTY INC. Schedule I (Form 990)

39-0806190 Page 1

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MARQUETTE UNIVERSITY							
P.O. BOX 1881							
MILWAUKEE, WI 53201-1881	39-0806251	501 (C)(3)	484,827.	0.			DONOR DESIGNATIONS
MARQUETTE UNIVERSITY HIGH SCHOOL							
3401 W WISCONSIN AVE							
MILWAUKEE, WI 53208	39-0806826	501 (C)(3)	124,554.	0.			DONOR DESIGNATIONS
MATC FOUNDATION							
700 WEST STATE STREET							
MILWAUKEE, WI 53233	39-1341603	501 (C)(3)	388,776.	0.			DONOR DESIGNATIONS
MATC FOUNDATION GENERAL							
SCHOLARSHIP FUND - 700 WEST STATE							
STREET - MILWAUKEE, WI 53233	39-1341603	501 (C)(3)	25,500.	0.			DONOR DESIGNATIONS
	55 1511005						
MATC FOUNDATION STUDENT'S GREATEST							
NEED - 700 WEST STATE STREET -							
MILWAUKEE, WI 53233	39-1341603	501 (C)(3)	35,575.	0.			DONOR DESIGNATIONS
MAUI UNITED WAY							
95 MAHALANI STREET, SUITE 24	99-0086524	E01 (0) (2)	8 200	0			
WAILUKU, HI 96793 MEDICAL COLLEGE OF WISCONSIN	99-0086524	501 (C)(3)	8,209.	0.			DONOR DESIGNATIONS
RESEARCH PARK CENTER 10000 W.							
INNOVATION DR WAUWATOSA, WI							DONOR DESIGNATIONS, MIL
53226	39-0806261	501 (C)(3)	1,222,918.	0.			HEALTHCARE PARTNERSHIP
	33 0000201		1,222,910.				
MENTAL HEALTH AMERICA OF							MENTAL HEALTH
WISCONSIN, INC 3910 W. LISBON							ADVANCEMENT, DONOR
AVENUE - MILWAUKEE, WI 53208	39-0827843	501 (C)(3)	62,816.	0.			DESIGNATIONS
MENTOR GREATER MILWAUKEE 1543 N 2ND ST 6TH FLOOR							
TOTO IN 2ND DI UIN FILOOK							

# UNITED WAY OF GREATER MILWAUKEE &

Schedule I (Form 990) WAUKESHA COUNTY INC.

39-0806190 Page 1

Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)	1
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
MEDION MUTENGUILLE EDUCATION							
MEQUON-THIENSVILLE EDUCATION FOUNDATION - PO BOX 514 - MEQUON,							
WI 53092	31-1625167	501 (C)(3)	9,414.	0.			DONOR DESIGNATIONS
- 55652	51 1025107	501 (0/(5/	5,111.				
META HOUSE, INC.							TRANSITIONAL LIVING, DONOR
2625 NORTH WEIL STREET							DESIGNATIONS, SAFE &
MILWAUKEE, WI 53212	39-1017822	501 (C)(3)	250,139.	0.			STABLE HOMES
,			,				
METCALFE PARK COMMUNITY BRIDGES							
3624 W. NORTH AVE, 2ND FL							
MILWAUKEE, WI 53208	81-2101846	501 (C)(3)	112,500.	0.			CAPACITY BUILDING
METRO MILWAUKEE MEDIATION SERVICES							
POST OFFICE BOX 633							
MILWAUKEE, WI 53201	45-4194546	501 (C)(3)	60,000.	0.			FAMILY HOMELESSNESS
METRO UNITED WAY, INC.							
POST OFFICE BOX 950148 DEPT 52860							L
LOUISVILLE, KY 40295-0148	61-0444680	501 (C)(3)	27,516.	0.			DONOR DESIGNATIONS
METROGO INC							
PO BOX 1184							REDUCING BARRIERS TO
MILWAUKEE, WI 53201-1184	39-1717955	501 (C)(3)	50,000.	0.			EMPLOYMENT
	33 1/1/333	501 (0/(5/	50,000.	••			
MIDTOWN NEIGHBORHOOD ALLIANCE							
INCORPORATED - 1935 N 25TH ST							
MILWAUKEE, WI 53205	87-1233380	501 (C)(3)	25,000.	٥.			CAPACITY BUILDING
			, .				
MILE HIGH UNITED WAY, INC.							
, 711 PARK AVE W							
DENVER, CO 80205-2891	84-0404235	501 (C)(3)	24,106.	٥.			DONOR DESIGNATIONS
MILWAUKEE ACADEMY OF SCIENCE							DONOR
2000 W KILBOURN AVENUE							DESIGNATIONS, DIGITAL
MILWAUKEE, WI 53233	39-1974865	501 (C)(3)	34,665.	0.			EQUITY

# UNITED WAY OF GREATER MILWAUKEE &

WAUKESHA COUNTY INC. Schedule I (Form 990)

39-0806190 Page 1

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MILWAUKEE ART MUSEUM							
700 N ART MUSEUM DRIVE							
MILWAUKEE, WI 53222	39-0806316	501 (C)(3)	39,269.	0.			DONOR DESIGNATIONS
MILWAUKEE BALLET COMPANY LTD							
128 N JACKSON ST							
MILWAUKEE, WI 53202	39-1134735	501 (C)(3)	12,250.	0.			DONOR DESIGNATIONS
MILWAUKEE CENTER FOR INDEPENDENCE							
2020 WEST WELLS STREET							
MILWAUKEE, WI 53233-2720	39-0806257	501 (C)(3)	5,073.	0.			DONOR DESIGNATIONS
MILINIWER CURTORIAN CONTROL							
MILWAUKEE CHRISTIAN CENTER							
2020 WEST WELLS STREET	39-0806257	$E_{01}$ (C) (2)	68,678.	0.			COMMINITELY COLLOCIC
MILWAUKEE, WI 53233-2720	39-0000237	501 (C/(5)	00,070.	0.			COMMUNITY SCHOOLS YOUTH DEVELOPMENT
MILWAUKEE CHRISTIAN CENTER, INC.							PROGRAM, OLDER ADULT
807 SOUTH 14TH STREET							CENTER, EMERGENCY FOOD
MILWAUKEE, WI 53204	39-0807066	501 (C)(3)	173,534.	٥.			PANTRY, DONOR DESIGNATIO
MILWAUKEE COLLEGE PREPARATORY -							
36TH STREET - 1228 W LLOYD STREET	20 1001005		115 540	0			DONOR DEGENINETONS
- MILWAUKEE, WI 53205	39-1881295	501 (C)(3)	115,742.	0.			DONOR DESIGNATIONS
MILWAUKEE COMMUNITY SERVICE CORPS							
1441 NORTH SEVENTH STREET							REDUCING BARRIERS TO
MILWAUKEE, WI 53205	39-1680843	501 (C)(3)	50,000.	0.			EMPLOYMENT
MILWAUKEE DOWNTOWN							
301 W WISCONSIN AVE STE 106							
MILWAUKEE, WI 53203-2202	39-1988035	501 (C)(3)	15,000.	0.			DONOR DESIGNATIONS
MILWAUKEE FILM INC							DONOR
1037 W MCKINLEY AVE #700							DESIGNATIONS, CULTURES A
MILWAUKEE, WI 53205-2530	26-3049630	501 (C)(3)	41,563.	0.		1	COMMUNITIES

# UNITED WAY OF GREATER MILWAUKEE &

Schedule I (Form 990) WAUKESHA COUNTY INC.

39-0806190 Page 1

Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	1
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MILWAUKEE HABITAT FOR HUMANITY							
3726 N BOOTH ST							DONOR DESIGNATIONS, SAFE &
MILWAUKEE, WI 53212	39-1496741	501 (C)(3)	128,892.	٥.			STABLE HOMES
MILWAUKEE HEALTH CARE PARTNERSHIP							MILWAUKEE HEALTH CARE
400 W RIVER WOODS PKWY							PARTNERSHIP,MILW
MILWAUKEE, WI 53212	39-1931089	501 (C)(3)	815,500.	0.			HEALTHCARE PARTNERSHIP
MILWAUKEE INSTITUTE OF ART & DESIGN - 273 EAST ERIE STREET -							
MILWAUKEE, WI 53202-6003	39-1201561	501 (C)(3)	46,800.	0.			DONOR DESIGNATIONS
	55 1201501	301 (0)(3)	10,000.				
MILWAUKEE JEWISH FEDERATION							
1360 N PROSPECT AVENUE							
MILWAUKEE, WI 53202	39-0806312	501 (C)(3)	478,143.	٥.			DONOR DESIGNATIONS
MILWAUKEE LABOR COUNCIL							
633 SOUTH HAWLEY ROAD, #110							
MILWAUKEE, WI 53214	39-0965630	501 (C)(3)	300,000.	0.			PROGRAMS
MILWAUKEE LGBT COMMUNITY CENTER							DONOR
315 WEST COURT STREET							DESIGNATIONS, PROJECT Q
MILWAUKEE, WI 53212	39-1893808	501 (C)(3)	37,155.	0.			HEALTH AND WELLNESS
,				···			
MILWAUKEE MUSLIM WOMEN'S COALITION							
5235 SOUTH 27TH STREET							
MILWAUKEE, WI 53221	27-2805324	501 (C)(3)	100,000.	٥.			CAPACITY BUILDING
MILWAUKEE PARKS FOUNDATION							
1531 W VLIET ST.							
MILWAUKEE, WI 53205	84-1808645	501 (C)(3)	151,609.	0.			DONOR DESIGNATIONS
MTIWATIVE DDC							
MILWAUKEE PBS 1036 NORTH 8TH STREET							
MILWAUKEE, WI 53233	39-1341603	501 (C)(3)	14,751.	0.			DONOR DESIGNATIONS
	22 12 10 0 2		1 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	· ·			

# UNITED WAY OF GREATER MILWAUKEE &

WAUKESHA COUNTY INC. Schedule I (Form 990)

39-0806190 Page 1

(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(g) Description of	(h) Purpose of grant
organization or government	(-)	if applicable	cash grant	noncash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
MILWAUKEE PUBLIC LIBRARY							
FOUNDATION - 814 WEST WISCONSIN							
AVENUE – MILWAUKEE, WI 53233	39-1610233	501 (C)(3)	24,082.	0.			DONOR DESIGNATIONS
MILWAUKEE PUBLIC MUSEUM							DONOR
800 W WELLS ST							DESIGNATIONS, COMMUNITY
MILWAUKEE, WI 53233	39-1723105	501 (C)(3)	112,328.	0.			, SCHOOLS
MILWAUKEE PUBLIC SCHOOLS							
234 W. GALENA STREET							
MILWAUKEE, WI 53212	39-1929112	501 (C)(3)	14,000.	0.			FAMILY ENGAGEMENT
MILWAUKEE PUBLIC SCHOOLS							
FOUNDATION - 234 W. GALENA STREET							
- MILWAUKEE, WI 53212	39-1929112	501 (C)(3)	270,310.	0.			DONOR DESIGNATIONS
		301 (0)(3)	2,0,010.				DONOR DEDICATIOND
MILWAUKEE REPERTORY THEATER							
108 E WELLS ST							
MILWAUKEE, WI 53202	39-0946025	501 (C)(3)	172,697.	0.			DONOR DESIGNATIONS
MILWAUKEE RESCUE MISSION							
830 N 19TH ST	20 0916951	$E_{01}$ (a) (2)	207 015	0			DONOD DEGLANATIONS
MILWAUKEE, WI 53233	39-0816851	501 (C)(3)	207,015.	0.			DONOR DESIGNATIONS
MILWAUKEE SCHOOL OF ENGINEERING							
1025 N. BROADWAY							
MILWAUKEE, WI 53202	39-0477970	501 (C)(3)	111,200.	0.			DONOR DESIGNATIONS
			,				
MILWAUKEE SYMPHONY ORCHESTRA							
212 W. WISCONSIN AVE.							
MILWAUKEE, WI 53203-2307	39-6023436	501 (C)(3)	100,980.	0.			DONOR DESIGNATIONS
							DONOR DESIGNATIONS, MUL
MILWAUKEE URBAN LEAGUE							EMPLOYMENT
435 W. NORTH AVENUE							ASSISTANCE/EMPLOYMENT
MILWAUKEE, WI 53212	39-0826861	501 (C)(3)	432,773.	Ο.			FORWARD, COMMUNITY SCHO

# UNITED WAY OF GREATER MILWAUKEE &

Schedule I (Form 990) WAUKESHA COUNTY INC.

39-0806190 Page 1

Part II Continuation of Grants and Other A	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	irt II.) T	
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
_							EMERGENCY
MILWAUKEE WOMEN'S CENTER, INC.,							SHELTER, NEVERMORE
THE - 728 N JAMES LOVELL ST -							BATTERER'S
MILWAUKEE, WI 53233	32-0211087	501 (C)(3)	72,310.	0.			TREATMENT , DONOR
MILWAUKEE WORLD FESTIVAL, INC.							
639 E SUMMERFEST PLACE							
MILWAUKEE, WI 53202	39-1049688	501 (C)(3)	200,000.	٥.			DONOR DESIGNATIONS
MISSIONARY SOCIETY OF ST PAUL THE							
APOSTL (PAULIST FATHERS) - 415							
WEST 59TH STREET OFFICE OF MISSION							
ADVANCEMENT - NEW YORK, NY 10019	13-1624092	501 (C)(3)	124,000.	٥.			DONOR DESIGNATIONS
							DONOR DESIGNATIONS, MKE
MKE FELLOWS							FELLOWS - YOUNG MEN
815 N WATER ST FL 3							UNITED, YOUNG MEN
MILWAUKEE, WI 53202-3526	75-3070195	501 (C)(3)	172,551.	0.			UNITED, YOUNG MEN UNITE
MKE URBAN STABLES							
143 E. LINCOLN AVE.							
MILWAUKEE, WI 53207	83-2573223	501(C)(3)	10,500.	Ο.			DONOR DESIGNATIONS
MILWAUKEE, WI 55207	05 2575225	301 (0)(3)	10,500.	0.			DONOR DESIGNATIONS
MOBILISE							
790 N. MILWAUKEE STREET SUITE 316							
MILWAUKEE, WI 53202	39-1717955	501 (C)(3)	10,000.	0.			DONOR DESIGNATIONS
MOUNT CALVARY COMMUNITY							
DEVELOPMENT CORP - 2862 NORTH 53							
STREET - MILWAUKEE, WI 53210	82-4330160	501 (C)(3)	7,000.	Ο.			DONOR DESIGNATIONS
, ,			.,	••			
MOUNT MARY UNIVERSITY							
2900 NORTH MENOMONEE RIVER PARKWAY							
MILWAUKEE, WI 53222-4597	39-0806154	501 (C)(3)	11,000.	Ο.			DONOR DESIGNATIONS
,			, ,				
MUSLIM COMMUNITY AND HEALTH CENTER							
803 W LINCOLN AVE							MILWAUKEE HEALTH CARE
MILWAUKEE, WI 53221	45-2385629	501 (C)(3)	100,000.	0.			PARTNERSHIP

# UNITED WAY OF GREATER MILWAUKEE &

WAUKESHA COUNTY INC. Schedule I (Form 990)

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MY WAY OUT							SAFE & STABLE
3514 W BRANTING LANE							HOMES, REDUCING BARRIERS
MILWAUKEE, WI 53215	87-1385421	501 (C)(3)	108,000.	0.			, TO EMPLOYMENT
							FAMILY EDUCATION
NAMI SOUTHEAST WISCONSIN							PROGRAM, DONOR
2717 NORTH GRANDVIEW BLVD, SUITE 205							DESIGNATIONS, WAUKEHSA
WAUKESHA, WI 53188	39-1485627	501 (C)(3)	71,545.	0.			EMERGENCY FUND
NATIVITY JESUIT ACADEMY 1515 S 29TH ST	39-1741141	501 (C)(3)	112,002.	0.			DONOR DESIGNATIONS
MILWAUKEE, WI 53215	39-1741141	501 (C)(3)	112,002.	0.			DONOR DESIGNATIONS
NEHEMIAH PROJECT, INC.							
2506 WEST VLIET STREET							
MILWAUKEE, WI 53205	39-1841047	501 (C)(3)	9,480.	0.			DONOR DESIGNATIONS
· · · ·			, ,				EARLY CHILDHOOD
NEIGHBORHOOD HOUSE OF MILWAUKEE,							EDUCATION, YOUTH
INC 2819 W RICHARDSON PLACE -							DEVELOPMENT PROGRAM, DONOI
MILWAUKEE, WI 53208	39-0806269	501 (C)(3)	270,833.	0.			DESIGNATIONS, NATURE
NEU-LIFE COMMUNITY DEVELOPMENT							
2014 W. NORTH AVE							HEALTHY YOUTH
MILWAUKEE, WI 53205	39-1805861	501 (C)(3)	195,000.	0.			PROGRAM, CAPACITY BUILDING
NEW CONCEPT SELF DEVELOPMENT							
CENTER INC 1531 W. VLIET STREET							FATHERS' RESOURCE &
- MILWAUKEE, WI 53205	39-1220236	501(C)(3)	17,502.	0.			EMPLOYMENT CENTER
	55 1220250		1, 302.	••			EARLY CHILDHOOD
NEXT DOOR FOUNDATION, INC.							EDUCATION, DONOR
2545 NORTH 29TH STREET							DESIGNATIONS, REDUCING
MILWAUKEE, WI 53210	39-1162969	501 (C)(3)	278,560.	0.			BARRIERS TO EMPLOYMENT
	0, 1102,0,		270,000	0.			
NIA IMANI FAMILY INC.							DONOR
1353 N 25TH ST							DESIGNATIONS, CAPACITY
MILWAUKEE, WI 53205-2447	39-1808134	501 (C)(3)	110,368.	0.			, BUILDING

39-0806190 Page 1

# UNITED WAY OF GREATER MILWAUKEE &

Schedule I (Form 990) WAUKESHA COUNTY INC.

39-0806190 Page 1

Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)	1
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NONPROFIT MANAGEMENT FUND							
101 W PLEASANT STREET							
MILWAUKEE, WI 53212	39-6036407	501 (C)(3)	50,000.	0.			CAPACITY BUILDING
,			,				
NORTHWOODS UNITED WAY, INC							
SEVEN A NORTH BROWN STREET							
RHINELANDER, WI 54501-0177	39-1247457	501 (C)(3)	8,451.	0.			DONOR DESIGNATIONS
NOTRE DAME SCHOOL OF MILWAUKEE							
2604 W ORCHARD ST							
MILWAUKEE, WI 53204	39-1850760	501 (C)(3)	81,534.	0.			DONOR DESIGNATIONS
NOUDI GUILING HODE							
NOURISHING HOPE							
1716 W HUBBARD ST	26 2724194	$E_{01}(a)(2)$	6 001	0.			DONOR DESIGNATIONS
CHICAGO, IL 60622	36-2734184	501 (C)(3)	6,001.	0.			DONOR DESIGNATIONS
NOURISHMKE							
1220 WEST VLIET STREET							
MILWAUKEE, WI 53205-0411	39-1587037	501 (C)(3)	6,523.	0.			DONOR DESIGNATIONS
			, -				
OSHKOSH AREA COMMUNITY FOUNDATION							
230 OHIO ST STE 100							
OSHKOSH, WI 54902	39-2034571	501 (C)(3)	32,725.	0.			DONOR DESIGNATIONS
OSHKOSH AREA UNITED WAY, INC.							
21 W NEW YORK AVE							
OSHKOSH, WI 54901-3757	39-1017908	501 (C)(3)	7,932.	0.			DONOR DESIGNATIONS
OUR NEXT GENERATION INC.							
3421 W. LISBON AVENUE							
MILWAUKEE, WI 53208	39-1761838	501 (C)(3)	5,275.	0.			DONOR DESIGNATIONS
OUR REDEEMER LUTHERAN CHURCH							
10025 W NORTH AVE							
WAUWATOSA, WI 53226	39-0920005	501 (C)(3)	10,000.	0.			DONOR DESIGNATIONS
11011100A, WI 33220	55 0520005	SOT (C)(S)	1 10,000.	υ.			POROR DESTORATIONS

# UNITED WAY OF GREATER MILWAUKEE &

Schedule I (Form 990) WAUKESHA COUNTY INC.

39-0806190 Page 1

Part II Continuation of Grants and Other A	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)	1
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OUTREACH COMMUNITY HEALTH CENTERS,							
INC 711 W. CAPITOL DR MILWAUKEE, WI 53206	39-1353282	501 (C)(3)	100,000.	0.			FAMILY HOMELESSNESS
MILWROKEE, WI 33200	55 1555262	501 (0/(5/	100,000.	0.			FAMILI HOMELESSNESS
OZAUKEE FAMILY SERVICES							DONOR
4922 COLUMBIA ROAD							DESIGNATIONS, COUNSELING
CEDARBURG, WI 53012	39-1208203	501 (C)(3)	57,493.	0.			, SERVICES
			,				DONOR DESIGNATIONS, MAKING
PARENTING NETWORK, INC., THE							PROUD CHOICES +
1037 W MCKINLEY AVE SUITE #316							RELATE, PARENTING
MILWAUKEE, WI 53205	39-1312225	501 (C)(3)	172,778.	0.			EDUCATION AND SUPPORT
PARENTS PLACE, INC.							SUPERVISED
1570 E MORELAND BLVD							VISITATION, COMMUNITY
WAUKESHA, WI 53186	39-1513200	501 (C)(3)	48,289.	0.			EDUCATION/BORN LEARNING
PARTNERS WORLDWIDE							
6139 TAHOE DRIVE SE	20 2202172	$E_{01}$ (a) (b)	F0.000	0.			DONOD DEGLANATIONS
GRAND RAPIDS, MI 49546	38-3293173	501 (C)(5)	50,000.	0.			DONOR DESIGNATIONS DONOR DESIGNATIONS,SAFE &
PATHFINDERS							STABLE HOMES, SUPPORTED
4200 N HOLTON ST STE 400							HOUSING, PREVENTION
MILWAUKEE, WI 53212	39-1185304	501 (C)(3)	620,907.	0.			EDUCATION
,,				- •			
PEARLS FOR TEEN GIRLS, INC.							POSITIVE PREVENTION PLUS
1805 NORTH MARTIN LUTHER KING JUNIO							FOR PEARLS GIRLS, DONOR
MILWAUKEE, WI 53212	39-1997970	501 (C)(3)	163,275.	0.			DESIGNATIONS
							DONOR
PENFIELD CHILDREN'S CENTER							DESIGNATIONS, BEHAVIORAL
833 N 26TH STREET							HEALTH CLINIC, EARLY
MILWAUKEE, WI 53233	39-1093701	501 (C)(3)	457,577.	0.			INTERVENTION/PARENT
PITTSBURGH FOUNDATION							
5 PPG PL STE 250							
PITTSBURGH, PA 15222	25-0965466	501 (C)(3)	7,635.	0.			DONOR DESIGNATIONS

# UNITED WAY OF GREATER MILWAUKEE &

Schedule I (Form 990) WAUKESHA COUNTY INC.

39-0806190 Page 1

Part II Continuation of Grants and Other A			and Domestic Go	vernments (Sch	edule I (Form 990) Pa		9-0000190 Page
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PIUS XI HIGH SCHOOL							
135 N 76ST							
MILWAUKEE, WI 53213	39-1101976	501 (C)(3)	5,130.	0.			DONOR DESIGNATIONS
PLANNED PARENTHOOD OF WISCONSIN			,				
ATTN: DEVELOPMENT DEPARTMENT 302							
NORTH JACKSON STREET - MILWAUKEE,							
WI 53202-	39-0863391	501 (C)(3)	144,840.	0.			DONOR DESIGNATIONS
PLAYWORKS WISCONSIN							
PO BOX 1603							
MILWAUKEE, WI 53201	94-3251867	501(C)(3)	45,000.	0.			HELPING KIDS SUCCEED
, 00201							
PORTAL INC.							DONOR
1015 CEDAR CREEK ROAD							DESIGNATIONS, EMPLOYMENT
GRAFTON, WI 53024	39-1024001	501(C)(3)	13,085.	0.			READINESS AND ADVANCEMEN
	55 1021001		10,000.				
POTAWATOMI AREA COUNCIL, SCOUTING							
AMERICA - 804 BLUEMOUND RD -							
WAUKESHA, WI 53188	39-0806342	501 (C)(3)	10,315.	0.			DONOR DESIGNATIONS
	55 0000342	301 (0/(3/	10,515.	••			DONOR DEDIGNATIONE
PREVENT BLINDNESS WISCONSIN							
731 N JACKSON ST STE 405							
MILWAUKEE, WI 53202-7600	39-6096227	501(C)(3)	95,070.	0.			DONOR DESIGNATIONS
MILWAOKEE, WI 55202-7000	55-0050227	501 (C)(5)	35,070.	0.			DONOR DESIGNATIONS
PRISM ECONOMIC DEVELOPMENT							
CORPORATION - 3725 N. SHERMAN	27 4670627		75 000	0			
BLVD. – MILWAUKEE, WI 53216	27-4679627	501 (C)(3)	75,000.	0.			CAPACITY BUILDING
PROGRESSIVE COMMUNITY HEALTH							
CENTERS - 3522 W. LISBON AVENUE -				_			MILW HEALTHCARE
MILWAUKEE, WI 53208	39-1958810	501 (C)(3)	50,000.	0.			PARTNERSHIP
PROJECT RETURN, INC.							
2821 NORTH FOURTH STREET, SUITE #20							REDUCING BARRIERS TO
MILWAUKEE, WI 53212-2350	39-1411980	501 (C)(3)	75,000.	0.			EMPLOYMENT

# UNITED WAY OF GREATER MILWAUKEE &

WAUKESHA COUNTY INC. Schedule I (Form 990)

39-0806190 Page 1

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PUBLIC ALLIES							
735 N WATER ST							
MILWAUKEE, WI 53202	52-1759564	501 (C)(3)	75,000.	0.			CAPACITY BUILDING
REDEEMER LUTHERAN CHURCH							
631 NORTH 19 STREET							
MILWAUKEE, WI 53233	39-0972351	501 (C)(3)	13,500.	0.			DONOR DESIGNATIONS
RIVERWORKS DEVELOPMENT CORPORATION							
303 EAST VIENNA AVE							
MILWAUKEE, WI 53212	39-1731739	501 (C)(3)	81,000.	Ο.			VITA, CAPACITY BUILDING
RONALD MCDONALD HOUSE CHARITIES OF			, .				
EASTERN WISCONSIN - 8948 W							
WATERTOWN PLANK ROAD - WAUWATOSA,							
WI 53226	39-1433107	501 (C)(3)	22,166.	0.			DONOR DESIGNATIONS
ROOTED & RISING							
3940 W LISBON AVE							
MILWAUKEE, WI 53208	39-1030611	501 (C)(3)	37,500.	0.			SAFE & STABLE HOMES
RUNNING REBELS COMMUNITY							
ORGANIZATION - 225 W CAPITOL DRIVE							
- MILWAUKEE, WI 53212	39-3910464	501 (C)(3)	75,000.	0.			CAPACITY BUILDING
SAFE AND SOUND							
4422 W LEON TER							
MILWAUKEE, WI 53216	39-1940292	501 (C)(3)	5,680.	0.			DONOR DESIGNATIONS
SALVATION ARMY							STATE SHELTER SUBSIDY
11315 W. WATERTOWN PLANK RD				_			GRANT, STATE SHELTER
WAUWATOSA, WI 53226	39-0807221	501 (C)(3)	232,963.	0.			SUBSIDY GRANT
SALVATION ARMY - WAUKESHA							DONOR DESIGNATIONS, SAFE
445 MADISON STREET							STABLE HOMES, FAMILY
WAUKESHA, WI 53188	13-2923701	501 (C)(3)	100,024.	Ο.			SERVICES, EMERGENCY LODG

# UNITED WAY OF GREATER MILWAUKEE &

Schedule I (Form 990) WAUKESHA COUNTY INC.

39-0806190 Page 1

Part II Continuation of Grants and Other A	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)	1
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							DONOR
SALVATION ARMY, THE 11315 W. WATERTOWN PLANK RD							DESIGNATIONS, EMERGENCY
WAUWATOSA, WI 53226	13-2923701	501 (C)(3)	198,284.	0.			LODGE, SAFE & STABLE HOMES
	15 2525701	301 (0/(3/	190,204.				
SCHOOL DISTRICT OF WAUKESHA							
222 MAPLE AVE							IMPLEMENTATION
WAUKESHA, WI 53186	39-9005053	170 (C)(3)	138,000.	0.			GRANT, PARNTERSHIP SHOOLS
			, .				,
SCULPTURE MILWAUKEE							
735 NORTH WATER STREET, #516							
MILWAUKEE, WI 53202	83-3982377	501 (C)(3)	15,250.	0.			DONOR DESIGNATIONS
SECUREFUTURES							
710 N PLANKINTON AVE STE 1400							
MILWAUKEE, WI 53203	20-5203533	501 (C)(3)	43,590.	0.			DONOR DESIGNATIONS
SEEDS OF HEALTH, INC.							
1445 SOUTH 32ND STREET							
MILWAUKEE, WI 53215	93-0843605	501 (C)(3)	6,173.	0.			DONOR DESIGNATIONS
GEDENTERY THNG THO							DONOR
SERENITY INNS, INC.							DONOR
2825 W BROWN ST	41 2024010	E01 (0) (2)	EC 903	0			DESIGNATIONS, CAPACITY
MILWAUKEE, WI 53208	41-2034019	501 (C)(3)	56,803.	0.			BUILDING
SETON CATHOLIC SCHOOLS							
3501 S LAKE DR							
ST. FRANCIS, WI 53235	42-1630884	501(C)(3)	21,000.	0.			DONOR DESIGNATIONS
51: IMMCID, WI 55255	42 1030004	501 (0/(5/	21,000.	••			BONOR BEBIGNATIONS
SHERMAN PARK COMMUNITY ASSOCIATION							
3526 W FOND DUC LAC							
MILWAUKEE, WI 53216	23-7281891	501 (C)(3)	25,000.	0.			LEAD SAFE HOME KIT
	20 ,201091		20,000.				
SHOREWOOD SEED FOUNDATION							
POST OFFICE BOX 71235							
GLENDALE, WI 53211	04-3750042	501 (C)(3)	18,027.	0.			DONOR DESIGNATIONS

# UNITED WAY OF GREATER MILWAUKEE &

Schedule I (Form 990) WAUKESHA COUNTY INC.

39-0806190 Page 1

Schedule I (Form 990) WAUKESHA							59-0808190 Page 1
Part II Continuation of Grants and Other A	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	нт п.) Т	T
(a) Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
							COMMUNITY FOOD BANK, YOUTH
SILVER SPRING NEIGHBORHOOD CENTER							SOCIAL DEVELOPMENT, ELAINE
INC 5460 N. 64TH STREET -							SCHREIBER CHILD
MILWAUKEE, WI 53218	39-0966281	501 (C)(3)	622,349.	0.			DEVELOPMENT CENTER, DONOR
SIXTEENTH STREET COMMUNITY HEALTH CENTER - 1032 S CESAR E CHAVEZ DR - MILWAUKEE, WI 53204	39-1180475	501 (C)(3)	212,434.	0.			COMMUNITY SCHOOLS
MILWROREE, WI 33204	55 1100475	501 (0/(5)	212,434.	0.			COMMONITI SCHOOLS
SIXTEENTH STREET COMMUNITY HEALTH CENTERS INC 1032 S CESAR E							THE GREAT START
CHAVEZ DR - MILWAUKEE, WI 53204	39-1180475	501 (C)(3)	148,500.	0.			PROGRAM, DONOR DESIGNATIONS
SOCIAL DEVELOPMENT COMMISSION 1730 WEST NORTH AVENUE							
MILWAUKEE, WI 53205	47-0923289	501 (C)(3)	276,448.	0.			DONOR DESIGNATIONS, VITA
SOJOURNER FAMILY PEACE CENTER, INC 619 WEST WALNUT STREET -							EMERGENCY SHELTER , COURTHOUSE ADVOCACY , DONOR
MILWAUKEE, WI 53212	39-1276210	501 (C)(3)	291,160.	0.			DESIGNATIONS, RESTRAINING
SOUTHEASTERN WISCONSIN YOUTH FOR CHRIST - 3001 CARPENTER AVE - MT							
PLEASANT, WI 53403	39-0977052	501 (C)(3)	6,491.	0.			DONOR DESIGNATIONS
SOUTHSIDE ORGANIZING COMMITTEE 1300 S LAYTON BLVD							
MILWAUKEE, WI 53215	39-1680618	501 (C)(3)	75,000.	0.			CAPACITY BUILDING
SPECIAL SPACES 10936 NORTH PORT WASHINGTON ROAD #1							
MEQUON, WI 53092	42-1641574	501 (C)(3)	10,316.	0.			DONOR DESIGNATIONS
ST. ANN CENTER FOR INTERGENERATIONAL CARE - 2801 E.							
MORGAN AVE MILWAUKEE, WI 53207	39-1757756	501 (C)(3)	22,167.	Ο.			DONOR DESIGNATIONS

# UNITED WAY OF GREATER MILWAUKEE &

WAUKESHA COUNTY INC. Schedule I (Form 990)

39-0806190 Page 1

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST. ANNE CATHOLIC CHURCH							
9091 PRAIRIE RIDGE BOULEVARD							
PLEASANT PRAIRIE, WI 53158	39-0806321	501 (C)(3)	6,500.	0.			DONOR DESIGNATIONS
ST. AUGUSTINE PREPARATORY ACADEMY							
2607 S. 5TH STREET							
MILWAUKEE, WI 53207	47-1800734	501 (C)(3)	436,774.	0.			DONOR DESIGNATIONS
ST. BENEDICT THE MOOR							
930 W. STATE STREET							
MILWAUKEE, WI 53233	38-1525161	501 (C)(3)	5,168.	0.			DONOR DESIGNATIONS
ST. COLETTA OF WISCONSIN, INC.							
N4637 COUNTY ROAD Y							
JEFFERSON, WI 53549	39-0816855	501(C)(3)	67,580.	0.			DONOR DESIGNATIONS
	33 0010033	501 (0/(5/	07,300.				DONOR DEDIGNATIOND
ST. FRANCIS CHILDREN'S CENTER							
6700 N PORT WASHINGTON RD							
MILWAUKEE, WI 53217	39-6092761	501 (C)(3)	29,237.	0.			DONOR DESIGNATIONS
ST. JOSEPH ACADEMY							DONOR DESIGNATIONS, EAR
1600 WEST OKLAHOMA AVENUE							CHILDHOOD EDUCATION
MILWAUKEE, WI 53215-4518	39-0806262	501 (C)(3)	48,046.	Ο.			CENTER
/							
ST. MARCUS LUTHERAN SCHOOL							
2215 N PALMER ST							
MILWAUKEE, WI 53212-3242	39-0850377	501 (C)(3)	88,115.	0.			DONOR DESIGNATIONS
ST. MARKS EPISCOPAL CHURCH							
2618 N. HACKETT AVE.							
MILWAUKEE, WI 53211	39-0878822	501 (C)(3)	20,000.	Ο.			DONOR DESIGNATIONS
STEEL CITY SQUASH							
4200 5TH AVENUE							
PITTSBURGH, PA 15260	47-1601203	501 (C)(3)	14,982.	Ο.		1	DONOR DESIGNATIONS

# UNITED WAY OF GREATER MILWAUKEE &

WAUKESHA COUNTY INC. Schedule I (Form 990)

39-0806190 Page 1

(a) Nome and address of	(b) <b>FINI</b>	(a) IDC asstice	(d) Amount of	(a) Amount of	(f) Mathad of	(a) Description of	(b) Durpass of grant
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FEACH FOR AMERICA MILWAUKEE							
700 W VIRGINIA STREET SUITE 305							
MILWAUKEE, WI 53204	13-3541913	501 (C)(3)	56,116.	0.			DONOR DESIGNATIONS
TEENS GROW GREENS							
322 E MICHIGAN ST STE 204							
MILWAUKEE, WI 53202	36-4770419	501 (C)(3)	16,000.	0.			DONOR DESIGNATIONS
THREE HARBORS COUNCIL, SCOUTING							
AMERICA - 330 SOUTH 84 STREET -							
MILWAUKEE, WI 53214-1468	45-3321626	501 (C)(3)	94,009.	Ο.			DONOR DESIGNATIONS
· · · ·							
TRI-COUNTY UNITED WAY							
880 FRONTAGE ROAD							
PESHTIGO, WI 54157	38-6034023	501 (C)(3)	5,964.	٥.			DONOR DESIGNATIONS
							SAFE SPACES: YOUTH, SAFE
UNITED COMMUNITY CENTER, INC.							SPACES: OLDER
1028 SOUTH NINTH STREET							ADULTS, ACADEMIC
MILWAUKEE, WI 53204-1395	39-1146191	501 (C)(3)	511,629.	٥.			ACHIEVEMENT, PRESCHOOL, DO
UNITED METHODIST CHILDREN'S							
SERVICES OF WISCONSIN, INC 3940							
WEST LISBON AVENUE - MILWAUKEE, WI							SAFE & STABLE HOMES, LEAD
53208	39-1030611	501 (C)(3)	47,500.	0.			SAFE HOME KIT
INTER NECRO COLLECE							
UNITED NEGRO COLLEGE							
FUND-MILWAUKEE - 1805 7TH STREET	12 1624241	$E_{01} (\alpha) (2)$	20 0E1				DONOR DEGICNATIONS
NW - WASHINGTON, DC 20001	13-1624241	501 (C)(3)	28,051.	0.			DONOR DESIGNATIONS
UNITED PERFORMING ARTS FUND INC.							
301 W. WISCONSIN AVE. SUITE 600							
MILWAUKEE, WI 53203	39-6100399	501 (C)(3)	260,617.	0.			DONOR DESIGNATIONS
UNITED WAY BAY AREA							
550 KEARNEY ST., SUITE 1000							
SAN FRANCISCO, CA 94108	94-1312348	501 (C)(3)	9,523.	0.		1	DONOR DESIGNATIONS

# UNITED WAY OF GREATER MILWAUKEE &

WAUKESHA COUNTY INC. Schedule I (Form 990)

39-0806190 Page 1

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UNITED WAY BLACKHAWK REGION 205 N MAIN ST STE 101							
JANESVILLE, WI 53545	39-6006734	501 (C)(3)	23,228.	0.			DONOR DESIGNATIONS
UNITED WAY FOR GREATER AUSTIN 5930 MIDDLE FISKVILLE ROAD 5TH FLOO AUSTIN, TX 78752	74-1193439	501 (C)(3)	6,184.	0.			DONOR DESIGNATIONS
JNITED WAY FOR SOUTHEASTERN MICHIGAN - 3011 W GRAND BLVD,	20.202275						
SUITE 500 - DETROIT, MI 48202-3012	20-3099071	SUI (C)(3)	23,813.	0.			DONOR DESIGNATIONS
UNITED WAY FOX CITIES, INC. 1455 MIDWAY ROAD							
MENASHA, WI 54952	39-0912895	501 (C)(3)	63,008.	0.			DONOR DESIGNATIONS
UNITED WAY OF BREVARD COUNTY 937 DIXON BOULEVARD							
COCOA, FL 32922-6806	59-0836384	501 (C)(3)	19,087.	0.			DONOR DESIGNATIONS
UNITED WAY OF BROWARD COUNTY 1300 SOUTH ANDREWS AVENUE							
FORT LAUDERDALE, FL 33316-1838	59-0624402	501 (C)(3)	7,381.	0.			DONOR DESIGNATIONS
UNITED WAY OF CENTRAL INDIANA 2955 N MERIDIAN ST., STE 300							
INDIANAPOLIS, IN 46208	35-1007590	501 (C)(3)	16,837.	0.			DONOR DESIGNATIONS
UNITED WAY OF CENTRAL OHIO 360 SOUTH THIRD STREET							
COLUMBUS, OH 43215	31-4393712	501 (C)(3)	6,088.	0.			DONOR DESIGNATIONS
UNITED WAY OF COLLIER AND THE KEYS 9015 STRADA STELL CT STE 204							
NAPLES, FL 34109	59-1026096	501 (C)(3)	20,325.	٥.			DONOR DESIGNATIONS

# UNITED WAY OF GREATER MILWAUKEE &

Schedule I (Form 990) WAUKESHA COUNTY INC.

39-0806190 Page 1

Part II Continuation of Grants and Other	Assistance to Don	nestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)	1
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NITED WAY OF DANE COUNTY, INC.							
2059 ATWOOD AVENUE							
MADISON, WI 53704	39-0817532	501 (C)(3)	135,835.	0.			DONOR DESIGNATIONS
			,				
UNITED WAY OF DODGE COUNTY (WI)							
215 CORPORATE DRIVE, SUITE H5							
BEAVER DAM, WI 53916	39-6030786	501 (C)(3)	6,826.	0.			DONOR DESIGNATIONS
UNITED WAY OF DOOR COUNTY							
57 NORTH THIRD AVENUE							
STURGEON BAY, WI 54235	39-1799879	501 (C)(3)	6,719.	0.			DONOR DESIGNATIONS
UNITED WAY OF ERIE COUNTY (PA)							
650 EAST AVENUE, SUITE 200	25 1052001		6.640				
ERIE, PA 16503	25-1053091	501 (C)(3)	6,642.	0.			DONOR DESIGNATIONS
UNITED WAY OF GREATER ATLANTA							
100 EDGEWOOD AVE NE							
ATLANTA, GA 30303	58-0566194	501 (C)(3)	14,812.	0.			DONOR DESIGNATIONS
UNITED WAY OF GREATER CHARLOTTE							
601 EAST 5 STREET, SUITE 350							
CHARLOTTE, NC 28202	56-0529948	501 (C)(3)	25,544.	0.			DONOR DESIGNATIONS
UNITED WAY OF GREATER CHIPPEWA							
VALLEY INC 3603 NORTH HASTINGS							
WAY, SUITE 200 - EAU CLAIRE, WI							
54703	39-1077901	501 (C)(3)	7,483.	0.			DONOR DESIGNATIONS
UNITED WAY OF GREATER CINCINNATI							
2400 READING RD							
CINCINNATI, OH 45202	31-0537502	501 (C)(3)	11,246.	0.			DONOR DESIGNATIONS
UNITED WAY OF GREATER CLEVELAND							
1331 EUCLID AVE							
CLEVELAND, OH 44115	34-6516654	5UI (C)(3)	89,830.	0.			DONOR DESIGNATIONS

# UNITED WAY OF GREATER MILWAUKEE &

Schedule I (Form 990) WAUKESHA COUNTY INC.

39-0806190 Page 1

(a) Name and address of	<b>(b)</b> EIN	(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(g) Description of	(h) Purpose of grant
organization or government		if applicable	cash grant	noncash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
JNITED WAY OF GREATER HOUSTON							
50 WAUGH DR							
HOUSTON, TX 77007	74-1167964	501 (C)(3)	14,490.	0.			DONOR DESIGNATIONS
UNITED WAY OF GREATER MILWAUKEE &							
WAUKESHA COUNTY, INC 225 VINE							
ST - MILWAUKEE, WI 53212	39-0806190	501 (C)(3)	47,677.	0.			DONOR DESIGNATIONS
UNITED WAY OF GREATER NASHVILLE							
250 VENTURE CIRCLE							
NASHVILLE, TN 37228	62-0533104	501 (C)(3)	5,143.	0.			DONOR DESIGNATIONS
UNITED WAY OF GREATER PHILADELPHIA							
AND SOUTHERN NEW JERSEY BURLINGTON							
COUNTY - 1800 JOHN F KENNEDY							
BOULEVARD, STE 1200 -	23-1556045	501 (C)(3)	10,000.	0.			DONOR DESIGNATIONS
UNITED WAY OF GREATER ST. LOUIS,							
INC 910 NORTH ELEVENTH STREET -							
SAINT LOUIS, MO 63101	43-0714167	501 (C)(3)	16,629.	0.			DONOR DESIGNATIONS
UNITED WAY OF JEFFERSON & NORTH							
WALWORTH COUNTIES - 734 MADISON AVENUE - FORT ATKINSON, WI 53538	39-6046361	501 (C)(3)	7,688.	0.			DONOR DESIGNATIONS
AVENUE - FORT ATRINGON, WI 55556	39-0040301	501 (C/(5/	7,000.	0.			DONOR DESIGNATIONS
UNITED WAY OF KENOSHA COUNTY							
5500 6TH AVENUE, SUITE 210							
KENOSHA, WI 53140-3710	39-0806285	501 (C)(3)	22,059.	0.			DONOR DESIGNATIONS
,		, /	,				
UNITED WAY OF KING COUNTY							
720 SECOND AVENUE							
SEATTLE, WA 98104	91-0565555	501 (C)(3)	34,101.	0.			DONOR DESIGNATIONS
			, 				
UNITED WAY OF LAKE COUNTY, INC							
(OH) – 9285 PROGRESS PARKWAY –							
MENTOR, OH 44060-1854	34-1105038	501 (C)(3)	15,470.	٥.			DONOR DESIGNATIONS

# UNITED WAY OF GREATER MILWAUKEE &

Schedule I (Form 990) WAUKESHA COUNTY INC.

39-0806190 Page 1

Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)	1
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NIMED WAY OF LAKE COUNTY INC							
UNITED WAY OF LAKE COUNTY, INC. (IL) - 330 S GREENLEAF STREET -							
GURNEE, IL 60031	36-2167949	501 (C)(3)	14,500.	0.			DONOR DESIGNATIONS
,,							
UNITED WAY OF MANITOWOC COUNTY,							
INC 21 E WALDO BLVD -							
MANITOWOC, WI 54220	39-1099039	501 (C)(3)	18,989.	0.			DONOR DESIGNATIONS
UNITED WAY OF MARATHON COUNTY, INC							
(WI) - 705 S 24TH ST STE 400B -	20.0025406		15 544				
WAUSAU, WI 54401	39-0935496	501 (C)(3)	15,741.	0.			DONOR DESIGNATIONS
UNITED WAY OF MASSACHUSETTS BAY							
AND MERRIMACK VALLEY - 51 SLEEPER							
STREET - BOSTON, MA 02210-1208	04-2382233	501 (C)(3)	17,153.	0.			DONOR DESIGNATIONS
				<b>`</b>			
UNITED WAY OF METROPOLITAN CHICAGO							
333 S WABASH AVE 30TH FLOOR							
CHICAGO, IL 60604	30-0200478	501 (C)(3)	245,317.	٥.			DONOR DESIGNATIONS
UNITED WAY OF METROPOLITAN DALLAS,							
INC 1800 N. LAMAR ST DALLAS,							
TX 75202	75-6005352	501 (C)(3)	8,884.	0.			DONOR DESIGNATIONS
UNITED WAY OF NORMAN INC. (OK)							
2424 SPRINGER DR SUITE 304							
NORMAN, OK 73069	73-0668684	501 (C)(3)	42,715.	0.			DONOR DESIGNATIONS
UNITED WAY OF NORTH CENTRAL MASS., INC 649 JOHN FITCH HWY -							
FITCHBURG, MA 01420	04-2233021	501 (C)(3)	7,022.	0.			DONOR DESIGNATIONS
LICHDONG, MA UIH20	07 2233021	JOT (C/(J/	7,022.	0.			PONON DEDIGNATIOND
UNITED WAY OF NORTHERN OZAUKEE							
COUNTY - P.O. BOX 39 - PORT							
WASHINGTON, WI 53074	23-7084522	501 (C)(3)	20,638.	0.			DONOR DESIGNATIONS

# UNITED WAY OF GREATER MILWAUKEE &

WAUKESHA COUNTY INC. Schedule I (Form 990)

39-0806190 Page 1

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UNITED WAY OF PALM BEACH COUNTY 477 S ROSEMARY AVE., SUITE 230 WEST PALM BEACH, FL 33401	59-0683258	501 (C)(3)	16,524.	0.			DONOR DESIGNATIONS
UNITED WAY OF PORTAGE COUNTY (OH) 999 E. MAIN STREET (2ND FLOOR) RAVENNA, OH 44266	34-1024769	501 (C)(3)	5,462.	0.			DONOR DESIGNATIONS
UNITED WAY OF PORTAGE COUNTY (WI) 2801 HOOVER RD UNIT 2 STEVENS POINT, WI 54481	39-0831152	501 (C)(3)	26,489.	0.			DONOR DESIGNATIONS
UNITED WAY OF RACINE COUNTY 2000 DOMANIK DRIVE RACINE, WI 53404	39-0806349	501 (C)(3)	160,791.	0.			DONOR DESIGNATIONS
UNITED WAY OF RHODE ISLAND 50 VALLEY STREET PROVIDENCE, RI 02909	05-0276059	501 (C)(3)	6,747.	0.			DONOR DESIGNATIONS
UNITED WAY OF ROCK RIVER VALLEY 612 NORTH MAIN STREET, SUITE 300 ROCKFORD, IL 61103	36-2167843	501 (C)(3)	13,396.	0.			DONOR DESIGNATIONS
JNITED WAY OF SAN ANTONIO AND BEXAR COUNTY - 700 SOUTH ALAMO STREET - SAN ANTONIO, TX 78205	74-1272381	501 (C)(3)	6,792.	0.			DONOR DESIGNATIONS
JNITED WAY OF SHEBOYGAN COUNTY 2020 ERIE AVENUE SHEBOYGAN, WI 53081	39-0808749	501 (C)(3)	36,258.	0.			DONOR DESIGNATIONS
UNITED WAY OF SOUTH WOOD & ADAMS COUNTIES - 351 OAK STREET - WISCONSIN RAPIDS, WI 54494	39-1212595	501 (C)(3)	7,347.	0.			DONOR DESIGNATIONS

# UNITED WAY OF GREATER MILWAUKEE &

WAUKESHA COUNTY INC. Schedule I (Form 990)

39-0806190 Page 1

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JNITED WAY OF SOUTHEAST							
MISSISSIPPI, INC - 210 WEST FRONT							
STREET - HATTIESBURG, MS 39401	64-0410475	501 (C)(3)	7,484.	0.			DONOR DESIGNATIONS
JNITED WAY OF SOUTHERN KENTUCKY							
NC - 1110 COLLEGE STREET -							
OWLING GREEN, KY 42101-2233	61-0590564	501 (C)(3)	11,783.	0.			DONOR DESIGNATIONS
JNITED WAY OF SOUTHWESTERN							
INDIANA, INC 318 MAIN ST STE							
504 - EVANSVILLE, IN 47708	35-0868069	501 (C)(3)	14,472.	0.			DONOR DESIGNATIONS
NITED WAY OF SOUTHWESTERN							
PENNSYLVANIA - 1250 PENN AVE -	25 1042570	-01 ( $a$ ) ( $2$ )	100.254	0			
PITTSBURGH, PA 15222	25-1043578 5	501 (C)(3)	188,354.	0.			DONOR DESIGNATIONS
JNITED WAY OF SUMMIT COUNTY, INC.							
37 N HIGH STREET							
AKRON, OH 44308	34-1169257 5	501 (C)(3)	31,150.	0.			DONOR DESIGNATIONS
JNITED WAY OF THE BATTLE CREEK AND KALAMAZOO REGION - 709 S WESTNEDGE							
AVE - KALAMAZOO, MI 49007	38-1359193	501 (C)(3)	5,878.	Ο.			DONOR DESIGNATIONS
JNITED WAY OF THE			, .				
COLUMBIA-WILLAMETTE - 619 SW 11							
VENUE SUITE 300 - PORTLAND, OR							
07205-2646	93-0582124	501 (C)(3)	5,497.	0.			DONOR DESIGNATIONS
NITED WAY OF THE GREATER RIANGLE, INC 800 PARK OFFICES							
DRIVE SUITE 204 - DURHAM, NC 27709	56-1949103	501 (C)(3)	8,414.	0.			DONOR DESIGNATIONS
· · ·							
NITED WAY OF THE PLAINS							
245 N WATER				_			
VICHITA, KS 67202	48-0547688	DUI (C)(3)	7,283.	Ο.			DONOR DESIGNATIONS

# UNITED WAY OF GREATER MILWAUKEE &

Schedule I (Form 990) WAUKESHA COUNTY INC.

39-0806190 Page 1

Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.) T	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NITED WAY OF WALWORTH COUNTY							
N2440 ARA GLEN DR							
LAKE GENEVA, WI 53147	39-1471340	501(C)(3)	11,196.	0.			DONOR DESIGNATIONS
	55 11,1510	301 (0)(3)					
UNITED WAY OF WASHINGTON COUNTY							
POST OFFICE BOX 304							
WEST BEND, WI 53095	23-7281696	501 (C)(3)	86,490.	0.			DONOR DESIGNATIONS
			,				
UNITED WAY OF YORK COUNTY							
800 EAST KING STREET							
YORK, PA 17403	23-1352588	501 (C)(3)	61,635.	0.			DONOR DESIGNATIONS
UNITED WAY SERVICES OF GEAUGA							
COUNTY - 209 CENTER STREET -							
CHARDON, OH 44024-1189	20-5575556	501 (C)(3)	9,557.	0.			DONOR DESIGNATIONS
UNITED WAY SUNCOAST (TAMPA BAY							
AREA) - 5201 WEST KENNEDY							
BOULEVARD, SUITE 600 - TAMPA, FL							
33609	59-3725701	501 (C)(3)	11,505.	0.			DONOR DESIGNATIONS
UNITED WAY WORLDWIDE							
701 NORTH FAIRFAX STREET	12 1625204	$E_{01}$ (G) (2)	75 662	0			DONOD DEGLONATIONS
ALEXANDRIA, VA 22314	13-1635294	501 (C)(3)	75,663.	0.			DONOR DESIGNATIONS
UNITIED WAY OF WESTERN KENTUCKY							
333 BROADWAY, SUITE 502							
PADUCAH, KY 42001	61-0514710	501 (C)(3)	5,253.	0.			DONOR DESIGNATIONS
		(0)(0)					
UNITY IN HOPE SCHOOL SYSTEM							
N119 W5912 JAMES CIRCLE							
CEDARBURG, WI 53012	85-3290715	501 (C)(3)	9,251.	0.			DONOR DESIGNATIONS
		-	,				
UNITY IN MOTION							
PO BOX 511131							
MILWAUKEE, WI 53203	26-3696451	501 (C)(3)	8,909.	0.			DONOR DESIGNATIONS

# UNITED WAY OF GREATER MILWAUKEE &

Schedule I (Form 990) WAUKESHA COUNTY INC.

39-0806190 Page 1

Part II Continuation of Grants and Other	Assistance to Dor	mestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JNIVERSITY OF ALABAMA LAW SCHOOL FDN - BOX 870136 - TUSCALOOSA, AL	62 6062064		05.000				
35487	63-6063964	501 (C)(3)	25,000.	0.			DONOR DESIGNATIONS
UNIVERSITY OF CHICAGO 5235 SOUTH HARPER COURT CHICAGO, IL 60615	36-2177139	501 (C)(3)	14,875.	0.			DONOR DESIGNATIONS
	50 2177155	501 (0)(3)	14,075.				DONOR DESIGNATIONS
UNIVERSITY OF WISCONSIN - FOUNDATION - 1848 UNIVERSITY AVENUE - MADISON, WI 53726-4090	39-0743975	501 (C)(3)	657,890.	0.			DONOR DESIGNATIONS
· · · · ·							
UNIVERSITY SCHOOL OF MILWAUKEE 2100 WEST FAIRY CHASM ROAD							
MILWAUKEE, WI 53217	39-6076442	501 (C)(3)	67,988.	0.			DONOR DESIGNATIONS
URBAN ECOLOGY CENTER							
1500 EAST PARK PLACE							
MILWAUKEE, WI 53211-3587	39-1712663	501 (C)(3)	171,144.	0.			DONOR DESIGNATIONS
URBAN ECONOMIC DEVELOPMENT ASSOC							
OF WI, INC - 1915 N DR MLK DRIVE -	20.4000700						
MILWAUKEE, WI 53212	39-1893799	501 (C)(3)	12,000.	0.			NONOPROFIT LIFT
UWM FOUNDATION, THE							
1440 E NORTH AVE	23-7337744	501 (C)(3)	8,925.	0.			DONOR DESIGNATIONS
MILWAUKEE, WI 53202	23-1331144	SOT (C)(3)	0,923.	0.			PONOR DESIGNATIONS
VALLEY OF THE SUN UNITED WAY							
3200 E CAMELBACK RD STE 375 PHOENIX, AZ 85018	86-0104419	501 (C)(3)	46,835.	0.			DONOR DESIGNATIONS
	00 0101119			0.			PONON PEDICINATIOND
VERSITI BLOOD CENTER OF WISCONSIN							
638 N. 18TH STREET MILWAUKEE, WI 53233	39-0807235	501 (C)(3)	6,019.	0.			DONOR DESIGNATIONS
,		=	-,	••			

# UNITED WAY OF GREATER MILWAUKEE &

WAUKESHA COUNTY INC. Schedule I (Form 990)

39-0806190 Page 1

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VIA CDC							DONOR
3524 W NATIONAL AVE							DESIGNATIONS, CAPACITY
MILWAUKEE, WI 53215	39-1817581	501 (C)(3)	158,250.	0.			, BUILDING
VISION FORWARD ASSOCIATION, INC.							CHILDREN'S SERVICES, DONOR
912 NORTH HAWLEY ROAD							DESIGNATIONS, EMERGENCY
MILWAUKEE, WI 53213	39-0808506	501 (C)(3)	64,576.	0.			GRANT
VIVENT HEALTH							DONOR
1311 NORTH 6TH STREET							DESIGNATIONS, LIFEPOINT, DEM
MILWAUKEE, WI 53212	39-1534049	501 (C)(3)	229,791.	0.			TAL CLINIC, FOOD PANTRY
WALKER'S POINT CENTER FOR THE ARTS							
839 S 5TH ST.							
MILWAUKEE, WI 53204	39-1589878	501 (C)(3)	25,000.	0.			CAPACITY BUILDING
WALKER'S POINT YOUTH & FAMILY							
CENTER INC 1123 N WATER ST			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				DESIGNATIONS, RUNAWAY
SUITE 400 - MILWAUKEE, WI 53202	39-1247541	501 (C)(3)	140,034.	0.			SERVICES
WALNUT WAY CONSERVATION CORP							САРАСІТҮ
2240 NORTH 17TH STREET							BUILDING, COMMUNITY
MILWAUKEE, WI 53205	39-2007850	501 (C)(3)	178,038.	0.			SCHOOLS
WALTER SCHROEDER AQUATIC CENTER							
9240 NORTH GREEN BAY ROAD							
BROWN DEER, WI 53209	33-1195220	501 (C)(3)	50,000.	0.			DONOR DESIGNATIONS
WAUKESHA FREE CLINIC							
237 WISCONSIN AVENUE, SUITE 200							DONOR DESIGNATIONS, ST.
WAUKESHA, WI 53186	39-1273248	501 (C)(3)	69,108.	0.			JOSEPH'S MEDICAL CLINIC
WELLPOINT CARE NETWORK							
8901 W CAPITOL DR							
MILWAUKEE, WI 53222-1706	39-1338354	501 (C)(3)	25,000.	Ο.			LEAD SAFE HOME KIT

# UNITED WAY OF GREATER MILWAUKEE &

Schedule I (Form 990) WAUKESHA COUNTY INC.

39-0806190 Page 1

	COUNTY IN		and Domostic Co	vernmente (Sch	dulo I (Form 000) Ba		99-0800190 Page
Part II         Continuation of Grants and Other A           (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WESTCARE WISCONSIN, INC.							
335 W WRIGHT ST							LEAD SAFE HOME KIT
MILWAUKEE, WI 53212	45-4459342	501 (C)(3)	100,773.	0.			, COMMUNITY SCHOOLS
WIREGRASS UNITED WAY, INC. POST OFFICE BOX 405							
DOTHAN, AL 36302-0405	63-6000270	501 (C)(3)	11,854.	0.			DONOR DESIGNATIONS
WISCONSIN COMMUNITY SERVICES, INC. 3732 WEST WISCONSIN AVENUE, SUITE 3							DRIVER'S LICENSE RECOVERY,HEALTHY YOUTH INITIATIVE,YOUTH ENHANCED
MILWAUKEE, WI 53208-3166	39-0808464	501 (C)(3)	419,385.	0.			SUPPORT , COMMUNITY
WISCONSIN EQUAL JUSTICE FUND PO BOX 46103							
MADISON, WI 53744	39-1904737	501 (C)(3)	6,619.	0.			DONOR DESIGNATIONS
WISCONSIN HUMANE SOCIETY 4500 WEST WISCONSIN AVENUE MILWAUKEE, WI 53208-3156	39-0810533	501 (C)(3)	22,645.	0.			DONOR DESIGNATIONS
,			, .				
WISCONSIN LUTHERAN CHILD & FAMILY SERVICE - W175 N11120 STONEWOOD DR STE 101 - GERMANTOWN, WI 53022	39-1047224	501 (C)(3)	9,576.	0.			DONOR DESIGNATIONS
	55 101/221		5,570.	· ·			
WISCONSIN PARKINSON ASSOCIATION 16655 W BLUEMOUND ROAD STE 330							
BROOKFIELD, WI 53005	39-1492810	501 (C)(3)	16,400.	0.			DONOR DESIGNATIONS
WISCONSIN POLICY FORUM 633 WEST WISCONSIN AVENUE, SUITE 40							
MILWAUKEE, WI 53203	39-0806182	501 (C)(3)	16,635.	0.			DONOR DESIGNATIONS
WISCONSIN PRIMARY HEALTH CARE ASSOCIATION - 5202 EASTPARK BLVD,							MILWAUKEE HEALTH CARE
SUITE 109 - MADISON, WI 53718	39-1407034	501 (C)(3)	350,000.	Ο.			PARTNERSHIP

# UNITED WAY OF GREATER MILWAUKEE &

WAUKESHA COUNTY INC. Schedule I (Form 990)

39-0806190 Page 1

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WISCONSIN VETERAN'S NETWORK							
6317 WEST NATIONAL AVENUE							
WEST ALLIS, WI 53214	82-1043745	501 (C)(3)	25,000.	0.			SAFE & STABLE HOMES
· · · · · · · · · · · · · · · · · · ·							DONOR DESIGNATIONS, CHILD
WOMEN'S CARE CENTER							ABUSE PREVENTION, SEXUAL
1441 NORTH FARWELL AVENUE							ABUSE & ASSAULT
MILWAUKEE, WI 53202	81-4537878	501 (C)(3)	188,720.	0.			COUNSELING, TRANSITIONAL
WOMEN'S CENTER, THE							
505 N. EAST AVE	20 1260608	E01 (0)(2)	20 470	0.			DONOR DESIGNATIONS
WAUKESHA, WI 53186	39-1269698	501 (C)(3)	29,479.	0.			DONOR DESIGNATIONS
WOMEN'S FUND OF GREATER MILWAUKEE							
INC 316 NORTH MILWAUKEE STREET,							
, SUITE 215 - MILWAUKEE, WI 53202	20-3514894	501 (C)(3)	7,883.	0.			DONOR DESIGNATIONS
			,				
WOODLANDS FOUNDATION							
134 SHENOT ROAD							
WEXFORD, PA 15090	25-1818538	501 (C)(3)	20,926.	0.			DONOR DESIGNATIONS
							DONOD
WRTP/BIG STEP 3841 WEST WISCONSIN AVE							DONOR
	39-1838210	501 (C)(3)	46,646.	0.			DESIGNATIONS, REDUCING BARRIERS TO EMPLOYMENT
MILWAUKEE, WI 53208	39-1030210	501 (0/(3)	40,040.	0.			BARRIERS TO EMPLOTMENT
WUWM-MILWAUKEE PUBLIC RADIO							
111 EAST WISCONSIN AVENUE, SUITE 70							
MILWAUKEE, WI 53202	23-7337744	501 (C)(3)	8,585.	0.			DONOR DESIGNATIONS
,				- •			
YESHIVA ELEMENTARY SCHOOL							
5115 W. KEEFE AVE							
MILWAUKEE, WI 53216	39-1631932	501 (C)(3)	43,500.	0.			DONOR DESIGNATIONS
YMCA OF GREATER WAUKESHA COUNTY							DONOR DESIGNATIONS, EARLY
3610 MICHELLE WITMER MEMORIAL DR ST							LEARNING & YOUTH
NEW BERLIN, WI 53151	45-5119441	501 (C)(3)	48,575.	0.			DEVELOPMENT

# UNITED WAY OF GREATER MILWAUKEE &

Schedule I (Form 990) WAUKESHA COUNTY INC.

39-0806190 Page 1

Part II Continuation of Grants and Other A	Assistance to Dor	mestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	t II.)	Ι
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
WAA OF NEEDODOLIERAN CUITOAGO							
YMCA OF METROPOLITAN CHICAGO 1030 WEST VAN BUREN STREET							
CHICAGO, IL 60607	36-2179782	501 (C)(3)	7,500.	٥.			DONOR DESIGNATIONS
YMCA OF METROPOLITAN MILWAUKEE,							DAY CAMP, EARLY CHILDHOOD
INC PO BOX 2174 - MILWAUKEE, WI	20 0806214	F01 (0) (2)	211 020	0			EDUCATION , DONOR
53201-2174	39-0806314	501 (C)(3)	311,038.	0.			DESIGNATIONS
YWCA SOUTHEAST WISCONSIN 1915 NORTH MARTIN LUTHER KING JR. D							COMMUNITY ADULT LEARNING LAB, PERSONAL FINANCIAL
MILWAUKEE, WI 53212-3675	39-0806258	501 (C)(3)	274,688.	0.			MGMT.
YWCA SOUTHEAST WISCONSIN 1916 NORTH MARTIN LUTHER KING JR. D							
MILWAUKEE, WI 53212-3676	39-0806258	502 (C)(3)	70,461.	0.			COMMUNITY SCHOOLS
ZOOLOGICAL SOCIETY OF MILWAUKEE COUNTY - 10005 W BLUEMOUND RD -							
MILWAUKEE, WI 53226	39-6077242	501 (C)(3)	10,110.	0.			DONOR DESIGNATIONS

### UNITED WAY OF GREATER MILWAUKEE &

Schedule I (Form 990) 2023

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.
 Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	<b>(c)</b> Amount of cash grant	(d) Amount of non- cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Dest IV Organization and the formation of the information of					•

**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 ONCE THE ORGANIZATION IS DEEMED TO

BE A 501(C)(3) 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

39-0806190

Page 2

### UNITED WAY OF GREATER MILWAUKEE &

WAUKESHA COUNTY INC.

Part IV Supplemental Information

Schedule I (Form 990)

TO ENABLE UWGMWC TO MEASURE, IN A STANDARD FASHION, THE RESULTS OF THE

PROGRAMS THAT IT FUNDS.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT:

BOYS & GIRLS CLUBS OF GREATER MILWAUKEE

(H) PURPOSE OF GRANT OR ASSISTANCE: DONOR DESIGNATIONS, EARLY LITERACY

PROGRAM, SPONSOR-A-SCHOLAR , CENTRALIZED SERVICES, COMMUNITY SCHOOLS

NAME OF ORGANIZATION OR GOVERNMENT: BREAD OF HEALING, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: COMMUNITY MED SHARE, DONOR

DESIGNATIONS, MILWAUKEE HEALTH CARE PARTNERSHIP, HEALTH IMPROVEMENT

FUND, FLU VACCINES

NAME OF ORGANIZATION OR GOVERNMENT:

CATHOLIC CHARITIES OF THE ARCHDIOCESE OF MILWAUKEE, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORTED PARENTING PROGRAM - WAUK.

COUNTY, PREGNANCY AND PARENTING SUPPORT SERVICES, OUTREACH & CASE

MANAGEMENT, IN HOME SUPPORT & HOARDING INTERVENTION, COMMUNITY

COUNSELING, DONOR DESIGNATIONS

NAME OF ORGANIZATION OR GOVERNMENT: CHILDREN'S WISCONSIN

(H) PURPOSE OF GRANT OR ASSISTANCE: DONOR DESIGNATIONS, MILW HEALTHCARE

PARTNERSHIP, MILWAUKEE START RIGHT, COUNSELING FOR CHILDREN AND FAMILIES

NAME OF ORGANIZATION OR GOVERNMENT: COA YOUTH & FAMILY CENTERS

(H) PURPOSE OF GRANT OR ASSISTANCE: DONOR DESIGNATIONS, OPPORTUNITIES,

CHANCES, AND DECISIONS, EARLY CHILDHOOD EDUCATION, HIPPY (HOME INSTRUCTION

Schedule I (Form 990)

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#### UNITED WAY OF GREATER MILWAUKEE &

### Schedule I (Form 990) WAUKESHA COUNTY INC.

Part IV Supplemental Information

FOR PARENTS OF PRESCHOOL YOUTH), YOUTH DEVELOPMENT

NAME OF ORGANIZATION OR GOVERNMENT:

COMMUNITY ACTION COALITION FOR SOUTH CENTRAL WISCONSIN

(H) PURPOSE OF GRANT OR ASSISTANCE: SCHOOL HOUSING CASE

MANAGERS, REDUCING BARRIERS TO EMPLOYMENT, SAFE & STABLE HOMES

NAME OF ORGANIZATION OR GOVERNMENT: COMMUNITY ADVOCATES INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: HOMELESS OUTREACH NURSING

CENTER, EMERGENCY SUPPORT/ADVOCACY CONTINUUM, FAMILY SUPPORT CENTER, DONOR

DESIGNATIONS, SCHOOL HOUSING CASE MANAGERS, RENTAL HOUSING RESOURCE

CENTER, SCHOOL HOUSING CASE MANAGERS, FAMILY HOMELESSNESS, TECHQUITY, STATE

SHELTER SUBSIDY GRANT, STATE SHELTER SUBSIDY GRANT

NAME OF ORGANIZATION OR GOVERNMENT: DIVERSE AND RESILIENT INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: MAKING PROUD CHOICES! LGBTQIA

YOUTH, END HIV, DONOR DESIGNATIONS, CAPACITY BUILDING

NAME OF ORGANIZATION OR GOVERNMENT: EASTERSEALS SOUTHEAST WISCONSIN

(H) PURPOSE OF GRANT OR ASSISTANCE: DONOR DESIGNATIONS, CHILDBIRTH AND

INFANT PREPARATION SERVICES (SBHF), CASE MANAGEMENT (SBHF), SUPPORTED

EMPLOYMENT

NAME OF ORGANIZATION OR GOVERNMENT: FAMILY SERVICE OF WAUKESHA

(H) PURPOSE OF GRANT OR ASSISTANCE: DONOR DESIGNATIONS, HELPING KIDS

SUCCEED, EMERGENCY GRANT, CENTER FOR THE PREVENTION OF FAMILY VIOLENCE, THE

C.A.R.E. CENTER, MENTAL HEALTH COUNSELING

Schedule I (Form 990)

39-0806190 Page 2

332291 04-01-23

#### UNITED WAY OF GREATER MILWAUKEE &

Schedule I (Form 990) WAUKES

NAME OF ORGANIZATION OR GOVERNMENT: INDEPENDENCEFIRST, INC.

WAUKESHA COUNTY INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: ATTENDANT REFERRAL PROGRAM, YOUTH

LEADERSHIP PROGRAM, DONOR DESIGNATIONS, REDUCING BARRIERS TO EMPLOYMENT

NAME OF ORGANIZATION OR GOVERNMENT: LA CASA DE ESPERANZA, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: WORKFORCE DEVELOPMENT, EARLY

CHILDHOOD EDUCATION, SCHOOL AGE EDUCATION PROGRAM, FINANCIAL

STABILITY, DONOR DESIGNATIONS, VITA

NAME OF ORGANIZATION OR GOVERNMENT: MILWAUKEE WOMEN'S CENTER, INC., THE

(H) PURPOSE OF GRANT OR ASSISTANCE: EMERGENCY SHELTER, NEVERMORE

BATTERER'S TREATMENT, DONOR DESIGNATIONS

NAME OF ORGANIZATION OR GOVERNMENT: NEIGHBORHOOD HOUSE OF MILWAUKEE, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: EARLY CHILDHOOD EDUCATION, YOUTH

DEVELOPMENT PROGRAM, DONOR DESIGNATIONS, NATURE CENTER SHED REBUILD

NAME OF ORGANIZATION OR GOVERNMENT: PARENTING NETWORK, INC., THE

(H) PURPOSE OF GRANT OR ASSISTANCE: DONOR DESIGNATIONS, MAKING PROUD

CHOICES + RELATE, PARENTING EDUCATION AND SUPPORT SERVICES

NAME OF ORGANIZATION OR GOVERNMENT: PATHFINDERS

(H) PURPOSE OF GRANT OR ASSISTANCE: DONOR DESIGNATIONS, SAFE & STABLE

HOMES, SUPPORTED HOUSING, PREVENTION EDUCATION PROGRAM, CLINICAL

SERVICES, PATHFINDERS YOUTH SHELTER

NAME OF ORGANIZATION OR GOVERNMENT: PENFIELD CHILDREN'S CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: DONOR DESIGNATIONS, BEHAVIORAL HEALTH

Schedule I (Form 990)

332291 04-01-23

90

#### UNITED WAY OF GREATER MILWAUKEE &

Schedule I (Form 990) WAUKESHA COUNTY INC.

Part IV Supplemental Information

CLINIC, EARLY INTERVENTION/PARENT PROGRAM, LEAD SAFE HOME KIT

NAME OF ORGANIZATION OR GOVERNMENT:

SILVER SPRING NEIGHBORHOOD CENTER INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: COMMUNITY FOOD BANK, YOUTH SOCIAL

DEVELOPMENT, ELAINE SCHREIBER CHILD DEVELOPMENT CENTER, DONOR

DESIGNATIONS, COMMUNITY SCHOOLS

NAME OF ORGANIZATION OR GOVERNMENT: SOJOURNER FAMILY PEACE CENTER, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: EMERGENCY SHELTER, COURTHOUSE

ADVOCACY, DONOR DESIGNATIONS, RESTRAINING ORDER PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT: UNITED COMMUNITY CENTER, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: SAFE SPACES: YOUTH, SAFE SPACES:

OLDER ADULTS, ACADEMIC ACHIEVEMENT, PRESCHOOL, DONOR DESIGNATIONS

NAME OF ORGANIZATION OR GOVERNMENT: WISCONSIN COMMUNITY SERVICES, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: DRIVER'S LICENSE RECOVERY, HEALTHY

YOUTH INITIATIVE, YOUTH ENHANCED SUPPORT , COMMUNITY REINTEGRATION

SERVICES, CRIMINAL JUSTICE RECOVERY SERVICES, REDUCING BARRIERS TO

EMPLOYMENT

NAME OF ORGANIZATION OR GOVERNMENT: WOMEN'S CARE CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: DONOR DESIGNATIONS, CHILD ABUSE

PREVENTION, SEXUAL ABUSE & ASSAULT COUNSELING, TRANSITIONAL LIVING &

DOMESTIC VIOLENCE PROGRAM

39-0806190 Page 2

sc	HEDULE J   Compensation Information	ОМ	B No. 1	1545-004	17
(Fo	rm 990) For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		20	23	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 23.				
	tment of the Treasury Attach to Form 990.			Publ	C
	al Revenue Service         Go to www.irs.gov/Form990 for instructions and the latest information.           ne of the organization         UNITED WAY OF GREATER MILWAUKEE &         Er	mployer identif	-		nher
Inan	WAUKESHA COUNTY INC.	39-0806			noci
Pa	rt I Questions Regarding Compensation	55 0000	11	0	
				Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990	<u>م</u> ۲		165	
ia	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.	5,			
	First-class or charter travel Housing allowance or residence for personal				
	Travel for companions Payments for business use of personal reside				
	Tax indemnification and gross-up payments				
	Discretionary spending account	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		1b		
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?		2		
			_		
3	Indicate which, if any, of the following the 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 t	to			
	establish compensation of the CEO/Executive Director, but explain in Part III.				
	X Compensation committee Written employment contract				
	X Independent compensation consultant X Compensation survey or study				
	X Form 990 of other organizations	Imittee			
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:				
а	Receive a severance payment or change-of-control payment?		4a	Х	
b	Participate in or receive payment from a supplemental nonqualified retirement plan?		4b	Х	
с	Participate in or receive payment from an equity-based compensation arrangement?		4c		X
	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:				
а	The organization?	L	5a		X
b	Any related organization?	·····	5b		X
	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:				
а	The organization?	·····	6a		X
b	Any related organization?	·····	6b		X
	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	F	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the				
			8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in				
	Regulations section 53.4958-6(c)?		9		L
For	Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule J	(Forn	n 990)	2023

LHA 332111 11-06-23

### UNITED WAY OF GREATER MILWAUKEE &

WAUKESHA COUNTY INC. Schedule J (Form 990) 2023

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.

		(B) Breakdown of W	-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) AMY L. LINDNER	(i)	333,250.	0.	0.	0.	30,899.	364,149.	0.
PRESIDENT & CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) FILIPPO CARINI	(i)	237,749.	0.	0.	0.	50,160.	287,909.	0.
CHIEF OPERATING OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) NICOLE ANGRESSANO	(i)	196,665.	0.	0.	0.	26,144.	222,809.	0.
VP - COMMUNITY IMPACT	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) GINA SANTAGATI	(i)	166,245.	0.	0.	0.	42,278.	208,523.	0.
VP - RESOURCE DEVELOPMENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) NATALIE HARLAN	(i)	159,125.	0.	0.	0.	15,119.	174,244.	0.
DIRECTOR, HUMAN RESOURCES	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) JAYNE THOMA	(i)	139,110.	0.	0.	0.	29,164.	168,274.	0.
VP - VOLUNTEER ENGAGEMENT	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2023

Page 2

39-0806190

### UNITED WAY OF GREATER MILWAUKEE &

WAUKESHA COUNTY INC.

39-0806190

Page 3

Schedule J (Form 990) 2023
Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

#### PART I, LINES 4A-B:

NAME: FILIPPO CARINI, DESCRIPTION: 457B, CURRENT YEAR AMOUNT: \$10,000. PLAN

#### DESCRIPTION: BOTH EMPLOYEE AND EMPLOYER CAN CONTRIBUTE. AMOUNT IS EMPLOYER

#### CONTRIBUTION.

### NAME: NICOLE ANGRESSANO RECIEVED SEVERANCE PAYMENT OF \$57,988.

	HEDULE M		Nonc	ash Contri	butions				OMB N	o. 1545-00	47
(Fo	rm 990)				E			•	21	<b>J2</b> 3	R
	ment of the Treasury I 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.							to Publ	lic
Name	e of the organizatio							Employe	er identifica	tion nu	mber
		WAUKESHA COU	NTY IN	с.					39-080	6190	
Par	tl Types of	f Property									
			(a) Check if applicable	(b) Number of contributions or	(c) Noncash cont amounts repo	orted on	n		(d) od of determ contribution		ts
				items contributed	Form 990, Part	VIII, line 1g					
1											
2		asures									
3		erests	x			5,020.					
4		ations	X			9,373.					
5		sehold goods			191	9,373.	F M V				
6		hicles									
7											
8		ty	x	64	1 50'	0 0 0 1	ито				
9		ly traded		04	1,594	2,801.	nie		N		
10		y held stock									
11	Securities - Partne										
12		laneous									
13	Historic structures	•••••••									
14	Qualified conserva	ation contribution - Other $\dots$									
15	Real estate - Resid										
16	Real estate - Com	mercial									
17	Real estate - Othe	r									
18											
19	Food inventory		X	13	28	3,674.	FMV				
20	Drugs and medica	Il supplies									
21	Taxidermy										
22											
23	Scientific specime	ens									
24	Archeological artif										
25	·	IDAY GIFTS	X	102		9,862.					
26	Other ( <u>OTH</u>	/	X	85		4,732.					
27	Other (DIA	PERS )	X	39	3(	),839.	FMV				
28	Other (	)									
29	Number of Forms	8283 received by the organi	zation during	g the tax year for co	ontributions						
	for which the orga	nization completed Form 82	83, Part V, D	Donee Acknowledge	ement	29					
									_	Yes	No
30a	During the year, d	id the organization receive b	y contributio	on any property repo	orted in Part I, lin	es 1 throug	gh 28, i	that it			
	must hold for at le	ast 3 years from the date of	the initial co	ntribution, and which	ch isn't required	to be used	for				
	exempt purposes	for the entire holding period	?						30	a	X
b	If "Yes," describe	the arrangement in Part II.									
31	Does the organiza	tion have a gift acceptance	policy that re	equires the review o	of any nonstanda	rd contribu	tions?		31	X	
32a	•	tion hire or use third parties		0	· • ·				00		x
Ŀ.	contributions?	in Dort II							32	a	Λ
	If "Yes," describe				for which a - b	n (n) :!-	ار مار				
33	If the organization describe in Part II.	didn't report an amount in c	oiumn (C) fo	r a type of property		n (a) is che	cked,				
For P	Paperwork Reduct	ion Act Notice, see the Inst	tructions for	r Form 990.				Sch	edule M (Fo	rm 990	) 2023

Schedule M (Form 990) 2023

### UNITED WAY OF GREATER MILWAUKEE &

WAUKESHA COUNTY INC.

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

<u>SCHEDULE M, PART I,</u> COLUMN (B):

### THE NUMBER IN COLUMN B IS THE NUMBER OF CONTRIBUTORS.

Schedule M (Form 990) 2023

332142 09-11-23

Page 2

(Form 990)	Supplemental Information to Form 990 or 990 Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ.		2023 Open to Public
Department of the Treasury Internal Revenue Service	Go to www.irs.gov/Form990 for the latest information.	r	Inspection
Name of the organization	UNITED WAY OF GREATER MILWAUKEE & WAUKESHA COUNTY INC.		r identification numbe 806190
FORM 990, PAP	T I, LINE 1, DESCRIPTION OF ORGANIZATION MISS	ION:	
MOBILIZING PH	OPLE AND RESOURCES TO DRIVE STRATEGIC IMPACT	IN HEA	LTH,
EDUCATION ANI	FINANCIAL STABILITY.		
PART I LINE 1			
OUR VISION: U	NITED WAY OF GREATER MILWAUKEE & WAUKESHA COU	INTY AS	PIRES
TO ACCOMPLISH	THE FOLLOWING:		
PRODUCE SIGN	IFICANT AND MEASURABLE RESULTS IN THE AREAS C	F HEAI	.TH ,
EDUCATION, AN	D FINANCIAL STABILITY.		
CONVENE DIVE	RSE TEAMS OF COMMUNITY MEMBERS TO TAKE COLLAE	ORATI	Έ
ACTION ON PRI	ORITY ISSUES.		
RECRUIT AND	RETAIN TALENT TO DRIVE CROSS-SECTOR INITIATIV	YES ANI	)
INTEGRATED, C	COMMUNITY-FOCUSED WORK.		
SUSTAIN ITS	FINANCIAL STABILITY AND EFFICIENT OPERATIONS.		
BE RECOGNIZE	D AS A LEADER IN EFFECTING LONG-TERM SOCIETAL	CHANG	E.
ATTAIN ROBUS	T REVENUE GROWTH AS DONORS' CHARITY OF CHOICE	]	
DIVERSITY & 1	NCLUSION VALUE STATEMENT:		
WE BELIEVE DI	VERSITY GOES BEYOND VISIBLE DIFFERENCES AND A	FFIRMS	5 THE
ESSENCE OF AI	L INDIVIDUALS INCLUDING THE REALITIES, BACKGR	OUND,	
EXPERIENCES,	SKILLS, AND PERSPECTIVES THAT MAKE EACH PERSC	N WHO	THEY
ARE. DIVERSIT	Y AND INCLUSION ARE AT THE HEART OF WHAT IT M	IEANS 7	O LIVE
UNITED.			
OUR VALUES:			
WE BELIEVE W	E ALL HAVE AN OBLIGATION FOR THE CARE AND WEL	L-BEIN	IG OF
THE GREATER N	ILWAUKEE & WAUKESHA COUNTY COMMUNITY.		
WE BELIEVE	N MAXIMIZING COMMUNITY IMPACT BY POOLING INDI	VIDUAI	ı

97

Schedule O (Form 990) 2023 Name of the organization UNITED WAY OF GREATER MILWAUKEE & WAUKESHA COUNTY INC.	Page 2 Employer identification number 39-0806190
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 M	IAINTAIN
STELLAR FINANCIALS AND SECURE SYSTEMS THAT ENSURE THE CONF	IDENTIALITY
OF DONOR INFORMATION.	
WE BELIEVE EXCELLENCE IS THE STANDARD FOR ALL WE DO (INTE	RNALLY AND
EXTERNALLY), ACHIEVED BY ENCOURAGING AND NOURISHING:	
O RESPECT FOR EACH OTHER AND THE INDIVIDUALS WE SERVE	
O INTEGRITY IN EVERY ACTION WE TAKE	
O ETHICAL BEHAVIOR IN ALL WE DO	
O HONEST, OPEN COMMUNICATIONS	
O PRUDENT RISK-TAKING	
O COOPERATION AND TEAMWORK	
O CREATIVITY AND INNOVATION	
O OWNERSHIP OF OUR ACTIONS	
WE BELIEVE THE ULTIMATE MEASURE OF OUR SUCCESS IS OUR ABI	LITY TO
PROVIDE SUPERIOR VALUE TO OUR PARTNERS AND CUSTOMERS, BALA	NCING
NEAR-TERM AND LONG-TERM OBJECTIVES, AND GROWTH TO ACHIEVE	MEASURED
IMPACT AND OVERALL COMMUNITY IMPROVEMENT.	

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

ALL STAGES OF LIFE, FROM CONCEPTION THROUGH CHILDHOOD, INTO ADULTHOOD

AND THROUGH OLDER AGE. TO IMPROVE THE HEALTH OF OUR COMMUNITY WE MUST
332212 11-14-23 Schedule O (Form 990) 2023

98

Schedule O (Form 990) 2023 Name of the organization UNITED WAY OF GREATER MILWAUKEE & WAUKESHA COUNTY INC.	Pa Employer identification numl 39-0806190
ALL BECOME MORE AWARE OF HEALTH RISKS, STARTING FROM BEFO	RE BIRTH.
WHETHER IT IS A TEEN STRUGGLING TO MAKE THE RIGHT DECISIO	N, 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 THOS	E WITHOUT
HEALTH INSURANCE, SENIORS IN NEED OF HOME HEALTH CARE, SU	RVIVORS OF
ABUSE AND INDIVIDUALS STRUGGLING WITH MENTAL ILLNESS OR A	DDICTION. IN
2023-24, UNITED WAY WILL INVEST APPROXIMATELY \$7,052,514	IN HEALTH
PROGRAMS.	
GOALS IN HEALTH: PROVIDE FUNDING TO INCREASE THE NUMBER O	F YOUTH AND
ADULTS WHO:	
ARE ABLE TO LIVE INDEPENDENTLY AND WITH DIGNITY.	
HAVE ACCESS TO HIGH QUALITY AND AFFORDABLE MENTAL, BEHAV	IORAL, 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 DOMESTIC AND INTIMATE PARTNER VIOLENCE SU	PPORT
SERVICES.	
HAVE ACCESS TO HIGH QUALITY, AFFORDABLE PRENATAL CARE, A	ND PREGNANCY
SUPPORT SERVICES.	
UNITED WAY'S IMPACT IN HEALTH	
LAST YEAR, 72,475 YOUTH AND ADULTS HAD INCREASED ACCESS T	
PROGRAMS, HEALTH AND WELLNESS SERVICES, AND SAFER AND HEA	LTHIER

UNITED WAY USES COMMON MEASUREMENT TOOLS TO MEASURE OUR IMPACT. TO SEE

99

Schedule O (Form 990) 2023

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332212 11-14-23

Schedule O (Form 990) 2023 Page 2 UNITED WAY OF GREATER MILWAUKEE & Employer identification number Name of the organization 39-0806190 WAUKESHA COUNTY INC. THE MOST UP TO DATE RESULTS IN HEALTH, VISIT OUR WEBSITE. HTTPS://WWW.UNITEDWAYGMWC.ORG/HEALTH EDUCATION 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 EARLYEVEN 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 GRADETHEY MAY NEVER CATCH UP. UNITED WAY IS WORKING WITH SCHOOLS AND ORGANIZATIONS TO CHANGE THAT AND HELPING TO ENSURE THAT EVERY CHILD HAS A CHANCE FOR SUCCESS IN SCHOOL, WORK, AND LIFE BY INVESTING IN PROGRAMS THAT PRODUCE RESULTS. IN 2023-2024, UNITED WAY WILL INVEST

APPROXIMATELY \$6,704,222 IN EDUCATION PROGRAMS.

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

MEET DEVELOPMENTAL MILESTONES.

ENTER SCHOOL READY TO SUCCEED.

READ PROFICIENTLY BY THIRD GRADE.

GRADUATE FROM HIGH SCHOOL ON TIME.

**RESIST NEGATIVE INFLUENCES.** 

ARE PREPARED FOR SUCCESS IN COLLEGE, WORK, AND LIFE.

UNITED WAY'S IMPACT IN EDUCATION:

LAST YEAR, 70,251 CHILDREN OR THEIR PARENTS/CAREGIVERS RECEIVED SUPPORT

FOR EARLY CHILDHOOD EDUCATION, YOUTH DEVELOPMENT, AND SERVICES FOR

CHILDREN AND FAMILIES.

UNITED WAY USES COMMON MEASUREMENT TOOLS TO MEASURE OUR IMPACT. TO SEE

100

Schedule O (Form 990) 2023

09580131 131839 A508365

332212 11-14-23

Schedule O (Form 990) 20	23				Page 2
Name of the organization	UNITED WAY OF	' GREATER	MILWAUKEE	&	Employer identification number
	WAUKESHA COUN	TY INC.			39-0806190

THE MOST UP TO DATE RESULTS IN EDUCATION, VISIT OUR WEBSITE.

### HTTPS://WWW.UNITEDWAYGMWC.ORG/EDUCATION

FINANCIAL STABILITY

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

FAMILIES AND INDIVIDUALS ACHIEVE FINANCIAL STABILITY. IN 2023-2024,

UNITED WAY WILL INVEST APPROXIMATELY \$14,120,161 IN FINANCIAL STABILITY

PROGRAMS.

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

HAVE A STABLE PLACE TO CALL HOME.

ARE ABLE TO MEET THEIR HOUSEHOLD'S FOOD NEEDS.

HAVE ACCESS TO FREE OR REDUCED COST LEGAL AID.

GAIN EDUCATIONAL AND/OR TRAINING SKILLS TO SECURE

AND MAINTAIN EMPLOYMENT THAT OFFERS A FAMILY SUSTAINING WAGE.

INCREASE THEIR WEALTH BY ACHIEVING ASSET GOALS LIKE HOMEOWNERSHIP OR A

STRONG SAVINGS ACCOUNT.

UNITED WAY'S IMPACT IN FINANCIAL STABILITY:

LAST YEAR, 37,433 ADULTS AND FAMILIES BENEFITED FROM PROGRAMS THAT

REDUCED BARRIERS TO EMPLOYMENT AND PROVIDED SAFE AND STABLE HOMES.

UNITED WAY USES COMMON MEASUREMENT TOOLS TO MEASURE OUR IMPACT. TO SEE

101

09580131 131839 A508365

332212 11-14-23

 Schedule O (Form 990) 2023
 Page 2

 Name of the organization
 UNITED WAY OF GREATER MILWAUKEE &
 Employer identification number

 WAUKESHA COUNTY INC.
 39-0806190

THE MOST UP TO DATE RESULTS IN FINANCIAL STABILITY, VISIT OUR WEBSITE.

### HTTPS://WWW.UNITEDWAYGMWC.ORG/FINANCIAL-STABILITY

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 IN THE AREAS OF HEALTH, EDUCATION, AND

FINANCIAL STABILITY THAT BRING PEOPLE AND RESOURCES FROM ACROSS THE

COMMUNITY TOGETHER. WE WORK TOGETHER TO SET PRIORITIES AND BUILD

STRATEGIES THAT DRIVE LONG-TERM CHANGE.

HEALTH INITIATIVES

MENTAL HEALTH IMPROVEMENT FUND

SUPPORTS ORGANIZATIONS THAT PROVIDE MENTAL HEALTH SERVICES FOR

LOW-INCOME, UNDERSERVED ADULT AND YOUTH POPULATIONS IN MILWAUKEE

COUNTY.

TEEN MENTAL WELLNESS: EMPOWERING MINDS

CHANGE LIVES OF HIGH SCHOOL STUDENTS BY FOCUSING ON PREVENTION, EQUITY,

AND ACCESS TO MENTAL HEALTH SERVICES.

EDUCATION INITIATIVES

MILWAUKEE COMMUNITY SCHOOLS PARTNERSHIP

THE GOAL OF COMMUNITY SCHOOLS IS TO TRANSFORM SCHOOLS INTO A PLACE

WHERE STUDENTS, FAMILIES, STAFF, AND THE SURROUNDING COMMUNITY CAN WORK

102

TOGETHER TO ENSURE EVERY STUDENT IS SUCCESSFUL. WE USE THE GUIDING

PRACTICES OF SHARED LEADERSHIP, EQUITY AND CULTURAL RELEVANCE TO

332212 11-14-23

Schedule O (Form 990) 2023

09580131 131839 A508365

Schedule O (Form 990) 2023

Name of the organization UNITED WAY OF GREATER MILWAUKEE & WAUKESHA COUNTY INC.

### ACHIEVE THIS VISION.

#### HELPING KIDS SUCCEED

SUPPORTS EDUCATORS, INCREASES STUDENT ACHIEVEMENT, AND ENHANCES FAMILY

STABILITY AND EMPOWERMENT IN WAUKESHA, OZAUKEE, AND WASHINGTON COUNTY

HIGHEST-NEED SCHOOLS.

FINANCIAL STABILITY INITIATIVES

FINANCIAL EMPOWERMENT FOR WOMEN

PROVIDES EDUCATIONAL TOOLS AND RESOURCES THAT ASSIST WOMEN AND THEIR

FAMILIES IN PLANNING THEIR FINANCIAL FUTURE.

RACIAL EQUITY FUND

THIS NEW FUND IS FOCUSED ON A COMMITMENT TO DEEPEN OUR IMPACT AS

FUNDERS, PARTNERS, AND CONVENERS, ESPECIALLY AS RELATED TO RACIAL

EQUITY AND SOCIAL JUSTICE. OUR GOAL IS TO INCREASE FUNDING TO BLACK-

AND BROWN-LED ORGANIZATIONS AND ADVOCATE AND SUPPORT BLACK AND

BROWN-LED IDEAS.

REDUCING BARRIERS TO EMPLOYMENT AND ADVANCEMENT

THIS INITIATIVE INVESTS IN STRATEGIES SO THAT ALL ADULTS OF WORKING AGE

SHOULD HAVE THE OPPORTUNITY TO OBTAIN PERMANENT EMPLOYMENT WITH A

LIVABLE WAGE AT A WORKPLACE WHERE THEY ARE TREATED WITH DIGNITY AND

HAVE OPPORTUNITIES FOR ADVANCEMENT.

#### SAFE & STABLE HOMES: ENDING FAMILY HOMELESSNESS

ENDING FAMILY HOMELESSNESS IN OUR FOUR-COUNTY REGION BY MOVING FAMILIES

103

INTO PERMANENT HOMES, ENSURING FAMILIES STAY STABLY HOUSED, AND

332212 11-14-23

Schedule O (Form 990) 2023

Name of the organization UNITED WAY OF GREATER MILWAUKEE & WAUKESHA COUNTY INC.

Page 2 Employer identification number 39-0806190

#### PREVENTING FAMILY HOMELESSNESS.

TECHQUITY

BRIDGES THE DIGITAL DIVIDE BY FOSTERING GREATER DIGITAL EQUITY AND

INCLUSION THROUGHOUT OUR COMMUNITY.

FORM 990, PART III, LINE 4B

DONOR DIRECTED DESIGNATIONS TO SPECIFIC MEMBER AND NON-MEMBER AGENCIES

TO ADDRESS DONOR PERCEIVED COMMUNITY NEEDS.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

CURRENT MCSP 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 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

104

332212 11-14-23

Schedule O (Form 990) 2023

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2023.05040 UNITED WAY OF GREATER MIL A5083651
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Name of the organization UNITED WAY OF GREATER MILWAUKEE & WAUKESHA COUNTY INC.	Employer identification numbe 39-0806190
MCSP SCAN, A MULTI-COMPONENT TOOL THAT COMBINES ACADEMIC	, HEALTH, AND
SAFETY DATA WITH AN ASSET MAP AND LIVED-EXPERIENCE NARRA	TIVE 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 STAF	F, AND
COMMUNITY MEMBERS.	
A FOCUS ON EQUITY THAT PERMEATES ALL ACTIVITIES OF THE C	OMMUNITY SCHOOL
TO ENSURE THAT STUDENTS, PARENTS, SCHOOL STAFF, AND COMM	UNITY 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, ACADE	MIC
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 COMM	UNITY.
ALIGNED SCHOOL AND COMMUNITY PARTNERSHIPS TO SUPPORT STU	DENT SUCCESS.
A \$2.5 MILLION, 5-YEAR GRANT (BEGINNING IN OCTOBER 2020)	WAS AWARDED TO
COMMUNITY SCHOOLS FROM THE US DEPARTMENT OF EDUCATION, F	ULL-SERVICE
COMMUNITY SCHOOLS GRANT.	
RIGHT TO COUNSEL	
RIGHT TO COUNSEL IS A THREE-YEAR PILOT THAT WILL PROVIDE	FREE HOUSING
ATTORNEYS FOR EVERY FAMILY UNDER 200% OF THE FEDERAL POV	ERTY GUIDELINE
FACING AN EVICTION CASE IN MILWAUKEE COUNTY SMALL CLAIMS	COURT.
LEGAL ACTION OF WISCONSIN'S EVICTION DEFENSE PROJECT DATA	A SHOWS THAT
90% OF EVICTION CASES ARE DISMISSED OR DELAYED WHEN A TE	NANT HAS LEGAL
REPRESENTATION, BUT ONLY 3% OF THE 14,000 MILWAUKEE FAMI	LIES FACING AN Schedule O (Form 990) 202

09580131 131839 A508365

Name of the organization UNITED WAY OF GREATER MILWAUKEE & WAUKESHA COUNTY INC.	Employer identification number 39-0806190
EVICTION IN A TYPICAL YEAR WILL HAVE LEGAL REPRE	ESENTATION.
RIGHT TO COUNSEL ADDRESSES RACIAL INEQUITIES IN	HOUSING STABILITY.
MILWAUKEE COUNTY SMALL CLAIMS COURT DATA INDICAT	TES FAMILIES AT-RISK FOR
EVICTIONS ARE MOSTLY BLACK AND LATINO RESIDENTS	IN LOW-INCOME AREAS.
BLACK WOMEN, FAMILIES WITH CHILDREN, AND LATINO	FAMILIES IN MOSTLY
WHITE NEIGHBORHOODS ARE DISPROPORTIONALLY EVICTE	ED IN MILWAUKEE COUNTY.
STATE SHELTER SUBSIDY GRANT	
THE STATE SHELTER SUBSIDY GRANT (SSSG) PROVIDES	UP TO 50% OF AN
EMERGENCY SHELTER OR VOUCHER PROGRAM'S ANNUAL OF	PERATING BUDGET. THE
SAFE SHELTER AND HOMELESS GRANT FUNDS ARE AVAILA	ABLE TO SHELTER PROGRAMS
WITH ADDITIONAL FUNDING NEEDS LIKE RENOVATION/EX	XPANSION OF AN EXISTING
SHELTER, DEVELOPMENT OF AN EXISTING BUILDING INT	TO A SHELTER, THE
EXPANSION (OR DEVELOPMENT) OF SHELTER SERVICES,	OR TO CONTINUE AN
EXISTING LEVEL OF SERVICE. SSSG PARTICIPANTS WEF	RE SURVEYED TO IDENTIFY
FUNDING NEEDS FOR THE 2022/2023 AND 2023/2024 WI	INTERS AS WELL AS
FUNDING NEEDS FOR CRITICAL CAPITAL INVESTMENTS.	THE WISCONSIN
DEPARTMENT OF ADMINISTRATION (DOA) USED INFORMAT	TION COLLECTED TO
DETERMINE THE PROPORTION OF FUNDING THAT EACH EN	MERGENCY SHELTER AND
VOUCHER PROGRAM WOULD RECEIVE THROUGH THE SAFE S	SHELTER AND HOMELESSNESS
GRANTS.	

### PUBLIC SERVICE COMMISSION UNIVERSAL SERVICE FUND

A GRANT WAS AWARDED TO SUPPORT DEVICES, INTERNET SERVICES AND DIGITAL

LITERACY TRAINING FOR LOW-INCOME COMMUNITY MEMBERS AND THEIR FAMILIES.

### MARGARET A. CARGILL PHILANTHROPIES SAFE & STABLE HOMES

A \$2 MILLION GRANT WAS AWARDED FOR CALENDAR YEARS 2024 AND 2025 TO 332212 11-14-23 Schedule O (F

106

Schedule O (Form 990) 2023 Name of the organization UNITED WAY OF GREATER MILWAUKEE & WAUKESHA COUNTY INC.

SUPPORT PROGRAMMATIC INVESTMENTS AND STAFF EFFORTS TOWARDS SAFE &

STABLE HOMES: ENDING FAMILY HOMELESSNESS.

FORM 990, PART III, LINE 4C

GRANTS

COMMUNITY SCHOOLS

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 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 THE

107

COMMUNITY SCHOOL.

332212 11-14-23

Schedule O (Form 990) 2023 Name of the organization UNITED WAY OF GREATER MILWAUKEE & WAUKESHA COUNTY INC.	Page 2 Employer identification number 39-0806190
THIS DECISION-MAKING HAPPENS THROUGH A SCHOOL-LEVEL ADVISO	RY COMMITTEE,
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ATTORNEYS FOR EVERY FAMILY UNDER 200% OF THE FEDERAL POVERTY GUIDELINE 332212 11-14-23 Schedule O (Form 990) 2023 108

Schedule O (Form 990) 2023	Page <b>2</b>					
Name of the organizationUNITED WAY OF GREATER MILWAUKEE &Employer identiWAUKESHA COUNTY INC.39-080	ification number 6190					
FACING AN EVICTION CASE IN MILWAUKEE COUNTY SMALL CLAIMS COURT.						
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### PUBLIC SERVICE COMMISSION UNIVERSAL SERVICE FUND

A GRANT WAS AWARDED TO SUPPORT DEVICES, INTERNET SERVICES AND DIGITAL
332212 11-14-23 Schedule O (Form 990) 2023

109

Schedule O (Form 990) 2023

Name of the organization UNITED WAY OF GREATER MILWAUKEE & WAUKESHA COUNTY INC.

Page 2 Employer identification number 39-0806190

LITERACY TRAINING FOR LOW-INCOME COMMUNITY MEMBERS AND THEIR FAMILIES.

MARGARET A. CARGILL PHILANTHROPIES SAFE & STABLE HOMES

A \$2 MILLION GRANT WAS AWARDED FOR CALENDAR YEARS 2024 AND 2025 TO

SUPPORT PROGRAMMATIC INVESTMENTS AND STAFF EFFORTS TOWARDS SAFE &

STABLE HOMES: ENDING FAMILY HOMELESSNESS.

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

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 OF GREATER MILWAUKEE & WAUKESHA COUNTY IS A GREAT WAY TO GIVE BACK, WHILE GETTING INVOLVED IN SUPPORTING MANY OF THE MOST IMPORTANT ISSUES FACING OUR COMMUNITY TODAY. WE BELIEVE STRATEGIC VOLUNTEERISM MULTIPLIES 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. VOLUNTEER OPPORTUNITIES ALSO SUPPORT OUR KEY INITIATIVES INCLUDING SAFE & STABLE HOMES, REDUCING BARRIERS TO EMPLOYMENT & ADVANCEMENT, EMPOWERING MINDS, AND TECHQUITY.

AVAILABLE OPPORTUNITIES INCLUDE:

\*SUPPORTING UNITED WAY'S SIGNATURE EVENTS INCLUDING PROJECT HOMELESS

CONNECT, BACKPACK COALITION, DIAPER BANK, WINTER BITES AND OUR MARTIN 332212 11-14-23 110 09580131 131839 A508365 2023.05040 UNITED WAY OF GREATER MIL A5083651 Schedule O (Form 990) 2023

Name of the organization UNITED WAY OF GREATER MILWAUKEE & WAUKESHA COUNTY INC.

LUTHER KING JR. DAYOF SERVICE.

\*ON-SITE PROJECTS: VOLUNTEERS CAN DO GOOD WITHOUT EVEN LEAVING THEIR

OFFICE BY SPONSORING AND HOSTING KIT PACKING EVENTS TO PREPARE CARE

PACKAGES FOR INDIVIDUALS AND FAMILIES SUCH AS PERSONAL CARE KITS; SNACK

PACKS FOR YOUTH AND ADULTS; TEEN MENTAL WELLNESS KITS; AND HOUSE AND

HOME KITS.

\*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'S STAFF HELPS FACILITATE THE OUTREACH AND LOGISTICS OF THESE GROUP VOLUNTEER EVENTS.

\*LARGE SCALE VOLUNTEER EXPERIENCES: ADDING AN ENGAGEMENT ACTIVITY TO CORPORATE ANNUAL MEETINGS, COMPANY PICNICS, OR CORPORATE ANNIVERSARY CELEBRATIONS WILL NOT ONLY MAKE AN IMPACT IN OUR COMMUNITY BUT ALSO HELP ATTENDEES CONNECT WITH EACH OTHER.

\*SKILL-BASED VOLUNTEERS CAN SERVE ON A UNITED WAY COMMITTEE TO SUPPORT OUR MARKETING AND COMMUNICATIONS EFFORTS, FUNDING AND IMPACT STRATEGIES, COMMUNITY ENGAGEMENT WORK; AND FINANCIAL ACCOUNTABILITY PRACTICES.

\*SUPPLY DRIVES: COMMUNITY GROUPS AND WORKPLACES CAN HOST A COLLECTION

DRIVE TO MOBILIZE THE MOST NEEDED RESOURCES OF LOCAL NONPROFITS.

 REQUESTED ITEMS ROTATE SEASONALLY AND INCLUDE SCHOOL SUPPLIES, WINTER

 332212 11-14-23
 Schedule O (Form 990) 2023

 111
 111

09580131 131839 A508365

 Schedule O (Form 990) 2023
 Page 2

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

APPAREL, AND HEALTH AND HYGIENE ITEMS. UNITED WAY ALSO MOBILIZES

DIAPERS AND BABY WIPES YEAR-ROUND FOR FAMILIES IN OUR FOUR-COUNTY

REGION.

FAMILY ENGAGEMENT EFFORTS: VOLUNTEERING AS A FAMILY BUILDS TRADITIONS

OF CARING, OFFERS QUALITY TIME TOGETHER, AND HELPS CREATE POSITIVE

CHANGE IN OUR COMMUNITY. UNITED WAY COORDINATES SEVERAL FAMILY FRIENDLY

WEEKEND EVENTS AT OUR VOLUNTEER CENTER THROUGHOUT THE YEAR.

EXPENSES \$ 1,880,817. INCLUDING GRANTS OF \$ 826,786. REVENUE \$ 377,251.

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

THE EXECUTIVE COMMITTEE HAS AUTHORITY TO ACT ON BEHALF OF THE BOARD OF

DIRECTORS. THE COMMITTEE IS A SUBSET OF THE BOARD MADE UP OF OFFICERS AND

OTHER BOARD MEMBERS.

FORM 990, PART VI, SECTION A, LINE 3:

FILIPPO CARINI IS NOT A VOTING MEMBER.

ALL MEMBER OF THE EXECUTIVE COMMITTEE ARE MEMBERS OF THE BOARD. THE

EXECUTIVE COMMITTEE HAS AUTHORITY TO ACT ON BEHALF OF THE BOARD.

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

COPIES ARE SHARED WITH THE EXECUTIVE, AUDIT AND FINANCE COMMITTEES.

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

UNITED WAY OF GREATER MILWAUKEE & WAUKESHA COUNTY ANNUALLY REQUIRES STAFF,

BOARD OF DIRECTORS AND COMMITTEE MEMBERS TO ELECTRONICALLY SIGN-OFF THAT

 THEY HAVE READ THE CODE OF ETHICS, CONFLICT OF INTEREST AND WHISTLEBLOWER

 332212 11-14-23
 Schedule O (Form 990) 2023

 112
 112

09580131 131839 A508365

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2023.05040 UNITED WAY OF GREATER MIL A5083651
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Schedule O (Form 990) 20	23					Page 2
Name of the organization	UNITED	WAY (	OF GREATER	MILWAUKEE	&	Employer identification number
WAUKESHA COUNTY INC.					39-0806190	

POLICIES. AS PART OF THE PROCESS THEY ARE ALSO REQUIRED TO SUBMIT ANY

CONFLICTS. THE CONFLICTS ARE PROVIDED TO THE GOVERNANCE COMMITTEE FOR ANY

NECESSARY RESOLUTION. BOARD AND COMMITTEE ARE ASKED TO ABSTAIN FROM VOTING

AND DISCUSSION BASED ON THEIR CONFLICTS.

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 RECOMMENDATIONS FOR COMPENSATION

ADJUSTMENTS TO THE BOARD.

THE PROCESS DESCRIBED HERE WAS LAST COMPLETED IN 2023.

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

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

FORM 990, PART XI, LINE 2C

THE AUDIT COMMITTEE IS RESPONSIBLE FOR APPROVAL OF THE AUDITED

FINANCIAL STATEMENTS AND THE SELECTION OF AN INDEPENDENT ACCOUNTING

FIRM TO PERFORM THE ANNUAL AUDIT.

332212 11-14-23