** PUBLIC DISCLOSURE COPY **

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

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Contributions Contribution Con	A F	or the	2021 calendar year, or tax year beginning ULL 1, 2021 and ending	JUN 30, 2022	
WAUKESHA COUNTY INC. Doing business as WAUKESHA COUNTY INC.	В	Check if	C Name of organization	D Employer identifi	cation number
WARKESHA COUNTY INC. Number and street (or P.0. box if mail is not dislivered to street address) Number and street (or P.0. box if mail is not dislivered to street address) Number and street (or P.0. box if mail is not dislivered to street address) Number and street (or P.0. box if mail is not dislivered to street address) Part I Take	а		UNITED WAY OF GREATER MILWAUKEE &		
Debrg Dusiness as Number and street (or P.O. box if mail is not delivered to street address) Room/sulle Telephone number 414-263-8141		change	WAUKESHA COUNTY INC.		
Number and street (of P.U. box, fraul is not celevised to strott address) Noonswell Feesphone number Vest		change	Doing business as	39-08061	90
City or town, state or province, country, and ZP or foreign postal code Personnell		Initial return	Number and street (or P.O. box if mail is not delivered to street address) Room/s	suite E Telephone numbe	r
City of rown, state or province, country, and zP or foreign postal code Ity of count state or province, country, and zP or foreign postal code Ity of country Ity of the		∟return/		414-263-	8141
MILLY OLDER		ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	68,617,915.
Figure 2 Figure 2 Figure 3		return	MILWAUREE, WI 53212	H(a) Is this a group re	
SARDE AS C ABOVE Text Text State St		tiòn	F Name and address of principal officer: AMI LINDNER		
J Website: ▶ WIWN - UNITEDWAYGMIVC - ORG Frant or organization: X Corporation Trust Association Other Lyear of formation: 1909 M. State of legal domicile: WI Part Summary 1 Birefly describe the organization's mission or most significant activities: UNITED WAY OF GREATER MILWAUKEE 2 WAUKESHA COUNTY CHANGES LIVES AND IMPROVES OUR COMMUNITY BY 2 Check this box			SAME AS C ABOVE		
Part Summary				527 If "No," attach a	list. See instructions
Part Summary					
Briefly describe the organization's mission or most significant activities: UNITED WAY OF GREATER MILWAUKEE & WAUKESHA COUNTY CHANGES LIVES AND IMPROVES OUR COMMUNITY BY				Year of formation: 1909 N	∕ State of legal domicile: W I
## WAUKESHA COUNTY CHANGES LIVES AND IMPROVES OUR COMMUNITY BY 2 Check this box ▶	Pa		<u> </u>		
B Net unrelated business taxable income from Form 990-T, Part I, line 11 To Current Year	Ģ				
B Net unrelated business taxable income from Form 990-T, Part I, line 11 To Current Year	auc				
B Net unrelated business taxable income from Form 990-T, Part I, line 11 To Current Year	ern	l	· · · · · · · · · · · · · · · · · · ·	1 _	
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B Net unrelated business taxable income from Form 990-T, Part I, line 11 To Current Year	ies				
B Net unrelated business taxable income from Form 990-T, Part I, line 11 To Current Year	ξ				
8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 3, 4, and 7d) 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 13) 14 Benefits paid to or for members (Part IX, column (A), lines 13) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 13) 16 Benefits paid to or for members (Part IX, column (A), lines 14) 17 Other expenses (Part IX, column (A), line 11e) 18 Total expenses. Part IX, column (A), line 12e) 19 Total rundraising tees (Part IX, column (A), line 12e) 19 Total assets (Part IX, column (A), line 12e) 10 Total assets (Part IX, column (A), line 12e) 10 Total assets (Part IX, column (A), line 12e) 10 Total assets (Part IX, column (A), line 12e) 10 Total assets (Part IX, column (A), line 12e) 11 Total expenses. Subtract line 18 from line 12 11 Total liabilities (Part X, line 16) 12 Total liabilities (Part X, line 26) 13 Total liabilities (Part X, line 26) 14 Beginning of Current Year 15 Signature Block 16 Jana Propager (Salaries, Subtract line 21 from line 20 17 Interpretation of preparer (other than officer) is based on all information of which preparer has any knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Propager (other than officer) is based on all information of which preparer has any knowledge Propager (other than officer) is based on all information of which preparer has any knowledge Propager (other than officer) is based on all information of which preparer has any knowledge Propager (other than officer) is based on all information of which preparer has any knowledge Propager (other than officer) is based on all information of which preparer has any knowledge Propager (other than officer) is based on a	Ac				
8 Contributions and grants (Part VIII, line 1h) 8 0,310,309, 61,898,192. 9 Program service revenue (Part VIII, line 2g) 626,508. 902,742. 10 Investment income (Part VIII, column (A), lines 3,4, and 7d) 904,764. 1,216,283. 11 Other revenue (Part VIII, column (A), lines 5,6d, 8c, 9c, 10c, and 11e) 78,876. 35,021. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 81,920,457. 64,052,238. 13 Grants and similar amounts paid (Part IX, column (A), lines 1) 46,830,045. 55,204,490. 14 Benefits paid to or for members (Part IX, column (A), lines 1) 0. 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 1-1) 0. 0. 0. 16 Professional fundraising fees (Part IX, column (A), line 1e) 0. 0. 0. 17 Other expenses (Part IX, column (A), line 1e) 0. 0. 0. 18 Total expenses. Part IX, column (A), line 1e) 0. 0. 0. 19 Total assets (Part IX, column (A), line 11e) 0. 0. 0. 19 Total assets (Part IX, column (A), line 11e) 0. 0. 0. 10 Total assets (Part IX, column (A), line 11e) 0. 0. 0. 10 Total assets (Part IX, column (A), line 12e) 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	_	B	Net urirelated business taxable income from Form 990-1, Part I, line 11		
9 Program service revenue (Part VIII, line 2g) 9 Program service revenue (Part VIII, column (A), lines 3, 4, and 7d) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), lines 1-3) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16 Professional fundraising fees (Part IX, column (A), line 11e) 17 Other expenses (Part IX, column (A), lines 11-11d, 11f-24e) 18 Total expenses. Add lines 13-17 (must equal Part IX) three 2b 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 16) 22 Total assets (Part X, line 16) 23 Total assets (Part X, line 26) 24 Total liabilities (Part X, line 26) 25 Total liabilities (Part X, line 26) 26 Total assets (Part X, line 26) 27 Total assets or fund balances. Subtract line 21 from line 20 28 Total assets or fund balances. Subtract line 21 from line 20 29 Total assets or fund balances. Subtract line 21 from line 20 20 Total assets or fund balances. Subtract line 21 from line 20 20 Total assets or fund balances. Subtract line 21 from line 20 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 25 Total penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. 20 Print/Type preparer's name 21 Print/Type preparer's name 22 Proparer's signature 23 Frim's admess 215 GREENWAY BOULEVARD, SUITE 600 24 Phone no. 608 - 662 - 8600 25 Phone no. 608 - 662 - 8600 26 Phone no. 608 - 662 - 8600		ا و ا	Contributions and grants (Part VIII line 1h)		
12 Total revenue (Part VIII, column (A), lines 5, 6e, 5e, 5e, 10e, 10e, 10e, 10e, 10e, 10e, 10e, 10	ine	1			
12 Total revenue (Part VIII, column (A), lines 5, 6e, 5e, 5e, 10e, 10e, 10e, 10e, 10e, 10e, 10e, 10	Ven				
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	Be				
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 46 , 830 , 045 . 55 , 204 , 490 . 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 . 0 . 0 . 0 . 0 . 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 7 , 513 , 650 . 7 , 621 , 675 . 16a Professional fundraising fees (Part IX, column (A), line 25) 4 , 357 , 621 . 17 Other expenses (Part IX, column (A), line 25) 4 , 357 , 621 . 17 Other expenses (Part IX, column (A), line 25) 4 , 357 , 621 . 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 57 , 051 , 595 . 65 , 450 , 749 . 19 24 , 868 , 8621 , 398 , 511 . 19 24 , 868 , 8621 , 398 , 511 . 19 25 24 , 868 , 8621 , 398 , 511 . 19 25 25 , 295 , 404 . 19 , 634 , 151 . 19 25 25 , 295 , 404 . 19 , 104 , 104 , 104 , 104 , 104 , 104 , 104 , 104 , 104 , 104 , 104 , 104 , 104 , 104 , 104 , 10		l			
14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 7,513,650. 7,621,675. 16 Professional fundraising expenses (Part IX, column (A), line 11e) 0. 0. 0. 17 Other expenses (Part IX, column (A), line 25) 4,357,621. 18 Total expenses (Part IX, column (A), lines 25) 4,357,621. 19 Revenue less expenses. Subtract line 18 from line 12 24,868,8621,398,511. 19 Revenue less expenses. Subtract line 18 from line 12 24,868,8621,398,511. 19 Revenue less expenses. Subtract line 18 from line 12 24,868,8621,398,511. 10 Total assets (Part X, line 16) 61,405,972. 57,056,595. 10 Total liabilities (Part X, line 26) 61,10,568. 7,422,444. 10 Total liabilities (Part X, line 26) 7,422,444. 11 Total liabilities (Part X, line 26) 7,422,444. 12 Total liabilities (Part X, line 26) 7,422,444. 13 Total liabilities (Part X, line 26) 7,422,444. 14 Total liabilities (Part X, line 26) 7,422,444. 15 Total liabilities (Part X, line 26) 7,422,444. 16 Total assets (Part X, line 26) 7,566,595. 17 Total assets (Part X, line 26) 7,056,595. 18 Total expenses (Part X, line 26) 7,056,595. 19 Revenue less expenses. Subtract line 21 from line 20 7,056,595. 10 Total assets (Part X, line 26) 7,056,595.					
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 7,513,650. 7,621,675. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0.		l			
16a Professional fundraising fees (Part IX, column (A), line 11e) 0.	"	45 6		7,513,650.	7,621,675.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 33 January Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Print/Type preparer's name	Ses	16a I			
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 33 January Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Print/Type preparer's name	þer	b			
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 35 7, 051, 595. 65, 450, 749. Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Print/Type or print name and title Print/Type preparer's name Preparer's signature KIMBERLY ANDERSON KIMBERLY ANDERSON KIMBERLY ANDERSON Firm's name CLIFTONLARSONALLEN LLP Firm's EIN Prim's EIN 41-0746749 Phone no.608-662-8600	ŭ	17 (2,707,900.	2,624,584.
19 Revenue less expenses. Subtract line 18 from line 12 24,868,8621,398,511. Beginning of Current Year					65,450,749.
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here Print/Type or print name and title Print/Type preparer's name Preparer RIMBERLY ANDERSON RIMBERLY ANDERSON Preparer Firm's name CLIFTONLARSONALLEN LLP Firm's address 8215 GREENWAY BOULEVARD, SUITE 600 MIDDLETON, WI 53562 Phone no. 608-662-8600		19	Revenue less expenses. Subtract line 18 from line 12	24,868,862.	-1,398,511.
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here Print/Type or print name and title Print/Type preparer's name Preparer RIMBERLY ANDERSON RIMBERLY ANDERSON Preparer Firm's name CLIFTONLARSONALLEN LLP Firm's address 8215 GREENWAY BOULEVARD, SUITE 600 MIDDLETON, WI 53562 Phone no. 608-662-8600	Jo.				
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here Print/Type or print name and title Print/Type preparer's name Preparer RIMBERLY ANDERSON RIMBERLY ANDERSON Preparer Firm's name CLIFTONLARSONALLEN LLP Firm's address 8215 GREENWAY BOULEVARD, SUITE 600 MIDDLETON, WI 53562 Phone no. 608-662-8600	sets	20	Total assets (Part X, line 16)		
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here Print/Type or print name and title Print/Type preparer's name Preparer RIMBERLY ANDERSON RIMBERLY ANDERSON Preparer Firm's name CLIFTONLARSONALLEN LLP Firm's address 8215 GREENWAY BOULEVARD, SUITE 600 MIDDLETON, WI 53562 Phone no. 608-662-8600	t As	21	Total liabilities (Part X, line 26)		
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here Print/Type preparer's name Print/Type preparer's name Print/Type preparer's name RIMBERLY ANDERSON KIMBERLY ANDERSON KIMBERLY ANDERSON Firm's name CLIFTONLARSONALLEN LLP Use Only Firm's address 8215 GREENWAY BOULEVARD, SUITE 600 MIDDLETON, WI 53562 Phone no. 608-662-8600		22		55,295,404.	49,634,151.
true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign					
Sign Here FILT PF0 48 CARINI, CHIEF OPERATING OFFICER		-		-	knowledge and belief, it is
Sign Here Signature Converticer Date	true	, correct	t, and complete. Declaration of preparer (other than officer) is based on all information of which prepared by:	parer has any knowledge. 1 1/13/2	2023
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Type or print name and title Print/Type preparer's name Preparer's signature RIMBERLY ANDERSON Preparer With the print/Type preparer's name Firm's name CLIFTONLARSONALLEN LLP Firm's name S215 GREENWAY BOULEVARD, SUITE 600 MIDDLETON, WI 53562 Phone no. 608-662-8600		- 1	, (-	Date	
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MIDDLETON, WI 53562 Phone no. 608 - 662 - 8600		1		FIIIII S EIIV	<u> </u>
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Form 990 (2021) WAUKESHA COUNTY INC. 39-0806190 Page 2

Pai	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: OUR MISSION: UNITED WAY OF GREATER MILWAUKEE & WAUKESHA COUNTY CHANGES
	LIVES AND IMPROVES OUR COMMUNITY BY MOBILIZING PEOPLE AND RESOURCES TO
	DRIVE STRATEGIC IMPACT IN HEALTH, EDUCATION AND FINANCIAL STABILITY.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
3	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$28,336,628 . including grants of \$26,422,393 .) (Revenue \$)
	COMMUNITY INVESTMENT STRATEGIES - SEE SCHEDULE O
4b	(Code:) (Expenses \$ 1,043,685. including grants of \$) (Revenue \$ 514,820.)
40	(Code:) (Expenses \$
	TODOMIZZEN ZENOMOZNE DEL DOMIZZONE O
4c	(Code:) (Expenses \$ 3,357,252. including grants of \$ 2,950,470.) (Revenue \$)
	GRANTS - SEE SCHEDULE O
	-
4d	Other program services (Describe on Schedule O.)
1-	(Expenses \$ 25,831,627. including grants of \$ 25,831,627.) (Revenue \$ 387,922.) Total program service expenses ▶ 58,569,192.
4e	Total program service expenses ► 58,569,192.
	1 01111 (2021)

Form 990 (2021)

WAUKESHA COUNTY INC.

39-0806190 Page 3

Part IV | Checklist of Required Schedules Yes No 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? Х If "Yes," complete Schedule A X 2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for X 3 public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect Х during the tax year? If "Yes," complete Schedule C, Part II 4 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or X similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to X provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes." complete Schedule D. Part I 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, X the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Х 8 Schedule D, Part III 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? Х If "Yes," complete Schedule D, Part IV 9 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments Х or in quasi endowments? If "Yes," complete Schedule D, Part V 10 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X, a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Х 11a Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Х 11b Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total X assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c 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 Х 11d Part X, line 16? If "Yes," complete Schedule D, Part IX Х 11e e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses Х the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes." complete Schedule D. Part X 11f 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 b Was the organization included in consolidated, independent audited financial statements for the tax year? Х 12b If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional X Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 **14a** Did the organization maintain an office, employees, or agents outside of the United States? 14a 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 X or more? If "Yes," complete Schedule F, Parts I and IV 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any Х foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to X or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, 17 Х column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 18 X 1c and 8a? If "Yes," complete Schedule G, Part II 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes." 19 complete Schedule G, Part III 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a **b** If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II

WAUKESHA COUNTY INC. 39-0806190 Page 4 Part IV | Checklist of Required Schedules (continued) Yes No 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 Х 22 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current 23 and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes." complete 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 Х 24a Schedule K. If "No," go to line 25a 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 d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a Х b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete Х 25b 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% Х controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 26 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 Х entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 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): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes." complete Schedule L, Part IV 28a **b** A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28b c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If Х 28c "Yes," complete Schedule L, Part IV Х 29 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation Х contributions? If "Yes," complete Schedule M 30 Х Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes." complete Х 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations X sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Х 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a 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 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 36 Х If "Yes," complete Schedule R, Part V, line 2 36 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 Х 37 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Х Note: All Form 990 filers are required to complete Schedule O 38 Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V					
					Yes	No
1 a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	44			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	7			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	portab	ole gaming			
	(gambling) winnings to prize winners?			1c	X	

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Statements Regarding Other IRS Filings and Tax Compliance Part V 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 Х b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions. Х 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За **b** If "Yes," has it filed a Form 990-T for this year? *If* "No" to line 3b, provide an explanation on Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a Х financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a **b** If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Х **5a** Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Х Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit Х any contributions that were not tax deductible as charitable contributions? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). Х 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 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required X to file Form 8282? 7с d If "Yes," indicate the number of Forms 8282 filed during the year X Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Х Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f 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 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 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: Gross income from members or shareholders Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a 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 Section 501(c)(29) qualified nonprofit health insurance issuers. a 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. 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 Enter the amount of reserves on hand X Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or Х excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. X Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069

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WAUKESHA COUNTY INC.

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Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 62 **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 61 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Did the organization have members or stockholders? 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 10a 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? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a **b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Х 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes " describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Х 15a Х 15b Other officers or key employees of the organization 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 Х taxable entity during the year? 16a 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? 16h Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶WI Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Own website Another's website X Upon request __ Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records FILIPPO CARINI - 414-263-8100

53212

225 W. VINE STREET, MILWAUKEE,

WAUKESHA COUNTY INC.

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See 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, 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 r	or any related	orga	niza	tion	con	npen	sate	ed any current officer, di	rector, or trustee.	
(A)	(B)		(C)					(D)	(E)	(F)
Name and title	Average	(do		Pos		<mark>າ</mark> than d	nne	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson i	s both	n an	compensation	compensation	amount of
	week		cer ar	ia a a	recto	r/trus	tee)	from	from related	other
	(list any	irecto						the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	ruste	al trus		yee	mpen		1099-NEC)	1099-1120)	and related
	below	Individual trustee or director	Institutional trustee	<u></u>	Key employee	sst co oyee	-e			organizations
	line)	Indivi	Instit	Officer	Key e	Highest compensated employee	Former			
(1) AMY L. LINDNER	50.00									
PRESIDENT & CEO				Х				305,531.	0.	28,377.
(2) FILIPPO CARINI	50.00									
CHIEF OPERATING OFFICER				Х				228,627.	0.	46,919.
(3) NICOLE ANGRESSANO	50.00									
VP - COMMUNITY IMPACT						Х		182,248.	0.	24,649.
(4) CRAIG NUECHTERLEIN	50.00									
VP - IT & PLEDGE PROCESSING						Х		153,067.	0.	39,189.
(5) JAYNE THOMA	50.00									
VP - VOLUNTEER ENGAGEMENT						X		127,318.	0.	26,668.
(6) GINA SANTAGATI	50.00									
VP - RESOURCE DEVELOPMENT						X		130,465.	0.	22,932.
(7) NATALIE HARLAN	50.00									
DIRECTOR, HUMAN RESOURCES						X		110,090.	0.	11,749.
(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) NAFESSA BURDINE	0.30									
DIRECTOR		Х						0.	0.	0.
(13) BLADEN J. BURNS	0.30									
DIRECTOR		Х						0.	0.	0.
(14) PATRICIA M.CADORIN	0.30									
DIRECTOR		Х						0.	0.	0.
(15) CHERYL R. CARRON	0.30									
DIRECTOR		Х						0.	0.	0.
(16) MICHAEL G. CARTER	1.30									
DIRECTOR		Х						0.	0.	0.
(17) SHEILA D. COCHRAN	0.30									
DIRECTOR		Х						0.	0.	0.
										Form 990 (2021)

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39-0806190 WAUKESHA COUNTY INC. Form 990 (2021)

Part VII Section A. Officers, Directors, Trust	tees, Key Emp	oloy	ees,	and	Hiç	ghes	t C	ompensated Employee	s (continued)			
(A)	(B)	(C) Position						(D)	(E)		(F)	
Name and title	Average	(do		POSI heck r			one	Reportable	Reportable	E	stimat	ed
	hours per week			ss pera				compensation	compensation	a	nount	
	(list any	_					,	from the	from related organizations	000	other opensa	
	hours for	director				_			(W-2/1099-MISC/	1	rom th	
	related	9e 0 r	stee			nsate		(W-2/1099-MISC/	1099-NEC)	1	aniza	
	organizations	trust	al tru		yee	om pe		1099-NEC)	,	ı `	d relat	
	below	Individual trustee or	Institutional trustee	Je.	Key employee	est co	ner			org	anizat	ions
	line)	Indi	Insti	Officer	Key	Highest compensated employee	Form					
(18) ERIC L. CONLEY	0.30											_
DIRECTOR	0 20	Х		\sqcup				0.	0.			0.
(19) SHELDON CUFFIE	0.30	37							_			^
DIRECTOR	0.30	Х		\vdash				0.	0.			0.
(20) ANTONY B. D'CRUZ DIRECTOR	0.30	Х						0.	0.			0.
(21) COREEN DICUS-JOHNSON	0.30	Λ		\vdash				1	U •			0.
DIRECTOR	0.30	Х						0.	0.			0.
(22) MICHAEL R. EVANS	0.30							0.	0.			0.
DIRECTOR	0.30	Х						0.	0.			0.
(23) PAMELA S. FENDT	0.60							0.	<u> </u>			<u> </u>
DIRECTOR	0.00	Х						0.	0.			0.
(24) KEVIN FLETCHER	0.30			\vdash				•	•			•
DIRECTOR	0,00	х						0.	0.			0.
(25) JOHN W. FLORSHEIM	0.30											
DIRECTOR		Х						0.	0.			0.
(26) MICHAEL FLYNN	0.30								-			
DIRECTOR		Х						0.	0.			0.
1b Subtotal							<u> </u>	1,237,346.	0.	20	0,4	83.
c Total from continuation sheets to Part VII							•	0.	0.			0.
d Total (add lines 1b and 1c)							•	1,237,346.	0.	20	0,4	83.
2 Total number of individuals (including but no							o re	eceived more than \$100,	000 of reportable			
compensation from the organization												7
											Yes	No
3 Did the organization list any former officer,	director, trust	ee, k	сеу е	emplo	oye	e, or	hig	hest compensated emp	loyee on			
line 1a? If "Yes," complete Schedule J for su	uch individual									3		X
4 For any individual listed on line 1a, is the su												
and related organizations greater than \$150										4	X	
5 Did any person listed on line 1a receive or a	•				,			J	dual for services			l
rendered to the organization? If "Yes." com	plete Schedule	e J fo	or su	ıch p	ers	on .				5		X
Section B. Independent Contractors						_			1100 000 1			
1 Complete this table for your five highest cor	•	-							· · · · · · · · · · · · · · · · · · ·	ition tr	om	
the organization. Report compensation for t	ne calendar ye	ear e	nair	ıg wı	ith C	or wi	<u>tnin</u>		ear.		C)	
(A) Name and business	address	NO	ONE	7.				(B) Description of s	ervices (ompe		n
							\neg	•		•		
							_					

\$100,000 of compensation from the organization SEE PART VII, SECTION A CONTINUATION SHEETS

Total number of independent contractors (including but not limited to those listed above) who received more than

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WAUKESHA COUNTY INC. 39-0806190

	COUNTY								39-080	
Part VII Section A. Officers, Directors, Tru	stees, Key Er	nplo	yee	s, aı	nd H	lighe	est (Compensated Employe	es (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average			Pos	ition			Reportable	Reportable	Estimated
	hours	(c	neck	all ·	that	app	ly)	compensation	compensation	amount of
	per							from	from related	other
	week (list any	TO.				Highest compensated employee		the organization	organizations (W-2/1099-MISC)	compensation from the
	hours for	direct				d em		(W-2/1099-MISC)	(***2/1099****1000)	organization
	related	.ee or	stee			nsate		(** = / ********************************		and related
	organizations	trust	nal tru		oyee	ош ре				organizations
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	hest c	Former			
	line)	lnd	Inst)JJO	Key	Hig	For			
(27) CRISTY GARCIA-THOMAS	0.30									
DIRECTOR		Х						0.	0.	0.
(28) DAVID GAY	0.60									
TREASURER		Х		Х				0.	0.	0.
(29) CINDY GNADINGER, ED.D	0.30									
DIRECTOR		Х						0.	0.	0.
(30) CECELIA GORE	0.30									
DIRECTOR		Х						0.	0.	0.
(31) LINDA GORENS-LEVEY, CPA, CFA	1.30								_	_
DIRECTOR		Х						0.	0.	0 .
(32) KELLY H. GREBE	0.60	l							•	
SECRETARY	0 00	Х		X				0.	0.	0.
(33) MARICHA M. HARRIS, M.A.	0.30	l							•	
DIRECTOR	1 20	Х						0.	0.	0.
(34) NANCY HERNANDEZ	1.30								•	
DIRECTOR	0.60	Х						0.	0.	0.
(35) MARK F. IRGENS	0.60	3,7						_	0	•
DIRECTOR	0 20	Х						0.	0.	0 .
(36) JASMINE M. JOHNSON, MSM	0.30	37						0.	0	0
DIRECTOR (27) CHZANNE KELLEY	0.30	Х						0.	0.	0.
(37) SUZANNE KELLEY DIRECTOR	0.30	х						0.	0.	0.
(38) JOHN KISSINGER	0.30	Λ						0.	0.	0.
DIRECTOR	0.50	х		Х				0.	0.	0.
(39) DONALD W. LAYDEN, JR.	1.30	Δ		Λ				0.	0.	0.
CHAIR	1.50	х						0.	0.	0 .
(40) MATTHEW S. LEVATICH	0.60							0.	0.	<u>_</u>
DIRECTOR	0.00	Х						0.	0.	0.
(41) SHERIFF EARNELL R. LUCAS	0.30	-25						•	•	•
DIRECTOR	- 333	Х						0.	0.	0.
(42) JAY M. MAGULSKI	0.30								•	•
DIRECTOR	- 333	Х						0.	0.	0.
(43) GREG MARCUS	0.30							0.0		
DIRECTOR		Х						0.	0.	0.
(44) BLAKE D. MORET	0.30							0.0		<u> </u>
DIRECTOR	1133	Х						0.	0.	0.
(45) WAYNE T. MORGAN	0.60	T-								3.
DIRECTOR		Х						0.	0.	0.
(46) CORY NETTLES	0.30								3.	<u> </u>
		1				ı	Ì	0.	0.	0.

WAUKESHA COUNTY INC. 39-0806190

Form 990 WAUKESHA									39-080	6190
Part VII Section A. Officers, Directors, To	rustees, Key Er	nplo	yee	s, ar	nd H	lighe	est (Compensated Employe	es (continued)	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average				ition			Reportable	Reportable	Estimated
	hours	(c	heck	all t	that	appl	y)	compensation	compensation	amount of
	per week					e e		from the	from related organizations	other compensatior
	(list any	tor				ploye		organization	(W-2/1099-MISC)	from the
	hours for	rdirec				ed em		(W-2/1099-MISC)	(,	organization
	related	stee o	rustee			ensat				and related
	organizations	al trus	onal tr		oloyee	comp				organizations
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
	line)	Ĕ	Ë	10 l	ş	Ĩ	요			
(47) GEORGE R. OLIVER	0.60	٠,,		37				_	0	
VICE-CHAIR	1 0 20	Х		Х				0.	0.	0
(48) JEFFREY D. PEELEN	0.30	.,						_	0	0
DIRECTOR	0.60	Х						0.	0.	0
(49) CHRISTOPHER C. PIOTROWSKI	0.60	.,						_	0	
DIRECTOR (50) LEGITE DIAMANN	0 20	Х						0.	0.	0
(50) LESLIE PLAMANN	0.30	₩.						0.	0.	^
DIRECTOR (51) DR. KEITH P. POSLEY	0.30	Х						U •	U •	0
DIRECTOR	0.30	х						0.	0.	0
(52) DR. JOAN M. PRINCE	0.30	^						0.	0.	U
DIRECTOR	0.30	Х						0.	0.	0
(53) JONAS PRISING	0.30	^						0.	0.	0
DIRECTOR	0.30	х						0.	0.	0
(54) JOHN R. RAYMOND, SR., MD	0.30	^						0.	0.	0
DIRECTOR	0.30	Х						0.	0.	0
(55) MIKE ROWE	0.30	25						0.		0
DIRECTOR	0.30	х						0.	0.	0
(56) STEVEN S. SALOUTOS	0.30							•	•	
DIRECTOR	0.30	x						0.	0.	0
(57) BERNIE SHERRY	0.30	† 								-
DIRECTOR		x						0.	0.	0
(58) THELMA A. SIAS	0.60	† 								-
DIRECTOR		Х						0.	0.	0
(59) SCOTT SIEVERT	0.30									
DIRECTOR		Х						0.	0.	0
(60) JUDSON M.SNYDER	0.60									
DIRECTOR		Х						0.	0.	0
(61) JUDIE TAYLOR	1.30									
DIRECTOR		Х						0.	0.	0
(62) SCOTT TURNER	0.30									
DIRECTOR		Х						0.	0.	0
(63) DALE E. VAN DAM	0.30									
DIRECTOR		Х						0.	0.	0
(64) MARK WALLACE	0.30									
DIRECTOR		Х						0.	0.	0
(65) THOMAS J. WESTRICK	0.30									
DIRECTOR		Х						0.	0.	0
(66) STACY WILLIAMS	0.30]								
		Х	i l		i l	ı		0.	0.	0

Form 990_ WAUKESHA COUNTY INC. 39-0806190

Form 990 WAUKESH	A COUNTY	ΙN	IC.						39-080	6190
Part VII Section A. Officers, Directors,	Trustees, Key Er	nplo	yee	s, a	nd F	ligh	est (Compensated Employe	ees (continued)	
(A) Name and title	(B) Average hours	(c		Pos	C) sition that		ly)	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	per week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	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	0.30	Х						0.	0.	0
(68) JESSICA ZERATSKY DIRECTOR	0.30	х						0.	0.	0
Total to Part VII, Section A, line 1c										

Form 990 (2021) WAUKESHA COUNTY INC. 39-0806190

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) (D) Revenue excluded Total revenue Related or exempt Unrelated from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1a **1 a** Federated campaigns 1b **b** Membership dues c Fundraising events 1c d Related organizations 1d 3,231,792. e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above ... 58,666,400 1f 8,933,677 g Noncash contributions included in lines 1a-1f 61,898,192. h Total. Add lines 1a-1f **Business Code** 2 a VOLUNTEER ENGAGEMENT FEES 900099 514,820, 514,820, Program Service Revenue 383,647 SERVICE FEES 900099 383,647 MEMBERSHIP FEES 900099 4,275. 4,275. d f All other program service revenue 902,742, g Total. Add lines 2a-2f Investment income (including dividends, interest, and 627,170. 627,170 other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents 6b **b** Less: rental expenses ... c Rental income or (loss) 6c d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of 5,154,790. assets other than inventory b Less: cost or other basis 4,565,677. Other Revenue and sales expenses 7b 7с 589,113. c Gain or (loss) 589,113. 589,113. d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ contributions reported on line 1c). See Part IV, line 18 **b** Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 9a 9b **b** Less: direct expenses c Net income or (loss) from gaming activities \triangleright 10 a Gross sales of inventory, less returns 10a and allowances **b** Less: cost of goods sold c Net income or (loss) from sales of inventory **Business Code** 11 a 900099 35,021. d All other revenue 35,021 35,021 Total. Add lines 11a-11d 902,742 1251304. 64,052,238. Total revenue. See instructions 12

132009 12-09-21

Form 990 (2021)

Page 9

Form 990 (2021)
Part IX | Stateme

39-0806190 Page **10**

Pa	Part IX Statement of Functional Expenses												
Sect	ion 501(c)(3) and 501(c)(4) organizations must comp	olete all columns. All othe	er organizations must con	nplete column (A).									
	Check if Schedule O contains a respor	se or note to any line in											
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses								
1	Grants and other assistance to domestic organizations												
	and domestic governments. See Part IV, line 21	55,204,490.	55,204,490.										
2	Grants and other assistance to domestic												
	individuals. See Part IV, line 22												
3	Grants and other assistance to foreign												
	organizations, foreign governments, and foreign												
_	individuals. See Part IV, lines 15 and 16												
4	Benefits paid to or for members												
5	Compensation of current officers, directors,	622,873.	120,592.	388,742.	113,539.								
6	trustees, and key employees Compensation not included above to disqualified	022,075.	120,332.	300,742.	113,333.								
0	persons (as defined under section 4958(f)(1)) and												
	persons described in section 4958(c)(3)(B)												
7	Other salaries and wages	5,506,614.	1,903,711.	1,176,068.	2,426,835.								
8	Pension plan accruals and contributions (include	0,000,0220											
-	section 401(k) and 403(b) employer contributions)	458,701.	158,592.	106,822.	193,287.								
9	Other employee benefits	630,036.	236,819.	119,142.	274,075.								
10	Payroll taxes	403,451.	138,772.	100,696.	163,983.								
11	Fees for services (nonemployees):												
а	Management												
b	Legal	17,715.	207.	14,755.	2,753.								
С	Accounting	36,995.	433.	30,813.	5,749.								
d	Lobbying												
е	Professional fundraising services. See Part IV, line 17												
f	Investment management fees	47,764.		47,764.									
g	,	200 202	E4 0E0	100 006	100 140								
	column (A), amount, list line 11g expenses on Sch O.)	302,323.	74,079.	108,096.	120,148.								
12	Advertising and promotion	147,586.	2 024	24 574	147,586.								
13	Office expenses	48,512. 204,313.	3,824. 38,366.	24,574. 44,630.	20,114. 121,317.								
14	Information technology	204,313.	30,300.	44,030.	121,31/•								
15 16	Royalties	200,477.	86,116.	37,087.	77,274.								
17	Occupancy	23,565.	16,310.	1,300.	5,955.								
18	Payments of travel or entertainment expenses	20,000		=,500.	<u> </u>								
.5	for any federal, state, or local public officials												
19	Conferences, conventions, and meetings	69,702.	51,190.	11,458.	7,054.								
20	Interest	5,639.	1,719.	1,439.	2,481.								
21	Payments to affiliates	833,827.	254,185.	212,782.	366,860.								
22	Depreciation, depletion, and amortization	220,859.	67,327.	56,360.	97,172.								
23	Insurance	32,702.	3,288.	21,464.	7,950.								
24	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 O.)												
а	CAMPAIGN AND PROGRAMMAT	283,328.	189,934.	4,419.	88,975.								
b	UNITED EWAY EXPENSE	88,517.	,	,	88,517.								
c	PRINTING, PUBLICATIONS,	34,634.	12,687.	1,510.	20,437.								
d	MISCELLANEOUS	26,126.	6,551.	14,015.	5,560.								
е	All other expenses												
25	Total functional expenses. Add lines 1 through 24e	65,450,749.	58,569,192.	2,523,936.	4,357,621.								
26	$\ensuremath{\textbf{Joint costs}}.$ 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)				Form 990 (2021)								

Form **990** (2021)

Form 990 (2021)

Part X | Balance

WAUKESHA COUNTY INC.

39-0806190 Page **11**

Pai	rt X	Balance Sheet					
		Check if Schedule O contains a response or note	to any	/ line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1,400.	1	1,403.
	2	Savings and temporary cash investments			3,105,298.	2	5,757,525.
	3	Pledges and grants receivable, net			9,939,474.	3	10,204,504.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, substa	antial c	ontributor, or 35%			
		controlled entity or family member of any of these	e perso	ons		5	
	6	Loans and other receivables from other disqualifi	-	·			
		under section 4958(f)(1)), and persons described			405 400	6	222 225
ţ	7	Notes and loans receivable, net			407,429.	7	203,396.
Assets	8	Inventories for sale or use				8	110 100
⋖	9				75,948.	9	110,120.
	10a	Land, buildings, and equipment: cost or other		E E20 110			
		basis. Complete Part VI of Schedule D	10a	5,738,119.	1 062 051		0 000 277
		Less: accumulated depreciation			1,863,051.		2,209,377.
	11	Investments - publicly traded securities			4F C22 C20	11	20 221 440
	12	Investments - other securities. See Part IV, line 1			45,632,639.	12	38,221,440.
	13	Investments - program-related. See Part IV, line 1	·····		13		
	14	Intangible assets			380,733.	14	240 020
	15	Other assets. See Part IV, line 11		61,405,972.	15	348,830. 57,056,595.	
	16	Total assets. Add lines 1 through 15 (must equa		1	1,199,219.	16	2,368,722.
	17 18	Accounts payable and accrued expenses			4,428,340.	17 18	4,634,243.
	19	Grants payable	340,290.	19	271,176.		
	20	Deferred revenue			340,2300	20	271,170.
	21	Escrow or custodial account liability. Complete F	Part IV	of Schedule D		21	
	22	Loans and other payables to any current or form					
ties		trustee, key employee, creator or founder, substa					
Liabilities		controlled entity or family member of any of thes				22	
<u> </u>	23	Secured mortgages and notes payable to unrelate				23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines	17-24)	. Complete Part X			
		of Schedule D			142,719.	25	148,303.
	26	Total liabilities. Add lines 17 through 25			6,110,568.	26	7,422,444.
		Organizations that follow FASB ASC 958, check	ck here	• ► X			
ces		and complete lines 27, 28, 32, and 33.					
<u>a</u>	27	Net assets without donor restrictions			49,562,784.	27	43,806,881.
Ва	28	Net assets with donor restrictions		<u></u>	5,732,620.	28	5,827,270.
밀		Organizations that do not follow FASB ASC 95	ck here 🕨 🔛				
Ē		and complete lines 29 through 33.					
S O	29	Capital stock or trust principal, or current funds				29	
sset	30	Paid-in or capital surplus, or land, building, or eq				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated inc			FF 005 404	31	40 624 454
Ş	32	Total net assets or fund balances			55,295,404.	32	49,634,151.
	33	Total liabilities and net assets/fund balances			61,405,972.	33	57,056,595.
	. 55				,_,_,,,,,,	_ 55	Form 990 (202

Form **990** (2021)

WAUKESHA COUNTY INC. 39-0806190 Page 12 Form 990 (2021) Part XI Reconciliation of Net Assets X Check if Schedule O contains a response or note to any line in this Part XI 64,052,238. Total revenue (must equal Part VIII, column (A), line 12) 1 65,450,749. Total expenses (must equal Part IX, column (A), line 25) 2 2 -1,398,511. Revenue less expenses. Subtract line 2 from line 1 3 3 55,295,404. Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 4 -3,608,645. 5 5 Net unrealized gains (losses) on investments Donated services and use of facilities 6 6 7 7 Investment expenses 8 8 Prior period adjustments -654,097. 9 9 Other changes in net assets or fund balances (explain on Schedule O) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, 10 49,634,151. column (B)) Part XII Financial Statements and Reporting X Check if Schedule O contains a response or note to any line in this Part XII Yes No X Accrual Accounting method used to prepare the Form 990: Cash Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. Х **2a** Were the organization's financial statements compiled or reviewed by an independent accountant? 2a 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: Both consolidated and separate basis Separate basis Consolidated basis Х **b** Were the organization's financial statements audited by an independent accountant? 2b If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, Х review, or compilation of its financial statements and selection of an independent accountant? **2**c

If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. **3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

Act and OMB Circular A-133?

Form 990 (2021)

За

Х

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

UNITED WAY OF GREATER MILWAUKEE & **Employer identification number** Name of the organization WAUKESHA COUNTY INC. 39-0806190 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other vour governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

Schedule A (Form 990) 2021

WAUKESHA COUNTY INC.

39-0806190 Page 2

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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	<u>54945626.</u>	56249894.	58882574.	80310309.	62127827.	312516230
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	54945626.	56249894.	58882574.	80310309.	<u>62127827.</u>	312516230
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)						39747969.
	Public support, Subtract line 5 from line 4.						272768261
	ction B. Total Support	T			T	I	
	ndar year (or fiscal year beginning in)	(a) 2017 54945626.	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4	<u>54945626.</u>	<u> 56249894.</u>	200022/4.	00310309.	0212/02/.	312310230
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	167 760	202 004	122 520	124 110	627 170	2244760
	and income from similar sources	467,769.	394,004.	432,320.	424,418.	027,170.	2344769.
9	Net income from unrelated business						
	activities, whether or not the						
40	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
44	assets (Explain in Part VI.)						314860999
	Gross receipts from related activities,	eta (aga instructio	<u> </u>			12 3	,464,740.
	First 5 years. If the Form 990 is for the	•	,	fourth or fifth tax i	woor as a soction 5		, 101, 110.
13	organization, check this box and stop	-					ightharpoonup
Sec	ction C. Computation of Publi						
	Public support percentage for 2021 (I			column (f))		14	86.63 %
	Public support percentage from 2020					15	85.80 %
	33 1/3% support test - 2021. If the						
	stop here. The organization qualifies	•		•		•	
b	33 1/3% support test - 2020. If the						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact	-					
	meets the facts-and-circumstances te		•	-			▶ □
b	10% -facts-and-circumstances test	-	-		-		
	more, and if the organization meets the	ū				•	
	organization meets the facts-and-circ		·		•		>
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	nd see instruction	s >

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021

WAUKESHA COUNTY INC.

39-0806190 Page 3

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to

qualify under the tests listed be Section A. Public Support	elow, please comp	plete Part II.)				
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and	. , ,		,		, ,	
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or 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 57a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.) Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6			` ,			,
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for th	e organization's f	irst, second, third,	fourth, or fifth tax	year as a section 5	601(c)(3) organization	on,
						>
Section C. Computation of Publi	c Support Pe	rcentage				
15 Public support percentage for 2021 (li	ne 8, column (f), o	divided by line 13,	column (f))		15	%
16 Public support percentage from 2020					16	%
Section D. Computation of Inves	tment Income	e Percentage				
17 Investment income percentage for 20	21 (line 10c, colu	mn (f), divided by l	ine 13, column (f))		17	%
18 Investment income percentage from 2	2020 Schedule A,	Part III, line 17			18	%
19a 33 1/3% support tests - 2021. If the					33 1/3%, and line 1	7 is not
more than 33 1/3%, check this box ar b 33 1/3% support tests - 2020. If the	nd stop here. The	e organization qual	ifies as a publicly s	upported organiza	ation	>
line 18 is not more than 33 1/3%, che						
20 Private foundation. If the organization						

132023 01-04-22

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021

39-0806190 Page 4

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on 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.)

	Vac	No
	Yes	No
1		
2		
3a		
3b		
3с		
4a		
4b		
4c		
5a		
r.		
5b 5c		
6		
7		
8		
9a		
9b		
9c		
10a		
.00		
10b		
le A (Forn	n 990)	2021

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Ра	rt IV Supporting Organizations (continued)		V	LN-
11	Has the organization accepted a gift or contribution from any of the following persons?		Yes	No
	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
а	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	110		
·	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one o	r		
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers	š,		
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	1		
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		$ldsymbol{le}}}}}}}}$
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations		_	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations		ı	
			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			
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct The organization satisfied the Activities Test. Complete line 2 below.	ons).		
a	The organization is the parent of each of its supported organizations. Complete line 3 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (s	:_	-1	
2	Activities Test. Answer lines 2a and 2b below.	e instruction	yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		163	140
а	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.	2a		
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.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	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.	3a		
b				
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990) 2021 WAUKESHA COUNTY INC. 39-0806190 Page 6

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	Orga	nizations	y	
1	1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.				
	All other Type III non-functionally integrated supporting organizations must		•		
Sect	ion 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	ion 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	ion 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-functionally	integra	ted Type III supporting orga	nization (see	
	instructions).				

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021 WAUKESHA COUNTY INC. 39-0806190 Page 7

	t V Type III Non-Functionally Integrated 509		nizations (continu		9-0606190 Page 7
	on D - Distributions	(COntine	ieu)	Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		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	 S	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2021	าร	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
	From 2018				
	From 2019				
	From 2020				
	Total of lines 3a through 3e				
	Applied to underdistributions of prior years				
	Applied to 2021 distributable amount				
	Carryover from 2016 not applied (see instructions)				
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
	Applied to 2021 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
-					

Schedule A (Form 990) 2021

e Excess from 2021

Schedule A	(Form 990) 2021	WAUKESHA CC			39-0806190 Page 8
Part VI	Part IV, Section A, lines 1 line 1; Part IV, Section D,	, 2, 3b, 3c, 4b, 4c, 5a, 6 lines 2 and 3; Part IV, S	5, 9a, 9b, 9c, 11a, 11b section E, lines 1c, 2a	I by Part II, line 10; Part II, line 1 b, and 11c; Part IV, Section B, li , 2b, 3a, and 3b; Part V, line 1; I lso complete this part for any ac	nes 1 and 2; Part IV, Section C, Part V, Section B, line 1e; Part V,
	(See instructions.)	o, and Fart V, Geotion	_, iiiles 2, 3, and 0. A	so complete this part for any ac	Julional Illomation.

Schedule A (Form 990) 2021

SCLOSURE COPY **

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

2021

Name of the organization UNITED WAY OF GREATER MILWAUKEE &

Employer identification number

39-0806190

WAUKESHA COUNTY INC.

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	\boxed{X} 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation
	s covered by the General Rule or a Special Rule .
	(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.
General Rule	
	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.
Special Rules	
sections 509(a)(1) contributor, during	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under 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 of 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; I ine 1. Complete Parts I and II.
contributor, durino literary, or educati	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one gethe year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, onal purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering o) instead of the contributor name and address), II, and III.
year, contributions is checked, enter purpose. Don't co	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the seculusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box here the total contributions that were received during the year for an exclusively religious, charitable, etc., mplete any of the parts unless the General Rule applies to this organization because it received nonexclusively le, etc., contributions totaling \$5,000 or more during the year
	nat isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must

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

that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021) Page

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

Employer identification number
39-0806190

Part I	Contributors (see instructions). Use duplicate copies of Part I if ad	lditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$\$\$	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2		\$\$	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		\$\$\$\$,219,450.	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
4		\$1,269,423.	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
5		\$1,128,657.	Person X Payroll
(a)	(b)	(c)	(d)
No. 6	Name, address, and ZIP + 4	* \$ 2 , 000 , 519 .	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021) Page **3**

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

Employer identification number
39-0806190

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		 \$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			

Page 4 Schedule B (Form 990) (2021) Name of organization **Employer identification number** UNITED WAY OF GREATER MILWAUKEE & 39-0806190 WAUKESHA COUNTY INC. Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

123454 11-11-21

Schedule B (Form 990) (2021)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

OMB No. 1545-0047 Inspection

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

Employer identification number 39-0806190

Pai	t I Organizations Maintaining Donor Advised F	Funds or Other Similar Funds o	r Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line 6	i.	*
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writ	ting that the assets held in donor advised	funds
	are the organization's property, subject to the organization's exc	clusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor advi	sors in writing that grant funds can be us	ed only
	for charitable purposes and not for the benefit of the donor or do	onor advisor, or for any other purpose co	nferring
	impermissible private benefit?		Yes No
Pai	t II Conservation Easements. Complete if the organ	ization answered "Yes" on Form 990, Pa	rt IV, line 7.
1	Purpose(s) of conservation easements held by the organization	`	
	Preservation of land for public use (for example, recreation	n or education) Preservation of a	historically important land area
	Protection of natural habitat	Preservation of a	certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified	conservation contribution in the form of	
	day of the tax year.		Held at the End of the Tax Year
а			
b			
C	Number of conservation easements on a certified historic struct		
d	Number of conservation easements included in (c) acquired after		1 1
_	listed in the National Register		
3	Number of conservation easements modified, transferred, release	sed, extinguished, or terminated by the oi	rganization during the tax
	year >	and to be added S	
4	Number of states where property subject to conservation easem		
5	Does the organization have a written policy regarding the period		Yes No
6	violations, and enforcement of the conservation easements it has Staff and volunteer hours devoted to monitoring, inspecting, har		
6	Starr and volunteer flours devoted to morntoning, inspecting, har	iding of violations, and emorcing conser	valion easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling	g of violations, and enforcing conservation	n easements during the year
•	► \$	g of violations, and emoroting conservation	in casements daring the year
8	Does each conservation easement reported on line 2(d) above s	atisfy the requirements of section 170(h)(4)(B)(i)
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footnote		
	organization's accounting for conservation easements.	9	
Pai	t III Organizations Maintaining Collections of A	rt, Historical Treasures, or Othe	er Similar Assets.
	Complete if the organization answered "Yes" on Form 99	0, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958, r	not to report in its revenue statement and	balance sheet works
	of art, historical treasures, or other similar assets held for public	exhibition, education, or research in furth	nerance of public
	service, provide in Part XIII the text of the footnote to its financia	al statements that describes these items.	
b	If the organization elected, as permitted under FASB ASC 958, t	to report in its revenue statement and bal	ance sheet works of
	art, historical treasures, or other similar assets held for public ex	hibition, education, or research in further	ance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
			. .
2	If the organization received or held works of art, historical treasures		
	the following amounts required to be reported under FASB ASC	958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		🕨 \$
	For Paperwork Reduction Act Notice, see the Instructions fo		Schedule D (Form 990) 2021

	Schedule D (Form 990) 2021 WAUKESHA COUNTY INC. 39-0806190 Page 2										
Par	t III Organizations Maintaining C	ollections of Art	t, Histor	rical Trea	asures, o	r Other	' Simila	r Assets	(contin	nued)	
3	Using the organization's acquisition, accession	on, and other records	s, check a	ny of the fo	ollowing that	make si	gnificant ı	use of its			
	collection items (check all that apply):										
а	Public exhibition	d	ı 🔲 Lo	oan or exch	nange progra	am					
b	Scholarly research	е									
С	Preservation for future generations										
4	4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.										
5											
•	to be sold to raise funds rather than to be maintained as part of the organization's collection?										
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) to 11 ti 10 t	n garnzation	ranoworda	100 011		,, , a, , , ,			
	Is the organization an agent, trustee, custodia		iany for co	ntributions	or other ass	ets not i	ncluded				
Ia	on Form 990, Part X?								Yes		No
h									_ 163		_ I40
b	b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount										
	Deginning belongs						10		7 (1110011)		
	Beginning balance										
a	Additions during the year										
e	Distributions during the year										
Ť	Ending balance						1f		7,,	_	٦
	Did the organization include an amount on Fo						ty?		Yes	H	∐ No
Par	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation	nas been p	provided on I	Part XIII					
rai	T V Endowment Funds. Complete in							b	(-) Faur		h a a l .
		(a) Current year		or year	(c) Two year			ears back			
1a	Beginning of year balance	25,404,378.		35,487.		3,346.		72,938.	<u> </u>	982,	
b	Contributions	93,975.		077,578. 496,115. 253,070. 1,083,533.							
С	Net investment earnings, gains, and losses	-942,889.		188,737.		9,821.		02,785.	310,006.		
d	Grants or scholarships	3,003,106.	1,5	555,506.	127	7,102.	1	44,764.	. 116,8		850.
е	Other expenditures for facilities										
	and programs	168,456.	1	141,918.	131	L,693.	1	75,683.	1,	286,	161.
f	Administrative expenses										
g	End of year balance	21,383,903.	25,4	04,378.	5,535	5,487.	5,2	08,346.	4 ,	972,	938.
2	Provide the estimated percentage of the curre		e (line 1g,	column (a))	held as:						
а	Board designated or quasi-endowment	91.2050	_%								
b	Permanent endowment ► 6.3690	%									
С	Term endowment ▶ 2.4260 g	%									
	The percentages on lines 2a, 2b, and 2c should	uld equal 100%.									
За	Are there endowment funds not in the posses	ssion of the organiza	tion that a	are held an	d administer	ed for th	e organiza	ation	_		
	by:									Yes	No
	(i) Unrelated organizations								3a(i)	Х	
	(ii) Related organizations								3a(ii)		X
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as require	ed on Sch	edule R?					3b		
4	Describe in Part XIII the intended uses of the										
Par	t VI Land, Buildings, and Equipm	ent.									
	Complete if the organization answered	d "Yes" on Form 990	, Part IV, I	line 11a. Se	ee Form 990	, Part X,	line 10.				
	Description of property	(a) Cost or of	ther	(b) Cost	or other	(c) A	ccumulate	ed	(d) Bool	k valu	<u>——</u>
		basis (investm		basis (other)		oreciation	I			
1a	Land			100	0,235.				100	0,2	35.
b	Buildings				1,373.	1,5	511,3	73.		-	0.
	Leasehold improvements				0,517.		L46,4		1,42	4,0	
	Equipment				2,155.		559,1			3,0	
	Other				3,839.		311,7			2,0	
	I. Add lines 1a through 1e. (Column (d) must ea		Y column						2,20		
, Jiai		<u> </u>	A, COIUITIN	<i></i> ппе то	<u>/v./</u>			Schodulo		_	

Schedule D (Form 990) 2021

Schedule D (Form 990) 2021 WAUKESHA CO	UNTY INC.	39	-0806190 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A) ENDOWMENT-MUTUAL FUNDS	5,327,735.	END-OF-YEAR MARKET	VALUE
(B) GENERAL - MUTUAL FUNDS	12,718,249.	END-OF-YEAR MARKET	VALUE
(C) ENDOWMENT-CASH FUNDS	217,359.	END-OF-YEAR MARKET	VALUE
(D) BAIRD - BOND FUNDS	19,958,097.	END-OF-YEAR MARKET	VALUE
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	38,221,440.		
Part VIII Investments - Program Related.	, ,		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
		. ,	
(2)			
(3)			
(4)			
(5)			
(6)			
<u>(7)</u>			
<u>(8)</u> (9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990. Part IV. line	11d. See Form 990. Part X. line 15.	
	Description		(b) Book value
			(-7
(1)			
(3)			
<u>(4)</u>			
<u>(7)</u>			
(8)			
Total (October 1/2) in the control of the control o	- 15\		
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	e 15.)		
Complete if the organization answered "Yes"	on Form 990 Part IV line	11e or 11f See Form 990 Part V line 25	
(a) Description of lightlift.	OITI OITI 930, T art IV, IIIIe	The of Thi. See Form 930, Fart X, line 23	(b) Book value
			(b) Dook value
(1) Federal income taxes	T		140 202
(2) 457(B) PLAN PARTICIPANT L	TWDTHTLI		148,303.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			4.0.00
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 25.)	>	148,303.

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII Schedule D (Form 990) 2021

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

UNITED WAY OF GREATER MILWAUKEE & 39-0806190 Page 4 WAUKESHA COUNTY INC. Schedule D (Form 990) 2021 Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 34,389,405. Total revenue, gains, and other support per audited financial statements 1 Amounts included on line 1 but not on Form 990, Part VIII, line 12: 2 -3,608,645. a Net unrealized gains (losses) on investments 479,300. Donated services and use of facilities Recoveries of prior year grants 2c Other (Describe in Part XIII.) -3,129,345. 2e Add lines 2a through 2d 37,518,750. Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) 26,533,488. 4c c Add lines 4a and 4b $64,052,\overline{238}$. Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12. 5 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 40,050,658. Total expenses and losses per audited financial statements 1 Amounts included on line 1 but not on Form 990, Part IX, line 25: 479,300. a Donated services and use of facilities 2a **b** Prior year adjustments 2b 2c **d** Other (Describe in Part XIII.) 479,300. Add lines 2a through 2d 2e 39,571,358. 3 Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 25,831,627. **b** Other (Describe in Part XIII.) 25,879,391. c Add lines 4a and 4b 65,450,749. Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.) Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. PART V, LINE 4: UNITED WAY'S ENDOWMENTS CONSIST OF VARIOUS FUNDS ESTABLISHED TO BENEFIT UNITED WAY FOR A VARIETY OF PURPOSES. UNITED WAY'S ENDOWMENTS INCLUDE BOTH DONOR-RESTRICTED ENDOWMENTS AND FUNDS DESIGNATED BY THE BOARD OF DIRECTORS TO FUNCTION AS AN ENDOWMENT. NET ASSETS ASSOCIATED WITH ENDOWMENT FUNDS ARE CLASSIFIED AND REPORTED BASED ON THE EXISTENCE OR ABSENCE OF DONOR-IMPOSED RESTRICTIONS. PART X, LINE 2: MANAGEMENT ANALYZED THE REQUIREMENTS FOR ACCOUNTING FOR UNCERTAIN TAX

THE ORGANIZATION DETERMINED THAT IT WAS NOT REQUIRED TO RECORD POSITIONS. LIABILITY RELATED TO UNCERTAIN TAX POSITIONS AT JUNE 30, 2022 AND 2021.

Schedule D (Form 990) 2021

Schedule D (Form 990) 2021 WAUKESHA COUNTY INC.	39-0806190 Page 5
Part XIII Supplemental Information	
	_
PART XI, LINE 4B - OTHER ADJUSTMENTS:	
DONOR DESIGNATED FUNDS	25,831,627.
DROWITTON FOR IMAGILECTURE REPORT	654 007
PROVISION FOR UNCOLLECTIBLE PLEDGES	654,097.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	26,485,724.
PART XII, LINE 4B - OTHER ADJUSTMENTS:	
TAKT KII, DINE 4D OTHER ADOUDTMENTS.	
DONOR DESIGNATED FUNDS	25,831,627.

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

➤ Attach to Form 990.

Go to www irs gov/Form990 for the latest information

OMB No. 1545-0047

Open to Public Inspection

				i tile latest lillorli	iation.	T	
Name of the organization UNITED WAY OF GREATER MILWAUKEE & WAUKESHA COUNTY INC.							Employer identification number $39-0806190$
Part I General Information on Grants a		<u>. </u>					39-0000190
1 Does the organization maintain records to		amount of the grants	or assistance, the	grantees' eligibility	for the grants or assi	stance, and the selection	on
criteria used to award the grants or assis		grant or the grants					X Yes No
2 Describe in Part IV the organization's pro							
Part II Grants and Other Assistance to	Domestic Organiz	zations and Domestic	Governments. C	omplete if the orga	anization answered "\	es" on Form 990, Part	IV, line 21, for any
recipient that received more than S	\$5,000. Part II can	be duplicated if addition	onal space is need	ed.			
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 noncash assistance	(h) Purpose of grant or assistance
OCONOMOWOC AREA FOUNDATION INC							
(WI) - 101 WEST PLEASANT STREET, SUITE 210 - MILWAUKEE, WI 53212	75-3266194	501 (C)(3)	25,000.	0.			DONOR DESIGNATIONS
UNITED WAY OF GREATER ATLANTA 100 EDGEWOOD AVE NE ATLANTA, GA 30303	58-0566194	501 (C)(3)	12,885.	0.			DONOR DESIGNATIONS
TILANIA, GA 30303	30 0300134	501 (0/(5/	12,005.	٠.			BONOR DESIGNATIONS
UNITED WAY OF THE BLUEGRASS 100 MIDLAND AVE STE 300 LEXINGTON, KY 40508	61-0444679	501 (C)(3)	12,699.	0.			DONOR DESIGNATIONS
CARROLL UNIVERSITY 100 NORTH EAST AVENUE							
WAUKESHA, WI 53186-3103	39-0806325	501 (C)(3)	192,000.	0.			DONOR DESIGNATIONS
CURATIVE CARE NETWORK, INC. 1000 N. 92ND STREET							
MILWAUKEE, WI 53226	39-0806286	501 (C)(3)	398,810.	0.			ADULT DAY SERVICES
CURATIVE CARE NETWORK, INC. 1000 N. 92ND STREET MILWAUKEE, WI 53226	39-0806286	501 (C)(3)	293,700.	0.			CHILDREN'S SERVICES
2 Enter total number of section 501(c)(3) a	1		. Una di Alabata				▶ 598.
3 Enter total number of other organizations	•						

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

Schedule I (Form 990) 2021

39-0806190 WAUKESHA COUNTY INC. Schedule I (Form 990)

Page 1 Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (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 valuation or assistance organization or government if applicable cash grant noncash non-cash assistance (book, FMV, assistance appraisal, other) CURATIVE CARE NETWORK, INC. 1000 N. 92ND STREET MILWAUKEE, WI 53226 39-0806286 501 (C)(3) 0. 15,571 DONOR DESIGNATIONS MACC FUND (MIDWEST ATHLETES AGAINST CHILDHOOD CANCER) - 10000 WEST INNOVATION DRIVE, #135 -MILWAUKEE, WI 53226 39-1270290 501 (C)(3) 200,000 0. DONOR DESTGNATIONS ZOOLOGICAL SOCIETY OF MILWAUKEE COUNTY - 10005 W BLUEMOUND RD -MILWAUKEE, WI 53226 39-6077242 501 (C)(3) 35,564 0. DONOR DESIGNATIONS PORTAL INC. 1015 CEDAR CREEK ROAD 39-1024001 501 (C)(3) 9,978. 0 DONOR DESIGNATIONS GRAFTON, WI 53024 PORTAL INC. 1015 CEDAR CREEK ROAD EMPLOYMENT READINESS AND 39-1024001 501 (C)(3) 0. ADVANCEMENT GRAFTON, WI 53024 7,681. HEAR WISCONSIN, INC. 10243 WEST NATIONAL AVENUE 39-0826101 501 (C)(3) WEST ALLIS, WI 53227-2028 14,763. 0. DONOR DESIGNATIONS HEAR WISCONSIN, INC. 10243 WEST NATIONAL AVENUE KELLOGG CHILD & FAMILY WEST ALLIS, WI 53227-2028 39-0826101 501 (C)(3) 172,377. 0. PROGRAM MILWAUKEE SCHOOL OF ENGINEERING 1025 NORTH BROADWAY STREET MILWAUKEE, WI 53202-3109 39-0477970 501 (C)(3) 100,000. 0. DONOR DESIGNATIONS UNITED COMMUNITY CENTER, INC 1028 SOUTH NINTH STREET MILWAUKEE, WI 53204-1395 39-1146191 501 (C)(3) 72,340. 0. AFTER SCHOOL ACHIEVEMENT

Schedule I (Form 990)

WAUKESHA COUNTY INC. Schedule I (Form 990)

Page 1 Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (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 valuation non-cash assistance or assistance if applicable cash grant noncash (book, FMV, assistance appraisal, other) UNITED COMMUNITY CENTER, INC 1028 SOUTH NINTH STREET BEFORE & AFTER SCHOOL MILWAUKEE, WI 53204-1395 39-1146191 501 (C)(3) 237,460 0. CARE PROGRAM UNITED COMMUNITY CENTER, INC 1028 SOUTH NINTH STREET MILWAUKEE, WI 53204-1395 39-1146191 501 (C)(3) 0. ELDERLY PROGRAM 85,658 UNITED COMMUNITY CENTER, INC YOUTH EMPOWERED TO 1028 SOUTH NINTH STREET MILWAUKEE, WI 53204-1395 39-1146191 501 (C)(3) 142,989 0. SUCCEED UNITED COMMUNITY CENTER, INC. 1028 SOUTH NINTH STREET MILWAUKEE, WI 53204-1395 39-1146191 501 (C)(3) 0. DONOR DESIGNATIONS 79,176. MILWAUKEE PBS 1036 NORTH 8TH STREET 39-1341603 501 (C)(3) 0. MILWAUKEE, WI 53233 16,864. DONOR DESIGNATIONS MILWAUKEE FILM INC 1037 W MCKINLEY AVE #700 MILWAUKEE, WI 53205-2530 26-3049630 501 (C)(3) 0. 19,068, DONOR DESIGNATIONS UNITED WAY CALIFORNIA CAPITAL REGION - 10389 OLD PLACERVILLE ROAD - SACRAMENTO, CA 95827 94-1225382 501 (C)(3) 8 484 0. DONOR DESIGNATIONS BEST BUDDIES WISCONSIN 10425 W NORTH AVE STE 340 WAUWATOSA, WI 53226 52-1614576 501 (C)(3) 12,396. 0. DONOR DESIGNATIONS BOY SCOUTS OF AMERICA DENVER AREA 10455 W 6TH AVE STE 100 DENVER, CO 80215 84-0404225 501 (C)(3) 8,735. 0. DONOR DESIGNATIONS

Schedule I (Form 990)

39-0806190

Schedule I (Form 990) WAUKESHA COUNTY INC. 39-0806190

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (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 valuation non-cash assistance or assistance organization or government if applicable cash grant noncash (book, FMV, assistance appraisal, other) UNITED NEGRO COLLEGE FUND-MILWAUKEE - 105 WEST ADAMS STREET, SUITE 2400 - CHICAGO, IL 60603 13-1624241 501 (C)(3) 12,978 0. DONOR DESIGNATIONS MILWAUKEE REPERTORY THEATER 108 E WELLS ST MILWAUKEE, WI 53202 39-0946025 501 (C)(3) 8,650 0. DONOR DESTGNATIONS ROSELAND CHRISTIAN MINISTRIES CENTER - 10858 S MICHIGAN AVE -CHICAGO, IL 60628 36-3094828 501 (C)(3) 10,000 0. DONOR DESIGNATIONS UNITED WAY OF PORTAGE COUNTY (WI) 1100 CENTERPOINT DRIVE, # 302 STEVENS POINT, WI 54481 39-0831152 501 (C)(3) 0 DONOR DESIGNATIONS 36,417. MAKE-A-WISH FOUNDATION OF WISCONSIN - 11020 W PLANK CT STE 200 - WAUWATOSA, WI 53226 39-1543541 501 (C)(3) 0. 13,000 DONOR DESIGNATIONS INTERNATIONAL INSTITUTE OF WISCONSIN - 1110 N OLD WORLD THIRD ST., SUITE 420 - MILWAUKEE, WI 53203 39-0806350 501 (C)(3) 7,031 0. DONOR DESIGNATIONS JAMES ALBRECHT FREE CLINIC 1110 OAK ST STE 1200 39-1839654 501 (C)(3) WEST BEND WI 53095 27,439 0. DONOR DESIGNATIONS JUNIOR ACHIEVEMENT OF WISCONSIN, INC. - 11111 WEST LIBERTY DRIVE -MILWAUKEE, WI 53224 39-0826295 501 (C)(3) 197,123. 0. DONOR DESIGNATIONS BROWN COUNTY UNITED WAY 112 NORTH ADAMS STREET GREEN BAY, WI 54301 39-0806299 501 (C)(3) 93,705. 0. DONOR DESIGNATIONS

Schedule I (Form 990)

Page 1

WAUKESHA COUNTY INC. 39-0806190 Schedule I (Form 990)

Page 1 Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (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 valuation non-cash assistance or assistance organization or government if applicable cash grant noncash (book, FMV, assistance appraisal, other) UNITED WAY OF SOUTHWEST GEORGIA 112 WESTOVER BLVD 58-0655156 501 (C)(3) 0. DONOR DESIGNATIONS ALBANY, GA 31707 10,226 WALKER'S POINT YOUTH & FAMILY CENTER INC. - 1123 N WATER ST STE 400 - MILWAUKEE, WI 53202 39-1247541 501 (C)(3) 0. DONOR DESIGNATIONS 24,963 WALKER'S POINT YOUTH & FAMILY CENTER, INC. - 1123 N WATER ST STE 400 - MILWAUKEE, WI 53202 39-1247541 501 (C)(3) 135,364, 0. RUNAWAY SERVICES UNITED WAY OF SOUTH TEXAS 113 W PECAN BLVD 7,399. 74-2052527 501 (C)(3) 0. DONOR DESIGNATIONS MCALLEN, TX 78501 LUMEN CHRISTI PARISH 11300 ST JAMES LN 30-0664758 501 (C)(3) 0. MEQUON, WI 53092 7,301. DONOR DESIGNATIONS SALVATION ARMY, THE 11315 WEST WATERTOWN PLANK ROAD WAUWATOSA, WI 53226 13-2923701 501 (C)(3) 39,942, 0. DONOR DESIGNATIONS SALVATION ARMY, THE 11315 WEST WATERTOWN PLANK ROAD WAUWATOSA WI 53226 13-2923701 501 (C)(3) 70,000 0. SAFE & STABLE HOMES AURORA AT HOME 11333 WEST NATIONAL AVENUE WEST ALLIS, WI 53227 39-0806180 501 (C)(3) 362,155. 0. AURORA AT HOME HEALTH AURORA AT HOME 11333 WEST NATIONAL AVENUE AURORA ZILBER FAMILY HOSPICE WEST ALLIS, WI 53227 39-0806180 501 (C)(3) 35,277. 0.

WAUKESHA COUNTY INC. Schedule I (Form 990)

39-0806190 Page 1 Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (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 valuation or assistance organization or government if applicable cash grant noncash non-cash assistance (book, FMV, assistance appraisal, other) AURORA AT HOME 11333 WEST NATIONAL AVENUE WEST ALLIS, WI 53227 39-0806180 501 (C)(3) 0. 14,041 DONOR DESIGNATIONS AURORA FAMILY SERVICE, INC. 11333 WEST NATIONAL AVENUE AFS FAMILY THERAPY WEST ALLIS, WI 53227 39-0806180 501 (C)(3) 0. TRAINING INSTITUTE 80,000 AURORA FAMILY SERVICE, INC. 11333 WEST NATIONAL AVENUE WEST ALLIS, WI 53227 39-0806180 501 (C)(3) 325,919 0. AFS FINANCIAL WELLNESS AURORA FAMILY SERVICE, INC. 11333 WEST NATIONAL AVENUE 39-0806180 501 (C)(3) 0. WEST ALLIS, WI 53227 90,000 AURORA BEHAVIORAL HEALTH AURORA FAMILY SERVICE, INC. 11333 WEST NATIONAL AVENUE 39-0806180 501 (C)(3) 213,189. 0. WEST ALLIS, WI 53227 FAMILY ENRICHMENT HEBRON HOUSING SERVICES 1166 QUAIL CT. , SUITE 400 PEWAUKEE, WI 53072 39-1414365 501 (C)(3) 9,982. 0. DONOR DESIGNATIONS HEART OF WEST MICHIGAN UNITED WAY 118 COMMERCE AVENUE SUITE 100 GRAND RAPIDS, MI 49503 38-1360923 501 (C)(3) 5 858 0. DONOR DESIGNATIONS UNITED WAY OF GREATER ST. JOSEPH 118 SOUTH FIFTH STREET, FIRST FLOOR SAINT JOSEPH, MO 64501 44-0547802 501 (C)(3) 8,164. 0. DONOR DESIGNATIONS ROMAN CATHOLIC CHURCH HAWAII 1184 BISHOP STREET HONOLULU, HI 96813 99-0222900 501 (C)(3) 5,700. 0. DONOR DESIGNATIONS

WAUKESHA COUNTY INC. Schedule I (Form 990)

39-0806190 Page 1 Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (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 valuation non-cash assistance or assistance organization or government if applicable cash grant noncash (book, FMV, assistance appraisal, other) CREATING HEALTHIER COMMUNITIES LOCAL - 1199 N FAIRFAX ST STE 600 - ALEXANDRIA, VA 22314 85-0258784 501 (C)(3) 314,777. 0. DONOR DESIGNATIONS GLOBAL IMPACT 1199 NORTH FAIRFAX STREET, SUITE 30 ALEXANDRIA, VA 22314 52-1273585 501 (C)(3) 10,378 0 DONOR DESIGNATIONS ADAPTIVE COMMUNITY APPROACH PROGRAM, INC. (ACAP) - 121 WISCONSIN AVENUE - WAUKESHA, WI 53186 39-1867400 501 (C)(3) 9,340 0. COMMUNITY ORIENTEERING ADAPTIVE COMMUNITY APPROACH PROGRAM, INC. (ACAP) - 121 WISCONSIN AVENUE - WAUKESHA, WI 39-1867400 501 (C)(3) 0 DONOR DESIGNATIONS 53186 5,556. GUEST HOUSE OF MILWAUKEE 1216 N 13TH ST 39-1539301 501 (C)(3) 0. MILWAUKEE, WI 53205 34,705. DONOR DESIGNATIONS GUEST HOUSE OF MILWAUKEE 1216 N 13TH ST 39-1539301 501 (C)(3) MILWAUKEE, WI 53205 45,192, 0. EMERGENCY SHELTER UNITED WAY OF DODGE COUNTY (WI) 122 W. WATER STREET 39-6030786 501 (C)(3) BEAVER DAM, WI 53916 8 203 0. DONOR DESIGNATIONS FRIEDENS COMMUNITY MINISTRIES. INC. - 1220 WEST VLIET STREET -MILWAUKEE, WI 53205-0411 39-1587037 501 (C)(3) 22,010. 0. DONOR DESIGNATIONS FRIEDENS COMMUNITY MINISTRIES. INC. - 1220 WEST VLIET STREET -MILWAUKEE, WI 53205-0411 39-1587037 501 (C)(3) 0. 51,657. EMERGENCY FOOD PANTRY

39-0806190 WAUKESHA COUNTY INC. Schedule I (Form 990)

Page 1 Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (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 valuation or assistance organization or government if applicable cash grant noncash non-cash assistance (book, FMV, assistance appraisal, other) MALAIKA EARLY LEARNING CENTER 125 WEST AUER AVE 39-2021628 501 (C)(3) 0. MILWAUKEE, WI 53212 11,180 DONOR DESIGNATIONS MARQUETTE UNIVERSITY 1250 W. WISCONSIN AVE. MILWAUKEE, WI 53233 39-0806251 501 (C)(3) 435,100 0. DONOR DESIGNATIONS BOYS & GIRLS CLUBS OF AMERICA NATIONAL HEADQUARTERS - 1275 PEACHTREE STREET, NE - ATLANTA, GA 30309-3447 13-5562976 501 (C)(3) 21,660 0. DONOR DESIGNATIONS AURORA HEALING CENTER ON BRUCE STREET - 130 WEST BRUCE STREET. SUITE 400 - MILWAUKEE, WI 53204 39-1442285 501 (C)(3) 0 AHAS HEALING CENTER 135,878, AURORA HEALING CENTER ON BRUCE STREET - 130 WEST BRUCE STREET 39-1442285 501 (C)(3) 12,094. 0. SUITE 400 - MILWAUKEE, WI 53204 DONOR DESIGNATIONS JEWISH FAMILY SERVICES INC. 1300 NORTH JACKSON STREET MILWAUKEE, WI 53202 39-0806291 501 (C)(3) 42,948, 0. DONOR DESIGNATIONS JEWISH FAMILY SERVICES, INC. 1300 NORTH JACKSON STREET MILWAUKEE WI 53202 39-0806291 501 (C)(3) 74,731. 0. CASE MANAGEMENT PROGRAM JEWISH FAMILY SERVICES, INC. 1300 NORTH JACKSON STREET INDIVIDUAL & FAMILY MILWAUKEE, WI 53202 39-0806291 501 (C)(3) 153,985. 0. COUNSELING INNER BEAUTY CENTER 1300 SOUTH LAYTON BOULEVARD MILWAUKEE, WI 53215 47-1261667 501 (C)(3) 0. DONOR DESIGNATIONS 5,535.

UNITED WAY OF GREATER MILWAUKEE & WAIKESHA COUNTY INC

Schedule I (Form 990) WAUKESHA COUNTY INC.

39-0806190

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Part II Continuation of Grants and Other	Assistance to Dor		and Domestic Go	vernments (Sch	edule I (Form 990) Pa		19-0000190 Pag
(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
CHABAD OF DOWNTOWN 1301 N ASTOR ST MILWAUKEE, WI 53202	39-1672482	501 (C)(3)	13,000.	0.			DONOR DESIGNATIONS
JUNIOR ACHIEVEMENT WORLDWIDE INC. 131 DARTMOUTH STREET, 3RD FLOOR BOSTON, MA 02116	27-3666259	501 (C)(3)	15,000.	0.			DONOR DESIGNATIONS
GIRL SCOUTS OF WISCONSIN SOUTHEAST, INC 131 SOUTH 69TH STREET - MILWAUKEE, WI 53214-1663	39-0892833	501 (C)(3)	23,415.	0.			DONOR DESIGNATIONS
GIRL SCOUTS OF WISCONSIN SOUTHEAST, INC 131 SOUTH 69TH STREET - MILWAUKEE, WI 53214-1663	39-0892833	501 (C)(3)	462,095.	0.			LEADERSHIP & CRITICAL LIFE SKILLS DEVELOPMEN FOR GIRLS
BAY VIEW COMMUNITY CENTER 1320 E OKLAHOMA AVE MILWAUKEE, WI 53207-2457	39-1343561	501 (C)(3)	28,725.	0.			DONOR DESIGNATIONS
BAY VIEW COMMUNITY CENTER 1320 E OKLAHOMA AVE MILWAUKEE, WI 53207-2457	39-1343561	501 (C)(3)	40,198.	0.			FAMILY LEARNING AND ENGAGEMENT LAB
BAY VIEW COMMUNITY CENTER 1320 E OKLAHOMA AVE MILWAUKEE, WI 53207-2457	39-1343561	501 (C)(3)	40,199.	0.			FOOD PANTRY
UNITED WAY OF GREATER CLEVELAND 1331 EUCLID AVE CLEVELAND, OH 44115	34-6516654	501 (C)(3)	102,455.	0.			DONOR DESIGNATIONS
CHARLES E. KUBLY FOUNDATION 1341 W MEQUON RD #220 MEQUON, WI 53092-3241	20-0375310	501 (C)(3)	5,870.	0.			DONOR DESIGNATIONS

WAUKESHA COUNTY INC. 39-0806190 Schedule I (Form 990)

Page 1 Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (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 valuation non-cash assistance or assistance cash grant noncash (book, FMV, assistance appraisal, other) ALL IN MILWAUKEE 135 W WELLS ST MILWAUKEE, WI 53203 83-2541054 501 (C)(3) 75,759 0. DONOR DESIGNATIONS MILWAUKEE JEWISH FEDERATION 1360 NORTH PROSPECT AVENUE MILWAUKEE, WI 53202-3094 39-0806312 501 (C)(3) 1,219,500 0. DONOR DESTGNATIONS PENFIELD MONTESSORI ACADEMY 1441 N 24TH ST MILWAUKEE, WI 53205 47-3685752 501 (C)(3) 6,750 0. DONOR DESIGNATIONS WOMEN'S CARE CENTER 1441 NORTH FARWELL AVENUE MILWAUKEE, WI 53202 81-4537878 501 (C)(3) 29,809, 0 DONOR DESIGNATIONS UNITED WAY FOX CITIES, INC. 1455 MIDWAY ROAD 39-0912895 501 (C)(3) 0. MENASHA, WI 54952 58,484, DONOR DESIGNATIONS URBAN ECOLOGY CENTER 1500 EAST PARK PLACE MILWAUKEE, WI 53211-3587 39-1712663 501 (C)(3) 0. DONOR DESIGNATIONS 45,080 COLLEGE POSSIBLE (WI) 1515 N. RIVERCENTER DRIVE, SUITE 10 MILWAUKEE, WI 53212 41-1968798 501 (C)(3) 25 000 0. C-19 RECOVERY COLLEGE POSSIBLE (WI) 1515 N. RIVERCENTER DRIVE, SUITE 10 MILWAUKEE, WI 53212 41-1968798 501 (C)(3) 14,022. 0. DONOR DESIGNATIONS NATIVITY JESUIT ACADEMY 1515 S 29TH ST MILWAUKEE, WI 53215 39-1741141 501 (C)(3) 10,603. 0. DONOR DESIGNATIONS

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Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	t II.)	T
(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
VIA CDC LAYTON BOULEVARD WEST NEIGHBORS - 1545 SOUTH LAYTON BOULEVARD - MILWAUKEE, WI 53215	39-1817581	501 (C)(3)	7,006.	0.			DONOR DESIGNATIONS
BOYS & GIRLS CLUBS OF GREATER MILWAUKEE - 1558 N 6TH STREET - MILWAUKEE, WI 53212	39-0806292	501 (C)(3)	10,000.	0.			CHROMEBOOK SUPPORT
BOYS & GIRLS CLUBS OF GREATER MILWAUKEE - 1558 N 6TH STREET - MILWAUKEE, WI 53212	39-0806292	501 (C)(3)	581,618.	0.			DONOR DESIGNATIONS
BOYS & GIRLS CLUBS OF GREATER MILWAUKEE - 1558 N 6TH STREET - MILWAUKEE, WI 53212	39-0806292		10,000.	0.			EQUIPMENT GRANT
BOYS & GIRLS CLUBS OF GREATER MILWAUKEE - 1558 N 6TH STREET - MILWAUKEE, WI 53212	39-0806292	501 (C)(3)	861,043.	0.			SCHOOL ACHIEVEMENT
BOYS & GIRLS CLUBS OF GREATER MILWAUKEE - 1558 N 6TH STREET - MILWAUKEE, WI 53212	39-0806292	501 (C)(3)	78,741.	0.			SPARK EARLY LITERACY PROGRAM
BOYS & GIRLS CLUBS OF GREATER MILWAUKEE - 1558 N 6TH STREET - MILWAUKEE, WI 53212	39-0806292	501 (C)(3)	95,803.	0.			sponsor-a-scholar
SKYLIGHT MUSIC THEATRE CORP. 158 N BROADWAY ST STE 400 MILWAUKEE, WI 53202-6038	39-0975374	501 (C)(3)	13,527.	0.			DONOR DESIGNATIONS
UNITED WAY OF TULARE COUNTY 1601 EAST PROSPERITY AVENUE TULARE, CA 93274	94-6100424	501 (C)(3)	7,054.	0.			DONOR DESIGNATIONS

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UNITED WAY OF GREATER MILWAUKEE & WAIKESHA COUNTY INC

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05-0627081 501 (C)(3)

23-1494791 501 (C)(3)

39-1162969 501 (C)(3)

WAUKESHA COUNTY INC. 39-0806190 Schedule I (Form 990) Page 1 Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (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 if applicable valuation non-cash assistance or assistance organization or government cash grant noncash (book, FMV, assistance appraisal, other) MILWAUKEE COLLEGE PREPARATORY -36TH STREET - 2449 NORTH 36TH STREET - MILWAUKEE, WI 53210 39-1881295 501 (C)(3) 100,145 0. DONOR DESIGNATIONS UNITED WAY OF THE PLAINS 245 NORTH WATER STREET WICHITA, KS 67202-2090 48-0547688 501 (C)(3) 26,152 0. DONOR DESTGNATIONS GREATER MILWAUKEE COMMITTEE FOR COMMUNITY DEVELOPMENT - 247 W FRESHWATER WAY STE 400 -MILWAUKEE, WI 53204 39-0749512 501 (C)(3) 10,000 0. DONOR DESIGNATIONS SCULPTURE MILWAUKEE 250 E WISCONSIN AVE STE 1800 MILWAUKEE, WI 53202 83-3982377 501 (C)(3) 0 DONOR DESIGNATIONS 27,000 UNITED WAY OF GREATER NASHVILLE 250 VENTURE CIR 62-0533104 501 (C)(3) 0. NASHVILLE, TN 37228 6,859. DONOR DESIGNATIONS NEHEMIAH PROJECT, INC. 2506 WEST VLIET STREET MILWAUKEE, WI 53205 39-1841047 501 (C)(3) 0. DONOR DESIGNATIONS 17,860 HOPE STREET MINISTRY 2522 W CAPITOL DR

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EARLY CHILDHOOD EDUCATION

DONOR DESIGNATIONS

DONOR DESIGNATIONS

MILWAUKEE, WI 53206

253 E MARKET ST YORK, PA 17403

CATHOLIC CHARITIES - YORK (PA)

NEXT DOOR FOUNDATION, INC. 2545 NORTH 29TH STREET MILWAUKEE, WI 53210

75,000.

10,415.

5,262.

0.

0.

0.

WAUKESHA COUNTY INC. 39-0806190 Schedule I (Form 990)

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39-0806269 501 (C)(3)

WAUKESHA COUNTY INC. Schedule I (Form 990)

39-0806190 Page 1 Part II | Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (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 valuation non-cash assistance or assistance (book, FMV, assistance appraisal, other) WOMEN AND GIRLS FUND OF WAUKESHA COUNTY - 2727 N GRANDVIEW BLVD STE 84-4036712 501 (C)(3) 0. 301 - WAUKESHA, WI 53188 5,111 DONOR DESIGNATIONS FAMILY SERVICE OF WAUKESHA 2727 N. GRANDVIEW BLVD. SUITE 203 WAUKESHA, WI 53188 39-1038707 501 (C)(3) 12,704 0. DONOR DESIGNATIONS FAMILY SERVICE OF WAUKESHA 2727 N. GRANDVIEW BLVD. SUITE 203 39-1038707 501 (C)(3) 34,696 0. WAUKESHA, WI 53188 C.A.R.E. CENTER, THE FAMILY SERVICE OF WAUKESHA 2727 N. GRANDVIEW BLVD. SUITE 203 CENTER FOR THE PREVENTION 39-1038707 501 (C)(3) 0. WAUKESHA, WI 53188 19,090 OF FAMILY VIOLENCE FAMILY SERVICE OF WAUKESHA 2727 N. GRANDVIEW BLVD. SUITE 203 39-1038707 501 (C)(3) WAUKESHA, WI 53188 178,908, 0. MENTAL HEALTH COUNSELING FAMILY SERVICE OF WAUKESHA 2727 N. GRANDVIEW BLVD. SUITE 203 39-1038707 501 (C)(3) WAUKESHA, WI 53188 80,000 0. HELPING KIDS SUCCEED MILWAUKEE INSTITUTE OF ART & DESIGN - 273 EAST ERIE STREET -MILWAUKEE, WI 53202-6003 39-1201561 501 (C)(3) 51,000 0. DONOR DESIGNATIONS ST. ANN CENTER FOR INTERGENERATIONAL CARE - 2801 EAST MORGAN AVENUE - MILWAUKEE, WI 53207 39-1757756 501 (C)(3) 62,118. 0. DONOR DESIGNATIONS NEIGHBORHOOD HOUSE OF MILWAUKEE INC. - 2819 W. RICHARDSON PLACE -

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DONOR DESIGNATIONS

MILWAUKEE, WI 53208-3546

48,001.

0.

39-0289860 501 (C)(3)

39-0806190 WAUKESHA COUNTY INC. Schedule I (Form 990) Page 1 Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (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 valuation non-cash assistance or assistance (book, FMV, assistance appraisal, other) NEIGHBORHOOD HOUSE OF MILWAUKEE INC. - 2819 W. RICHARDSON PLACE -MILWAUKEE, WI 53208-3546 39-0806269 501 (C)(3) 93,159 0. EARLY CHILDHOOD EDUCATION NEIGHBORHOOD HOUSE OF MILWAUKEE. INC. - 2819 W. RICHARDSON PLACE -MILWAUKEE, WI 53208-3546 39-0806269 501 (C)(3) 0. 165,658 YOUTH DEVELOPMENT PROGRAM MILWAUKEE COMMUNITY BUSINESS COLLABORATIVE - 2821 N. 4TH STREET MILW HEALHCARE SUITE 322 - MILWAUKEE, WI 53212 46-3689224 501 (C)(3) 150,000 0. PARTNERSHIP MILWAUKEE COMMUNITY BUSINESS COLLABORATIVE - 2821 N. 4TH STREET REDUCING BARRIERS TO SUITE 322 - MILWAUKEE, WI 53212 46-3689224 501 (C)(3) 0. EMPLOYMENT 10,000 MILWAUKEE COMMUNITY BUSINESS COLLABORATIVE - 2821 N. 4TH STREET SUITE 322 - MILWAUKEE, WI 53212 46-3689224 501 (C)(3) 8,435. 0. DONOR DESIGNATIONS SERENITY INNS, INC. 2825 W BROWN ST 41-2034019 501 (C)(3) MILWAUKEE, WI 53208 10,000 0. DONOR DESIGNATIONS MOUNT MARY UNIVERSITY 2900 NORTH MENOMONEE RIVER PARKWAY MILWAUKEE, WI 53222-4597 39-0806154 501 (C)(3) 110,000 0. DONOR DESIGNATIONS UNITED WAY OF CENTRAL INDIANA 2955 N MERIDIAN ST., STE 300 INDIANAPOLIS, IN 46208 35-1007590 501 (C)(3) 8.747. 0. DONOR DESIGNATIONS

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DONOR DESIGNATIONS

MILWAUKEE FIRE BELL FUND

MILWAUKEE, WI 53214-1468

300 S 84TH ST

5,208.

0.

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Page 1 Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (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 or assistance organization or government if applicable cash grant noncash valuation non-cash assistance (book, FMV, assistance appraisal, other) SOUTHEASTERN WISCONSIN YOUTH FOR CHRIST - 3001 CARPENTER AVE - MT 39-0977052 501 (C)(3) 7,726 0 PLEASANT, WI 53403 DONOR DESIGNATIONS ROCKETSHIP EDUCATION WISCONSIN 3003 W CLEVELAND AVE MILWAUKEE, WI 53215 90-0951861 501 (C)(3) 0. DONOR DESIGNATIONS 6,050 UNITED WAY OF CENTRAL CAROLINAS. INC. - 301 SOUTH BREVARD STREET -CHARLOTTE, NC 28202-2317 56-0529948 501 (C)(3) 15,374 0. DONOR DESIGNATIONS MILWAUKEE DOWNTOWN 301 W WISCONSIN AVE STE 106 39-1988035 501 (C)(3) 0 DONOR DESIGNATIONS MILWAUKEE, WI 53203-2202 15,000 UNITED PERFORMING ARTS FUND INC. 301 W. WISCONSIN AVE. SUITE 600 39-6100399 501 (C)(3) 0. MILWAUKEE, WI 53203 294,748. DONOR DESIGNATIONS UNITED WAY FOR SOUTHEASTERN MICHIGAN - 3011 W GRAND BLVD, SUITE 500 - DETROIT, MI 48202-3012 20-3099071 501 (C)(3) 15,609 0. DONOR DESIGNATIONS MILWAUKEE LGBT COMMUNITY CENTER 315 WEST COURT STREET MILWAUKEE, WI 53212 39-1893808 501 (C)(3) 16 823 0. DONOR DESIGNATIONS MILWAUKEE LGBT COMMUNITY CENTER 315 WEST COURT STREET PROJECT Q HEALTH & MILWAUKEE, WI 53212 39-1893808 501 (C)(3) 28,920. 0. WELLNESS WOMEN'S FUND OF GREATER MILWAUKEE INC. - 316 NORTH MILWAUKEE STREET SUITE 215 - MILWAUKEE, WI 53202 20-3514894 501 (C)(3) 0. DONOR DESIGNATIONS 11,035.

Schedule I (Form 990) WAUKESHA COUNTY INC. 39-0806190

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WAUKESHA COUNTY INC. Schedule I (Form 990)

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Page 1

Part II Continuation of Grants and Other A			and Domestic Go	vernments (Sche	edule I (Form 990), Pa		
(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
INTER WAY OF CENTERS ALADAMA							
UNITED WAY OF CENTRAL ALABAMA, INC 3600 EIGHTH AVENUE, SOUTH -							
BIRMINGHAM, AL 35222	63-0288846	501 (C)(3)	5,483.	0.			DONOR DESIGNATIONS
UNITED WAY OF GREATER CHIPPEWA	03 0200010	301 (0)(3)	3,103.	•			Jones Bediemiliend
VALLEY, INC 3603 NORTH HASTINGS							
WAY, SUITE 200 - EAU CLAIRE, WI							
54703	39-1077901	501 (C)(3)	10,426.	0.			DONOR DESIGNATIONS
YMCA OF GREATER WAUKESHA COUNTY							
3610 MICHELLE WITMER MEMORIAL DR ST							
NEW BERLIN, WI 53151	45-5119441	501 (C)(3)	50,936.	0.			DAY CAMP
YMCA OF GREATER WAUKESHA COUNTY							
3610 MICHELLE WITMER MEMORIAL DR ST				_			
NEW BERLIN, WI 53151	45-5119441	501 (C)(3)	7,526.	0.			DONOR DESIGNATIONS
YMCA OF GREATER WAUKESHA COUNTY							
3610 MICHELLE WITMER MEMORIAL DR ST	4E E110441	E01 (Q) (2)	0 510	0			EARLY GUILDHOOD EDHOAMIO
NEW BERLIN, WI 53151	45-5119441	501 (C)(3)	9,519.	0.			EARLY CHILDHOOD EDUCATION
UNITED WAY OF SUMMIT COUNTY, INC.							
37 N HIGH STREET							
AKRON, OH 44308	34-1169257	501 (C)(3)	31,079.	0.			DONOR DESIGNATIONS
		(0)(0)	02,075	-			
AUTISM SOCIETY OF SOUTHEASTERN							
WISCONSIN - 3720 N 124TH ST STE O							
- WAUWATOSA, WI 53222	39-1708201	501 (C)(3)	12,900.	0.			DONOR DESIGNATIONS
·			ĺ				
PRISM ECONOMIC DEVELOPMENT							
CORPORATION - 3725 N. SHERMAN							
BLVD MILWAUKEE, WI 53216	27-4679627	501 (C)(3)	200,000.	0.			DONOR DESIGNATIONS
MILWAUKEE HABITAT FOR HUMANITY							
3726 NORTH BOOTH STREET							
MILWAUKEE, WI 53212	39-1496741	501 (C)(3)	64,043.	0.			DONOR DESIGNATIONS

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WAUKESHA COUNTY INC. 39-0806190 Schedule I (Form 990)

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WAUKESHA COUNTY INC. 39-0806190 Schedule I (Form 990)

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Schedule I (Form 990) WAUKESHA COUNTY INC. 39-0806190

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (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 valuation non-cash assistance or assistance organization or government if applicable cash grant noncash (book, FMV, assistance appraisal, other) HUNGER TASK FORCE, INC. 5000 W ELECTRIC AVENUE WEST MILWAUKEE, WI 53219 39-1345847 501 (C)(3) 225,728 0. DONOR DESIGNATIONS HUNGER TASK FORCE, INC. 5000 W ELECTRIC AVENUE RIDE UNITED: LAST MILE WEST MILWAUKEE, WI 53219 39-1345847 501 (C)(3) 0. DELIVERY 15,000 FISHER HOUSE WISCONSIN 5000 W NATIONAL AVE MILWAUKEE, WI 53295 27-5461119 501 (C)(3) 6,842. 0. DONOR DESIGNATIONS HUNGER RELIEF FUND OF WISCONSIN 5000 W. ELECTRIC AVENUE WEST MILWAUKEE, WI 53219 39-1345847 501 (C)(3) 68,398. 0 DONOR DESIGNATIONS MEQUON-THIENSVILLE EDUCATION FOUNDATION - 5000 WEST MEOUON ROAD 31-1625167 501 (C)(3) 0. - MEQUON, WI 53092 12,590. DONOR DESIGNATIONS COMMUNITY SHARES OF GREATER MILWAUKEE - 5027 W. NORTH AVENUE -MILWAUKEE, WI 53208 39-1362120 501 (C)(3) 0. 66,056, DONOR DESIGNATIONS WOMEN'S CENTER, THE 505 NORTH EAST AVENUE WAUKESHA, WI 53186 39-1269698 501 (C)(3) 16 640 0. CHILD ABUSE PREVENTION WOMEN'S CENTER, THE 505 NORTH EAST AVENUE WAUKESHA, WI 53186 39-1269698 501 (C)(3) 30,083, 0. EMPLOYMENT WOMEN'S CENTER, THE 505 NORTH EAST AVENUE SEXUAL ABUSE & ASSAULT WAUKESHA, WI 53186 39-1269698 501 (C)(3) 0. COUNSELING 21,326.

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39-1710549 501 (C)(3)

36-2167843 501 (C)(3)

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DOMESTIC ABUSE AND FAMILY

LAW PROGRAM

DONOR DESIGNATIONS

INC. - 611 WEST NATIONAL AVENUE

#103 - MILWAUKEE, WI 53204-1768

UNITED WAY OF ROCK RIVER VALLEY 612 NORTH MAIN STREET, SUITE 300

ROCKFORD, IL 61103

70,340.

15,681.

0.

0.

47-2708769 501 (C)(3)

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DONOR DESIGNATIONS

MILWAUKEE, WI 53233

10,901.

0.

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WAUKESHA COUNTY INC.

39-0816846 501 (C)(3)

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SPRING CITY CORNER

CLUBHOUSE

WISCONSIN & UPPER MICHIGAN - 6737 W WASHINGTON ST STE 2275 - WEST

ALLIS, WI 53214-5666

45,602.

0.

39-0816849 501 (C)(3)

WAUKESHA COUNTY INC. 39-0806190 Schedule I (Form 990) Page 1 Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (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 valuation non-cash assistance organization or government if applicable cash grant noncash or assistance (book, FMV, assistance appraisal, other) IMPACT, INC. 6737 WEST WASHINGTON STREET, SUITE MILWAUKEE, WI 53214-2619 39-0988784 501 (C)(3) 17,491 0 DONOR DESIGNATIONS IMPACT, INC. 6737 WEST WASHINGTON STREET, SUITE MILWAUKEE, WI 53214-2619 39-0988784 501 (C)(3) 0. 35,000 HEALTH IMPROVEMENT FUND IMPACT, INC. 6737 WEST WASHINGTON STREET, SUITE MILWAUKEE, WI 53214-2619 39-0988784 501 (C)(3) 817,698 0. IMPACT 2-1-1 IMPACT, INC. 6737 WEST WASHINGTON STREET, SUITE MILWAUKEE, WI 53214-2619 39-0988784 501 (C)(3) 0. 500,000 SASH FAMILY FLEX FUND IMPACT, INC. 6737 WEST WASHINGTON STREET, SUITE 39-0988784 501 (C)(3) 0. MILWAUKEE, WI 53214-2619 50,000 SAFE & STABLE HOMES EASTERSEALS SOUTHEAST WISCONSIN 6737 WEST WASHINGTON STREET, SUITE WEST ALLIS, WI 53214 39-0816849 501 (C)(3) 13,493 0. DONOR DESIGNATIONS EASTERSEALS SOUTHEAST WISCONSIN 6737 WEST WASHINGTON STREET, SUITE WEST ALLIS, WI 53214 39-0816849 501 (C)(3) 82,255. 0. CASE MANAGEMENT (SBHF) EASTERSEALS SOUTHEAST WISCONSIN CHILDBIRTH & INFANT 6737 WEST WASHINGTON STREET, SUITE PREPARATION SERVICES WEST ALLIS, WI 53214 39-0816849 501 (C)(3) 18,708. 0. (SBHF)

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SUPPORTED EMPLOYMENT

EASTERSEALS SOUTHEAST WISCONSIN 6737 WEST WASHINGTON STREET, SUITE

WEST ALLIS, WI 53214

88,802.

0.

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39-0806190 Page 1 Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (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 valuation non-cash assistance or assistance organization or government if applicable cash grant noncash (book, FMV, assistance appraisal, other) SAFE AND SOUND 801 WEST MICHIGAN STREET 39-1940292 501 (C)(3) 8,654. 0. DONOR DESIGNATIONS MILWAUKEE, WI 53233 BOY SCOUTS OF AMERICA, POTAWATOMI AREA COUNCIL - 804 BLUEMOUND RD -WAUKESHA, WI 53188 39-0806342 501 (C)(3) 17,919 0. DONOR DESIGNATIONS BOY SCOUTS OF AMERICA, POTAWATOMI AREA COUNCIL - 804 BLUEMOUND RD -WAUKESHA, WI 53188 39-0806342 501 (C)(3) 87,028 0. CUB SCOUTS GATHERING OF SOUTHEAST WI, INC., THE - 804 EAST JUNEAU AVENUE -MILWAUKEE, WI 53202 39-1891030 501 (C)(3) 18,178. 0 DONOR DESIGNATIONS MILWAUKEE CHRISTIAN CENTER, INC. 807 S 14TH ST 39-0807066 501 (C)(3) 0. MILWAUKEE, WI 53204 19,370. DONOR DESIGNATIONS MILWAUKEE CHRISTIAN CENTER, INC. 807 S 14TH ST 39-0807066 501 (C)(3) 0. MILWAUKEE, WI 53204 56,569, EMERGENCY FOOD PANTRY MILWAUKEE CHRISTIAN CENTER, INC. 807 S 14TH ST 39-0807066 501 (C)(3) MILWAUKEE, WI 53204 55,442, 0. OLDER ADULT CENTER MILWAUKEE CHRISTIAN CENTER, INC. 807 S 14TH ST MILWAUKEE, WI 53204 39-0807066 501 (C)(3) 10,000. 0. TECHOUITY MILWAUKEE CHRISTIAN CENTER, INC. 807 S 14TH ST 39-0807066 501 (C)(3) MILWAUKEE, WI 53204 68 692. 0. YOUTH DEVELOPMENT PROGRAM

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (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 valuation non-cash assistance or assistance (book, FMV, assistance appraisal, other) CATHEDRAL CENTER, INC. 845 N. VAN BUREN STREET MILWAUKEE, WI 53202 74-3038890 501 (C)(3) 0. 100,000 SAFE & STABLE HOMES VERSITT 8733 W. WATERTOWN PLANK RD. 39-0807235 501 (C)(3) 0. DONOR DESIGNATIONS WAUWATOSA, WI 53226 6,213 OZAUKEE FAMILY SERVICES 885 BADGER CIRCLE 39-1208203 501 (C)(3) 24,861 0. COUNSELING SERVICES GRAFTON, WI 53024 OZAUKEE FAMILY SERVICES 885 BADGER CIRCLE 39-1208203 501 (C)(3) 0. DONOR DESIGNATIONS GRAFTON, WI 53024 27,758, OZAUKEE FAMILY SERVICES 885 BADGER CIRCLE 39-1208203 501 (C)(3) GRAFTON, WI 53024 10,000 0. SUMMER LEARNING RONALD MCDONALD HOUSE CHARITIES OF EASTERN WISCONSIN - 8948 W WATERTOWN PLANK ROAD - WAUWATOSA, 39-1433107 501 (C)(3) WI 53226 19,300 0. DONOR DESIGNATIONS CHILDREN'S HOSPITAL & HEALTH SYSTEM FDN. - 9000 W WISCONSIN AVE - MILWAUKEE, WI 53226 39-1500075 501 (C)(3) 121,441, 0. DONOR DESIGNATIONS COA YOUTH & FAMILY CENTERS 909 EAST NORTH AVENUE MILWAUKEE, WI 53212-3447 39-0806339 501 (C)(3) 125,953. 0. DONOR DESIGNATIONS COA YOUTH & FAMILY CENTERS 909 EAST NORTH AVENUE MILWAUKEE, WI 53212-3447 39-0806339 501 (C)(3) 0. 73,215. EARLY CHILDHOOD EDUCATION

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99-0086524 501 (C)(3)

39-6044569 501 (C)(3)

WAUKESHA COUNTY INC. 39-0806190 Schedule I (Form 990) Page 1 Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (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 valuation non-cash assistance or assistance organization or government if applicable cash grant noncash (book, FMV, assistance appraisal, other) FRIENDS, INC. 922 S. 18TH AVENUE WEST BEND, WI 53095 39-1308555 501 (C)(3) 30,000 0. OPENING DOORS UNITED WAY OF LAKE COUNTY, INC (OH) - 9285 PROGRESS PARKWAY -MENTOR, OH 44060-1854 34-1105038 501 (C)(3) 17,699 0. DONOR DESIGNATIONS MARCUS CENTER FOR THE PERFORMING ARTS - 929 N WATER ST - MILWAUKEE WI 53202 51-0532407 501 (C)(3) 10,950 0. DONOR DESIGNATIONS BLACK ARTS MKE 929 NORTH WATER STREET MILWAUKEE, WI 53202 47-1889202 501 (C)(3) 0. DONOR DESIGNATIONS 10,000. BLACK ARTS MKE 929 NORTH WATER STREET 47-1889202 501 (C)(3) 0. MILWAUKEE, WI 53202 50,000 RACIAL EQUITY BLACK EDUCATORS COLLECTIVE 929 NORTH WATER STREET 85-3321856 501 (C)(3) MILWAUKEE, WI 53202 10,000 0. RACIAL EQUITY UNITED WAY OF BREVARD COUNTY 937 DIXON BOULEVARD 59-0836384 501 (C)(3) COCOA, FL 32922-6806 26,215, 0. DONOR DESIGNATIONS MAUI UNITED WAY

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DONOR DESIGNATIONS

DONOR DESIGNATIONS

95 MAHALANI ST ROOM 24 WAILUKU, HI 96793-2521

AURORA FOUNDATION-AURORA

MILWAUKEE, WI 53233

950 NORTH 12 STREET, SUITE A511

14,500.

5,800.

0.

0.

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39-0806190 Page 1 Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (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 or assistance organization or government if applicable cash grant noncash valuation non-cash assistance (book, FMV, assistance appraisal, other) AURORA FOUNDATION-AURORA 950 NORTH 12 STREET, SUITE A511 MILWAUKEE, WI 53233 39-6044569 501 (C)(3) 0. 29,250 HEALTH IMPROVEMENT FUND PLYMOUTH COMMUNITY UNITED WAY 960 W. ANN ARBOR TRAIL PLYMOUTH, MI 48170 23-7327248 501 (C)(3) 0. DONOR DESIGNATIONS 65,189 UNITED WAY OF PORTAGE COUNTY (OH) 999 E. MAIN STREET (2ND FLOOR) RAVENNA, OH 44266 34-1024769 501 (C)(3) 6,835 0. DONOR DESIGNATIONS CHILDREN'S WISCONSIN 999 N. 92ND ST. COUNSELING FOR CHILDREN 39-1500074 501 (C)(3) 0. AND FAMILIES WAUWATOSA, WI 53226 95,473. CHILDREN'S WISCONSIN 999 N. 92ND ST. 39-1500074 501 (C)(3) 0. WAUWATOSA, WI 53226 920,235. DONOR DESIGNATIONS CHILDREN'S WISCONSIN 999 N. 92ND ST. 39-1500074 501 (C)(3) WAUWATOSA, WI 53226 71,377. 0. MILWAUKEE START RIGHT CHILDREN'S WISCONSIN 999 N. 92ND ST. WAUWATOSA, WI 53226 39-1500074 501 (C)(3) 42,698. 0. VOLUNTEER RESPITE CARE ACTS COMMUNITY DEVELOPMENT CORPORATION - ACTS HOUSING -MILWAUKEE - MILWAUKEE, WI 53205 39-1837474 501 (C)(3) 78,579. 0. DONOR DESIGNATIONS PLANNED PARENTHOOD OF WISCONSIN ATTN: DEVELOPMENT DEPARTMENT MILWAUKEE, WI 53202-5917 39-0863391 501 (C)(3) 0. DONOR DESIGNATIONS 152,215.

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (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 valuation non-cash assistance or assistance organization or government if applicable cash grant noncash (book, FMV, assistance appraisal, other) PROMISE SCHOLARSHIP FUND 700 WEST STATE STREET 39-1341603 501 (C)(3) 402,000 0. DONOR DESIGNATIONS MILWAUKEE, WI 53233 UNITY IN HOPE SCHOOL SYSTEM N119 W5912 JAMES CIRCLE CEDARBURG, WI 53012 85-3290715 501 (C)(3) 6,610 0. DONOR DESIGNATIONS JUNIOR ACHIEVEMENT USA ONE EDUCATION WAY COLORADO SPRINGS, CO 80906-4477 84-1267604 501 (C)(3) 10,000 0. DONOR DESIGNATIONS BELIEVE IN STUDENTS FAST FUND -LOCAL 212 - PO BOX 05686 -MILWAUKEE, WI 53205 83-0561041 501 (C)(3) 0. DONOR DESIGNATIONS 11,929. METROGO INC PO BOX 1184 39-1717955 501 (C)(3) 0. MILWAUKEE, WI 53201-1184 10,000 DONOR DESIGNATIONS METROGO INC PO BOX 1184 REDUCING BARRIERS TO 39-1717955 501 (C)(3) EMPLOYMENT MILWAUKEE, WI 53201-1184 10,000 0. HUNT FOR LIFE FOUNDATION PO BOX 180382 81-3238206 501 (C)(3) DELAFIELD, WI 53018 7 456 0. DONOR DESIGNATIONS UNITED WAY OF DELAWARE COUNTY. INC. (OH) - PO BOX 319 - DELAWARE OH 43015 31-4423899 501 (C)(3) 6,449. 0. DONOR DESIGNATIONS WISCONSIN EOUAL JUSTICE FUND PO BOX 46103 MADISON, WI 53744 39-1904737 501 (C)(3) 0. DONOR DESIGNATIONS 12,251.

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WAUKESHA COUNTY INC. Schedule I (Form 990)

46-1052766 501 (C)(3)

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EMPLOYMENT

MILWAUKEE, WI 53201

25,000.

0.

UNITED WAY OF GREATER MILWAUKEE & WAIKESHA COUNTY INC

Schedule I (Form 990) WAUKESHA COUNTY INC.

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Part II Continuation of Grants and Other A			and Domestic Go	vernments (Sch	edule I (Form 990), Pa		rage i
(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
CHILDREN'S HEALTH ALLIANCE OF							
WISCONSIN - 6737 W WASHINGTON							
STREET, SUITE 1111 - WEST ALLIS,							MILW HEALHCARE
WI 53214	39-0812532	501 (C)(3)	25,000.	0.			PARTNERSHIP
COMMUNITY SMILES DENTAL							
210 NW BARSTOW ST STE 305							
WAUKESHA, WI 53188	30-0436162	501 (C)(3)	20,065.	0.			ADULT DENTAL CARE PROGRAM
EMPLOY MILWAUKEE							
2342 NORTH 27TH STREET							REDUCING BARRIERS TO
MILWAUKEE, WI 53210	39-1636835	501 (C)(3)	80,000.	0.			EMPLOYMENT
ERAS SENIOR NETWORK							
2607 NORTH GRANDVIEW BOULEVARD, STE							
WAUKESHA, WI 53188-1690	39-1393171	501 (C)(3)	7,500.	0.			HELPING KIDS SUCCEED
MICRESINI, WI 33100 1030	33 1333171	301 (0)(3)	7,300.	٠.			INDEFING KIBS SECCEES
ERAS SENIOR NETWORK							
2607 NORTH GRANDVIEW BOULEVARD, STE							
WAUKESHA, WI 53188-1690	39-1393171	501 (C)(3)	64,280.	0.			FAITH IN ACTION
ERAS SENIOR NETWORK							
2607 NORTH GRANDVIEW BOULEVARD, STE				_			NEIGHBORHOOD OUTREACH
WAUKESHA, WI 53188-1690	39-1393171	501 (C)(3)	179,625.	0.			PROJECT
FAMILY PROMISE OF OZAUKEE COUNTY							
136 W GRAND AVE							
PORT WASHINGTON, WI 53074	46-4227704	501 (C)(3)	35,000.	0.			SAFE & STABLE HOMES
Toki Wibiinolon, NI 33071	10 122,701	301 (0)(3)	33,000.	•			
FATHERS MAKING PROGRESS							
PO BOX 12301							
MILWAUKEE, WI 53212-0301	85-0512163	501 (C)(3)	25,000.	0.			C-19 RECOVERY
GREATER MILWAUKEE FOUNDATION							
101 WEST PLEASANT STREET, SUITE 210	20 62255	504 (5) (5)		_			
MILWAUKEE, WI 53212	39-6036407	pul (C)(3)	250,000.	0.			MILWAUKEE SUCCEEDS

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Page 1 Part II | Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (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 valuation non-cash assistance or assistance organization or government if applicable cash grant noncash (book, FMV, assistance appraisal, other) METROPOLITAN MILWAUKEE FAIR HOUSING COUNCIL - 600 EAST MASON STREET, SUITE 200 - MILWAUKEE, WI 53202 39-1286685 501 (C)(3) 25,000 0. C-19 RECOVERY MILWAUKEE COMMUNITY SERVICE CORPS 1441 NORTH SEVENTH STREET DIGITAL DEVICES & SKILLS MILWAUKEE, WI 53205 39-1680843 501 (C)(3) 0. GRANT 10,000 MILWAUKEE COMMUNITY SERVICE CORPS 1441 NORTH SEVENTH STREET MILWAUKEE, WI 53205 39-1680843 501 (C)(3) 10,000 0. INFRASTRUCTURE MILWAUKEE COUNTY HOUSING DIVISION 600 W WALNUT STREET. SUITE 100 MILWAUKEE, WI 53212-3863 39-6052035 501 (C)(3) 0 80,000 HOUSING NAVIGATORS MILWAUKEE HABITAT FOR HUMANITY 3726 NORTH BOOTH STREET 39-1496741 501 (C)(3) 0. MILWAUKEE, WI 53212 30,000 SAFE & STABLE HOMES MILWAUKEE HEALTH CARE PARTNERSHIP 400 W RIVER WOODS PKWY CHILD-ADOLESCENT MENTAL 39-1931089 501 (C)(3) HEALTH SERVICES MILWAUKEE, WI 53212 75,000 0. MILWAUKEE HEALTH CARE PARTNERSHIP 400 W RIVER WOODS PKWY MILWAUKEE, WI 53212 39-1931089 501 (C)(3) 165,000 0. HOUSING IS HEALTH MILWAUKEE HEALTH CARE PARTNERSHIP 400 W RIVER WOODS PKWY MILWAUKEE, WI 53212 39-1931089 501 (C)(3) 75,000. 0. MENTAL HEALTH MILWAUKEE HEALTH CARE PARTNERSHIP 400 W RIVER WOODS PKWY MILW HEALHCARE MILWAUKEE, WI 53212 39-1931089 501 (C)(3) 0. PARTNERSHIP 401,000.

39-6036407 501 (C)(3)

39-0806190 WAUKESHA COUNTY INC. Schedule I (Form 990) Page 1 Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (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 valuation non-cash assistance or assistance (book, FMV, assistance appraisal, other) MILWAUKEE HEALTH SERVICES 2555 NORTH MARTIN LUTHER KING DRIVE 39-1664109 501 (C)(3) 0. MILWAUKEE, WI 53212 20,000 HEALTH IMPROVEMENT FUND MILWAUKEE HEALTH SERVICES 2555 NORTH MARTIN LUTHER KING DRIVE MILW HEALHCARE MILWAUKEE, WI 53212 39-1664109 501 (C)(3) 0. PARTNERSHIP 398,329 MILWAUKEE LABOR COUNCIL 633 SOUTH HAWLEY ROAD, #110 MILWAUKEE, WI 53214 39-0965630 501 (C)(3) 300,000 0. DONOR DESIGNATIONS MINDFUL GROUP INC 11700 W LAKE PARK DR STE D REDUCING BARRIERS TO 84-2213013 501 (C)(3) 0. EMPLOYMENT MILWAUKEE, WI 53224 75,000 MKE FELLOWS C/O FELLOWSHIP OPEN 815 N WATER ST FL 3 75-3070195 501 (C)(3) MILWAUKEE, WI 53202-3526 175,000. 0. MKE FELLOWES-GRANT NEU-LIFE COMMUNITY DEVELOPMENT 2014 WEST NORTH AVENUE 39-1805861 501 (C)(3) MILWAUKEE, WI 53205 40,000 0. HEALTHY YOUTH NEW CONCEPT SELF DEVELOPMENT CENTER INC. - 1531 W. VLIET STREET FATHERS' RESOURCE & - MILWAUKEE, WI 53205 39-1220236 501 (C)(3) 43,644, 0. EMPLOYMENT CENTER NEW CONCEPT SELF DEVELOPMENT CENTER INC. - 1531 W. VLIET STREET - MILWAUKEE, WI 53205 39-1220236 501 (C)(3) 31,215. 0. MLK SOCIAL SERVICE NONPROFIT MANAGEMENT FUND 101 W PLEASANT STREET NONPROFITS

Schedule I (Form 990)

SUPPORT-CAPACITY BUILDING

MILWAUKEE, WI 53212

50,000.

0.

Schedule I (Form 990) WAUKESHA COUNTY INC.

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (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 valuation non-cash assistance or assistance organization or government if applicable cash grant noncash (book, FMV, assistance appraisal, other) NORTHCOTT NEIGHBORHOOD HOUSE 2460 NORTH SIXTH STREET MILWAUKEE, WI 53212-2756 39-0984402 501 (C)(3) 5,500 0. RACIAL EQUITY OUTREACH COMMUNITY HEALTH CENTERS. INC. - 711 W. CAPITOL DR. -COMPREHENSIVE COMMUNITY MILWAUKEE, WI 53206 39-1353282 501 (C)(3) 118,000 0 SERVICES OUTREACH COMMUNITY HEALTH CENTERS MILW HEALHCARE INC. - 711 W. CAPITOL DR. -MILWAUKEE, WI 53206 39-1353282 501 (C)(3) 46,371 0. PARTNERSHIP OUTREACH COMMUNITY HEALTH CENTERS. INC. - 711 W. CAPITOL DR. -MILWAUKEE, WI 53206 39-1353282 501 (C)(3) 0 SAFE & STABLE HOMES 100,000 PARENTING NETWORK, INC., THE 7516 WEST BURLEIGH STREET 39-1312225 501 (C)(3) 0. MILWAUKEE, WI 53210 50,000 HEALTHY YOUTH PARENTING NETWORK, INC., THE 7516 WEST BURLEIGH STREET MILWAUKEE, WI 53210 39-1312225 501 (C)(3) 0. 61,199. PARENT HELPLINE PARENTING NETWORK, INC., THE 7516 WEST BURLEIGH STREET PARENTING EDUCATION & 39-1312225 501 (C)(3) MILWAUKEE, WI 53210 73 562 0. SUPPORT SERVICES PARENTS PLACE, INC. 1570 E MORELAND BLVD COMMUNITY EDUCATION/BORN WAUKESHA, WI 53186 39-1513200 501 (C)(3) 45,431. 0. LEARNING PARENTS PLACE, INC. 1570 E MORELAND BLVD WAUKESHA, WI 53186 39-1513200 501 (C)(3) 9 673. 0. SUPERVISED VISITATION

Schedule I (Form 990)

39-0806190

Page 1

WAUKESHA COUNTY INC. Schedule I (Form 990)

39-0806190 Page 1

Part II Continuation of Grants and Other	Assistance to Dor	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	_
(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
DAMINIANG MAGN							
PATHWAYS HIGH							
3022 WEST WISCONSIN AVENUE MILWAUKEE, WI 53208	81-2564093	501 (C)(3)	10,000.	0.			BOOK STUDY FUNDING
MILWAUREE, WI 33200	01-2304093	501 (0)(3)	10,000.	0.			BOOK STODY FONDING
PLAYWORKS							
3600 W. PIERCE STREET SUITES A & B							
MILWAUKEE, WI 53215	94-3251867	501 (C)(3)	35,000.	0.			HELPING KIDS SUCCEED
MILWAOKEE, WI 33213	J4 3231007	301 (0)(3)	33,000.	<u> </u>			HEBITING KIDS SUCCEED
PROGRESSIVE COMMUNITY HEALTH							
CENTERS - POST OFFICE BOX 772654 -							MILW HEALHCARE
DETROIT, MI 48277	39-1958810	501 (C)(3)	40,796.	0.			PARTNERSHIP
		(2)(3)	12,722				
PUBLIC ALLIES							
735 N. WATER STREET, STE 550							
MILWAUKEE, WI 53202	52-1759564	501 (C)(3)	50,000.	0.			RACIAL EQUITY
		(2)(3)					
RUNNING REBELS COMMUNITY							
ORGANIZATION - 225 W CAPITOL DR -							
MILWAUKEE, WI 53212	39-3910464	501 (C)(3)	20,000.	0.			HEALTHY YOUTH
		(2)(3)					
RUNNING REBELS COMMUNITY							
ORGANIZATION - 225 W CAPITOL DR -							
MILWAUKEE, WI 53212	39-3910464	501 (C)(3)	20,000.	0.			HEALTHY YOUTH
		(2)(3)					
SALVATION ARMY, THE- WAUKESHA							
COUNTY - 445 MADISON STREET -							
WAUKESHA, WI 53188	13-2923701	501 (C)(3)	48,364.	0.			EMERGENCY LODGE
-			, -	-			
SALVATION ARMY, THE- WAUKESHA							
COUNTY - 445 MADISON STREET -							
WAUKESHA, WI 53188	13-2923701	501 (C)(3)	13,868.	0.			FAMILY SERVICES
SALVATION ARMY, THE- WISCONSIN &			, ,				
UPPER MICHIGAN - 11315 WEST							
WATERTOWN PLANK ROAD - WAUWATOSA,							
WI 53226	13-2923701	501 (C)(3)	134,041.	0.			EMERGENCY LODGE
		1	,	<u> </u>	1	L	1

WAUKESHA COUNTY INC. Schedule I (Form 990)

Page 1 Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (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 valuation or assistance organization or government if applicable cash grant noncash non-cash assistance (book, FMV, assistance appraisal, other) SCHOOL DISTRICT OF WAUKESHA LINDHOLM BUILDING PARTNERSHIP 39-9005053 501 (C)(3) 76,000 0. WAUKESHA, WI 53186 SCHOOLS-HAWTHORNE SERVING OLDER ADULTS OF SOUTHEAST WI, INC - 4420 W VLIET ST. -MILWAUKEE, WI 53208 83-0637217 501 (C)(3) 0. DIGITAL DEVICES 20,000 SHERMAN PARK COMMUNITY ASSOCIATION 3526 WEST FOND DU LAC AVENUE MILWAUKEE, WI 53216-3749 23-7281891 501 (C)(3) 20,000 0. HEALTH MICRO GRANTS SHERMAN PARK COMMUNITY ASSOCIATION 3526 WEST FOND DU LAC AVENUE 23-7281891 501 (C)(3) 0. HEALTH MICRO GRANTS MILWAUKEE, WI 53216-3749 15,000 SILVER SPRING NEIGHBORHOOD CENTER INC. - 5460 NORTH 64TH STREET -39-0966281 501 (C)(3) 0. MILWAUKEE, WI 53218 10,000 DEVICES TRACK SOCIAL DEVELOPMENT COMISSION 1730 WEST NORTH AVE FINANCIAL EMPOWERMENT FOR 47-0923289 501 (C)(3) MILWAUKEE, WI 53205 250,000 0. WOMEN SOUTHSIDE ORGANIZING COMMITTEE 1300 SOUTH LAYTON BOULEVARD 2ND FL MILWAUKEE, WI 53215 39-1680618 501 (C)(3) 50,000 0. RACIAL EOUITY EARLY CHILDHOOD EDUCATION ST. JOSEPH ACADEMY 1600 WEST OKLAHOMA AVENUE CENTER (ST. JOSEPH MILWAUKEE, WI 53215-4518 39-0806262 501 (C)(3) 41,438, 0. ACADEMY) UMOS, INC. PO BOX 04129 MILWAUKEE, WI 53204 39-1047172 501 (C)(3) 0. HEALTHY YOUTH 26,000.

Schedule I (Form 990)

39-0806190

UNITED WAY OF GREATER MILWAUKEE & WAIKESHA COUNTY INC

Schedule I (Form 990) WAUKESHA COUNTY INC.

39-0806190

Page 1

Part II Continuation of Grants and Other	Assistance to Doi	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	
(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
UNITED METHODIST CHILDREN'S							
SERVICES OF - 3940 WEST LISBON							
AVENUE - MILWAUKEE, WI 53208	39-1030611	501 (C)(3)	50,000.	0.			SAFE & STABLE HOMES
UWM FOUNDATION, THE							
1440 E NORTH AVE							
MILWAUKEE, WI 53202	23-7337744	501 (C)(3)	25,000.	0.			C-19 RECOVERY
VILLAGE OF GERMANTOWN							
N112 W17001 MEQUON ROAD							
GERMANTOWN, WI 53022	62-9014996	501 (C)(3)	10,000.	0.			SUMMER LEARNING
<u></u>	02 3022330	(0)(0)	20,000.				
WALKER'S POINT CENTER FOR THE ARTS							
839 S 5TH ST							
MILWAUKEE, WI 53204-1730	39-1589878	501 (C)(3)	25,000.	0.			RACIAL EQUITY
,			, ,	-			
WALNUT WAY CONSERVATION CORP							
2240 NORTH 17TH STREET							
MILWAUKEE, WI 53205	39-2007850	501 (C)(3)	75,000.	0.			RACIAL EQUITY
WAUKESHA COUNTY COMMUNITY			,				
FOUNDATION - 2727 N GRANDVIEW							
BLVD, SUITE 301 - WAUKESHA, WI							
53188	39-1969122	501 (C)(3)	1,250,000.	0.			WAUKESHA PARADE
WAUKESHA PUBLIC LIBRARY-CITY OF							
WAUKESHA - 201 DELAFIELD ST -							SUMMER YOUTH READING
WAUKESHA, WI 53188-3694	39-9005053	501 (C)(3)	7,500.	0.			PROGRAM
,			,,,,,,,,,,,	· .			
WESTSIDE ACADEMY							
1945 N 31 STREET							
MILWAUKEE, WI 53208	39-1929112	501 (C)(3)	7,500.	0.			EQUIPMENT GRANT
WISCONSIN COMMUNITY SERVICES, INC.							
3732 WEST WISCONSIN AVENUE, SUITE 3				_			COMMUNITY REINTEGRATION
MILWAUKEE, WI 53208-3166	39-0808464	501 (C)(3)	100,985.	0.			SERVICES

WAUKESHA COUNTY INC. 39-0806190 Schedule I (Form 990)

Page 1 Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (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 valuation non-cash assistance or assistance cash grant noncash (book, FMV, assistance appraisal, other) WISCONSIN COMMUNITY SERVICES, INC. 3732 WEST WISCONSIN AVENUE, SUITE 3 CRIMINAL JUSTICE RECOVERY MILWAUKEE, WI 53208-3166 39-0808464 501 (C)(3) 183,210 0. SERVICES WISCONSIN COMMUNITY SERVICES, INC. 3732 WEST WISCONSIN AVENUE, SUITE 3 MILWAUKEE, WI 53208-3166 39-0808464 501 (C)(3) 22,549 0. DRIVER'S LICENSE RECOVERY WISCONSIN COMMUNITY SERVICES, INC. 3732 WEST WISCONSIN AVENUE, SUITE 3 MILWAUKEE, WI 53208-3166 39-0808464 501 (C)(3) 50,000 0. HEALTHY YOUTH WISCONSIN COMMUNITY SERVICES, INC. 3732 WEST WISCONSIN AVENUE, SUITE 3 MILWAUKEE, WI 53208-3166 39-0808464 501 (C)(3) 0. YOUTH ENHANCED SUPPORT 77,528, WISCONSIN PRIMARY HEALTH CARE ASSOCIATION - 5202 EASTPARK BLVD MILWAUKEE HEALTHCARE 39-1407034 501 (C)(3) 0. PARTNERSHIP SUITE 109 - MADISON, WI 53718-2151 50,000 WISCONSIN VETERANS NETWORK 6317 EW GREENFIELD AVE WEST ALLIS, WI 53214 82-1043745 501 (C)(3) 0. SAFE & STABLE HOMES 25,000

WAUKESHA COUNTY INC. 39-0806190 Schedule I (Form 990) 2021

Page 2 Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III Part III can be duplicated if additional space is needed. (a) Type of grant or assistance (b) Number of (c) Amount of (d) Amount of non-(e) Method of valuation (f) Description of noncash assistance (book, FMV, appraisal, other) recipients cash grant cash assistance Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. PART I, LINE 2: FOR THOSE DISTRIBUTIONS LABELED "DONOR DESIGNATED PLEDGES," NO MONITORING OF THE USE OF THESE FUNDS IS PERFORMED SINCE THE DOLLARS ARE SENT TO THE AGENCIES AT THE REQUEST OF THE DONOR AND, THEREFORE, ARE NOT DISTRIBUTED AT THE DISCRETION OF UNITED WAY OF GREATER MILWAUKEE & WAUKESHA COUNTY. FOR ALL THE OTHER DISTRIBUTIONS, USE OF THE FUNDS IS CLOSELY MONITORED BY UNITED WAY OF GREATER MILWAUKEE & WAUKESHA COUNTY'S COMMUNITY IMPACT THE AGENCIES COMPLY WITH OUR "AGENCY OUTCOMES POLICY," THE DIVISION.

132102 10-26-21 Schedule I (Form 990) 2021 97

IMPACT OF WHICH IS TO ENABLE UWGMWC TO MEASURE, IN A STANDARD FASHION, THE

Schedule I (Form 990) WAUKESHA COUNTY INC. Part IV Supplemental Information	39-0806190 Page 2
Supplemental information	
RESULTS OF THE PROGRAMS THAT IT FUNDS.	

SCHEDULE J (Form 990)

Department of the Treasury

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

2021

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service

Name of the organization

► Go to www.irs.gov/Form990 for instructions and the latest information.
UNITED WAY OF GREATER MILWAUKEE &
WAUKESHA COUNTY INC.

Employer identification number 39-0806190

Pa	art I Questions Regarding Compensation			
	<u> </u>		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,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	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 to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in or receive payment from a supplemental nonqualified retirement plan?			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?	5 a		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?	<u>6a</u>		X
b	Any related organization?	6b		Х
	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	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	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	1	l

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

Schedule J (Form 990) 2021

WAUKESHA COUNTY INC.

39-0806190

Page 2

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	J-2 and/or 1099-MISO compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation 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)	305,531.	0.	0.	0.	28,377.	333,908.	0.
PRESIDENT & CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) FILIPPO CARINI	(i)	228,627.	0.	0.	0.	46,919.	275,546.	0.
CHIEF OPERATING OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) NICOLE ANGRESSANO	(i)	182,248.	0.	0.	0.	24,649.	206,897.	0.
VP - COMMUNITY IMPACT	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) CRAIG NUECHTERLEIN	(i)	153,067.	0.	0.	0.	39,189.	192,256.	0.
VP - IT & PLEDGE PROCESSING	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) JAYNE THOMA	(i)	127,318.	0.	0.	0.	26,668.	153,986.	0.
VP - VOLUNTEER ENGAGEMENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) GINA SANTAGATI	(i)	130,465.	0.	0.	0.	22,932.	153,397.	0.
VP - RESOURCE DEVELOPMENT	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							

WAUKESHA COUNTY INC. 39-0806190 Schedule J (Form 990) 2021 Page 3 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.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

Open to Public Inspection

Name of the organization UNITED WAY OF GREATER MILWAUKEE **Employer identification number** 39-0806190 WAUKESHA COUNTY INC. Part I Types of Property (a) (b) (c) (d) Number of Noncash contribution Check if Method of determining contributions or amounts reported on applicable noncash contribution amounts items contributed Form 990, Part VIII, line 1g Art - Works of art Art - Historical treasures 2 Art - Fractional interests 3 10,500. FMV 319,290. FMV Books and publications Х 4 Х Clothing and household goods 5 Cars and other vehicles 6 Boats and planes 7 Intellectual property 8 8,603,887.FMV 168,951 Securities - Publicly traded Х Securities - Closely held stock 10 Securities - Partnership, LLC, or 11 trust interests Securities - Miscellaneous 12 13 Qualified conservation contribution -Historic structures Qualified conservation contribution - Other 14 Real estate - Residential 15 Real estate - Commercial 16 Real estate - Other 17 18 Collectibles Food inventory 19 Drugs and medical supplies 20 Taxidermy 21 22 Historical artifacts Scientific specimens 23 Archeological artifacts 24 25 Other 26 27 Other Other 28 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement _____29 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for Х exempt purposes for the entire holding period? 30a **b** If "Yes," describe the arrangement in Part II. Х Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash Х contributions? 32a **b** If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, 33

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

Schedule M (Form 990) 2021

describe in Part II

Sched	ule M (F							TUUO										8061		Page	2
Part	— i	s repoi	ting in	Part	I, colu	mn (b)	on. Pro , the nu mation.	mber of	e in co	nforma ntribu	ation red itions, th	quired by ne numbe	Part I er of ite	, lines ems r	30b, 32b, a eceived, or	ınd 33, a a combii	and whe nation of	her the both. A	organiza Iso com	ition plete	
SCHI	EDUL	ЕМ	, PA	ART	I,	COI	LUMN	(B)	:												
THE	AMO	UNT	REC	CORI	DED	IN	COL	UMN	В	IS	THE	AMOU	NT	OF	ITEMS	CON	ribu	TED.			
																					_
																					_
																					_

Schedule M (Form 990) 2021

132142 11-17-21

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

► Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

UNITED WAY OF GREATER MILWAUKEE & WAUKESHA COUNTY INC.

Employer identification number 39-0806190

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: MOBILIZING PEOPLE AND RESOURCES TO DRIVE STRATEGIC IMPACT IN HEALTH, EDUCATION AND FINANCIAL STABILITY. FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION OUR VISION: UNITED WAY OF GREATER MILWAUKEE & WAUKESHA COUNTY ASPIRES TO ACCOMPLISH THE FOLLOWING: PRODUCE SIGNIFICANT AND MEASURABLE RESULTS IN THE AREAS OF HEALTH EDUCATION, AND FINANCIAL STABILITY. CONVENE DIVERSE TEAMS OF COMMUNITY MEMBERS TO TAKE COLLABORATIVE ACTION ON PRIORITY ISSUES. RECRUIT AND RETAIN TALENT TO DRIVE CROSS-SECTOR INITIATIVES AND INTEGRATED, COMMUNITY-FOCUSED WORK. SUSTAIN ITS FINANCIAL STABILITY AND EFFICIENT OPERATIONS. BE RECOGNIZED AS A LEADER IN EFFECTING LONG-TERM SOCIETAL CHANGE. ATTAIN ROBUST REVENUE GROWTH AS DONORS' CHARITY OF CHOICE. ANTI-RACISM STATEMENT: UNITED WAY OF GREATER MILWAUKEE AND WAUKESHA COUNTY UNEOUIVOCALLY DENOUNCES RACISM AND ETHNIC DISCRIMINATION IN ALL ITS FORMS BECAUSE IT UNDERMINES THE WELL-BEING AND VITALITY OF OUR COMMUNITIES AND IS IN DIRECT OPPOSITION TO WHAT IT MEANS TO LIVE UNITED. WE RECOGNIZE THAT STRUCTURAL RACISM, ETHNIC DISCRIMINATION, AND OTHER FORMS OF OPPRESSION HAVE CONTRIBUTED TO RACIAL AND ETHNIC DISPARITIES THAT HAVE EXISTED IN THE PAST AND PERSIST IN THE PRESENT, AND THAT WE HAVE AN OPPORTUNITY AND RESPONSIBILITY TO CHANGE THESE SYSTEMS. WE ACKNOWLEDGE THOSE

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

INEQUITIES ARE THE RESULT OF POLICIES AND PRACTICES THAT WORK TO

Schedule O (Form 990) 2021 Page 2 UNITED WAY OF GREATER MILWAUKEE & Name of the organization **Employer identification number** 39-0806190 WAUKESHA COUNTY INC. MARGINALIZE ENTIRE POPULATIONS OF PEOPLE. UNITED WAY OF GREATER MILWAUKEE & WAUKESHA COUNTY IS COMMITTED TO WORKING WITH OUR COMMUNITY TO END THESE INEQUALITIES. TO ACCOMPLISH THIS, WE KNOW WE MUST ENGAGE OUR ENTIRE COMMUNITY, ESPECIALLY THOSE WHOSE VOICES HAVE HISTORICALLY BEEN MARGINALIZED, IN SUPPORT OF THE SHARED WORK FOR FORTIFYING EQUITY AND EMPOWERMENT. WE WILL CONTINUE TO WORK WITH PUBLIC AND PRIVATE PARTNERS TO CO-CREATE SOLUTIONS THAT ENSURE EVERYONE HAS THE RESOURCES, SUPPORT, OPPORTUNITIES, AND NETWORKS THEY NEED TO THRIVE. WE COMMIT TO LEVERAGING OUR ASSETS TO CREATE MORE EQUITABLE COMMUNITIES. OUR VALUES: *WE BELIEVE WE ALL HAVE AN OBLIGATION FOR THE CARE AND WELL-BEING OF THE GREATER MILWAUKEE & WAUKESHA COUNTY COMMUNITY. *WE BELIEVE IN MAXIMIZING COMMUNITY IMPACT BY POOLING INDIVIDUAL CONTRIBUTIONS. WE BELIEVE IN WORKING IN CONCERT WITH LOCAL AGENCY PARTNERS TO MAKE A CRITICAL DIFFERENCE IN OUR COMMUNITY. *WE BELIEVE MAXIMIZING THE SATISFACTION OF OUR CUSTOMERS (DONORS) IS OUR MOST IMPORTANT CONCERN AS A MEANS OF WARRANTING THEIR CONTINUED LOYALTY. *WE BELIEVE WE ARE ACCOUNTABLE TO OUR COMMUNITY AND MUST MAINTAIN STELLAR FINANCIALS AND SECURE SYSTEMS THAT ENSURE THE CONFIDENTIALITY OF DONOR INFORMATION. *WE BELIEVE EXCELLENCE IS THE STANDARD FOR ALL WE DO (INTERNALLY 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

Schedule O (Form 990) 2021 Page 2 Name of the organization UNITED WAY OF GREATER MILWAUKEE & **Employer identification number** 39-0806190 WAUKESHA COUNTY INC. 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 ABILITY TO PROVIDE SUPERIOR VALUE TO OUR PARTNERS AND CUSTOMERS, BALANCING NEAR-TERM AND LONG-TERM OBJECTIVES, AND GROWTH TO ACHIEVE MEASURED IMPACT AND OVERALL COMMUNITY IMPROVEMENT. FORM 990, PART III, LINE 4A COMMUNITY INVESTMENT: PHILOSOPHY: EVERYONE DESERVES OPPORTUNITIES TO BUILD A GOOD LIFE - A QUALITY EDUCATION THAT LEADS TO A STABLE JOB, ENOUGH INCOME TO SUPPORT A FAMILY THROUGH ALL OF LIFE'S STAGES, GOOD HEALTH, AND A SAFE HOME. GOAL: TO CREATE LONG-LASTING CHANGE BY ADDRESSING OUR COMMUNITY'S MOST SERIOUS PROBLEMS BY INVESTING IN SOLUTIONS RIGHT HERE IN OUR COMMUNITY. STRATEGY: FOCUS ON THREE CRITICAL ISSUE AREAS, HEALTH, EDUCATION AND FINANCIAL STABILITY - THE BUILDING BLOCKS TO A GOOD LIFE. HEALTH HEALTH OF INDIVIDUALS IS A STRONG INDICATOR OF THE HEALTH OF A COMMUNITY. ACHIEVING AND MAINTAINING GOOD HEALTH IS IMPORTANT DURING ALL STAGES OF LIFE, FROM CONCEPTION THROUGH CHILDHOOD, INTO ADULTHOOD AND THROUGH OLDER AGE. TO IMPROVE THE HEALTH OF OUR COMMUNITY WE MUST ALL BECOME MORE AWARE OF HEALTH RISKS, STARTING FROM BEFORE BIRTH.

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Name of the organization UNITED WAY OF GREATER MILWAUKEE & WAUKESHA COUNTY INC.	Employer identification number 39-0806190
WHETHER IT IS A TEEN STRUGGLING TO MAKE THE RIGHT DECISION	, A SENIOR IN
NEED OF HOME HEALTH CARE, OR A SURVIVOR OF ABUSE SEEKING A	SAFER
ENVIRONMENT; UNITED WAY IS WORKING TO IMPROVE THE QUALITY	OF LIFE FOR
ALL.	
UNITED WAY PARTNERS WITH AGENCIES TO PROVIDE HELP TO THOSE	WITHOUT
HEALTH INSURANCE, SENIORS IN NEED OF HOME HEALTH CARE, SUR	VIVORS OF
ABUSE AND INDIVIDUALS STRUGGLING WITH MENTAL ILLNESS OR AD	DICTION. IN
2021-22, UNITED WAY WILL INVEST APPROXIMATELY \$9,583,440 I	N HEALTH
PROGRAMS.	
GOALS IN HEALTH: PROVIDE FUNDING TO INCREASE THE NUMBER OF	YOUTH AND
ADULTS WHO:	
* ARE ABLE TO LIVE INDEPENDENTLY AND WITH DIGNITY.	
* HAVE ACCESS TO HIGH QUALITY AND AFFORDABLE MENTAL, BEHAV	IORAL,
DENTAL, AND GENERAL HEALTH CARE SERVICES.	
* HAVE A NETWORK OF SUPPORT FOR CHILDREN WITH DISABILITIES	, THEIR
FAMILIES, AND CAREGIVERS.	
* HAVE ACCESS TO HIGH QUALITY, AFFORDABLE PRENATAL CARE AN	D PREGNANCY
SUPPORT SERVICES.	
UNITED WAY'S INVESTMENT AREAS IN HEALTH:	
* ACCESS TO HEALTHCARE: UNITED WAY IS REMOVING BARRIERS TO	ENSURE ALL
YOUTH AND ADULTS HAVE ACCESS TO QUALITY AND AFFORDABLE HEA	LTH CARE. TO
DO THIS, WE INVEST IN PROGRAMS THAT PROVIDE ACCESS TO GENE	RAL, DENTAL,
PRENATAL AND PERINATAL, AND BEHAVIORAL AND MENTAL HEALTH C	ARE.
* HEALTH & WELLNESS: UNITED WAY IS SUPPORTING YOUTH AND AD	ULTS OF ALL
AGES AND ABILITIES TO ENSURE EVERYONE HAS THE OPPORTUNITY	TO LIVE WITH

Schedule O (Form 990) 2021 Page 2 Name of the organization UNITED WAY OF GREATER MILWAUKEE & **Employer identification number** 39-0806190 WAUKESHA COUNTY INC. INDEPENDENCE AND DIGNITY. WE DO THIS BY INVESTING IN PROGRAMS THAT PROVIDE OLDER ADULTS WITH SUPPORT AND INDEPENDENCE, SERVICES FOR CHILDREN AND ADULTS WITH DISABILITIES, THEIR FAMILIES AND CAREGIVERS, AND CONNECT OUR ENTIRE COMMUNITY WITH ASSESSMENT, REFERRAL AND SUPPORT PROGRAMS. SAFE & HEALTHY COMMUNITIES: UNITED WAY TRANSFORMS COMMUNITIES THROUGH EDUCATION AND ACCESS TO SUPPORT, MAKING HEALTHY CHOICES EASY, SAFE, AND AFFORDABLE. WE DO THIS BY INVESTING IN PROGRAMS THAT SUPPORT SURVIVORS OF INTIMATE PARTNER VIOLENCE, HOUSE YOUTH WHO ARE HOMELESS, AND ENCOURAGE MEDIATION AND HEALTHY CONFLICT RESOLUTION. UNITED WAY'S IMPACT IN HEALTH: UNITED WAY USES COMMON MEASUREMENT TOOLS TO MEASURE OUR IMPACT. TO SEE THE MOST UP TO DATE RESULTS IN HEALTH, VISIT OUR WEBSITE. HTTPS://WWW.UNITEDWAYGMWC.ORG/HEALTH FORM 990, PART III, LINE 4A **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 EARLY - EVEN BEFORE THEY START SCHOOL. ONCE A YOUNG PERSON FALLS BEHIND, IT CAN BE VERY DIFFICULT TO CATCH UP. IF A CHILD ISN'T READING AT GRADE LEVEL BY 3RD GRADE - THEY MAY NEVER CATCH UP. UNITED WAY IS WORKING WITH SCHOOLS AND ORGANIZATIONS TO CHANGE THAT, AND HELPING TO ENSURE THAT EVERY CHILD HAS A CHANCE FOR SUCCESS IN SCHOOL, WORK, AND LIFE BY INVESTING IN

Schedule O (Form 990) 2021	Page 2
Name of the organization UNITED WAY OF GREATER MILWAUKEE & WAUKESHA COUNTY INC.	Employer identification number 39-0806190
PROGRAMS THAT PRODUCE RESULTS. IN 2021-22, UNITED WAY WILL	INVEST
APPROXIMATELY \$6,895,572 IN EDUCATION PROGRAMS.	
GOALS IN EDUCATION: PROVIDE FUNDING TO INCREASE THE NUMBER	OF CHILDREN
WHO:	
* ENTER SCHOOL READY TO SUCCEED.	
* READ PROFICIENTLY BY THIRD GRADE.	
* ARE ON TRACK TO BE PROMOTED TO THE NEXT GRADE LEVEL.	
* HAVE GOALS FOR THEIR FUTURES.	
* DISPLAY IMPROVED COGNITIVE, SOCIAL, AND/OR PHYSICAL SKI	LLS.
* GRADUATE FROM HIGH SCHOOL ON TIME.	
* ARE PREPARED FOR SUCCESS IN COLLEGE, WORK, AND LIFE.	
UNITED WAY'S INVESTMENT AREAS IN EDUCATION:	
* EARLY CHILDHOOD EDUCATION: AIMS TO INCREASE THE NUMBER	OF CHILDREN
WHO ENTER SCHOOL READY TO SUCCEED.	
* STRENGTHENING FAMILIES: SUPPORTS SUCCESS WITHIN THE FAM	ILY UNIT AND
IMPROVED COGNITIVE, SOCIAL, AND/OR PHYSICAL SKILLS AMONG C	HILDREN.
* YOUTH DEVELOPMENT: FOCUSES ON INCREASING THE NUMBER OF	CHILDREN WHO
READ PROFICIENTLY BY THIRD GRADE, ARE ON TRACK TO BE PROMO	TED TO THE
NEXT GRADE LEVEL, DEVELOP RESISTANCE SKILLS, INCREASE SCHO	OL
ENGAGEMENT, HAVE GOALS AND ASPIRATION, GRADUATE HIGH SCHOOL	L ON TIME,
AND ARE PREPARED FOR SUCCESS IN COLLEGE, WORK, AND LIFE.	
UNITED WAY'S IMPACT IN EDUCATION:	
UNITED WAY USES COMMON MEASUREMENT TOOLS TO MEASURE OUR IM	PACT. TO SEE
THE MOST UP TO DATE RESULTS IN EDUCATION, VISIT OUR WEBSIT	Έ.
HTTPS://WWW.UNITEDWAYGMWC.ORG/EDUCATION	

Schedule O (Form 990) 2021 Page 2 Name of the organization UNITED WAY OF GREATER MILWAUKEE & **Employer identification number** 39-0806190 WAUKESHA COUNTY INC. 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 2021-22, UNITED WAY WILL INVEST APPROXIMATELY \$9,783,154 IN FINANCIAL STABILITY PROGRAMS. GOALS IN FINANCIAL STABILITY: INCREASE THE NUMBER OF ADULTS & FAMILIES WHO: * ARE ABLE TO MEET THEIR BASIC NEEDS. * HAVE SAFE AND AFFORDABLE HOUSING * GAIN EDUCATIONAL AND/OR TRAINING SKILLS TO SECURE AND MAINTAIN EMPLOYMENT THAT OFFERS A FAMILY-SUSTAINING WAGE. * HAVE ACCESS TO HIGH QUALITY, FREE, OR LOW-COST LEGAL SERVICES. * SAVE FOR A HOME OR POSTSECONDARY EDUCATION. UNITED WAY'S INVESTMENT AREAS IN FINANCIAL STABILITY: * FINANCIAL EMPOWERMENT FOR INDIVIDUALS & FAMILIES: UNITED WAY IS PROMOTING FINANCIAL STABILITY AND INDEPENDENCE. TO DO THIS, WE ARE INVESTING IN PROGRAMS THAT HELP PEOPLE UNDERSTAND HOW TO BUILD FINANCIAL ASSETS AND SAVE FOR A HOME OR POSTSECONDARY EDUCATION.

Schedule O (Form 990) 2021 Page 2 UNITED WAY OF GREATER MILWAUKEE & **Employer identification number** Name of the organization 39-0806190 WAUKESHA COUNTY INC. * REDUCING BARRIERS TO EMPLOYMENT: UNITED WAY IS HELPING OTHERS TO BUILD EDUCATION CREDENTIALS AND SKILL CERTIFICATION TO OVERCOME BARRIERS TO EMPLOYMENT. TO DO THIS, WE INVEST IN PROGRAMS THAT HELP INDIVIDUALS NAVIGATE THROUGH THE LEGAL SYSTEM AND GAIN EDUCATIONAL AND/OR TRAINING SKILLS TO SECURE AND MAINTAIN EMPLOYMENT THAT OFFERS A FAMILY SUSTAINING WAGE. * SAFE & STABLE HOMES: UNITED WAY IS ENSURING INDIVIDUALS AND FAMILIES HAVE SAFE AND AFFORDABLE PERMANENT HOUSING. WE DO THIS, BY INVESTING IN PROGRAMS THAT HELP PEOPLE MEET THEIR BASIC NEEDS OF FOOD AND SHELTER. UNITED WAY'S IMPACT IN FINANCIAL STABILITY: UNITED WAY USES COMMON MEASUREMENT TOOLS TO MEASURE OUR IMPACT. TO SEE THE MOST UP TO DATE RESULTS IN FINANCIAL STABILITY, VISIT OUR WEBSITE. HTTPS://WWW.UNITEDWAYGMWC.ORG/FINANCIAL-STABILITY FORM 990, PART III, LINE 4A SPECIAL INITIATIVES AS A COMMUNITY, WE MUST INVEST OUR RESOURCES EFFICIENTLY AND IN A WAY THAT WILL LEAD TO LONG-TERM CHANGE. UNITED WAY ENGAGES THE COMMUNITY IN A NUMBER OF SPECIAL INITIATIVES 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 HEALTHY BIRTH OUTCOMES IMPROVES BIRTH OUTCOMES TO ENSURE BABIES LIVE TO SEE THEIR FIRST

Schedule O (Form 990) 2021 Page 2 UNITED WAY OF GREATER MILWAUKEE & **Employer identification number** Name of the organization 39-0806190 WAUKESHA COUNTY INC. **BIRTHDAY** HEALTH IMPROVEMENT FUND INCREASES COVERAGE, ACCESS, CARE COORDINATION, AND COMMUNITY HEALTH IN MILWAUKEE HEALTHY YOUTH REDUCES TEEN PREGNANCY, SEXUAL VIOLENCE, AND VICTIMIZATION FOR YOUNG PEOPLE OF ALL GENDERS. TEEN PREGNANCY PREVENTION IMPROVES THE SEXUAL AND REPRODUCTIVE HEALTH OF YOUNG PEOPLE IN MILWAUKEE UNITED FOR WAUKESHA COMMUNITY FUND THE UNITED FOR WAUESHA COMMUNITY FUND, LAUNCHED IN RESPONSE TO THE WAUKESHA CHRISTMAS PARADE ATTACH ON NOVEMBER 21, 2021. ALL DONATIONS TO THE UNITED FOR WAUKESHA COMMUNITY FUND WERE SENT TO THE WAUKESHA COUNTY COMMUNITY FOUNDATION FOR FISCAL MANAGEMENT OF FUNDS. **EDUCATION INITIATIVES** BUILD MY BOOKSHELF WAUKESHA IMPROVES LITERACY BY HELPING CHILDREN IN HIGH-NEED WAUKESHA COUNTY SCHOOLS BUILD THEIR HOME LIBRARIES. 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 Schedule O (Form 990) 2021

Schedule O (Form 990) 2021 Page 2 Name of the organization UNITED WAY OF GREATER MILWAUKEE & **Employer identification number** 39-0806190 WAUKESHA COUNTY INC. TOGETHER TO ENSURE EVERY STUDENT IS SUCCESSFUL. WE USE THE GUIDING PRACTICES OF SHARED LEADERSHIP, EQUITY AND CULTURAL RELEVANCE TO ACHIEVE THIS VISION. EMERGING READERS GIVES THE GIFT OF READING TO LOCAL KIDS WHO ARE MATCHED WITH UNITED WAY EMERGING LEADERS FAMILIES WHO PROVIDE AGE-APPROPRIATE READING MATERIALS FOUR TIMES A YEAR. HELPING KIDS SUCCEED SUPPORTS EDUCATORS, INCREASES STUDENT ACHIEVEMENT, AND ENHANCES FAMILY STABILITY AND EMPOWERMENT IN THE SCHOOL DISTRICT OF WAUKESHA'S HIGHEST-NEED SCHOOLS. MY VERY OWN LIBRARY BUILDS STRONG READERS BY PROVIDING FREE BOOKS AND FAMILY ENGAGEMENT ACTIVITIES AT 14 MILWAUKEE PUBLIC SCHOOLS. FINANCIAL STABILITY INITIATIVES FINANCIAL EMPOWERMENT FOR WOMEN PROVIDES EDUCATIONAL TOOLS AND RESOURCES THAT ASSIST WOMEN AND THEIR FAMILIES IN PLANNING THEIR FINANCIAL FUTURE. FUND MY FUTURE MILWAUKEE (CHILDREN'S SAVINGS ACCOUNTS) RAISES CHILDREN'S EXPECTATIONS FOR THEIR FUTURE BY SEEDING AN EDUCATIONAL SAVINGS ACCOUNT STARTING IN KINDERGARTEN FOR ALL MILWAUKEE STUDENTS.

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	UNITED WAY OF GREATER MILWAUKEE & WAUKESHA COUNTY INC.	Employer identification number 39-0806190
RACIAL EQUITY	FUND	
THIS NEW FUND	IS FOCUSED ON A COMMITMENT TO DEEPEN OUR IMP	ACT AS
FUNDERS, PARTNI	ERS, AND CONVENERS, ESPECIALLY AS RELATED TO	RACIAL
EQUITY AND SOC	IAL JUSTICE. OUR GOAL IS TO INCREASE FUNDING	TO BLACK-
AND BROWN-LED (ORGANIZATIONS AND ADVOCATE AND SUPPORT BLACK	AND
BROWN-LED IDEAS	S.	
REDUCING BARRII	ERS TO EMPLOYMENT AND ADVANCEMENT	
THIS INITIATIVE	E INVESTS IN STRATEGIES SO THAT ALL ADULTS O	F WORKING AGE
SHOULD HAVE THI	E OPPORTUNITY TO OBTAIN PERMANENT EMPLOYMENT	WITH A
LIVABLE WAGE A	T A WORKPLACE WHERE THEY ARE TREATED WITH DI	GNITY AND
HAVE OPPORTUNIT	TIES FOR ADVANCEMENT.	
SAFE & STABLE I	HOMES: ENDING FAMILY HOMELESSNESS	
ENDING FAMILY	HOMELESSNESS IN OUR FOUR-COUNTY REGION BY MO	VING FAMILIES
INTO PERMANENT	HOMES, ENSURING FAMILIES STAY STABLY HOUSED	, AND
PREVENTING FAM:	ILY HOMELESSNESS.	
TECHQUITY		
BRIDGES THE DIG	GITAL DIVIDE BY FOSTERING GREATER DIGITAL EQ	UITY AND
INCLUSION THRO	UGHOUT OUR COMMUNITY.	
FORM 990, PART	III, LINE 4B	
VOLUNTEER ENGAGE	GEMENT	
UNITED WAY PROV	VIDES MULTIPLE WAYS FOR COMMUNITY MEMBERS TO	ENGAGE BY
INVITING INDIV	IDUALS, BUSINESSES AND COMMUNITY ORGANIZATIO	NS TO LIVE
132212 11-11-21		Schedule O (Form 990) 2021

Schedule O (Form 990) 2021 Page 2 UNITED WAY OF GREATER MILWAUKEE & Name of the organization **Employer identification number** 39-0806190 WAUKESHA COUNTY INC. 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 HELPING SOME OF THE MOST IMPORTANT ISSUES FACING OUR COMMUNITY TODAY. WE BELIEVE STRATEGIC VOLUNTEERISM MULTIPLES THE POSITIVE IMPACT OF UNITED WAY'S FINANCIAL INVESTMENTS AND HAS THE POTENTIAL TO IMPROVE RESULTS IN THE AREAS OF EDUCATION, FINANCIAL STABILITY AND HEALTH. AVAILABLE OPPORTUNITIES INCLUDE: *ON-SITE PROJECTS: VOLUNTEERS CAN DO GOOD WITHOUT EVEN LEAVING THEIR OFFICE BY HOSTING KIT PACKING EVENTS TO PREPARE CARE PACKAGES FOR INDIVIDUALS AND FAMILIES. *IN THE COMMUNITY: VOLUNTEERS CAN ROLL UP THEIR SHIRT SLEEVES AT A UNITED WAY FUNDED PROGRAM BY READING BOOKS TO LOCAL CHILDREN, PLAYING BOARD GAMES WITH OLDER ADULTS, HELPING TO HARVEST A COMMUNITY GARDEN, OR PREPARING AND SERVING MEALS AT A LOCAL SHELTER. *UNITED WAY ALSO LEADS SEVERAL VOLUNTEER EXPERIENCES AND EVENTS THAT IMPACT OUR ISSUE LIFT PRIORITIES OF REDUCING BARRIERS TO EMPLOYMENT & ADVANCEMENT; COMMUNITY SCHOOLS; SAFE AND STABLE HOMES AND RACIAL EQUITY. *SKILL-BASED: VOLUNTEERS CAN USE THEIR PROFESSIONAL TALENTS TO HELP LOCAL COMMUNITY MEMBERS BY SERVING AS RESUME AND INTERVIEW COACHES AND PROVIDING CAREER GUIDANCE AND MENTORSHIP.

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Name of the organization UNITED WAY OF GREATER MILWAUKEE & WAUKESHA COUNTY INC.	Employer identification number 39-0806190
	SUPPORT OUR
COMMUNITY. REQUESTED ITEMS ROTATE SEASONALLY AND INCLUDE	
SUPPLIES, WINTER APPAREL, AND HEALTH AND HYGIENE ITEMS. UN	IITED WAY ALSO
MOBILIZES DIAPERS AND BABY WIPES YEAR-ROUND FOR FAMILIES I	N OUR
FOUR-COUNTY REGION.	
VIRTUAL & REMOTE: OFFERING A VARIETY OF MEANINGFUL EXPERI	ENCES
VOLUNTEERS CAN DO FROM HOME.	
FAMILY ENGAGEMENT EFFORTS: RALLYING FAMILIES TO MAKE A DI	FFERENCE
TOGETHER WITH OPTIONS FOR THE WHOLE FAMILY TO GET INVOLVED) REMOTELY AND
IN THE COMMUNITY.	110110111111111111111111111111111111111
IN THE COMMONITY:	
FORM 990, PART III, LINE 4C	
GRANTS	
BUILD SHERMAN PARK	
MILWAUKEE'S SHERMAN PARK NEIGHBORHOOD, LONG ASSOCIATED WIT	'H THE
SYSTEMIC INEQUITIES ITS RESIDENTS EXPERIENCE, IS POISED FO	R REBIRTH.
BUILD SHERMAN PARK WILL ENGAGE COMMUNITY MEMBERS AROUND TH	E MILWAUKEE
BLUEPRINT FOR PEACE, A COMMUNITY-DRIVEN AGENDA FOR ADDRESS	
	1110 1111
COMPLEX FACTORS THAT DRIVE VIOLENCE IN OUR CITY.	
UNITED WAY OF GREATER MILWAUKEE & WAUKESHA COUNTY AND PART	NERS
ASCENSION WISCONSIN, CITY OF MILWAUKEE HEALTH DEPARTMENT'S	OFFICE OF
VIOLENCE PREVENTION, AND THE SHERMAN PARK NEIGHBORHOOD ASS	OCIATION,
132212 11-11-21	Schedule O (Form 990) 2021

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Name of the organization UNITED WAY OF GREATER MILWAUKEE & WAUKESHA COUNTY INC.	Employer identification number 39-0806190
INC. HAVE RECEIVED THE BUILD HEALTH CHALLENGE AWARD.	
INC. MIVE RECEIVED THE BOTTLE HEREIT CHIEFERCH TIMERES.	_
THE AWARD PROVIDES \$250,000 IN FUNDING AND ADDITIONAL RESC	URCES TO
SUPPORT COMMUNITY-DRIVEN STRATEGIES IN THE SHERMAN PARK NE	IGHBORHOOD.
THE OVERALL OBJECTIVES OF THE PROJECT ARE TO INCREASE RESI	DENT
WELL-BEING AND PREVENT VIOLENCE.	
IN ADDITION, ASCENSION WISCONSIN HAS COMMITTED TO PROVIDE	\$336,000 IN
MATCHING SUPPORT TO ENSURE THE PROJECT'S SUCCESS.	
COMMUNITY SCHOOLS	
THE MILWAUKEE COMMUNITY SCHOOLS PARTNERSHIP (MCSP) IS A ST	'RATEGY
IMPLEMENTED BY MILWAUKEE PUBLIC SCHOOLS AND UNITED WAY TO	TRANSFORM THE
WAY A SCHOOL INTERACTS WITH ITS STUDENTS, THEIR FAMILIES A	ND THE
SURROUNDING COMMUNITY TO BETTER SUPPORT ALL THE NEEDS OF A	CHILD.
THE COMMUNITY SCHOOLS MODEL WORKS TO INCREASE A SCHOOL'S C	APACITY TO
GROW STRONG PARTNERSHIPS WITH ITS SURROUNDING COMMUNITY AN	ID 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, A	ND THAT
FAMILY LIVES AND INTERACTS WITHIN A LARGER COMMUNITY.	
CURRENT MCSP SCHOOLS (AUER AVENUE SCHOOL, BRADLEY TECH, HC	PKINS-LLOYD
COMMUNITY SCHOOL AND JAMES MADISON ACADEMIC CAMPUS) MAY HA	
FOCUSES AND ACTIVITIES TO IMPROVE THEIR SCHOOLS AND COMMUN	
ALL SHARE CORE CHARACTERISTICS:	
* A SHARED VISION THAT INTEGRATES INTO THE WORK OF THE SC	
PARTNERS.	

Schedule O (Form 990) 2021 Page 2 Name of the organization UNITED WAY OF GREATER MILWAUKEE & **Employer identification number** 39-0806190 WAUKESHA COUNTY INC. * 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 MCSP SCAN, A MULTI-COMPONENT TOOL THAT COMBINES ACADEMIC, HEALTH, AND SAFETY DATA WITH AN ASSET MAP AND LIVED-EXPERIENCE NARRATIVE FROM STUDENTS, SCHOOL STAFF, PARENTS AND COMMUNITY MEMBERS. * CULTURAL RELEVANCE WITHIN AND OUTSIDE OF THE SCHOOL DAY THAT RESPONDS TO THE SELF-IDENTITIES OF STUDENTS, PARENTS, SCHOOL STAFF, AND COMMUNITY MEMBERS. * A FOCUS ON EQUITY THAT PERMEATES ALL ACTIVITIES OF THE COMMUNITY SCHOOL TO ENSURE THAT STUDENTS, PARENTS, SCHOOL STAFF, AND COMMUNITY MEMBERS ALL HAVE THE SAME OPPORTUNITIES AND ACCESS TO RESOURCES TO HELP THEM SUCCEED. SUCCESSFUL IMPLEMENTATION OF A COMMUNITY SCHOOLS' MODEL HAS BEEN PROVEN ACROSS THE COUNTRY TO IMPROVE CLIMATE AND CULTURE, ACADEMIC ACHIEVEMENT, AND INVESTMENT IN LOCAL NEIGHBORHOODS. HERE IN MILWAUKEE, WE ARE DIRECTLY WORKING TO IMPROVE:

* STUDENT ATTENDANCE AND ACADEMIC ENGAGEMENT.

Schedule O (Form 990) 2021 Page 2 Name of the organization UNITED WAY OF GREATER MILWAUKEE & **Employer identification number** 39-0806190 WAUKESHA COUNTY INC. * LEVELS OF TRUST BETWEEN SCHOOL, FAMILY AND BROADER COMMUNITY. * ALIGNED SCHOOL AND COMMUNITY PARTNERSHIPS TO SUPPORT STUDENT SUCCESS. * THE 2015-2016 SCHOOL YEAR WAS THE FIRST FULL YEAR OF IMPLEMENTATION FOR THE MCSP. SINCE THEN, ADDITIONAL SCHOOLS HAVE BEEN ADDED FOR A TOTAL OF 12 IN 2020-2021. A \$2.5 MILLION, 5-YEAR GRANT (BEGINNING IN OCTOBER 2020) WAS AWARDED TO COMMUNITY SCHOOLS FROM THE US DEPARTMENT OF EDUCATION, FULL-SERVICE COMMUNITY SCHOOLS GRANT. TEEN PREGNANCY PREVENTION GRANT BOYS AND GIRLS CLUBS OF GREATER MILWAUKEE (BGCGM) THE BGCGM TEEN PREGNANCY PREVENTION PROGRAM INCLUDES COMMUNITY STAKEHOLDERS, DEPARTMENT OF CORRECTIONS, UNITED WAY OF GREATER MILWAUKEE & WAUKESHA COUNTY, PRIVATE SCHOOLS, AND COMMUNITY ORGANIZATIONS. BGCGM IS THE APPLICANT CHOSEN BY ITS PARTNERS TO COORDINATE A WELL-ESTABLISHED SYSTEM OF COLLABORATING AGENCIES THAT WILL PROVIDE GREATLY EXPANDED EVIDENCED-BASED TEEN PREGNANCY PREVENTION EDUCATION IN THE CITY OF MILWAUKEE, WISCONSIN. BGCGM AND PARTNER ORGANIZATIONS WILL FACILITATE EVIDENCE-BASED TEEN PREGNANCY PREVENTION (EB TPP) EDUCATION TO YOUTH 10-19 YEARS OF AGE RESIDING IN MILWAUKEE COMMUNITIES OF HIGH NEED WITH TEEN BIRTH RATES RANGING FROM 31.3 TO AS HIGH AS 88 BIRTHS PER 1,000 TEEN GIRLS. BGCGM AND PROJECT PARTNERS WILL PROVIDE EDUCATION TO YOUTH AGES 10-19 TO PRIVATE AND ALTERNATIVE HIGH SCHOOL SITES, MIDDLE SCHOOL SITES, Schedule O (Form 990) 2021

Schedule O (Form 990) 2021 Page 2 UNITED WAY OF GREATER MILWAUKEE & **Employer identification number** Name of the organization 39-0806190 WAUKESHA COUNTY INC. UPPER ELEMENTARY SCHOOLS SITES, AFTER-SCHOOL RECREATIONAL PROGRAM SITES, AND THE HOUSE OF CORRECTIONS (AGES 17-19) UTILIZING THE POSITIVE PREVENTION PLUS (PPP) CURRICULUM. STATE SHELTER SUBSIDY GRANT THE STATE SHELTER SUBSIDY GRANT (SSSG) PROVIDES UP TO 50% OF AN EMERGENCY SHELTER OR VOUCHERS PROGRAM'S ANNUAL OPEARTING BUDGET. THE SAFE SHELTER AND HOMELESS GRANT FUNDS ARE AVAILABLE TO SHELTER PROGRAMS WITH ADDITIONAL FUNDING NEEDS LIKE RENOVATION/EXPANSION OF AN EXISTING SHELTER, DEVELOPMENT OF AN EXISTING BUILDING INTO A SHELTER, THE EXPANSION (OR DEVELOPMENT) OF SHELTER SERVICES, OR TO CONTINUE AN EXISTING LEVEL OF SERVICE. SSSG PARTICIPANTS WERE SURVEYED TO IDENTIFY FUNDING NEEDS FOR THE 2021/2022 AND 2022/2023 WINTERS AS WELL AS FUNDING NEEDS FOR CRITICAL CAPITAL INVESTMENTS. THE WISCONSIN DEPARTMENT OF ADMINISTRATION (DOA) USED INFORMATION COLLECTED TO DETERMINE THE PROPORTION OF FUNDING THAT EACH EMERGENCY SHELTER AND VOUCHER PROGRAM WOULD RECEIVE THROUGH THE SAFE SHELTER AND HOMELESSNESS GRANTS. PUBLIC SERVICE COMMISSION UNIVERSAL SERVICE FUND A \$42,600 GRANT WAS AWARDED IN THE 2021-2022 YEAR TO SUPPORT DEVICES, INTERNET SERVICES AND DIGITAL LITERACY TRAINING FOR LOW-INCOME MILWAUKEE PUBLIC SCHOOL STUDENTS AND THEIR FAMILIES. MARGARET A. CARGILL PHILANTHROPIES- SAFE & STABLE HOMES \$1.5 MILLION GRANT WAS AWARDED FOR CALENDAR YEARS 2022 AND 2023 TO SUPPORT PROGRAMMATIC INVESTMENTS AND STAFF EFFORTS TOWARDS SAFE &

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Schedule O (Form 990) 2021 Page 2 Name of the organization UNITED WAY OF GREATER MILWAUKEE & **Employer identification number** 39-0806190 WAUKESHA COUNTY INC. STABLE HOMES: ENDING FAMILY HOMELESSNESS. FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: DONOR DIRECTED DESIGNATIONS TO SPECIFIC MEMBER AND NON-MEMBER AGENCIES TO ADDRESS DONOR PERCEIVED COMMUNITY NEEDS. EXPENSES \$ 25,831,627. INCL GRANTS OF \$ 25,831,627. REVENUE \$ 387,922. FORM 990, PART VI, SECTION A, LINE 1A: THE BYLAWS ALLOW FOR DELEGATION OF AUTHORIZITY TO THE EXECUTIVE COMMITTEE WHICH ONLY INCLUDES BOARD MEMBERS. FORM 990, PART VI, SECTION B, LINE 11B: MEMBERS OF UNITED WAY OF GREATER MILWAUKEE & WAUKESHA'S EXECUTIVE AND FINANCE COMMITTEE REVIEWED FORM 990 PRIOR TO FILING. 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 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

Schedule O (Form 990) 2021 Page 2 UNITED WAY OF GREATER MILWAUKEE & Name of the organization **Employer identification number** 39-0806190 WAUKESHA COUNTY INC. ADJUSTMENTS TO THE BOARD. FORM 990, PART VI, SECTION C, LINE 19: THE GOVERNING DOCUMENTS ARE MADE AVAILABLE ON THE ORGANIZATIONS WEBSITE AND UPON REQUEST. FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS: PROVISION FOR UNCOLLECTIBLE PLEDGES -654,097. OTHER PROGRAM INFORMATION ACCOUNTABILITY AT UNITED WAY OF GREATER MILWAUKEE & WAUKESHA COUNTY, WE INVEST IN PROGRAMS THAT PRODUCE RESULTS, AT AGENCIES THAT MANAGE THEIR MONEY WISELY. WE HAVE BEEN RECOGNIZED NATIONALLY AND LOCALLY FOR OUR HIGH RATE OF EFFICIENCY. UNITED WAY RECEIVED THE HIGHEST POSSIBLE RATING, 4 STARS, FROM THE LEADING CHARITY WATCHDOG AGENCY, CHARITY NAVIGATOR, AND HAS BEEN A BETTER BUSINESS BUREAU ACCREDITED CHARITY SINCE 2007. WE INVEST NEARLY 90% OF THE MONEY RAISED IN THE ANNUAL COMMUNITY CAMPAIGN IN THE PROGRAMS WE SUPPORT, FAR EXCEEDING THE 65% MINIMUM CONSIDERED ACCEPTABLE FOR A NONPROFIT TO BE LIVING UP TO ITS MISSION BY CHARITY NAVIGATOR, THE LEADING INDEPENDENT CHARITY EVALUATOR. IN ADDITION, THOUSANDS OF VOLUNTEERS GIVE GENEROUSLY OF THEIR TIME AND TALENTS TO UNITED WAY EACH YEAR, ALLOWING US TO MINIMIZE COSTS AND KEEP ADMINISTRATIVE AND FUNDRAISING EXPENSES LOW.

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